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

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AMA
AMERICAN MEDICAL ASSOCIATION

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October 13, 2025

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

Subject: RUC Recommendations

Dear Administrator Oz,

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare & Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2027* and to existing services identified by the RUC's Relativity Assessment Workgroup and CMS.

Enclosed are the RUC recommendations for all the CPT codes reviewed at the September 24-27, 2025, RUC meeting.

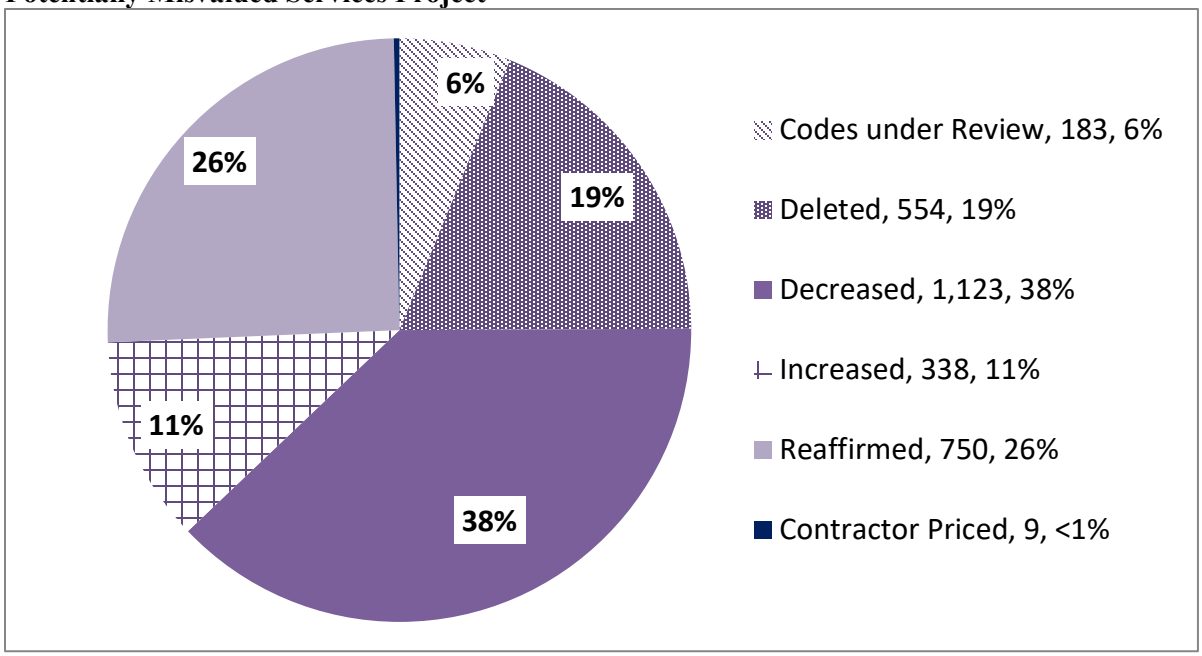
CPT 2027 New and Revised Codes – *October 2025 RUC Submission*
The RUC submits work value and/or practice expense inputs for 54 new/revised/related family CPT codes for *CPT 2027* from the September 2025 RUC meeting.

Existing Services Identified by RUC and CMS for Review
In addition to the new/revised CPT code submission, the RUC submits recommendations for 24 services identified by the RUC or CMS as potentially misvalued and reviewed at the September 2025 RUC meeting (10 of which are referrals to the CPT Editorial Panel for revision).

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes
Since 2006, the RUC has identified 2,957 potentially misvalued services through objective screening criteria and has completed review of 2,774 of these services. The RUC has reviewed approximately 95% of the Medicare Physician Payment Schedule allowed charges. Codes that have not been reviewed are low volume and represent a minimal amount of allowed charges. The RUC has recommended that 57% of the services reviewed be decreased or deleted (Figure 1). The RUC has worked vigorously to identify and address mis-valuations in the RBRVS through the provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS in a concerted effort to address potentially misvalued services.

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

Potentially Misvalued Services Project



Source: American Medical Association

Laryngoscopy (31525)
In September 2024, the RAW reviewed *31525 Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn* via the Reported Together 75 Percent or More screen. The 2023 Medicare utilization showed that CPT code 31525 was reported with CPT code 31231 80 percent of the time, and CPT code 31325 was reported with CPT code 69210 75 percent of the time. Therefore, these codes appeared on the screen the RAW reviewed to determine if a code bundling solution was necessary. The specialty societies indicated that although the Medicare utilization shows that these services are billed together, the publicly available CMS 2022 and 2023 Medicare Physician & Other Practitioners - by Provider and Service showed that one Otolaryngology practice located in California is the top physician for all three of these codes.

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

The specialty societies notified CMS of possible misreporting of these services prior to the RUC review of these services under this screen. On October 15, 2024, the RUC submitted recommendations and notified CMS of the possible misreporting of CPT code 31525 based on the 2022 data.

In the NPRM for 2026, CMS did not acknowledge that they received the RUC notification of possible misreporting of CPT code 31525. In its August 21, 2025, comment letter on the Proposed Rule for 2026, the RUC requested that CMS address the possible misreporting of 31525 in the Final Rule for 2026.

In September 2025, CPT code 31525 also appeared on the Harvard valued with Medicare utilization over 30,000 screen and the high volume growth screen. **The RUC would again like to notify CMS of the possible misreporting of CPT code 31525, as it is being reported by one physician performing 82 percent of these services based on 2023 Medicare Physician & Other Practitioners by Provider and Service data.** *Please see specific details in folder 27 Other RAW Related Recommendations.*

Image-guided robotic linear accelerator-based stereotactic radiosurgery (G0339 and G0340)
In April 2025, the Relativity Assessment Workgroup identified one code with 2023 Medicare utilization over 10,000 and Medicare status of "C" contractor priced. The Workgroup requested an action plan for G0340 for September 2025. In September 2025, the Workgroup reviewed the action plan and recommended that the RUC request that CMS delete G0339 *Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment* and G0340 *Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment*.

Currently only 17 centers in 11 states offer robotic radiosurgery. Reviewing the 234 physicians reporting these codes in 2023, the specialty society notes that 68 physicians no longer offer robotic radiosurgery and 20 physicians retired. Additionally, CPT code 77373 *Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions* is available to report in lieu of G0339 and G0340. The Workgroup will review in September 2026 if CMS did not propose to delete for CPT 2027. **The RUC requests that CMS delete G0339 and G0340.** *Please see specific details in folder 27 Other RAW Related Recommendations.*

Gastrostomy Tube Replacement (43762 & 43763)
In 2017, CMS identified CPT codes 43762 *Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract* and 43763 *Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract* via the 000-Day Global Typically Reported with an E/M screen. In January 2018, the RUC recommended that these codes be reviewed by the Relativity Assessment Workgroup in two years to examine utilization data to determine if 90% of 43760 are directed toward 43762 and 10% to 43763, as predicted. These data should also indicate if these codes are typically reported with E/M services and if the global period assignment should remain 000.

In January 2022, the Workgroup reviewed these services and determined that the utilization split is as was projected. Additionally, these services are not typically reported with office visits, hospital visits or emergency department visits and the 000-day global period assignment is appropriate. The specialty society voiced concern with the utilization by providers that are not expected to perform this surgical procedure. It is possible that, because 2019 was the first year for this new low volume code, that there may be a misunderstanding of this procedure resulting in misreporting. Therefore, the specialty societies indicated they would develop a CPT Assistant article that describes correct reporting of 43763 and contrasts this procedure with 43762 and other codes for g-tube placement (eg, 43246, 49440). The Workgroup recommended that CPT codes 43762 and 43763 be maintained/removed from this screen and referred to CPT Assistant to describe scenarios when each of these services should be reported.

A CPT Assistant article was published in June 2022, to clarify the appropriate reporting of 43763 by surgeons. Code 43763 is typically performed under general anesthesia. However, 43763 is still being reported by nurse practitioners in the nursing facility and office, 42.5% (2023 Medicare utilization data). Data from the Medicare Physician & Other Practitioners shows one nurse practitioner in Florida as the dominant provider of 43763, performing 816 of 1,282 services in 2022 and 844 of 1,262 services in 2023.

The Relativity Assessment Workgroup reviewed this issue to see if the CPT Assistant article was effective. The specialty societies submitted an action plan to discuss what action, if any, should occur for these services. In September 2025, the specialty societies indicated that CPT code 43763 is being reported by two providers and that these services should be maintained and CMS notified of possible misreporting. **The RUC would like to notify CMS of the possible misreporting of CPT code 43763.** *Please see specific details in folder 27 Other RAW Related Recommendations.*

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

High-Cost Disposable Supplies
The RUC considered Tab 7 Sacroiliac Joint Arthrodesis at its September 2025 meeting and recommends a new high-cost supply input (i.e., priced more than $500), *Dorsal SI joint articular fixation device*, with a cost estimate of $14,451.00 for CPT code 27279. In addition, the specialties submitted an invoice to support a price increase from $11,500 to $12,500 for existing high-cost disposable supply item, SD356 *Dorsal SI Joint Arthrodesis Implant,* for CPT code 27278. This code is an example of where the total Medicare non-facility payment ($11,805.18) is *less than* the total direct PE non-facility costs ($12,069.40). Tab 7 illustrates the urgency to support the RUC recommendation to separately code and pay for high-cost disposable supplies.

For two decades, **the RUC has recommended that CMS separately identify and pay for high-cost disposable supplies (i.e., priced more than $500) using appropriate Healthcare Common Procedure Coding System (HCPCS) supply codes.** It is notable that in the CY2026 Proposed Rule, CMS requested comment on the creation of G-codes to describe the use of high-cost supplies.

The RUC continues to support its recommendation and urges CMS to address the outsized impact that high-cost disposable supplies have within the current practice expense relative value unit (PE RVU) methodology. The current system not only accounts for a large amount of direct practice expense for these supplies but also allocates a large amount of indirect practice expense into the PE RVU for the procedure codes that include these supplies. The practice expense methodology derives code-level indirect practice expense in part from code-level direct practice expense inputs, including high-cost disposable supplies. When CPT codes include a high-cost disposable supply, a larger portion of indirect practice expense is allocated to the subset of practices performing the service, which is subsidized by the broader specialty and all other physicians and qualified healthcare professionals. If high-cost supplies were paid separately with appropriate HCPCS codes, the disproportionate indirect expense would no longer be associated with that service. The result would be that indirect PE RVUs would be redistributed throughout the specialty practice expense pool and the practice expense for all other services. **The RUC contends that the outsized impact that high-cost disposable supplies have within the current PE RVU methodology must be addressed immediately as the influx of new technology and high-cost supplies continues.**

The 2026 Proposed Medicare Physician Payment Schedule includes 94 medical supply items currently embedded in codes with a purchase price of more than $500. These high-cost medical supplies represent $1.53 billion in direct costs for the 2026 MFS and 21 percent of all direct practice expense medical supply costs in the non-facility setting. *Please see the analysis of high-cost supplies over $500 in folder 26 Other Practice Expense Related Recommendations.*

Moreover, the RUC emphasizes the importance of accurate pricing of high-cost supplies. It is CMS' responsibility, as required by law, to ensure the accurate pricing of the high-cost supply items. Accurate pricing of the 94 high-cost supplies is critical and should be based on a transparent process. The RUC notes that invoices for high-cost supplies are required at the time of submission but should be reviewed annually to ensure accuracy.

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

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

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

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

Enclosed Recommendations and Supporting Materials:

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

- RUC Recommendation Progress and Status Reports for services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued.

- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.

- Physician Time File – A list of the physician time data for each of the CPT codes reviewed at the September 2025 RUC meeting.

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

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

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

- Utilization Data Crosswalk – A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2027 conversion factor increase.

- New Technology List and Timeline – In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 925 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

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

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

Sincerely,

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

Enclosures

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

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

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CPT 2027 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0007M	XXX	D	Sep 2025	47	MAAA-Gastrointestinal Neuroendocrine Disorders		Deleted						☐		☐
0054T	YYY	D	Feb 2025	07	Computer Assisted Surgical Navigation		Sep 2025	06					☐		☐
0055T	YYY	D	Feb 2025	07	Computer Assisted Surgical Navigation		Sep 2025	06					☐		☐
0408T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
0409T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
0410T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
0411T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
0412T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
0413T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
0414T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
0415T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
0416T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
0417T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
0418T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
0569T	YYY	D	Sep 2025	20/21	Transcatheter Tricuspid Valve Implant / Edge-to-Edge Repair		Jan 2026	09					☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0570T	YYY	D	Sep 2025	20/21	Transcatheter Tricuspid Valve Implant / Edge-to-Edge Repair		Jan 2026	09					☐		☐
0600T	YYY	R	May 2025	08	Irreversible Electroporation of Tumor, Pancreas		Sep 2025	12	ACS				☐		☐
0601T	YYY	R	May 2025	08	Irreversible Electroporation of Tumor, Pancreas		Sep 2025	12	ACS				☐		☐
0737T	YYY	R	Sep 2025	14	Osteochondral Acellular Scaffold Implantation, Knee		Jan 2026	07					☐		☐
0882T	YYY	N	Sep 2025	90	Intraoperative Stimulation, Peripheral Nerves		Cat III						☐		☐
0883T	YYY	N	Sep 2025	90	Intraoperative Stimulation, Peripheral Nerves		Cat III						☐		☐
0913T	YYY	D	May 2025	43	Intracoronary Drug Delivery Balloon Services		Sep 2025	15					☐		☐
0914T	YYY	D	May 2025	43	Intracoronary Drug Delivery Balloon Services		Sep 2025	15					☐		☐
0948T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
0949T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025	08					☐		☐
15011	000	D	Sep 2025	06	Skin Cell Suspension Autograft		Jan 2026	04					☑		☐
15012	ZZZ	D	Sep 2025	06	Skin Cell Suspension Autograft		Jan 2026	04					☑		☐
15013	XXX	D	Sep 2025	06	Skin Cell Suspension Autograft		Jan 2026	04					☑		☐
15014	ZZZ	D	Sep 2025	06	Skin Cell Suspension Autograft		Jan 2026	04					☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
15015	090	D	Sep 2025	06	Skin Cell Suspension Autograft		Jan 2026	04					☑		☐
15016	ZZZ	D	Sep 2025	06	Skin Cell Suspension Autograft		Jan 2026	04					☑		☐
15017	090	D	Sep 2025	06	Skin Cell Suspension Autograft		Jan 2026	04					☑		☐
15018	ZZZ	D	Sep 2025	06	Skin Cell Suspension Autograft		Jan 2026	04					☑		☐
15X19	090	N	Sep 2025	06	Skin Cell Suspension Autograft	S1	Jan 2026	04	ABA				☑	To be surveyed for the January 2026 RUC Meeting	☐
15X20	ZZZ	N	Sep 2025	06	Skin Cell Suspension Autograft	S2	Jan 2026	04	ABA				☑	To be surveyed for the January 2026 RUC Meeting	☐
15X21	090	N	Sep 2025	06	Skin Cell Suspension Autograft	S3	Jan 2026	04	ABA				☑	To be surveyed for the January 2026 RUC Meeting	☐
15X22	ZZZ	N	Sep 2025	06	Skin Cell Suspension Autograft	S4	Jan 2026	04	ABA				☑	To be surveyed for the January 2026 RUC Meeting	☐
20982	000	F	Feb 2025	15	Ablation Therapy – Bone Tumors	A1	Apr 2025	04	ACR, OEIS, SIR			Yes	☑	No Recommendation	☐
20983	000	F	Feb 2025	15	Ablation Therapy – Bone Tumors	A2	Apr 2025	04	ACR, OEIS, SIR			Yes	☑	No Recommendation	☐
20985	ZZZ	R	Feb 2025	07	Computer Assisted Surgical Navigation	B1	Sep 2025	06	AAOS	2.50	2.50	Yes	☑		☐
209X1	000	N	May 2025	18	Intraosseous Fiducial Marker Placement	H1	Sep 2025	05	ACR, OEIS, SIR	3.00	3.00		☑		☐
209X2	ZZZ	N	May 2025	18	Intraosseous Fiducial Marker Placement	H2	Sep 2025	05	ACR, OEIS, SIR	1.76	1.76		☑		☐
209XX	ZZZ	N	Feb 2025	15	Ablation Therapy – Bone Tumors	A3	Sep 2025	04	AAOS	2.70	2.70		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
22210	090	R	Sep 2025	07	Osteotomy - Spine*	T1	Jan 2026	05	AANS, AAOS, CNS, ISASS, NASS				☑	To be surveyed for the January 2026 RUC Meeting	☐
22212	090	R	Sep 2025	07	Osteotomy - Spine*	T2	Jan 2026	05	AANS, AAOS, CNS, ISASS, NASS				☑	To be surveyed for the January 2026 RUC Meeting	☐
22214	090	R	Sep 2025	07	Osteotomy - Spine*	T3	Jan 2026	05	AANS, AAOS, CNS, ISASS, NASS				☑	To be surveyed for the January 2026 RUC Meeting	☐
22216	ZZZ	R	Sep 2025	07	Osteotomy - Spine*	T4	Jan 2026	05	AANS, AAOS, CNS, ISASS, NASS				☑	To be surveyed for the January 2026 RUC Meeting	☐
27278	090	R	May 2025	22-24	Sacroiliac Joint Arthrodesis Revision	I1	Sep 2025	07	AANS, AAOS, ACR, ASIPP, CNS, NASS, OEIS, SIR	7.86	7.86	Yes	☑		☑
27279	090	R	May 2025	22-24	Sacroiliac Joint Arthrodesis Revision	I2	Sep 2025	07	AANS, AAOS, ACR, ASIPP, CNS, NASS, OEIS, SIR	12.13	11.00		☑		☐
27X05	090	N	Sep 2025	13	Implantation Extra-articular Shock Absorber, Medial Knee	U1	Jan 2026	06	AAOS				☑	To be surveyed for the January 2026 RUC Meeting	☐
27XX8	090	N	Sep 2025	14	Osteochondral Acellular Scaffold Implantation, Knee	V1	Jan 2026	07	AAOS				☑	To be surveyed for the January 2026 RUC Meeting	☐
33X01	090	N	May 2025	07	Cardiac Contractility Modulation	J1	Sep 2025	08	ACC, HRS	8.83	8.83		☑		☑
33X02	090	N	May 2025	07	Cardiac Contractility Modulation	J2	Sep 2025	08	ACC, HRS	6.00	5.80		☑		☑
33X03	090	N	May 2025	07	Cardiac Contractility Modulation	J3	Sep 2025	08	ACC, HRS	7.88	6.00		☑		☑
33X04	090	N	May 2025	07	Cardiac Contractility Modulation	J4	Sep 2025	08	ACC, HRS	6.23	6.23		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
33X05	090	N	May 2025	07	Cardiac Contractility Modulation	J5	Sep 2025	08	ACC, HRS	9.90	9.90		☑		☑
33X06	090	N	May 2025	07	Cardiac Contractility Modulation	J6	Sep 2025	08	ACC, HRS	5.98	4.91		☑		☑
33X07	090	N	May 2025	07	Cardiac Contractility Modulation	J7	Sep 2025	08	ACC, HRS	7.66	7.49		☑		☑
33X08	090	N	May 2025	07	Cardiac Contractility Modulation	J8	Sep 2025	08	ACC, HRS	9.90	8.60		☑		☑
33X09	090	N	May 2025	07	Cardiac Contractility Modulation	J9	Sep 2025	08	ACC, HRS	6.00	6.00		☑		☑
33X10	090	N	May 2025	07	Cardiac Contractility Modulation	J10	Sep 2025	08	ACC, HRS	4.92	5.00		☑		☑
33X11	090	N	May 2025	07	Cardiac Contractility Modulation	J11	Sep 2025	08	ACC, HRS	6.30	5.25		☑		☑
33X12	XXX	N	Sep 2025	19	Insertion and Removal of Surgical Ventricular Assist Device	W2	Jan 2026	08	AATS, STS				☑	To be surveyed for the January 2026 RUC Meeting	☐
33X13	XXX	N	Sep 2025	19	Insertion and Removal of Surgical Ventricular Assist Device	W3	Jan 2026	08	AATS, STS				☑	To be surveyed for the January 2026 RUC Meeting	☐
33X15	XXX	N	Sep 2025	19	Insertion and Removal of Surgical Ventricular Assist Device	W1	Jan 2026	08	AATS, STS				☑	To be surveyed for the January 2026 RUC Meeting	☐
33X50	000	N	Sep 2025	20/21	Transcatheter Tricuspid Valve Implant / Edge-to-Edge Repair	X1	Jan 2026	09	ACC, SCAI				☑	To be surveyed for the January 2026 RUC Meeting	☐
33X51	000	N	Sep 2025	20/21	Transcatheter Tricuspid Valve Implant / Edge-to-Edge Repair	X2	Jan 2026	09	ACC, SCAI				☑	To be surveyed for the January 2026 RUC Meeting	☐
33X52	ZZZ	N	Sep 2025	20/21	Transcatheter Tricuspid Valve Implant / Edge-to-Edge Repair	X3	Jan 2026	09	ACC, SCAI				☑	To be surveyed for the January 2026 RUC Meeting	☐
38X03	090	N	Sep 2025	24	Microvascular Bypass, Lymphatic Vessels	Y1	Jan 2026	10	ASPS				☑	To be surveyed for the January 2026 RUC Meeting	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
38X04	ZZZ	N	Sep 2025	24	Microvascular Bypass, Lymphatic Vessels	Y2	Jan 2026	10	ASPS				☑	To be surveyed for the January 2026 RUC Meeting	☐
39540	090	R	Sep 2025	26	Diaphragmatic Hernia Repair	Z1	Jan 2026	11	ACS, SAGES				☑	To be surveyed for the January 2026 RUC Meeting	☐
39541	090	R	Sep 2025	26	Diaphragmatic Hernia Repair	Z2	Jan 2026	11	ACS, SAGES				☑	To be surveyed for the January 2026 RUC Meeting	☐
39545	090	R	May 2025	13	Diaphragm Repair	K1	Sep 2025	09	AATS, STS	18.45	18.45		☑		☐
395X2	090	N	May 2025	13	Diaphragm Repair	K2	Sep 2025	09	AATS, STS	20.00	20.00		☑		☑
39X11	090	N	Sep 2025	26	Diaphragmatic Hernia Repair	Z9	Jan 2026	11	AATS, STS				☑	To be surveyed for the January 2026 RUC Meeting	☐
39X12	090	N	Sep 2025	26	Diaphragmatic Hernia Repair	Z10	Jan 2026	11	AATS, STS				☑	To be surveyed for the January 2026 RUC Meeting	☐
39X13	ZZZ	N	Sep 2025	26	Diaphragmatic Hernia Repair	Z11	Jan 2026	11	AATS, ACS, SAGES, STS				☑	To be surveyed for the January 2026 RUC Meeting	☐
39XX1	090	N	Feb 2025	09	Division of Median Arcuate Ligament	C1	Apr 2025	06	ACS, SAGES, SVS	27.09	27.09		☑		☐
39XX2	090	N	Feb 2025	09	Division of Median Arcuate Ligament	C2	Apr 2025	06	ACS, SAGES, SVS	26.60	26.60		☑		☐
39XX3	090	N	Sep 2025	26	Diaphragmatic Hernia Repair	Z3	Jan 2026	11	ACS, SAGES				☑	To be surveyed for the January 2026 RUC Meeting	☐
39XX4	090	N	Sep 2025	26	Diaphragmatic Hernia Repair	Z4	Jan 2026	11	AATS, SAGES, STS				☑	To be surveyed for the January 2026 RUC Meeting	☐
39XX5	090	N	Sep 2025	26	Diaphragmatic Hernia Repair	Z5	Jan 2026	11	AATS, STS				☑	To be surveyed for the January 2026 RUC Meeting	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
39XX7	090	N	Sep 2025	26	Diaphragmatic Hernia Repair	Z6	Jan 2026	11	ACS, SAGES				☑	To be surveyed for the January 2026 RUC Meeting	☐
39XX8	090	N	Sep 2025	26	Diaphragmatic Hernia Repair	Z7	Jan 2026	11	ACS, SAGES				☑	To be surveyed for the January 2026 RUC Meeting	☐
39XX9	090	N	Sep 2025	26	Diaphragmatic Hernia Repair	Z8	Jan 2026	11	ACS, SAGES				☑	To be surveyed for the January 2026 RUC Meeting	☐
42808	010	R	Feb 2025	18	Transoral Oropharyngeal Procedures	D1	Apr 2025	07	AAO-HNS	2.35	2.35	Yes	☑		☐
42XX1	090	N	Feb 2025	18	Transoral Oropharyngeal Procedures	D2	Apr 2025	07	AAO-HNS	20.00	20.00		☑		☑
42XX2	090	N	Feb 2025	18	Transoral Oropharyngeal Procedures	D3	Apr 2025	07	AAO-HNS	20.05	20.05		☑		☑
44180	090	R	May 2025	11	Congenital Duodenal Obstruction Repair		Sep 2025	11	ACS, APSA	15.27	15.27	Yes	☑		☐
44XX1	090	N	May 2025	11	Congenital Duodenal Obstruction Repair	M1	Sep 2025	11	ACS, APSA	45.00	50.00		☑		☐
44XX2	090	N	May 2025	11	Congenital Duodenal Obstruction Repair	M2	Sep 2025	11	ACS, APSA	49.00	52.60		☑		☐
48XXX	090	N	May 2025	08	Irreversible Electroporation of Tumor, Pancreas	N1	Sep 2025	12	ACS	27.00	25.19		☑		☑
4XX01	000	N	May 2025	15	Endoscopic Submucosal Dissection, Upper and Lower GI	L1	Sep 2025	10	ACG, AGA, ASGA, SAGES	15.00	15.00		☑		☑
4XX02	000	N	May 2025	15	Endoscopic Submucosal Dissection, Upper and Lower GI	L2	Sep 2025	10	ACG, AGA, ASGA, SAGES	16.38	16.38		☑		☑

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55705	000	F	Sep 2025	29	Prostate Biopsy Services*	AA1	Jan 2026	12	AUA, OEIS				☑	To be surveyed for the January 2026 RUC Meeting	☐
55706	000	D	Sep 2025	29	Prostate Biopsy Services*		Jan 2026	12	AUA, OEIS				☑		☐
55707	000	R	Sep 2025	29	Prostate Biopsy Services*	AA2	Jan 2026	12	AUA, OEIS				☑	To be surveyed for the January 2026 RUC Meeting	☐
55708	000	R	Sep 2025	29	Prostate Biopsy Services*	AA3	Jan 2026	12	AUA, OEIS				☑	To be surveyed for the January 2026 RUC Meeting	☐
55709	000	R	Sep 2025	29	Prostate Biopsy Services*	AA4	Jan 2026	12	AUA, OEIS				☑	To be surveyed for the January 2026 RUC Meeting	☐
55710	000	R	Sep 2025	29	Prostate Biopsy Services*	AA5	Jan 2026	12	AUA, OEIS				☑	To be surveyed for the January 2026 RUC Meeting	☐
55711	000	R	Sep 2025	29	Prostate Biopsy Services*	AA6	Jan 2026	12	AUA, OEIS				☑	To be surveyed for the January 2026 RUC Meeting	☐
55712	ZZZ	R	Sep 2025	29	Prostate Biopsy Services*	AA7	Jan 2026	12	AUA, OEIS				☑	To be surveyed for the January 2026 RUC Meeting	☐
55713	000	D	Sep 2025	29	Prostate Biopsy Services*		Jan 2026	12	AUA, OEIS				☑		☐
55714	000	R	Sep 2025	29	Prostate Biopsy Services*	AA8	Jan 2026	12	ACR, AUA, OEIS, SIR				☑	To be surveyed for the January 2026 RUC Meeting	☐
55715	ZZZ	R	Sep 2025	29	Prostate Biopsy Services*	AA9	Jan 2026	12	ACR, AUA, OEIS, SIR				☑	To be surveyed for the January 2026 RUC Meeting	☐

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59030	XXX	F	Sep 2025	30	Maternity Care Services	BB9	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59050	XXX	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59051	XXX	R	Sep 2025	30	Maternity Care Services	BB10	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59160	000	F	Sep 2025	30	Maternity Care Services	BB21	Jan 2026	13	AAFP, ACOG				☑	To be surveyed for the January 2026 RUC Meeting	☐
59300	000	R	Sep 2025	30	Maternity Care Services	BB14	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59320	000	F	Sep 2025	30	Maternity Care Services	BB1	Jan 2026	13	AAFP, ACOG				☑	To be surveyed for the January 2026 RUC Meeting	☐
59325	000	F	Sep 2025	30	Maternity Care Services	BB2	Jan 2026	13	ACOG				☑	To be surveyed for the January 2026 RUC Meeting	☐
59400	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59409	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59410	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59412	000	R	Sep 2025	30	Maternity Care Services	BB3	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59414	000	R	Sep 2025	30	Maternity Care Services	BB13	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59425	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐

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59426	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59430	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59510	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59514	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59515	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59525	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59610	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59612	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59614	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59618	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59620	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59622	MMM	D	Sep 2025	30	Maternity Care Services		Jan 2026	13	AAFP, ACOG				☑		☐
59871	000	F	Sep 2025	30	Maternity Care Services	BB4	Jan 2026	13	AAFP, ACOG				☑	To be surveyed for the January 2026 RUC Meeting	☐
59X10	000	N	Sep 2025	30	Maternity Care Services	BB20	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59X11	000	N	Sep 2025	30	Maternity Care Services	BB15	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59X12	000	N	Sep 2025	30	Maternity Care Services	BB16	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐

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59XX1	XXX	N	Sep 2025	30	Maternity Care Services	BB5	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59XX2	XXX	N	Sep 2025	30	Maternity Care Services	BB6	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59XX3	XXX	N	Sep 2025	30	Maternity Care Services	BB7	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59XX4	XXX	N	Sep 2025	30	Maternity Care Services	BB8	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59XX5	000	N	Sep 2025	30	Maternity Care Services	BB11	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59XX6	000	N	Sep 2025	30	Maternity Care Services	BB12	Jan 2026	13	AAFP, ACOG, ANA				☑	To be surveyed for the January 2026 RUC Meeting	☐
59XX7	000	N	Sep 2025	30	Maternity Care Services	BB17	Jan 2026	13	AAFP, ACOG				☑	To be surveyed for the January 2026 RUC Meeting	☐
59XX8	000	N	Sep 2025	30	Maternity Care Services	BB18	Jan 2026	13	AAFP, ACOG				☑	To be surveyed for the January 2026 RUC Meeting	☐
59XX9	000	N	Sep 2025	30	Maternity Care Services	BB19	Jan 2026	13	ACOG				☑	To be surveyed for the January 2026 RUC Meeting	☐
62287	090	F	May 2025	12	Percutaneous Lumbar Decompression	O1	Sep 2025	13	AANS, AAPM&R, ACR, ASIPP, CNS, NASS, SIR	7.06	7.06		☑		☐

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62XX0	090	F	May 2025	12	Percutaneous Lumbar Decompression	O2	Sep 2025	13	AANS, AAPM&R, ASA, ASIPP, CNS, NASS	8.00	8.00		☑	Affirm January 2025 RUC Recommendation	☑
62XX1	ZZZ	F	May 2025	12	Percutaneous Lumbar Decompression	O3	Sep 2025	13	AANS, AAPM&R, ASA, ASIPP, CNS, NASS	5.00	4.25		☑	Affirm January 2025 RUC Recommendation	☑
64462	ZZZ	R	Sep 2025	33	Lumbar Paravertebral Block, Paraspinous Block		Editorial			1.10	1.10	Yes	☑		☐
70544	XXX	R	Sep 2025	38	MRA-Head, Neck*	CC1	Jan 2026	14	ACR, ASNR				☑	To be surveyed for the January 2026 RUC Meeting	☐
70545	XXX	R	Sep 2025	38	MRA-Head, Neck*	CC2	Jan 2026	14	ACR, ASNR				☑	To be surveyed for the January 2026 RUC Meeting	☐
70546	XXX	R	Sep 2025	38	MRA-Head, Neck*	CC3	Jan 2026	14	ACR, ASNR				☑	To be surveyed for the January 2026 RUC Meeting	☐
70547	XXX	R	Sep 2025	38	MRA-Head, Neck*	CC4	Jan 2026	14	ACR, ASNR				☑	To be surveyed for the January 2026 RUC Meeting	☐
70548	XXX	R	Sep 2025	38	MRA-Head, Neck*	CC5	Jan 2026	14	ACR, ASNR				☑	To be surveyed for the January 2026 RUC Meeting	☐
70549	XXX	R	Sep 2025	38	MRA-Head, Neck*	CC6	Jan 2026	14	ACR, ASNR				☑	To be surveyed for the January 2026 RUC Meeting	☐
70XX4	XXX	N	Sep 2025	38	MRA-Head, Neck*	CC7	Jan 2026	14	ACR, ASNR				☑	To be surveyed for the January 2026 RUC Meeting	☐
70XX5	XXX	N	Sep 2025	38	MRA-Head, Neck*	CC8	Jan 2026	14	ACR, ASNR				☑	To be surveyed for the January 2026 RUC Meeting	☐

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70XX6	XXX	N	Sep 2025	38	MRA-Head, Neck*	CC9	Jan 2026	14	ACR, ASNR				☑	To be surveyed for the January 2026 RUC Meeting	☐
76872	XXX	F	Sep 2025	29	Prostate Biopsy Services*	AA10	Jan 2026	12	ACR, AUA, OEIS, SIR				☑	To be surveyed for the January 2026 RUC Meeting	☐
8XX17	XXX	N	Sep 2025	44	GSP-Genetic Testing, Heritable Immune Conditions		CLFS						☐		☐
8XX19	XXX	N	Sep 2025	45	GSP-Alport Syndrome		CLFS						☐		☐
90912	000	F	Sep 2025	48	Biofeedback Training*	DD3	Jan 2026	15	ACOG, APA(psych), APTA, AUA				☑	To be surveyed for the January 2026 RUC Meeting	☐
90913	ZZZ	F	Sep 2025	48	Biofeedback Training*	DD4	Jan 2026	15	ACOG, APA(psych), APTA, AUA				☑	To be surveyed for the January 2026 RUC Meeting	☐
92546	XXX	D	May 2025	49	Rotational Vestibular Assessment		Sep 2025	14					☑		☐
92920	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q1	Sep 2025	15	ACC, SCAI	9.00	8.35		☑	Affirm April 2024 RUC Recommendation	☐
92924	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q3	Sep 2025	15	ACC, SCAI	11.25	10.13		☑	Affirm April 2024 RUC Recommendation	☐
92928	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q4	Sep 2025	15	ACC, SCAI	10.41	10.00		☑	Affirm April 2024 RUC Recommendation	☐
92933	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q6	Sep 2025	15	ACC, SCAI	11.94	11.94		☑	Affirm April 2024 RUC Recommendation	☐
92937	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q7	Sep 2025	15	ACC, SCAI	11.30	11.30		☑	Affirm April 2024 RUC Recommendation	☐
92941	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q8	Sep 2025	15	ACC, SCAI	12.72	12.72		☑	Affirm April 2024 RUC Recommendation	☐

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92943	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q9	Sep 2025	15	ACC, SCAI	13.69	13.69		☑	Affirm April 2024 RUC Recommendation	☐
92972	ZZZ	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q11	Sep 2025	15	ACC, SCAI	3.90	2.97		☑	Affirm April 2024 RUC Recommendation	☐
92973	ZZZ	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q13	Sep 2025	15	ACC, SCAI	1.75	1.75		☑	Affirm April 2024 RUC Recommendation	☐
92X01	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q5	Sep 2025	15	ACC, SCAI	12.00	12.00		☑	Affirm April 2024 RUC Recommendation	☐
92X02	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q10	Sep 2025	15	ACC, SCAI	15.00	15.00		☑	Affirm April 2024 RUC Recommendation	☐
92X10	XXX	N	Sep 2025	50	Video Head Impulse – Vestibular Function	EE1	Jan 2026	16	AAA, AAN, ASHA				☑	To be surveyed for the January 2026 RUC Meeting	☐
92X11	XXX	N	Sep 2025	50	Video Head Impulse – Vestibular Function	EE2	Jan 2026	16	AAA, AAN, ASHA				☑	To be surveyed for the January 2026 RUC Meeting	☐
92XX5	XXX	N	May 2025	49	Rotational Vestibular Assessment	P1	Sep 2025	14	AAA, AAN, ASHA	0.92	0.92		☑		☑
92XX6	ZZZ	N	May 2025	49	Rotational Vestibular Assessment	P2	Sep 2025	14	AAA, AAN, ASHA	0.48	0.48		☑		☑
93571	ZZZ	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q14	Sep 2025	15	ACC, SCAI	1.80	1.80		☑	Affirm April 2024 RUC Recommendation	☐
93572	ZZZ	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q15	Sep 2025	15	ACC, SCAI	1.44	1.44		☑	Affirm April 2024 RUC Recommendation	☐
93X01	XXX	N	May 2025	07	Cardiac Contractility Modulation	J12	Sep 2025	08	ACC, HRS	0.90	0.90		☑		☑
93X02	XXX	N	May 2025	07	Cardiac Contractility Modulation	J13	Sep 2025	08	ACC, HRS	0.80	0.80		☑		☑
93X03	XXX	N	May 2025	07	Cardiac Contractility Modulation	J14	Sep 2025	08	ACC, HRS	0.80	0.60		☑		☑

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93X04	XXX	N	May 2025	07	Cardiac Contractility Modulation	J15	Sep 2025	08	ACC, HRS				☑	PE Only	☐
95800	XXX	D	Feb 2025	40	Unattended Sleep Testing		Apr 2025	08					☑		☐
95801	XXX	D	Feb 2025	40	Unattended Sleep Testing		Apr 2025	08					☑		☐
95806	XXX	D	Feb 2025	40	Unattended Sleep Testing		Apr 2025	08					☑		☐
95921	XXX	R	Feb 2025	30	Autonomic Function Testing	F1	Apr 2025	09	AAN, AANEM, ACP	0.90	0.90	Yes	☑	Referred to CPT	☐
95922	XXX	R	Feb 2025	30	Autonomic Function Testing	F3	Apr 2025	09	AAN, AANEM, ACP	0.96	0.96	Yes	☑	Referred to CPT	☐
95923	XXX	R	Feb 2025	30	Autonomic Function Testing	F4	Apr 2025	09	AAN, AANEM, ACP	0.90	0.90	Yes	☑	Referred to CPT	☐
95924	XXX	R	Feb 2025	30	Autonomic Function Testing	F7	Apr 2025	09	AAN, AANEM, ACP	1.50	1.50		☑	Referred to CPT	☐
95X18	XXX	N	Feb 2025	40	Unattended Sleep Testing	E1	Apr 2025	08	AAN, AASM, ATS, CHEST				☑	PE Only	☐
95X19	XXX	N	Feb 2025	40	Unattended Sleep Testing	E2	Apr 2025	08	AAN, AASM, ATS, CHEST				☑	PE Only	☐
95X20	XXX	N	Feb 2025	40	Unattended Sleep Testing	E3	Apr 2025	08	AAN, AASM, ATS, CHEST				☑	PE Only	☐
95X21	XXX	N	Feb 2025	40	Unattended Sleep Testing	E4	Apr 2025	08	AAN, AASM, ATS, CHEST	0.85	0.83		☑		☑
95X22	XXX	N	Feb 2025	40	Unattended Sleep Testing	E5	Apr 2025	08	AAN, AASM, ATS, CHEST	1.20	1.08		☑		☑
95X23	XXX	N	Feb 2025	40	Unattended Sleep Testing	E6	Apr 2025	08	AAN, AASM, ATS, CHEST	1.75	1.60		☑		☑
95XX4	ZZZ	N	Feb 2025	30	Autonomic Function Testing	F2	Apr 2025	09	AAN, AANEM, ACP	0.35	0.35		☑	Referred to CPT	☐
95XX5	XXX	N	Feb 2025	30	Autonomic Function Testing	F5	Apr 2025	09	AAN, AANEM, ACP	1.00	1.00		☑	Referred to CPT	☐
95XX6	XXX	N	Feb 2025	30	Autonomic Function Testing	F6	Apr 2025	09	AAN, AANEM, ACP	0.50	0.50		☑	Referred to CPT	☐
95XX7	XXX	N	Feb 2025	30	Autonomic Function Testing	F8	Apr 2025	09	AAN, AANEM, ACP	1.20	1.20		☑	Referred to CPT	☐
95XX8	XXX	N	Feb 2025	30	Autonomic Function Testing	F9	Apr 2025	09	AAN, AANEM, ACP	1.75	1.75		☑	Referred to CPT	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
95XX9	XXX	N	Feb 2025	30	Autonomic Function Testing	F10	Apr 2025	09	AAN, AANEM, ACP	1.91	1.91		☑	Referred to CPT	☐
96920	000	R	May 2025	44	Laser Treatment for Inflammatory Skin Diseases	G1	Sep 2025	16	AADA	1.00	1.00		☑		☐
96921	000	R	May 2025	44	Laser Treatment for Inflammatory Skin Diseases	G2	Sep 2025	16	AADA	1.24	1.24		☑		☐
96922	000	R	May 2025	44	Laser Treatment for Inflammatory Skin Diseases	G3	Sep 2025	16	AADA	1.50	1.50		☑		☐
978X1	ZZZ	N	May 2025	46	Lactation Care Services	R2	Sep 2025	17	AAP				☑	PE Only	☐
978XX	XXX	N	May 2025	46	Lactation Care Services	R1	Sep 2025	17	AAP	0.18	0.18		☑		☐
9XX04	000	N	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q2	Sep 2025	15	ACC, SCAI	8.05	10.00		☑		☑
9XX07	ZZZ	N	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q12	Sep 2025	15	ACC, SCAI	4.38	4.38		☑		☑
G0398	XXX	D	Feb 2025	40	Unattended Sleep Testing		Apr 2025	08					☑		☐
G0399	XXX	D	Feb 2025	40	Unattended Sleep Testing		Apr 2025	08					☑		☐
G0400	XXX	D	Feb 2025	40	Unattended Sleep Testing		Apr 2025	08					☑		☐
X421T	YYY	N	Sep 2025	65	Surface Mesh Volume		Cat III						☐		☐
X422T	YYY	N	Sep 2025	65	Surface Mesh Volume		Cat III						☐		☐
X423T	YYY	N	Sep 2025	65	Surface Mesh Volume		Cat III						☐		☐
X424T	YYY	N	Sep 2025	65	Surface Mesh Volume		Cat III						☐		☐
X425T	YYY	N	Sep 2025	65	Surface Mesh Volume		Cat III						☐		☐
X426T	YYY	N	Sep 2025	65	Surface Mesh Volume		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
X476T	YYY	D	Sep 2025	24	Microvascular Bypass, Lymphatic Vessels		Jan 2026	10					☐		☐
X486T	YYY	N	Sep 2025	66	Noninvasive Augmentative AI Hemodynamic Assessment		Cat III						☐		☐
X487T	YYY	N	Sep 2025	67	Histotripsy, Pancreatic Tissue		Cat III						☐		☐
X488T	YYY	N	Sep 2025	71	Autologous Muscle Cell Therapy, Tongue		Cat III						☐		☐
X494T	YYY	N	Sep 2025	86	Absorbable Urologic Scaffold		Cat III						☐		☐
X495T	YYY	N	Sep 2025	87	Quantitative Magnetic Resonance Analysis, Liver Tissue		Cat III						☐		☐
X496T	YYY	N	Sep 2025	59	Photobiomodulation Therapy, Deep Tissue		Cat III						☐		☐
X499T	YYY	N	Sep 2025	62	Transvenous Phrenic Neurostimulation Therapy		Cat III						☐		☐
X501T	YYY	N	Sep 2025	62	Transvenous Phrenic Neurostimulation Therapy		Cat III						☐		☐
X502T	YYY	N	Sep 2025	62	Transvenous Phrenic Neurostimulation Therapy		Cat III						☐		☐
X504T	YYY	N	Sep 2025	81	Algorithmic Analysis EEG		Cat III						☐		☐
X505T	YYY	N	Sep 2025	89	Autologous Heterogenous Skin Construct Graft		Cat III						☐		☐
X506T	YYY	N	Sep 2025	89	Autologous Heterogenous Skin Construct Graft		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
X507T	YYY	N	Sep 2025	89	Autologous Heterogenous Skin Construct Graft		Cat III						☐		☐
X508T	YYY	N	Sep 2025	89	Autologous Heterogenous Skin Construct Graft		Cat III						☐		☐
X509T	YYY	N	Sep 2025	89	Autologous Heterogenous Skin Construct Graft		Cat III						☐		☐
X510T	YYY	N	Sep 2025	89	Autologous Heterogenous Skin Construct Graft		Cat III						☐		☐
X523T	YYY	N	Sep 2025	92	Heart Failure Decompensation Monitor Services		Cat III						☐		☐
X524T	YYY	N	Sep 2025	92	Heart Failure Decompensation Monitor Services		Cat III						☐		☐
X525T	YYY	N	Sep 2025	92	Heart Failure Decompensation Monitor Services		Cat III						☐		☐
X526T	YYY	N	Sep 2025	92	Heart Failure Decompensation Monitor Services		Cat III						☐		☐
X529T	YYY	N	Sep 2025	78	Augmentative Connectomic Analysis, Brain		Cat III						☐		☐
X534T	YYY	N	Sep 2025	80	Bronchial Cryotherapy		Cat III						☐		☐

RUC Recommendations for CMS Requests & Relativity Assessment Identified Code - Oct 2025

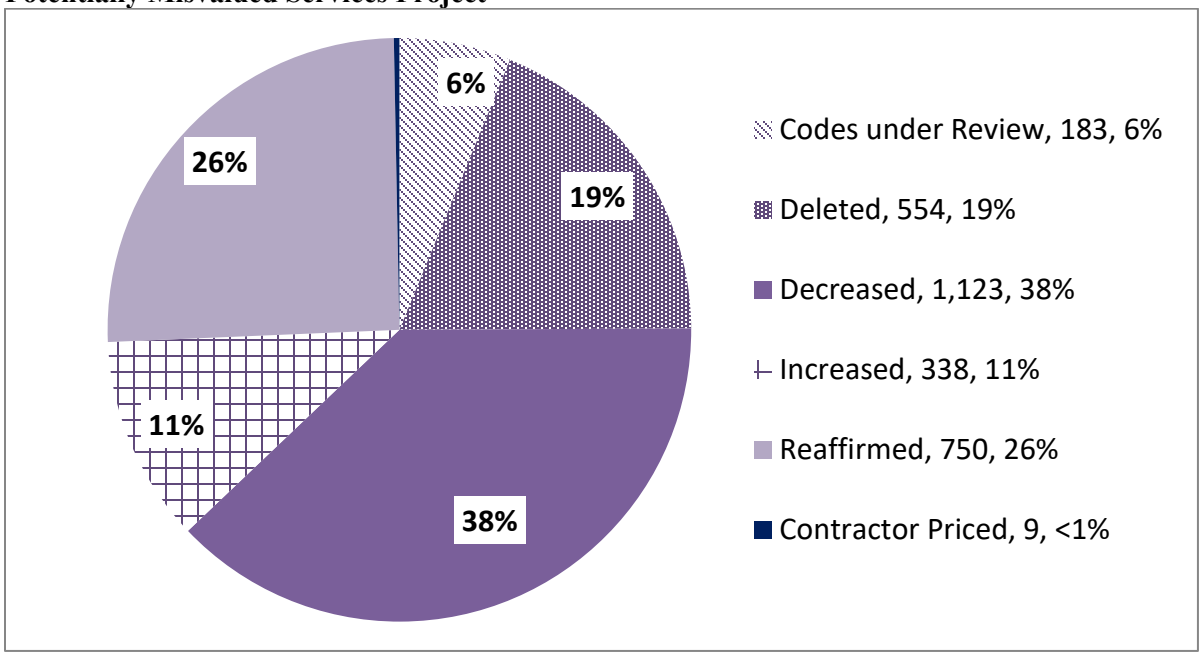
CPT Code	Long Descriptor	Issue	Tab	RUC Recommendation	RUC Flag Do Not Use to Validate Physician Work	High Volume Growth	New Technology / New Services List	Site of Service Anomaly
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Arthroplasty - Shoulder	18	16.00				X
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Arthroplasty - Shoulder	18	19.85				X
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Arthroplasty - Hip	19	17.13				X
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Arthroplasty - Knee	20	17.13				X
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Arthroplasty - Knee	20	17.13				X
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Transcatheter Aortic Valve Replacement	21	Refer to CPT	X		X	
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Transcatheter Aortic Valve Replacement	21	Refer to CPT	X		X	
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Transcatheter Aortic Valve Replacement	21	Refer to CPT	X		X	
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Transcatheter Aortic Valve Replacement	21	Refer to CPT	X		X	
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Transcatheter Aortic Valve Replacement	21	Refer to CPT	X		X	
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Transcatheter Aortic Valve Replacement	21	Refer to CPT	X		X	
44950	Appendectomy;	Appendectomy	22	Refer to CPT				X
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code	Appendectomy	22	Refer to CPT				X
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	Appendectomy	22	Refer to CPT				X
44970	Laparoscopy, surgical, appendectomy	Appendectomy	22	Refer to CPT				X
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	Stereotactic Computer-Assisted Volumetric	23	3.75		X		
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	Stereotactic Computer-Assisted Volumetric	23	2.11		X		
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	Stereotactic Computer-Assisted Volumetric	23	3.75		X		
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal	Laminectomy	24	17.69				X
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal	Laminectomy	24	17.14				X
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal	Laminectomy	24	15.37				X
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal	Laminectomy	24	3.47				X
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	Injection Anesthetic Agent	25	0.75	X			
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	Injection Anesthetic Agent	25	0.84	X			

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified nearly 3,000 services through over 20 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, has examined 2,957 potentially misvalued services. The RUC has reviewed approximately 95% of the Medicare Physician Payment Schedule allowed charges. Codes that have not been reviewed are low volume and represent a minimal amount of allowed charges. The RUC, via its potentially misvalued services review has recommended reductions and deletions to over 1,600 services, redistributing $5 billion annually. Below are the outcomes of the committee's review.

Potentially Misvalued Services Project



Source: American Medical Association

New Technology

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated with the list, which currently contains 925 services. In September 2010, the re-review cycle began and

since then the RUC has recommended 60 services to be re-examined. The remaining services are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 276 services every April after three years of Medicare claims data is available for each service.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In 2025, the RUC identified five codes with Medicare data from 2021-2024 indicating it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period and 2023 Medicare utilization over 10,000. This screen was expanded to 9 services to include codes within the family of services. The RUC submitted recommendations for five services for the 2027 Medicare Physician Payment Schedule. The RUC referred the remaining 4 services to the CPT Editorial Panel for revision and will review them for the 2028 Medicare Physician Payment Schedule.

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

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

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

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

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

In October 2018, the RUC ran this query for its fifth iteration for services with 2017e Medicare utilization of 10,000 or more that has increased by at least 100% from 2012 through 2017. Eleven (11) codes were identified, which was expanded to 56 services. The RUC recommended removing one service from the screen as the volume growth was appropriate. The CPT Editorial Panel deleted three codes. The submitted recommendations for six services for the 2020-2021 Medicare Physician Payment Schedule and 46 services for the 2026 Medicare Physician Payment Schedule. The RUC completed review of services under this fifth iteration of the high volume growth screen.

In October 2019, the RUC completed its sixth iteration of this screen for services with 2018e Medicare utilization of over 10,000 that have increased by at least 100% from 2013 through 2018. The RUC identified 12 services. The RUC removed one service from the screen as the volume growth did not

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

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

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

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

In April 2024, the RUC initiated its 10th iteration of this high volume screen with 2022 Medicare utilization over 10,000 that has increased by at least 100% from 2017-2022. The RUC identified five services, which were expanded to 25 services to include the family of services. One service was removed from the screen as the growth was appropriate. Four services were deleted and the RUC requested CMS delete two G-codes. The RUC submitted recommendations for 18 services for the 2027 Medicare Physician Payment Schedule.

In April 2025, the RUC ran the 11th iteration of the high volume screen with 2023 Medicare utilization over 10,000 that has increased by at least 100% from 2018-2023. The RUC identified nine services which were expanded to 17 services to include the family of services. One service was removed from the screen as the growth was appropriate. The RUC will submit 13 recommendations for the 2027 Medicare Physician Payment Schedule and 2 recommendations for the 2028 Medicare Physician Payment Schedule. The Relativity Assessment Workgroup will review one service after additional data is available.

CMS Fastest Growing

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

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

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

In September 2025, the Relativity Assessment Workgroup re-ran the High IWPUT screen, examining services with an IWPUT greater than 0.14, global period of 010, 090 or MMM and 2023 Medicare utilization over 1,000. Only nine services were identified, all which were reviewed since the first iteration of this screen in 2008, in which the RUC applied a thorough review of the IWPUT during those valuations. The RUC determined rerunning the high IWPUT did not identify any potentially misvalued services to examine further.

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

In April 2013, the RUC queried the top two dominant specialties performing services based on Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Two services were identified and the RUC recommended that one be removed from the screen since the specialty societies currently performing this service indicated that the service is appropriate and recommended that the other code be referred to CPT® to be revised. The RUC completed review of services under this screen.
In October 2019, the RUC queried the top two dominant specialties performing services based on Medicare utilization of more than 10,000 and compared it to who originally surveyed the service. Two services were identified, one was deleted by CPT Editorial Panel and other was referred to develop a CPT Assistant article for education. The RUC completed review of services under this screen.

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

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

In April 2024, the RUC queried the top two dominant specialties performing services based on 2022 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. Six services were identified and were expanded to seven services to include those as part of a family. The RUC referred two

codes to CPT Assistant for the creation of an article for clarification. The RUC submitted three recommendations for the 2026 Medicare Physician Payment Schedule, will review two services for the 2027 Medicare Physician Payment Schedule and will review two services after additional utilization data is available.

In April 2025, the RUC queried the top two dominant specialties performing services based on 2023 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. Nine services were identified. The RUC recommended removing four services from the screen, referring one service to the CPT Editorial Panel for revision, referring two services to CPT Assistant for clarification and reviewing two services after additional data is available.

Harvard Valued

Utilization over 1 Million

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

Utilization over 100,000

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

Utilization over 30,000

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

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

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

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

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

In April 2025, the RUC ran this service on Harvard valued services with 2023 Medicare utilization over 30,000 and two services was identified. The RUC referred one to CPT Assistant for clarification and one code to be reviewed after additional data is available.

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

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

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

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

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

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

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

In October 2020, the RUC ran a second iteration of this screen of CMS/Other source codes with 2019e Medicare utilization over 20,000, which resulted in 10 codes. This was expanded to 22 services to include services that are part of a family. Three services were removed from this screen, 16 requested for deletion by CMS, one recommendation submitted for the 2026 Medicare Physician Payment Schedule and two will be reviewed after additional utilization data is available.

In April 2022, the RUC ran a third iteration of this screen of CMS/Other source codes with 2020 Medicare utilization over 20,000, which resulted in six codes. This was expanded to seven services to include services that are part of a family. The RUC recommended that two services be deleted and three service maintained. The RUC will review the remaining two services after additional data is available.

In April 2025, the RUC ran a fourth iteration of this screen of CMS/Other source codes with 2023 Medicare utilization over 20,000, which resulted in five codes, which were expanded to seven to include services that are part of a family. The RUC referred four services to the CPT Editorial Panel for revision and will make recommendations on the remaining three services for the 2027 Medicare Physician Payment Schedule.

Bundled CPT® Services

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

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

CPT® Editorial Panel deleted 35 individual component codes and replaced the component coding with 126 new and/or revised codes that described the bundles of services. The RUC completed review of all services under this screen.

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

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

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

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

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

In April 2024, the Relativity Assessment Workgroup performed the seventh cycle analysis of code pairs reported together with 75% or greater frequency based on 2022 Medicare claims data and identified 18 code pairs. This was expanded to 35 services to include the creation of code bundling solutions. The RUC

removed 7 codes from the screen as a bundling solution was not necessary. Two services were deleted at CPT. The RUC submitted 22 code recommendations for the 2026 and 2027 Medicare Physician Payment Schedule. The RUC will review four services after additional data is available.

In April 2025, the Relativity Assessment Workgroup performed the seventh cycle analysis of code pairs reported together with 75% or greater frequency based on 2023 Medicare claims data and identified two code pairs. The RUC referred one code pair to the CPT Editorial Panel for a bundling solution and the RUC will review the other code pair after additional data is available.

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

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

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

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

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

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

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

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

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

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

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

Post-Operative Visits
010-Day Global Codes
In January 2014, the RUC reviewed all 477, 010-day global codes to determine any outliers. Many 010-day global period services only include one post-operative office visit. The Relativity Assessment Workgroup pared down the list to 19 services with >1.5 office visits and 2012 Medicare utilization >

1,000. The RUC reviewed the 19 services, which was expanded to 21 services for additional codes in the family of services, identified via this screen. The RUC referred two codes to the CPT Editorial Panel for revision. The RUC submitted recommendations for 21 services for the 2015-2017 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

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

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

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

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

000-Day Global Services Reported with an E/M with Modifier 25
In the NPRM for 2017 CMS identified 83 services with a 000-day global period billed with an E/M 50 percent of the time or more, on the same day of service, same patient, by the same physician, which have not been reviewed in the last five years with Medicare utilization greater than 20,000.

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

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

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

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

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

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

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

In April 2025, the RUC identified one contractor-priced Category I CPT code that has 2023 Medicare utilization over 10,000. This was expanded to two services that were part of a family. The RUC will review these two services after additional data is available.

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

High Volume Category III Codes
In October 2019, the RUC identified seven Category III codes with 2018 estimated Medicare utilization over 1,000. The RUC expanded the services identified in this screen to 10 to include additional codes as part of a family. The CPT Editorial Panel deleted three codes. The RUC recommended maintaining three

codes as data collection was underway for obtaining Category I codes. The RUC submitted recommendations for three codes for the 2022 Medicare Physician Payment Schedule and will review one service in three years after additional utilization data is available.

In April 2022, the RUC identified five Category III codes with 2020 Medicare utilization over 1,000. The CPT Editorial Panel deleted one code. The RUC removed two codes from the screen and will review the remaining two services after additional data is available.

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

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

In April 2025, the RUC identified seven Category III codes with 2023 Medicare utilization over 1,000. Currently these services would not meet the criteria to become a Category I code. The RUC will review these seven services again once additional data are available.

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

RUC Review > 20 years ago with Medicare Utilization over 1 million
In April 2025, the Relativity Assessment Workgroup developed a new screen identifying services that have not been reviewed by the RUC in the last 20 years ago (prior to 2006) with 2023 Medicare utilization over 1 million. Two codes were identified. The Workgroup will review action plans for these issues in January 2026.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Proposed Rule for 2026
In the Proposed Rule for 2026, CMS is seeking input on two issues, fine needle aspiration and tympanostomy. The RUC will review these issues for the 2027 Medicare Physician Payment Schedule.

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

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

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

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

The RUC identified four code families from CPT 2023 that has more than a 10% increase in work RVUs from what was projected. The Relativity Assessment Workgroup reviewed action plans from specialty societies for cardiac ablation, orthoptic training, percutaneous nephrolithotomy and neuromuscular ultrasound in September 2025. The RUC removed the cardiac ablation issue from this screen since it was a savings, but not much as estimated. The remaining three issues will be reviewed after additional data is available.

Gender Equity
In January 2022, the RUC, via the Relativity Assessment Workgroup, reviewed gender equity in the CPT coding and valuation process. The RUC analyzed data submitted by the American Urological Association and the American College of Obstetricians and Gynecologists comparing procedures typically performed for females compared to their counter male procedures and determined that there was no marked disparity in the value of the services performed on women that have similar male-specific procedures. The RUC requested that the specialty societies work on dissemination of this information through society communication and peer reviewed journal submission. The "Comparison of Work Relative Value Units Assigned to Urological and Gynecological Surgical Procedures" study appeared in the *Urological Practice Journal* in May 2024.

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

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

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	**2,957**
Codes Completed	**2,774**
Work and PE Maintained	750
Work Increased	338
Work Decreased	927
Direct Practice Expense Revised (beyond work changes)	196
Deleted from CPT®	527
Requested CMS delete G code	27
Contractor Priced	9
Codes Under Review	**183**
RUC to review for CPT 2027	58
Referred to CPT® Editorial Panel or CPT Assistant	41
RUC to review future review after additional data obtained	84

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

The RUC's efforts for 2009-2025 have resulted in more than $5 billion in annual redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2022 **2023 Medicare Utilization:** 42,599

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

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

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

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

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

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2023 Medicare Utilization:** 26,367

2025 Work RVU: 7.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

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

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

00537 **Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation**

Global: XXX **Issue:** Anesthesia for Cardiac Electrophysiologic Procedures **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 13 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2023 Medicare Utilization:** 113,270

2025 Work RVU: 10.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 12 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

0054T **Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2023 Medicare Utilization:** 7,102

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2023 Medicare Utilization:** 22,991

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2023 Medicare Utilization:** 60,403

2025 Work RVU: 15.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2016

2023 Medicare Utilization: 1,026,775

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

RUC Recommendation: 5 base units

Referred to CPT September 2016

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

Result: Maintain

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

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

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

First Identified: September 2016

2023 Medicare Utilization: 90,204

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

RUC Recommendation: 6 base units

Referred to CPT September 2016

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

Result: Increase

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

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

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

First Identified: July 2015

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

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

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

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

Most Recent RUC Meeting: April 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2023 Medicare Utilization:** 1,089,300

2025 Work RVU: 4.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

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

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

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

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

Most Recent RUC Meeting: April 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2023 Medicare Utilization:** 566,678

2025 Work RVU: 3.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

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

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

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

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

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2023 Medicare Utilization:** 481,233

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2020

2023 Medicare Utilization: 103,904

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

RUC Recommendation: Maintain

Referred to CPT

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

Result: Remove from Screen

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

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

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

First Identified: April 2023

2023 Medicare Utilization: 9,915

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain

Referred to CPT

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

Result: Maintain

01916 **Anesthesia for diagnostic arteriography/venography**

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

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

First Identified: October 2019

2023 Medicare Utilization: 34,619

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

RUC Recommendation: Maintain

Referred to CPT

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

Result: Maintain

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

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

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

First Identified: October 2019

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2023 Medicare Utilization:** 12,602

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

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

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

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

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

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2021

2023 Medicare Utilization: 24,366

2025 Work RVU: 4.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4

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

Result: Decrease

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

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

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

First Identified: January 2021

2023 Medicare Utilization: 91,030

2025 Work RVU: 4.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4

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

Result: Decrease

01939 **Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic**

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

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

First Identified: January 2021

2023 Medicare Utilization: 17,459

2025 Work RVU: 4.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2021

2023 Medicare Utilization: 53,408

2025 Work RVU: 4.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4

Referred to CPT October 2020

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

Result: Decrease

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

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

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

First Identified: January 2021

2023 Medicare Utilization: 20,385

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

RUC Recommendation: 6

Referred to CPT October 2020

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

Result: Increase

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

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

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

First Identified: January 2021

2023 Medicare Utilization: 39,102

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

RUC Recommendation: 6

Referred to CPT October 2020

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

0207T **Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral**

Global: XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** April 2025 **2023 Medicare Utilization:** 1,654

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan.

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

Result:

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAPM&R, AAOS, ASA, ASIPP, NASS **First Identified:** April 2022 **2023 Medicare Utilization:** 947

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen

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

Result: Remove from screen

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2019 **2023 Medicare Utilization:** 12,787

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: April 2023

2023 Medicare Utilization: 1,315

2025 Work RVU:

2025 NF PE RVU: 0.00

2025 Fac PE RVU: 0.00

RUC Recommendation: Review in 3 years (Sept 2026)

Referred to CPT

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

Result:

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: April 2023

2023 Medicare Utilization: 2,811

2025 Work RVU:

2025 NF PE RVU: 0.00

2025 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Remove from screen

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

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

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

First Identified: October 2019

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2019 **2023 Medicare Utilization:** 53,208

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review in 3 years (Sept 2026)

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

Result:

0394T **High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed**

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

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** October 2019 **2023 Medicare Utilization:** 42,236

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Deleted from CPT

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

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

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA **First Identified:** April 2023 **2023 Medicare Utilization:** 5,521

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2023 Medicare Utilization:** 192

2025 Work RVU: 1.14
2025 NF PE RVU: 90.47
2025 Fac PE RVU: 0.47

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

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

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2023 Medicare Utilization:** 56

2025 Work RVU: 1.34
2025 NF PE RVU: 1.54
2025 Fac PE RVU: 0.55

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

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

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2023 Medicare Utilization:** 111

2025 Work RVU: 1.91
2025 NF PE RVU: 84.86
2025 Fac PE RVU: 0.78

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: YYY **Issue:**

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

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

First Identified: October 2019

2023 Medicare Utilization: 2,105

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain

Referred to CPT

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

Result: Maintain

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

Global: XXX **Issue:**

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

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

First Identified: October 2019

2023 Medicare Utilization:

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain

Referred to CPT

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

Result: Maintain

0480T **Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW

Screen: High Volume Category III Codes 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 1,278

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan.

Referred to CPT

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

0486T **Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral**

Global: XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** April 2025 **2023 Medicare Utilization:** 1,107

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Review action plan.

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

Result:

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

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

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** April 2022 **2023 Medicare Utilization:** 8,111

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

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

Result: Remove from screen

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

Global: XXX **Issue:** Electroretinography **Screen:** Work Neutrality 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** October 2020 **2023 Medicare Utilization:** 11,523

2025 Work RVU: 0.40
2025 NF PE RVU: 1.84
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published

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

Result: Remove from Screen

0512T **Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound**

Global: YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** April 2025 **2023 Medicare Utilization:** 1,435

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan.

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ANA, APMA **First Identified:** April 2024 **2023 Medicare Utilization:** 377

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

RUC Recommendation: Maintain

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

0583T **Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia**

Global: YYY **Issue:** Tympanostomy **Screen:** CMS Request - NPRM for 2026 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2025 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result:

RUC Recommendation:

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

0596T **Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement**

Global: YYY **Issue:** Temporary Female Intraurethral Valve-Pump **Screen:** CMS Request - Final Rule for 2025 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** July 2024 **2023 Medicare Utilization:**

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

RUC Recommendation: 2.43

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

0597T **Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement**

Global: YYY **Issue:** Temporary Female Intraurethral Valve-Pump **Screen:** CMS Request - Final Rule for 2025 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** July 2024 **2023 Medicare Utilization:**

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

RUC Recommendation: 1.05

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

Status Report: CMS Requests and Relativity Assessment Issues

0598T **Real-time fluorescence wound imaging with clinical darkness, to identify location of bacterial wound pathogens and measure wound size, per session; first anatomic site (eg, lower extremity, right leg)**

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

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

First Identified: April 2023

2023 Medicare Utilization: 44,838

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain

Referred to CPT

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

Result: Maintain

0599T **Real-time fluorescence wound imaging with clinical darkness, to identify location of bacterial wound pathogens and measure wound size, per session; each additional anatomic site (eg, upper extremity, left leg) (List separately in addition to code for primary procedure)**

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

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

First Identified: April 2024

2023 Medicare Utilization: 9,989

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review in 2 years

Referred to CPT

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

Result:

0627T **Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level**

Global: YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 1,648

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan.

Referred to CPT

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

0640T **Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site**

Global: XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 3,141

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Review action plan.

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

Result:

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

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

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

First Identified: January 2021

2023 Medicare Utilization: 440

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price

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

Result: Contractor Price

0753T **Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** High Volume Category III Codes 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 7,330

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan.

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: June 2017

2023 Medicare Utilization: 219

2025 Work RVU: 0.80
2025 NF PE RVU: 0.67
2025 Fac PE RVU: 0.37

RUC Recommendation: 0.80

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

Result: Decrease

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

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab:** 21 **Specialty Developing Recommendation:** AACE, ACR, ASC, CAP, ES, OEIS, SIR

First Identified: June 2017

2023 Medicare Utilization: 130,977

2025 Work RVU: 1.46
2025 NF PE RVU: 2.37
2025 Fac PE RVU: 0.55

RUC Recommendation: 1.63

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

Result: Decrease

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

Global: ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** AACE, ACR, ASC, CAP, ES, OEIS, SIR

First Identified: June 2017

2023 Medicare Utilization: 29,889

2025 Work RVU: 1.00
2025 NF PE RVU: 0.70
2025 Fac PE RVU: 0.38

RUC Recommendation: 1.00

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2023 Medicare Utilization:** 656

2025 Work RVU: 1.81
2025 NF PE RVU: 7.05
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.81 **Referred to CPT** June 2017 **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2023 Medicare Utilization:** 14

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

RUC Recommendation: 1.18 **Referred to CPT** June 2017 **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2023 Medicare Utilization:** 1,911

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

RUC Recommendation: 2.43 **Referred to CPT** June 2017 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: June 2017 **2023 Medicare Utilization:** 31

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

RUC Recommendation: 1.65

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

Result: Decrease

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

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

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

First Identified: June 2017 **2023 Medicare Utilization:** 77

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price

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

Result: Contractor Price

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

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

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

First Identified: June 2017 **2023 Medicare Utilization:** 65

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price

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

Result: Contractor Price

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 21 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS **First Identified:** July 2015 **2023 Medicare Utilization:** 10,386

2025 Work RVU: 1.03
2025 NF PE RVU: 1.84
2025 Fac PE RVU: 0.47

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

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

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

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

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, ACR, SIR **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

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

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

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

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:** 7,452

2025 Work RVU: 2.75
2025 NF PE RVU: 15.52
2025 Fac PE RVU: 0.95

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2016 **Tab:** 13 **Specialty Developing Recommendation:** AAD **First Identified:** October 2015 **2023 Medicare Utilization:** 45,579

2025 Work RVU: 0.91
2025 NF PE RVU: 2.47
2025 Fac PE RVU: 0.55
Result: Decrease

RUC Recommendation: 0.91

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 278,408

2025 Work RVU: 1.22
2025 NF PE RVU: 2.49
2025 Fac PE RVU: 1.89
Result: Increase

RUC Recommendation: 1.50

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

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2023 Medicare Utilization:** 92,801

2025 Work RVU: 2.45
2025 NF PE RVU: 3.69
2025 Fac PE RVU: 2.81
Result: Maintain

RUC Recommendation: Maintain. 2.45

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

Status Report: CMS Requests and Relativity Assessment Issues

10120 **Incision and removal of foreign body, subcutaneous tissues; simple** **Global:** 010 **Issue:** **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 12 **Specialty Developing Recommendation:** APMA, AAFP **First Identified:** April 2011 **2023 Medicare Utilization:** 37,789

2025 Work RVU: 1.22
2025 NF PE RVU: 3.18
2025 Fac PE RVU: 1.83

RUC Recommendation: 1.25 **Referred to CPT** **Result:** Maintain

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

10180 **Incision and drainage, complex, postoperative wound infection** **Global:** 010 **Issue:** **Screen:** RUC identified when reviewing comparison codes **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** January 2013 **2023 Medicare Utilization:** 6,411

2025 Work RVU: 2.30
2025 NF PE RVU: 5.09
2025 Fac PE RVU: 2.62

RUC Recommendation: Remove from re-review **Referred to CPT** **Result:** Maintain

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

11040 **Deleted from CPT** **Global:** **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

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

11041 **Deleted from CPT** **Global:** **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2007 **2023 Medicare Utilization:** 1,968,984

2025 Work RVU: 1.01
2025 NF PE RVU: 2.73
2025 Fac PE RVU: 0.68

RUC Recommendation: 1.12

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

Result: Increase

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

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

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

First Identified: September 2007 **2023 Medicare Utilization:** 501,856

2025 Work RVU: 2.70
2025 NF PE RVU: 3.85
2025 Fac PE RVU: 1.50

RUC Recommendation: 3.00

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

Result: Decrease

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

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

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

First Identified: September 2007 **2023 Medicare Utilization:** 100,601

2025 Work RVU: 4.10
2025 NF PE RVU: 4.57
2025 Fac PE RVU: 1.99

RUC Recommendation: 4.56

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

Result: Increase

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

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

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

First Identified: February 2010 **2023 Medicare Utilization:** 595,289

2025 Work RVU: 0.50
2025 NF PE RVU: 0.62
2025 Fac PE RVU: 0.17

RUC Recommendation: 0.69

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAFP, ACS, ANA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:** 306,373

2025 Work RVU: 1.03
2025 NF PE RVU: 0.97
2025 Fac PE RVU: 0.41

RUC Recommendation: 1.29 **Referred to CPT** October 2009 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 93,968

2025 Work RVU: 1.80
2025 NF PE RVU: 1.48
2025 Fac PE RVU: 0.74

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Increase

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

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

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

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2023 Medicare Utilization:** 774,024

2025 Work RVU: 0.35
2025 NF PE RVU: 1.72
2025 Fac PE RVU: 0.08

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2012 **Tab:** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2023 Medicare Utilization:** 1,797,432

2025 Work RVU: 0.50
2025 NF PE RVU: 1.90
2025 Fac PE RVU: 0.12

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

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

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

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

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2023 Medicare Utilization:** 305,280

2025 Work RVU: 0.65
2025 NF PE RVU: 1.97
2025 Fac PE RVU: 0.15

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

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

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

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

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

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

11102 **Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion** **Global:** 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2023 Medicare Utilization:** 3,391,157

2025 Work RVU: 0.66
2025 NF PE RVU: 2.24
2025 Fac PE RVU: 0.40

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

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

11103 **Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2023 Medicare Utilization:** 1,443,613

2025 Work RVU: 0.38
2025 NF PE RVU: 1.06
2025 Fac PE RVU: 0.23

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

First Identified: February 2017 **2023 Medicare Utilization:** 295,911

2025 Work RVU: 0.83
2025 NF PE RVU: 2.76
2025 Fac PE RVU: 0.47

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

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

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

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

First Identified: February 2017 **2023 Medicare Utilization:** 78,806

2025 Work RVU: 0.45
2025 NF PE RVU: 1.27
2025 Fac PE RVU: 0.25

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

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

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

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

First Identified: February 2017 **2023 Medicare Utilization:** 30,395

2025 Work RVU: 1.01
2025 NF PE RVU: 3.45
2025 Fac PE RVU: 0.55

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: February 2017 **2023 Medicare Utilization:** 6,205

2025 Work RVU: 0.54
2025 NF PE RVU: 1.50
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.54

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

Result: Decrease

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

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

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

First Identified: January 2012 **2023 Medicare Utilization:** 96,456

2025 Work RVU: 0.60
2025 NF PE RVU: 2.29
2025 Fac PE RVU: 0.35

RUC Recommendation: 0.60

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

Result: Increase

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

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

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

First Identified: January 2012 **2023 Medicare Utilization:** 195,446

2025 Work RVU: 0.90
2025 NF PE RVU: 2.59
2025 Fac PE RVU: 0.54

RUC Recommendation: 0.90

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 100,707

2025 Work RVU: 1.05
2025 NF PE RVU: 2.90
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 16,615

2025 Work RVU: 1.25
2025 NF PE RVU: 3.12
2025 Fac PE RVU: 0.74

RUC Recommendation: 1.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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

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

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 82,089

2025 Work RVU: 0.80
2025 NF PE RVU: 2.24
2025 Fac PE RVU: 0.25

RUC Recommendation: Refer to CPT Assistant. 0.80 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** March 2025 **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 98,427

2025 Work RVU: 0.96
2025 NF PE RVU: 2.57
2025 Fac PE RVU: 0.41

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 53,372

2025 Work RVU: 1.20
2025 NF PE RVU: 2.76
2025 Fac PE RVU: 0.52

RUC Recommendation: 1.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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

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

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 19,986

2025 Work RVU: 1.46
2025 NF PE RVU: 2.71
2025 Fac PE RVU: 0.47

RUC Recommendation: Refer to CPT Assistant. 1.46 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** March 2025 **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 58,089

2025 Work RVU: 0.80
2025 NF PE RVU: 2.53
2025 Fac PE RVU: 0.47

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 83,474

2025 Work RVU: 1.10
2025 NF PE RVU: 2.84
2025 Fac PE RVU: 0.65

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 37,944

2025 Work RVU: 1.30
2025 NF PE RVU: 3.18
2025 Fac PE RVU: 0.78

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 6,538

2025 Work RVU: 1.68
2025 NF PE RVU: 3.53
2025 Fac PE RVU: 1.00

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2010

2023 Medicare Utilization: 562,353

2025 Work RVU: 0.17
2025 NF PE RVU: 0.25
2025 Fac PE RVU: 0.04

RUC Recommendation: 0.17

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

Result: Maintain

11720 **Debridement of nail(s) by any method(s); 1 to 5**

Global: 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 53 **Specialty Developing Recommendation:** APMA

First Identified: Septemer 2011

2023 Medicare Utilization: 1,886,100

2025 Work RVU: 0.32
2025 NF PE RVU: 0.64
2025 Fac PE RVU: 0.08

RUC Recommendation: 0.32 (Interim)

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

Result: Maintain

11721 **Debridement of nail(s) by any method(s); 6 or more**

Global: 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 53 **Specialty Developing Recommendation:** APMA

First Identified: October 2010

2023 Medicare Utilization: 5,416,583

2025 Work RVU: 0.54
2025 NF PE RVU: 0.77
2025 Fac PE RVU: 0.13

RUC Recommendation: 0.54 (Interim)

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

Result: Maintain

11730 **Avulsion of nail plate, partial or complete, simple; single**

Global: 000 **Issue:** Removal of Nail Plate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 56 **Specialty Developing Recommendation:** APMA

First Identified: July 2015

2023 Medicare Utilization: 221,857

2025 Work RVU: 1.05
2025 NF PE RVU: 2.29
2025 Fac PE RVU: 0.48

RUC Recommendation: 1.10

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2014

2023 Medicare Utilization: 148,449

2025 Work RVU: 1.58
2025 NF PE RVU: 3.09
2025 Fac PE RVU: 1.36

RUC Recommendation: 1.99

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

Result: Decrease

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

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

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

First Identified: January 2014

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

11755 **Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)**

Global: 000 **Issue:** Biopsy of Nail **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41i **Specialty Developing** APMA **Recommendation:**

First Identified: July 2016

2023 Medicare Utilization: 54,948

2025 Work RVU: 1.25
2025 NF PE RVU: 2.29
2025 Fac PE RVU: 0.46

RUC Recommendation: 1.25

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAD **First Identified:** October 2009 **2023 Medicare Utilization:** 255,998

2025 Work RVU: 0.52
2025 NF PE RVU: 1.15
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAD **First Identified:** February 2010 **2023 Medicare Utilization:** 64,313

2025 Work RVU: 0.80
2025 NF PE RVU: 1.23
2025 Fac PE RVU: 0.48

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** April 2013 **2023 Medicare Utilization:** 26,223

2025 Work RVU: 1.10
2025 NF PE RVU: 1.58
2025 Fac PE RVU: 0.40

RUC Recommendation: 1.10 **Referred to CPT** May 2018 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008 **2023 Medicare Utilization:** 7,979

2025 Work RVU: 1.14
2025 NF PE RVU: 1.68
2025 Fac PE RVU: 0.54

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

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

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

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

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** February 2008 **2023 Medicare Utilization:** 1,823

2025 Work RVU: 1.34
2025 NF PE RVU: 1.74
2025 Fac PE RVU: 0.61

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

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

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

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

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008 **2023 Medicare Utilization:** 970

2025 Work RVU: 1.91
2025 NF PE RVU: 2.00
2025 Fac PE RVU: 0.85

RUC Recommendation: 2.10 **Referred to CPT** May 2018 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2023 Medicare Utilization:** 148,478

2025 Work RVU: 0.84
2025 NF PE RVU: 1.82
2025 Fac PE RVU: 0.34
Result: Decrease

RUC Recommendation: 0.84

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2023 Medicare Utilization:** 123,416

2025 Work RVU: 1.14
2025 NF PE RVU: 2.07
2025 Fac PE RVU: 0.40
Result: Decrease

RUC Recommendation: 1.14

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 19,335

2025 Work RVU: 1.44
2025 NF PE RVU: 2.27
2025 Fac PE RVU: 0.47
Result: Decrease

RUC Recommendation: 1.44

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 5,269

2025 Work RVU: 1.97
2025 NF PE RVU: 2.95
2025 Fac PE RVU: 0.46
Result: Decrease

RUC Recommendation: 1.97

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 924

2025 Work RVU: 2.39
2025 NF PE RVU: 3.28
2025 Fac PE RVU: 0.60

RUC Recommendation: 2.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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12007 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 345

2025 Work RVU: 2.90
2025 NF PE RVU: 3.39
2025 Fac PE RVU: 0.84

RUC Recommendation: 2.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 79,735

2025 Work RVU: 1.07
2025 NF PE RVU: 2.09
2025 Fac PE RVU: 0.39

RUC Recommendation: 1.07 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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12013 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 47,327

2025 Work RVU: 1.22
2025 NF PE RVU: 2.05
2025 Fac PE RVU: 0.27

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 6,449

2025 Work RVU: 1.57
2025 NF PE RVU: 2.39
2025 Fac PE RVU: 0.35

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Decrease

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

12015 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 3,092

2025 Work RVU: 1.98
2025 NF PE RVU: 2.81
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Decrease

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

12016 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 472

2025 Work RVU: 2.68
2025 NF PE RVU: 3.40
2025 Fac PE RVU: 0.58

RUC Recommendation: 2.68 **Referred to CPT** **Result:** Decrease

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

12017 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 49

2025 Work RVU: 3.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.75

RUC Recommendation: 3.18 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

12018 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 21

2025 Work RVU: 3.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.83

RUC Recommendation: 3.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 62,162

2025 Work RVU: 2.00
2025 NF PE RVU: 5.58
2025 Fac PE RVU: 2.33

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** October 2009 **2023 Medicare Utilization:** 341,859

2025 Work RVU: 2.52
2025 NF PE RVU: 6.28
2025 Fac PE RVU: 2.94

RUC Recommendation: 2.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 34,157

2025 Work RVU: 2.97
2025 NF PE RVU: 6.63
2025 Fac PE RVU: 2.83

RUC Recommendation: 2.97 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 5,583

2025 Work RVU: 3.50
2025 NF PE RVU: 7.55
2025 Fac PE RVU: 3.17

RUC Recommendation: 3.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 1,086

2025 Work RVU: 4.23
2025 NF PE RVU: 7.98
2025 Fac PE RVU: 3.45

RUC Recommendation: 4.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 489

2025 Work RVU: 5.00
2025 NF PE RVU: 8.62
2025 Fac PE RVU: 3.85

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

12041 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less**

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 20,316

2025 Work RVU: 2.10
2025 NF PE RVU: 5.49
2025 Fac PE RVU: 2.03

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 65,352

2025 Work RVU: 2.79
2025 NF PE RVU: 6.14
2025 Fac PE RVU: 2.79

RUC Recommendation: 2.79 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 3,182

2025 Work RVU: 3.19
2025 NF PE RVU: 7.78
2025 Fac PE RVU: 2.82

RUC Recommendation: 3.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 345

2025 Work RVU: 3.75
2025 NF PE RVU: 7.97
2025 Fac PE RVU: 3.82

RUC Recommendation: 3.90 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 79

2025 Work RVU: 4.30
2025 NF PE RVU: 9.63
2025 Fac PE RVU: 4.24

RUC Recommendation: 4.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 46

2025 Work RVU: 4.95
2025 NF PE RVU: 10.27
2025 Fac PE RVU: 4.47

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Increase

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 50,441

2025 Work RVU: 2.33
2025 NF PE RVU: 5.81
2025 Fac PE RVU: 2.48

RUC Recommendation: 2.33 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 98,459

2025 Work RVU: 2.87
2025 NF PE RVU: 6.20
2025 Fac PE RVU: 2.80

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 15,870

2025 Work RVU: 3.17
2025 NF PE RVU: 7.27
2025 Fac PE RVU: 2.93

RUC Recommendation: 3.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 3,816

2025 Work RVU: 3.50
2025 NF PE RVU: 7.39
2025 Fac PE RVU: 2.62

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 287

2025 Work RVU: 4.50
2025 NF PE RVU: 9.69
2025 Fac PE RVU: 3.77

RUC Recommendation: 4.65 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 31

2025 Work RVU: 5.30
2025 NF PE RVU: 11.10
2025 Fac PE RVU: 5.36

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 29

2025 Work RVU: 6.00
2025 NF PE RVU: 11.02
2025 Fac PE RVU: 5.59

RUC Recommendation: 6.28 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2023 Medicare Utilization:** 4,904

2025 Work RVU: 3.00
2025 NF PE RVU: 6.76
2025 Fac PE RVU: 2.65

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2023 Medicare Utilization:** 90,990

2025 Work RVU: 3.50
2025 NF PE RVU: 7.86
2025 Fac PE RVU: 3.47

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

13102 **Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2023 Medicare Utilization:** 21,515

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

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

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

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

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2023 Medicare Utilization:** 11,362

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

RUC Recommendation: 3.23 **Referred to CPT** September 2018 **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2023 Medicare Utilization:** 201,068

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

RUC Recommendation: 4.00 **Referred to CPT** September 2018 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

13122 **Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2023 Medicare Utilization:** 27,096

2025 Work RVU: 1.44
2025 NF PE RVU: 2.12
2025 Fac PE RVU: 0.80

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

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

13131 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm**

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 34,352

2025 Work RVU: 3.73
2025 NF PE RVU: 7.37
2025 Fac PE RVU: 3.07

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Decrease

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

13132 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm**

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2023 Medicare Utilization:** 268,017

2025 Work RVU: 4.78
2025 NF PE RVU: 8.69
2025 Fac PE RVU: 3.73

RUC Recommendation: 4.78 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2023 Medicare Utilization:** 13,530

2025 Work RVU: 2.19
2025 NF PE RVU: 2.56
2025 Fac PE RVU: 1.26

RUC Recommendation: 2.19 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2023 Medicare Utilization:** 28,639

2025 Work RVU: 4.34
2025 NF PE RVU: 7.73
2025 Fac PE RVU: 3.46

RUC Recommendation: 4.34 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

13152 **Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 49,576

2025 Work RVU: 5.34
2025 NF PE RVU: 8.81
2025 Fac PE RVU: 4.05
Result: Decrease

RUC Recommendation: 5.34

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

13153 **Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2023 Medicare Utilization:** 692

2025 Work RVU: 2.38
2025 NF PE RVU: 2.80
2025 Fac PE RVU: 1.34
Result: Maintain

RUC Recommendation: 2.38

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

14000 **Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2023 Medicare Utilization:** 5,485

2025 Work RVU: 6.37
2025 NF PE RVU: 11.78
2025 Fac PE RVU: 7.84
Result: Decrease

RUC Recommendation: 6.19

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 7,985

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

RUC Recommendation: 8.58 **Referred to CPT** **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2023 Medicare Utilization:** 15,513

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

RUC Recommendation: 7.02 **Referred to CPT** **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 18,582

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

RUC Recommendation: 9.52 **Referred to CPT** **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2023 Medicare Utilization:** 56,749

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

RUC Recommendation: 8.44 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

14041 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm**

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 44,021

2025 Work RVU: 10.83
2025 NF PE RVU: 15.80
2025 Fac PE RVU: 10.88

RUC Recommendation: 10.63 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2023 Medicare Utilization:** 78,850

2025 Work RVU: 9.23
2025 NF PE RVU: 12.89
2025 Fac PE RVU: 9.77

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

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 30,201

2025 Work RVU: 11.48
2025 NF PE RVU: 17.27
2025 Fac PE RVU: 11.82

RUC Recommendation: 11.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

14300 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 42,545

2025 Work RVU: 12.65
2025 NF PE RVU: 17.94
2025 Fac PE RVU: 11.54

RUC Recommendation: 12.47 **Referred to CPT** February 2009 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 55,376

2025 Work RVU: 3.73
2025 NF PE RVU: 2.04
2025 Fac PE RVU: 2.04

RUC Recommendation: 3.73 **Referred to CPT** February 2009 **Result:** Decrease

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

15002 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2023 Medicare Utilization:** 26,604

2025 Work RVU: 3.65
2025 NF PE RVU: 5.94
2025 Fac PE RVU: 2.30

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

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

Status Report: CMS Requests and Relativity Assessment Issues

15004 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2023 Medicare Utilization:** 35,593

2025 Work RVU: 4.58
2025 NF PE RVU: 6.54
2025 Fac PE RVU: 2.60

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

Referred to CPT

Result: Maintain

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

15100 **Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2023 Medicare Utilization:** 9,709

2025 Work RVU: 9.90
2025 NF PE RVU: 14.34
2025 Fac PE RVU: 9.86

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

Referred to CPT

Result: Maintain

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

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

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 6,734

2025 Work RVU: 10.15
2025 NF PE RVU: 13.69
2025 Fac PE RVU: 9.09

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

15170 **Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 8,779

2025 Work RVU: 8.09
2025 NF PE RVU: 13.98
2025 Fac PE RVU: 9.21

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

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

15240 **Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2023 Medicare Utilization:** 11,765

2025 Work RVU: 10.41
2025 NF PE RVU: 16.25
2025 Fac PE RVU: 12.27

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 217,251

2025 Work RVU: 1.50
2025 NF PE RVU: 2.88
2025 Fac PE RVU: 0.81

RUC Recommendation: 1.50 **Referred to CPT** February 2011 **Result:** Decrease

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

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

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 38,261

2025 Work RVU: 0.33
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.13

RUC Recommendation: Remove from screen. 0.59 **Referred to CPT** February 2011 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 9,471

2025 Work RVU: 3.50
2025 NF PE RVU: 4.99
2025 Fac PE RVU: 1.66

RUC Recommendation: 3.50 **Referred to CPT** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 33,387

2025 Work RVU: 0.80
2025 NF PE RVU: 1.42
2025 Fac PE RVU: 0.35

RUC Recommendation: 0.80 **Referred to CPT** February 2011 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 177,533

2025 Work RVU: 1.83
2025 NF PE RVU: 2.75
2025 Fac PE RVU: 0.79

RUC Recommendation: 1.83 **Referred to CPT** February 2011 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 9,104

2025 Work RVU: 0.50
2025 NF PE RVU: 0.42
2025 Fac PE RVU: 0.18

RUC Recommendation: 0.59 **Referred to CPT** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 1,615

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

RUC Recommendation: 4.00 **Referred to CPT** February 2011 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 2,818

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

RUC Recommendation: 1.00 **Referred to CPT** February 2011 **Result:** Decrease

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

15320 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15321 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15331 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15335 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15336 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15360 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15361 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15365 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15366 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15400 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15401 **Deleted from CPT**

Global: **Issue:** Xenograft **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15420 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15570 **Formation of direct or tubed pedicle, with or without transfer; trunk** **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 197

2025 Work RVU: 10.21
2025 NF PE RVU: 15.18
2025 Fac PE RVU: 9.87

RUC Recommendation: 10.00 **Referred to CPT** **Result:** Maintain

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

15572 **Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs** **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2023 Medicare Utilization:** 499

2025 Work RVU: 10.12
2025 NF PE RVU: 14.78
2025 Fac PE RVU: 10.42

RUC Recommendation: 9.94 **Referred to CPT** **Result:** Maintain

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

15574 **Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet** **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 2,231

2025 Work RVU: 10.70
2025 NF PE RVU: 13.69
2025 Fac PE RVU: 9.60

RUC Recommendation: 10.52 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

15576 **Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 4,359

2025 Work RVU: 9.37
2025 NF PE RVU: 13.13
2025 Fac PE RVU: 9.11

RUC Recommendation: 9.24 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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15730 **Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAO **First Identified:** January 2017 **2023 Medicare Utilization:** 1,705

2025 Work RVU: 13.50
2025 NF PE RVU: 26.99
2025 Fac PE RVU: 12.42

RUC Recommendation: 13.50 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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15731 **Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2023 Medicare Utilization:** 2,110

2025 Work RVU: 14.38
2025 NF PE RVU: 17.32
2025 Fac PE RVU: 13.56

RUC Recommendation: Not part of family **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

Status Report: CMS Requests and Relativity Assessment Issues

15732 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**

Global: **Issue:** Muscle Flaps **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

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

15733 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2017 **2023 Medicare Utilization:** 4,445

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

RUC Recommendation: 15.68 **Referred to CPT** September 2016 **Result:** Decrease

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

15734 **Muscle, myocutaneous, or fasciocutaneous flap; trunk**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 14 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2023 Medicare Utilization:** 22,830

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

RUC Recommendation: 23.00 **Referred to CPT** September 2016 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

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

First Identified: January 2016 **2023 Medicare Utilization:** 1,399

2025 Work RVU: 17.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.44

RUC Recommendation: 17.04

Referred to CPT September 2016

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

Result: Maintain

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

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

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

First Identified: January 2016 **2023 Medicare Utilization:** 5,130

2025 Work RVU: 19.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.43

RUC Recommendation: 19.04

Referred to CPT September 2016

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

Result: Maintain

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

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

Most Recent RUC Meeting: April 2008 **Tab:** 28 **Specialty Developing Recommendation:** AAD, ASPS

First Identified: September 2007 **2023 Medicare Utilization:** 1,863

2025 Work RVU: 11.80
2025 NF PE RVU: 17.05
2025 Fac PE RVU: 11.85

RUC Recommendation: 11.57

Referred to CPT February 2009 & February 2012

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

15769 **Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)** **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, ASPS **First Identified:** May 2018 **2023 Medicare Utilization:** 5,088

2025 Work RVU: 6.68
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.67

RUC Recommendation: 6.68 **Referred to CPT** **Result:** Increase

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

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

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2023 Medicare Utilization:** 3,321

2025 Work RVU: 6.73
2025 NF PE RVU: 10.57
2025 Fac PE RVU: 7.63

RUC Recommendation: 6.73 **Referred to CPT** **Result:** Increase

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

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

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2023 Medicare Utilization:** 7,642

2025 Work RVU: 2.50
2025 NF PE RVU: 2.83
2025 Fac PE RVU: 1.49

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

15773 **Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate**

Global: 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2023 Medicare Utilization:** 478

2025 Work RVU: 6.83
2025 NF PE RVU: 10.12
2025 Fac PE RVU: 7.29

RUC Recommendation: 6.83 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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15774 **Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2023 Medicare Utilization:** 99

2025 Work RVU: 2.41
2025 NF PE RVU: 2.79
2025 Fac PE RVU: 1.45

RUC Recommendation: 2.41 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 6,711

2025 Work RVU: 3.65
2025 NF PE RVU: 2.08
2025 Fac PE RVU: 2.08

RUC Recommendation: 3.65 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

15778 **Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 352

2025 Work RVU: 7.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.99

RUC Recommendation: 8.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2023 Medicare Utilization:** 89,497

2025 Work RVU: 6.81
2025 NF PE RVU: 11.18
2025 Fac PE RVU: 9.07

RUC Recommendation: 6.81 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey / Different Performing Specialty from Survey7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2023 Medicare Utilization:** 10,823

2025 Work RVU: 0.71
2025 NF PE RVU: 1.74
2025 Fac PE RVU: 0.85

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2023 Medicare Utilization:** 1,601

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

RUC Recommendation: 1.85 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2023 Medicare Utilization:** 891

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

RUC Recommendation: CPT Assistant article published. **Referred to CPT** **Result:** Maintain

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

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

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2023 Medicare Utilization:** 6,114,060

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

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD

First Identified: October 2010 **2023 Medicare Utilization:** 19,436,161

2025 Work RVU: 0.04
2025 NF PE RVU: 0.16
2025 Fac PE RVU: 0.02

RUC Recommendation: 0.04

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

Result: Decrease

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

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD

First Identified: September 2011 **2023 Medicare Utilization:** 845,558

2025 Work RVU: 1.37
2025 NF PE RVU: 3.47
2025 Fac PE RVU: 1.45

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

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

Result: Decrease

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

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

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

First Identified: February 2008 **2023 Medicare Utilization:** 3,535

2025 Work RVU: 3.69
2025 NF PE RVU: 6.31
2025 Fac PE RVU: 4.26

RUC Recommendation: 3.61

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2023 Medicare Utilization:** 2,125

2025 Work RVU: 4.79
2025 NF PE RVU: 8.25
2025 Fac PE RVU: 5.62

RUC Recommendation: 4.68 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2023 Medicare Utilization:** 6,107

2025 Work RVU: 7.49
2025 NF PE RVU: 10.76
2025 Fac PE RVU: 7.50

RUC Recommendation: 6.37 **Referred to CPT** **Result:** Decrease

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

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 / RUC Reviewed Greater than 10 years ago and Medicare Util over 1 million **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AADA, AAFP, APMA **First Identified:** April 2013 **2023 Medicare Utilization:** 3,037,430

2025 Work RVU: 0.70
2025 NF PE RVU: 2.64
2025 Fac PE RVU: 1.33

RUC Recommendation: Review action plan **Referred to CPT** **Result:** Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: April 2013

2023 Medicare Utilization: 147,647

2025 Work RVU: 0.97
2025 NF PE RVU: 2.92
2025 Fac PE RVU: 1.48

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Remove from Screen

17250 **Chemical cauterization of granulation tissue (ie, proud flesh)**

Global: 000 **Issue:** Chemical Cauterization of Granulation Tissue **Screen:** High Volume Growth3 **Complete?** No

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

First Identified: October 2015

2023 Medicare Utilization: 227,314

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

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

Referred to CPT September 2016

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result:

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

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

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

First Identified: October 2009

2023 Medicare Utilization: 129,978

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

RUC Recommendation: 1.22

Referred to CPT

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2023 Medicare Utilization:** 301,342

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

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2023 Medicare Utilization:** 43,715

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

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2023 Medicare Utilization:** 75,364

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

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2023 Medicare Utilization:** 60,552

2025 Work RVU: 1.77
2025 NF PE RVU: 3.46
2025 Fac PE RVU: 1.63

RUC Recommendation: 1.77 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2023 Medicare Utilization:** 63,118

2025 Work RVU: 2.09
2025 NF PE RVU: 3.88
2025 Fac PE RVU: 1.82

RUC Recommendation: 2.09 **Referred to CPT** **Result:** Maintain

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

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

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2023 Medicare Utilization:** 893,458

2025 Work RVU: 6.20
2025 NF PE RVU: 13.60
2025 Fac PE RVU: 3.76

RUC Recommendation: 6.20 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2023 Medicare Utilization:** 497,539

2025 Work RVU: 3.30
2025 NF PE RVU: 8.70
2025 Fac PE RVU: 2.00
Result: Maintain

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

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

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

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 187,048

2025 Work RVU: 5.56
2025 NF PE RVU: 13.06
2025 Fac PE RVU: 3.37
Result: Maintain

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

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

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

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 66,589

2025 Work RVU: 3.06
2025 NF PE RVU: 8.46
2025 Fac PE RVU: 1.85
Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 19,566

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

RUC Recommendation: 0.87

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

19020 **Mastotomy with exploration or drainage of abscess, deep**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 935

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

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

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

19081 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 56,278

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

RUC Recommendation: 3.29

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

Status Report: CMS Requests and Relativity Assessment Issues

19082 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 4,273

2025 Work RVU: 1.65
2025 NF PE RVU: 9.27
2025 Fac PE RVU: 0.60

RUC Recommendation: 1.65 **Referred to CPT** October 2012 **Result:** Decrease

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

19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 108,894

2025 Work RVU: 3.10
2025 NF PE RVU: 11.00
2025 Fac PE RVU: 1.13

RUC Recommendation: 3.10 **Referred to CPT** October 2012 **Result:** Decrease

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

19084 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 14,173

2025 Work RVU: 1.55
2025 NF PE RVU: 9.16
2025 Fac PE RVU: 0.57

RUC Recommendation: 1.55 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 7,373

2025 Work RVU: 3.64
2025 NF PE RVU: 18.04
2025 Fac PE RVU: 1.33

RUC Recommendation: 3.64 **Referred to CPT** October 2012 **Result:** Decrease

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

19086 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 1,562

2025 Work RVU: 1.82
2025 NF PE RVU: 14.95
2025 Fac PE RVU: 0.66

RUC Recommendation: 1.82 **Referred to CPT** October 2012 **Result:** Decrease

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

19102 **Biopsy of breast; percutaneous, needle core, using imaging guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

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

19281 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 22,738

2025 Work RVU: 2.00
2025 NF PE RVU: 5.00
2025 Fac PE RVU: 0.73

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19282 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 3,362

2025 Work RVU: 1.00
2025 NF PE RVU: 3.95
2025 Fac PE RVU: 0.37

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 3,603

2025 Work RVU: 2.00
2025 NF PE RVU: 5.44
2025 Fac PE RVU: 0.73

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19284 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 465

2025 Work RVU: 1.00
2025 NF PE RVU: 4.40
2025 Fac PE RVU: 0.36

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19285 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 28,449

2025 Work RVU: 1.70
2025 NF PE RVU: 8.74
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.70 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19286 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 2,422

2025 Work RVU: 0.85
2025 NF PE RVU: 7.67
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.85 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19287 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 289

2025 Work RVU: 2.55
2025 NF PE RVU: 15.48
2025 Fac PE RVU: 0.93

RUC Recommendation: 3.02 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19288 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 96

2025 Work RVU: 1.28
2025 NF PE RVU: 12.59
2025 Fac PE RVU: 0.47

RUC Recommendation: 1.51 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19290 **Preoperative placement of needle localization wire, breast;**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)**

Global: **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19303 **Mastectomy, simple, complete**

Global: 090 **Issue:** Mastectomy **Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACS, ASBS **First Identified:** October 2015 **2023 Medicare Utilization:** 22,981

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.33
Result: Decrease

RUC Recommendation: 15.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

19307 **Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle**

Global: 090 **Issue:** Modified Radical Mastectomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:** 3,391

2025 Work RVU: 17.99
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.22
Result: Decrease

RUC Recommendation: 17.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

19318 **Breast reduction**

Global: 090 **Issue:** Mammaplasty **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 7,306

2025 Work RVU: 16.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.13
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19340 **Insertion of breast implant on same day of mastectomy (ie, immediate)**

Global: 090 **Issue:** Breast Implant/Expander Placement **Screen:** CMS Request / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 05 **Specialty Developing Recommendation:** ASPS

First Identified: October 2009 **2023 Medicare Utilization:** 2,243

2025 Work RVU: 10.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.56

RUC Recommendation: 11.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

19357 **Tissue expander placement in breast reconstruction, including subsequent expansion(s)**

Global: 090 **Issue:** Breast Implant/Expander Placement **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 05 **Specialty Developing Recommendation:** ASPS

First Identified: September 2007 **2023 Medicare Utilization:** 5,304

2025 Work RVU: 14.84
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.67

RUC Recommendation: 15.36

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

20000 **Deleted from CPT**

Global: **Issue:** Incision of Abcess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS

First Identified: September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

20005 **Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)**

Global: **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

20220 **Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2018 **2023 Medicare Utilization:** 11,180

2025 Work RVU: 1.65
2025 NF PE RVU: 4.99
2025 Fac PE RVU: 0.78

RUC Recommendation: 1.93 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

20225 **Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2017 **2023 Medicare Utilization:** 11,992

2025 Work RVU: 2.45
2025 NF PE RVU: 8.38
2025 Fac PE RVU: 1.15

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

20240 **Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)**

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2023 Medicare Utilization:** 6,447

2025 Work RVU: 2.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.30

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20245 **Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)** **Global:** 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 04 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2023 Medicare Utilization:** 4,220

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.28

RUC Recommendation: 6.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20525 **Removal of foreign body in muscle or tendon sheath; deep or complicated** **Global:** 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,221

2025 Work RVU: 3.54
2025 NF PE RVU: 9.79
2025 Fac PE RVU: 3.37

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

20526 **Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel** **Global:** 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2023 Medicare Utilization:** 99,085

2025 Work RVU: 0.94
2025 NF PE RVU: 1.40
2025 Fac PE RVU: 0.61

RUC Recommendation: Remove fromm screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")** **Global:** 000 **Issue:** Injection of Tendon **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2023 Medicare Utilization:** 807,717

2025 Work RVU: 0.75
2025 NF PE RVU: 0.90
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20551 **Injection(s); single tendon origin/insertion** **Global:** 000 **Issue:** Therapeutic Injection Carpal Tunnel **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 10 **Specialty Developing Recommendation:** AAPMR, AAOS, ACRh, APMA, ASSH **First Identified:** October 2008 **2023 Medicare Utilization:** 121,736

2025 Work RVU: 0.75
2025 NF PE RVU: 0.90
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20552 **Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)** **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 271,998

2025 Work RVU: 0.66
2025 NF PE RVU: 0.84
2025 Fac PE RVU: 0.36

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20553 **Injection(s); single or multiple trigger point(s), 3 or more muscles**

Global: 000 **Issue:**

Screen: CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 354,841

2025 Work RVU: 0.75
2025 NF PE RVU: 0.98
2025 Fac PE RVU: 0.41

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20600 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis

Screen: Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2023 Medicare Utilization:** 465,696

2025 Work RVU: 0.66
2025 NF PE RVU: 0.88
2025 Fac PE RVU: 0.33

RUC Recommendation: 0.66 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20604 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis

Screen: CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2023 Medicare Utilization:** 60,484

2025 Work RVU: 0.89
2025 NF PE RVU: 1.49
2025 Fac PE RVU: 0.38

RUC Recommendation: 0.89 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20605 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2023 Medicare Utilization:** 389,364

2025 Work RVU: 0.68
2025 NF PE RVU: 0.89
2025 Fac PE RVU: 0.34

RUC Recommendation: 0.68 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20606 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2023 Medicare Utilization:** 61,560

2025 Work RVU: 1.00
2025 NF PE RVU: 1.57
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20610 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2023 Medicare Utilization:** 5,969,253

2025 Work RVU: 0.79
2025 NF PE RVU: 1.04
2025 Fac PE RVU: 0.44

RUC Recommendation: 0.79 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20611 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2023 Medicare Utilization:** 1,200,510

2025 Work RVU: 1.10
2025 NF PE RVU: 1.72
2025 Fac PE RVU: 0.51

RUC Recommendation: 1.10 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20612 **Aspiration and/or injection of ganglion cyst(s) any location**

Global: 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2023 Medicare Utilization:** 25,738

2025 Work RVU: 0.70
2025 NF PE RVU: 1.17
2025 Fac PE RVU: 0.44

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2023 Medicare Utilization:** 46,117

2025 Work RVU: 5.96
2025 NF PE RVU: 11.03
2025 Fac PE RVU: 5.81

RUC Recommendation: 5.96 and adjustments to pre-service time package 3. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2023 Medicare Utilization:** 2,834

2025 Work RVU: 16.27
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.29

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

20694 **Removal, under anesthesia, of external fixation system**

Global: 090 **Issue:** External Fixation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2023 Medicare Utilization:** 5,191

2025 Work RVU: 4.28
2025 NF PE RVU: 8.09
2025 Fac PE RVU: 5.48

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

20700 **Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2023 Medicare Utilization:** 1,227

2025 Work RVU: 1.50
2025 NF PE RVU: 0.73
2025 Fac PE RVU: 0.73

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

20701 **Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2023 Medicare Utilization:** 164

2025 Work RVU: 1.13
2025 NF PE RVU: 0.57
2025 Fac PE RVU: 0.57

RUC Recommendation: 1.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

20702 **Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2023 Medicare Utilization:** 633

2025 Work RVU: 2.50
2025 NF PE RVU: 1.28
2025 Fac PE RVU: 1.28

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

20703 **Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2023 Medicare Utilization:** 41

2025 Work RVU: 1.80
2025 NF PE RVU: 0.96
2025 Fac PE RVU: 0.96

RUC Recommendation: 1.80 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

20704 **Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2023 Medicare Utilization:** 912

2025 Work RVU: 2.60
2025 NF PE RVU: 1.38
2025 Fac PE RVU: 1.38

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

20705 **Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2023 Medicare Utilization:** 226

2025 Work RVU: 2.15
2025 NF PE RVU: 1.13
2025 Fac PE RVU: 1.13

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20900 **Bone graft, any donor area; minor or small (eg, dowel or button)** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 5,031

2025 Work RVU: 3.00
2025 NF PE RVU: 7.90
2025 Fac PE RVU: 1.92

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20902 **Bone graft, any donor area; major or large** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** April 2008 **2023 Medicare Utilization:** 4,446

2025 Work RVU: 4.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.83

RUC Recommendation: 4.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20926 **Tissue grafts, other (eg, paratenon, fat, dermis)** **Global:** **Issue:** Tissue Grafting Procedures **Screen:** CMS Fastest Growing / Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, AANS, CNS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted for 2020

20985 **Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Computer Assisted Surgical Navigation **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 06 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2024 **2023 Medicare Utilization:** 71,832

2025 Work RVU: 2.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.32

RUC Recommendation: 2.50 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21015 **Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 303

2025 Work RVU: 9.89
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.67

RUC Recommendation: 9.71 **Referred to CPT** June 2008 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

21025 **Excision of bone (eg, for osteomyelitis or bone abscess); mandible** **Global:** 090 **Issue:** Excision of Bone – Mandible **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2023 Medicare Utilization:** 2,506

2025 Work RVU: 10.03
2025 NF PE RVU: 13.18
2025 Fac PE RVU: 9.18

RUC Recommendation: 10.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

21495 **Open treatment of hyoid fracture** **Global:** **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 360

2025 Work RVU: 14.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.06

RUC Recommendation: 14.57 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21800 **Closed treatment of rib fracture, uncomplicated, each**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21805 **Open treatment of rib fracture without fixation, each**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21810 **Treatment of rib fracture requiring external fixation (flail chest)**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 504

2025 Work RVU: 10.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.36

RUC Recommendation: 19.55 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 537

2025 Work RVU: 13.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.40

RUC Recommendation: 25.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

21813 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 85

2025 Work RVU: 17.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.26

RUC Recommendation: 35.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

21820 **Closed treatment of sternum fracture**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** January 2014 **2023 Medicare Utilization:** 120

2025 Work RVU: 1.36
2025 NF PE RVU: 3.11
2025 Fac PE RVU: 3.07

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** October 2013 **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

21825 **Open treatment of sternum fracture with or without skeletal fixation** **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 434

2025 Work RVU: 7.76
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.25

RUC Recommendation: Unrelated to the family **Referred to CPT** October 2013 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

21935 **Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 166

2025 Work RVU: 15.72
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.46

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22210 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical** **Global:** 090 **Issue:** Osteotomy of Spine **Screen:** CMS Request - Final Rule for 2025 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2024 **2023 Medicare Utilization:** 431

2025 Work RVU: 25.38
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.31

RUC Recommendation: Refer to CPT **Referred to CPT** September 2025 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

22212 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic** **Global:** 090 **Issue:** Osteotomy of Spine **Screen:** CMS Request - Final Rule for 2025 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2024 **2023 Medicare Utilization:** 1,463

2025 Work RVU: 20.99
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.11

RUC Recommendation: Refer to CPT **Referred to CPT** September 2025 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22214 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar**

Global: 090 **Issue:** Osteotomy of Spine **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2025 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** October 2008 **2023 Medicare Utilization:** 6,962

2025 Work RVU: 21.02
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.07

RUC Recommendation: Refer to CPT **Referred to CPT** September 2025 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

22216 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)**

Global: ZZZ **Issue:** Osteotomy of Spine **Screen:** CMS Request - Final Rule for 2025 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2024 **2023 Medicare Utilization:** 11,400

2025 Work RVU: 6.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.09

RUC Recommendation: Refer to CPT **Referred to CPT** September 2025 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

22305 **Closed treatment of vertebral process fracture(s)**

Global: **Issue:** Closed treatment of vertebral process fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 23 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22310 **Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing**

Global: 090 **Issue:** Closed Treatment Vertebral Fracture **Screen:** Negative IWPUT / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2017 **2023 Medicare Utilization:** 4,970

2025 Work RVU: 3.45
2025 NF PE RVU: 5.38
2025 Fac PE RVU: 4.96

RUC Recommendation: CPT Assistant article published. 3.45.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2024

Result: Decrease

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 1,906

2025 Work RVU: 7.90
2025 NF PE RVU: 42.85
2025 Fac PE RVU: 3.89

RUC Recommendation: 8.15

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

22511 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 2,438

2025 Work RVU: 7.33
2025 NF PE RVU: 43.46
2025 Fac PE RVU: 3.80

RUC Recommendation: 8.05

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

22512 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 1,465

2025 Work RVU: 4.00
2025 NF PE RVU: 16.37
2025 Fac PE RVU: 1.45

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22513 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 18,935

2025 Work RVU: 8.65
2025 NF PE RVU: 150.73
2025 Fac PE RVU: 5.02

RUC Recommendation: 8.90 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22514 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 21,428

2025 Work RVU: 7.99
2025 NF PE RVU: 150.75
2025 Fac PE RVU: 4.79

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 12,989

2025 Work RVU: 4.00
2025 NF PE RVU: 77.33
2025 Fac PE RVU: 1.68

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumba**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2023 Medicare Utilization:** 519

2025 Work RVU: 24.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.31

RUC Recommendation: Remove from screen. CPT Assistant article published. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2023 Medicare Utilization:** 31,110

2025 Work RVU: 25.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 18.55

RUC Recommendation: 24.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2023 Medicare Utilization:** 28,515

2025 Work RVU: 6.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.29

RUC Recommendation: 6.50 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** February 2008 **2023 Medicare Utilization:** 3,039

2025 Work RVU: 17.69
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.12

RUC Recommendation: CPT Assistant article published. 17.69 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2023 Medicare Utilization:** 20,385

2025 Work RVU: 23.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.33

RUC Recommendation: Maintain **Referred to CPT** September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22585 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2010 **2023 Medicare Utilization:** 15,250

2025 Work RVU: 5.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.60

RUC Recommendation: Remove from screen **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22600 **Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part8 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AANS, AAOS, CNS, NASS **First Identified:** April 2025 **2023 Medicare Utilization:** 15,208

2025 Work RVU: 17.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.52

RUC Recommendation: Review action plan. **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

22612 **Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2023 Medicare Utilization:** 41,532

2025 Work RVU: 23.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.86

RUC Recommendation: Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22614 **Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2023 Medicare Utilization:** 144,992

2025 Work RVU: 6.43
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.26

RUC Recommendation: 6.43 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2023 Medicare Utilization:** 4,225

2025 Work RVU: 22.09
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.80

RUC Recommendation: 22.09 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,448

2025 Work RVU: 5.22
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.62

RUC Recommendation: 5.22 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2023 Medicare Utilization:** 34,325

2025 Work RVU: 26.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.88

RUC Recommendation: 27.75 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2023 Medicare Utilization:** 13,538

2025 Work RVU: 7.96
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.04

RUC Recommendation: 8.16 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22838 **Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed**

Global: 090 **Issue:** Vertebral Body Tethering **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** January 2025 **2023 Medicare Utilization:**

2025 Work RVU: 36.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.83

RUC Recommendation: Review action plan (April 2028) **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2023 Medicare Utilization:** 9,396

2025 Work RVU: 13.44
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.83

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

22849 **Reinsertion of spinal fixation device**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2023 Medicare Utilization:** 3,032

2025 Work RVU: 19.17
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.88

RUC Recommendation: Maintain **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22851 **Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)**

Global: **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22859 **Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2023 Medicare Utilization:** 765

2025 Work RVU: 5.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.77
Result: Decrease

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22867 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level**

Global: 090 **Issue:** Insertion of Interlaminar/Interspinous Device **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 26 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2023 Medicare Utilization:** 869

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.93
Result: Increase

RUC Recommendation: 15.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22868 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2023 Medicare Utilization:** 130

2025 Work RVU: 4.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.00
Result: Decrease

RUC Recommendation: 5.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22900 **Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 395

2025 Work RVU: 8.32
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.07

RUC Recommendation: 8.21 **Referred to CPT** June 2008 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 563

2025 Work RVU: 7.41
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.70

RUC Recommendation: 7.28 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23120 **Claviculectomy; partial**

Global: 090 **Issue:** Claviculectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 30 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,555

2025 Work RVU: 7.39
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.26

RUC Recommendation: 7.23 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**

Global: 090 **Issue:** Removal of Bone **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 754

2025 Work RVU: 7.77
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.72

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** April 2011 **2023 Medicare Utilization:** 23,565

2025 Work RVU: 1.00
2025 NF PE RVU: 3.62
2025 Fac PE RVU: 0.38

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

23405 **Tenotomy, shoulder area; single tendon**

Global: 090 **Issue:** Tenotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 2,119

2025 Work RVU: 8.54
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.74

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

23410 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 2,064

2025 Work RVU: 11.39
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.43

RUC Recommendation: 11.23 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23412 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 6,144

2025 Work RVU: 11.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.74

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23415 **Coracoacromial ligament release, with or without acromioplasty** **Global:** 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 62 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 209

2025 Work RVU: 9.23
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.41
Result: Decrease

RUC Recommendation: 9.23 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

23420 **Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)** **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 853

2025 Work RVU: 13.54
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.52
Result: Decrease

RUC Recommendation: 13.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

23430 **Tenodesis of long tendon of biceps** **Global:** 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 20,753

2025 Work RVU: 10.17
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.64
Result: Maintain

RUC Recommendation: 10.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

23440 **Resection or transplantation of long tendon of biceps** **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 948

2025 Work RVU: 10.64
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.37
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23470 **Arthroplasty, glenohumeral joint; hemiarthroplasty** **Global:** 090 **Issue:** Arthroplasty - Shoulder **Screen:** Site of Service Anomaly - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 18 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2025 **2023 Medicare Utilization:** 898

2025 Work RVU: 17.89
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.96

RUC Recommendation: 16.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))** **Global:** 090 **Issue:** Arthroplasty - Shoulder **Screen:** CMS Fastest Growing / High Volume Growth3 / Site of Service Anomaly - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 18 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2023 Medicare Utilization:** 76,910

2025 Work RVU: 22.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.27

RUC Recommendation: 19.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23540 **Closed treatment of acromioclavicular dislocation; without manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 236

2025 Work RVU: 2.36
2025 NF PE RVU: 4.69
2025 Fac PE RVU: 4.64

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation** **Global:** 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2023 Medicare Utilization:** 25,306

2025 Work RVU: 3.00
2025 NF PE RVU: 6.99
2025 Fac PE RVU: 6.44

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23625 **Closed treatment of greater humeral tuberosity fracture; with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 117

2025 Work RVU: 4.10
2025 NF PE RVU: 7.10
2025 Fac PE RVU: 6.07

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

23650 **Closed treatment of shoulder dislocation, with manipulation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 11,926

2025 Work RVU: 3.53
2025 NF PE RVU: 6.30
2025 Fac PE RVU: 5.26

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

23655 **Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 2,355

2025 Work RVU: 4.76
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.96

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

23665 **Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 301

2025 Work RVU: 4.66
2025 NF PE RVU: 8.08
2025 Fac PE RVU: 6.95

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

24505 **Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 603

2025 Work RVU: 5.39
2025 NF PE RVU: 9.30
2025 Fac PE RVU: 7.63

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

24600 **Treatment of closed elbow dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 1,010

2025 Work RVU: 4.37
2025 NF PE RVU: 6.64
2025 Fac PE RVU: 5.52

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

24605 **Treatment of closed elbow dislocation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 289

2025 Work RVU: 5.64
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.02

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

25116 **Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum**

Global: 090 **Issue:** Forearm Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 913

2025 Work RVU: 7.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.74

RUC Recommendation: 7.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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25210 **Carpectomy; 1 bone**

Global: 090 **Issue:** Carpectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,475

2025 Work RVU: 6.12
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.02

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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25260 **Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 788

2025 Work RVU: 8.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.05

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,727

2025 Work RVU: 7.39
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.71

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Site of Service Anomaly / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2023 Medicare Utilization:** 6,292

2025 Work RVU: 9.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.26

RUC Recommendation: 9.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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25312 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** RUC Flag **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2023 **2023 Medicare Utilization:** 320

2025 Work RVU: 9.82
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.37

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

25447 **Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)** **Global:** 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2022 **2023 Medicare Utilization:** 20,989

2025 Work RVU: 10.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.11

RUC Recommendation: 11.14 **Referred to CPT** May 2023 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

25448 **Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed** **Global:** **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2022 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 13.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

25565 **Closed treatment of radial and ulnar shaft fractures; with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 502

2025 Work RVU: 5.85
2025 NF PE RVU: 9.24
2025 Fac PE RVU: 7.46

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

25605 **Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation**

Global: 090 **Issue:** Closed Treatment Distal Radial Fracture **Screen:** Emergent Procedures / Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** October 2015 **2023 Medicare Utilization:** 17,362

2025 Work RVU: 6.25
2025 NF PE RVU: 9.37
2025 Fac PE RVU: 8.41
Result: PE Only

RUC Recommendation: Review action plan. PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

25606 **Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2023 Medicare Utilization:** 857

2025 Work RVU: 8.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.73
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

25607 **Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2023 Medicare Utilization:** 6,714

2025 Work RVU: 9.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.42
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2023 Medicare Utilization:** 5,785

2025 Work RVU: 11.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.26
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2023 Medicare Utilization:** 17,503

2025 Work RVU: 14.38
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.14
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

25675 **Closed treatment of distal radioulnar dislocation with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 535

2025 Work RVU: 4.89
2025 NF PE RVU: 8.52
2025 Fac PE RVU: 7.10
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

26020 **Drainage of tendon sheath, digit and/or palm, each**

Global: 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2023 Medicare Utilization:** 2,174

2025 Work RVU: 6.84
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.05
Result: Increase

RUC Recommendation: 7.79

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

26055 **Tendon sheath incision (eg, for trigger finger)** **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2023 Medicare Utilization:** 101,295

2025 Work RVU: 3.11
2025 NF PE RVU: 13.90
2025 Fac PE RVU: 5.39

RUC Recommendation: 3.75 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each** **Global:** 090 **Issue:** RAW **Screen:** Site of Service Anomaly / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,797

2025 Work RVU: 4.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.11

RUC Recommendation: Action plan for RAW Oct 2015. Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2012

26160 **Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger** **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2023 Medicare Utilization:** 16,711

2025 Work RVU: 3.57
2025 NF PE RVU: 14.17
2025 Fac PE RVU: 5.61

RUC Recommendation: 3.57 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2023 Medicare Utilization:** 905

2025 Work RVU: 9.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.11
Result: Decrease

RUC Recommendation: 10.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2023 Medicare Utilization:** 69

2025 Work RVU: 11.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.09
Result: Increase

RUC Recommendation: 11.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2023 Medicare Utilization:** 56

2025 Work RVU: 12.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.94
Result: Increase

RUC Recommendation: 13.10

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** October 2008 **2023 Medicare Utilization:** 11,294

2025 Work RVU: 9.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.28

RUC Recommendation: 9.50 **Referred to CPT** May 2023 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

26483 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** RUC Flag **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2023 **2023 Medicare Utilization:** 428

2025 Work RVU: 8.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.27

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

26700 **Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 405

2025 Work RVU: 3.83
2025 NF PE RVU: 6.18
2025 Fac PE RVU: 5.33

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

26750 **Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 5,317

2025 Work RVU: 1.80
2025 NF PE RVU: 3.87
2025 Fac PE RVU: 3.94

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

26755 **Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 380

2025 Work RVU: 3.23
2025 NF PE RVU: 6.33
2025 Fac PE RVU: 4.86

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

26770 **Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 5,218

2025 Work RVU: 3.15
2025 NF PE RVU: 5.41
2025 Fac PE RVU: 4.58

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 05 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 278

2025 Work RVU: 8.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.97

RUC Recommendation: 8.74 **Referred to CPT** June 2008 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27062 **Excision; trochanteric bursa or calcification** **Global:** 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 2,186

2025 Work RVU: 5.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.10

RUC Recommendation: 5.66 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed** **Global:** 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2023 Medicare Utilization:** 438,308

2025 Work RVU: 1.48
2025 NF PE RVU: 3.29
2025 Fac PE RVU: 0.87

RUC Recommendation: 1.48 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft** **Global:** 090 **Issue:** Arthroplasty - Hip **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 / Site of Service Anomaly - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 19 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2023 Medicare Utilization:** 174,976

2025 Work RVU: 19.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.34

RUC Recommendation: 17.13 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2023 Medicare Utilization:** 9,503

2025 Work RVU: 30.28
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.01

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation** **Global:** **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

27194 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia** **Global:** **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

27197 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2023 Medicare Utilization:** 7,834

2025 Work RVU: 1.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.21

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27198 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural]**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2023 Medicare Utilization:** 123

2025 Work RVU: 4.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.88

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27220 **Closed treatment of acetabulum (hip socket) fracture(s); without manipulation**

Global: 090 **Issue:** Closed Treatment Fracture - Hip **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 08 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2017 **2023 Medicare Utilization:** 2,143

2025 Work RVU: 5.50
2025 NF PE RVU: 6.27
2025 Fac PE RVU: 6.11

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27230 **Closed treatment of femoral fracture, proximal end, neck; without manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 1,243

2025 Work RVU: 5.81
2025 NF PE RVU: 8.10
2025 Fac PE RVU: 7.84

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27232 **Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 157

2025 Work RVU: 11.72
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.10

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27236 **Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement** **Global:** 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2023 Medicare Utilization:** 53,729

2025 Work RVU: 17.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.10

RUC Recommendation: 17.61 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27240 **Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 148

2025 Work RVU: 13.81
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.49

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27244 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2023 Medicare Utilization:** 3,140

2025 Work RVU: 18.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.44
Result: Increase

RUC Recommendation: 18.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

27245 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2023 Medicare Utilization:** 73,428

2025 Work RVU: 18.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.41
Result: Decrease

RUC Recommendation: 18.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

27250 **Closed treatment of hip dislocation, traumatic; without anesthesia**

Global: 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2023 Medicare Utilization:** 2,843

2025 Work RVU: 3.82
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.77
Result: Decrease

RUC Recommendation: 3.82 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

27252 **Closed treatment of hip dislocation, traumatic; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 900

2025 Work RVU: 11.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.51
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27265 **Closed treatment of post hip arthroplasty dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 6,314

2025 Work RVU: 5.24
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.67

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

27266 **Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 4,448

2025 Work RVU: 7.78
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.52

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

27279 **Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum** **Global:** 090 **Issue:** Arthodesis - Sacroiliac Joint **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 09 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2017 **2023 Medicare Utilization:** 6,299

2025 Work RVU: 12.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.84

RUC Recommendation: 9.03 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

27324 **Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)** **Global:** 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 612

2025 Work RVU: 5.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.51

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

27369 **Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography** **Global:** 000 **Issue:** Knee Arthrography Injection **Screen:** Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey4 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, AAPA, ACR, ANA, SIR **First Identified:** June 2017 **2023 Medicare Utilization:** 18,927

2025 Work RVU: 0.77
2025 NF PE RVU: 4.28
2025 Fac PE RVU: 0.33

RUC Recommendation: CPT Assistant article published. 0.96 **Referred to CPT** February 2018 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2024

27370 **Injection of contrast for knee arthrography** **Global:** **Issue:** Knee Arthrography Injection **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 05 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

Status Report: CMS Requests and Relativity Assessment Issues

27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment** **Global:** 090 **Issue:** Arthroplasty - Knee **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than $10 million / Site of Service Anomaly - 2020 / Site of Service Anomaly - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2023 Medicare Utilization:** 12,117

2025 Work RVU: 17.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.27

RUC Recommendation: 17.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)** **Global:** 090 **Issue:** Arthroplasty - Knee **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 / Site of Service Anomaly - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2023 Medicare Utilization:** 313,723

2025 Work RVU: 19.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.30

RUC Recommendation: 17.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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27502 **Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 342

2025 Work RVU: 11.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.34

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

27510 **Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 274

2025 Work RVU: 9.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.03
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27550 **Closed treatment of knee dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 258

2025 Work RVU: 5.98
2025 NF PE RVU: 8.76
2025 Fac PE RVU: 7.43
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27552 **Closed treatment of knee dislocation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 223

2025 Work RVU: 8.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.75
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27615 **Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm**

Global: 090 **Issue:** Radical Resecion of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 234

2025 Work RVU: 15.72
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.66
Result: Increase

RUC Recommendation: 15.54

Referred to CPT June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27619 **Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 640

2025 Work RVU: 6.91
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.18

RUC Recommendation: 6.80 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,502

2025 Work RVU: 12.24
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.83

RUC Recommendation: 12.10 **Referred to CPT** June 2008 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2023 Medicare Utilization:** 850

2025 Work RVU: 9.84
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.64

RUC Recommendation: 9.72 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2023 Medicare Utilization:** 2,197

2025 Work RVU: 9.21
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.53

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27654 **Repair, secondary, Achilles tendon, with or without graft**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,084

2025 Work RVU: 10.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.84

RUC Recommendation: 10.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,890

2025 Work RVU: 6.69
2025 NF PE RVU: 12.17
2025 Fac PE RVU: 6.68

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

27687 **Gastrocnemius recession (eg, Strayer procedure)**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 5,894

2025 Work RVU: 6.41
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.60

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,017

2025 Work RVU: 9.17
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.08

RUC Recommendation: 8.96

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,972

2025 Work RVU: 10.49
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.51

RUC Recommendation: 10.28 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27752 **Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 945

2025 Work RVU: 6.27
2025 NF PE RVU: 9.11
2025 Fac PE RVU: 7.66

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27762 **Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 286

2025 Work RVU: 5.47
2025 NF PE RVU: 8.57
2025 Fac PE RVU: 7.09

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2023 Medicare Utilization:** 5,734

2025 Work RVU: 8.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.38

RUC Recommendation: 9.71 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27810 **Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulatior**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 2,347

2025 Work RVU: 5.32
2025 NF PE RVU: 8.47
2025 Fac PE RVU: 6.97

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27814 **Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2023 Medicare Utilization:** 7,609

2025 Work RVU: 10.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.71

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation** **Global:** 090 **Issue:** Treatment of Fracture **Screen:** Site of Service Anomaly (99238-Only) / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** September 2007 **2023 Medicare Utilization:** 3,311

2025 Work RVU: 5.69
2025 NF PE RVU: 8.60
2025 Fac PE RVU: 6.90

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27825 **Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 590

2025 Work RVU: 6.69
2025 NF PE RVU: 9.01
2025 Fac PE RVU: 7.30

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27840 **Closed treatment of ankle dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 1,663

2025 Work RVU: 4.77
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.35

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

28001 **Incision and drainage, bursa, foot**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2020 **2023 Medicare Utilization:** 2,121

2025 Work RVU: 2.00
2025 NF PE RVU: 2.93
2025 Fac PE RVU: 0.72

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2023 Medicare Utilization:** 4,722

2025 Work RVU: 2.79
2025 NF PE RVU: 4.26
2025 Fac PE RVU: 1.18

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28003 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2020 **2023 Medicare Utilization:** 4,247

2025 Work RVU: 5.28
2025 NF PE RVU: 5.39
2025 Fac PE RVU: 1.89

RUC Recommendation: 5.28 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28111 **Ostectomy, complete excision; first metatarsal head**

Global: 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 692

2025 Work RVU: 5.15
2025 NF PE RVU: 8.49
2025 Fac PE RVU: 4.04

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28120 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 4,538

2025 Work RVU: 7.31
2025 NF PE RVU: 11.87
2025 Fac PE RVU: 6.88

RUC Recommendation: 8.27 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 12,887

2025 Work RVU: 6.76
2025 NF PE RVU: 10.31
2025 Fac PE RVU: 5.94

RUC Recommendation: 7.72 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

28124 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe**

Global: 090 **Issue:** Toe Removal **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 8,275

2025 Work RVU: 5.00
2025 NF PE RVU: 8.84
2025 Fac PE RVU: 4.78

RUC Recommendation: Remove 99238 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28285 **Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)**

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 55,528

2025 Work RVU: 5.62
2025 NF PE RVU: 10.02
2025 Fac PE RVU: 5.66

RUC Recommendation: 5.62 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28289 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:** 4,118

2025 Work RVU: 6.90
2025 NF PE RVU: 12.89
2025 Fac PE RVU: 6.41

RUC Recommendation: 6.90 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28290 **Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)**

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

28291 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:** 1,983

2025 Work RVU: 8.01
2025 NF PE RVU: 11.67
2025 Fac PE RVU: 5.79

RUC Recommendation: 8.01 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28292 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:** 4,184

2025 Work RVU: 7.44
2025 NF PE RVU: 12.78
2025 Fac PE RVU: 6.69

RUC Recommendation: 7.44 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

28294 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)**

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28295 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:** 367

2025 Work RVU: 8.57
2025 NF PE RVU: 21.12
2025 Fac PE RVU: 8.50

RUC Recommendation: 8.57 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28296 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2023 Medicare Utilization:** 5,497

2025 Work RVU: 8.25
2025 NF PE RVU: 17.27
2025 Fac PE RVU: 6.67

RUC Recommendation: 8.25 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28297 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:** 3,468

2025 Work RVU: 9.29
2025 NF PE RVU: 19.81
2025 Fac PE RVU: 7.86

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28298 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2023 Medicare Utilization:** 2,928

2025 Work RVU: 7.75
2025 NF PE RVU: 16.14
2025 Fac PE RVU: 6.80

RUC Recommendation: 7.75 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28299 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:** 4,770

2025 Work RVU: 9.29
2025 NF PE RVU: 19.78
2025 Fac PE RVU: 7.83

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 2,258

2025 Work RVU: 9.73
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.59

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,589

2025 Work RVU: 5.57
2025 NF PE RVU: 10.29
2025 Fac PE RVU: 5.00

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28470 **Closed treatment of metatarsal fracture; without manipulation, each**

Global: 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2023 Medicare Utilization:** 20,966

2025 Work RVU: 2.03
2025 NF PE RVU: 4.50
2025 Fac PE RVU: 4.12

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28660 **Closed treatment of interphalangeal joint dislocation; without anesthesia** **Global:** 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 534

2025 Work RVU: 1.28
2025 NF PE RVU: 2.38
2025 Fac PE RVU: 1.38

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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28725 **Arthrodesis; subtalar** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 4,458

2025 Work RVU: 11.22
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.70

RUC Recommendation: 12.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,935

2025 Work RVU: 10.70
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.80

RUC Recommendation: 12.42 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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28740 **Arthrodesis, midtarsal or tarsometatarsal, single joint** **Global:** 090 **Issue:** Arthrodesis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,853

2025 Work RVU: 9.29
2025 NF PE RVU: 14.20
2025 Fac PE RVU: 8.19

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

28750 **Arthrodesis, great toe; metatarsophalangeal joint**

Global: 090 **Issue:** Arthrodesis - Great Toe **Screen:** Different Performing Specialty from Survey6 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 22 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2024 **2023 Medicare Utilization:** 13,589

2025 Work RVU: 8.57
2025 NF PE RVU: 13.63
2025 Fac PE RVU: 7.80
Result: Increase

RUC Recommendation: 8.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28755 **Arthrodesis, great toe; interphalangeal joint**

Global: 090 **Issue:** Arthrodesis - Great Toe **Screen:** Different Performing Specialty from Survey6 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 22 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2024 **2023 Medicare Utilization:** 1,924

2025 Work RVU: 4.88
2025 NF PE RVU: 9.73
2025 Fac PE RVU: 4.83
Result: Increase

RUC Recommendation: 7.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28820 **Amputation, toe; metatarsophalangeal joint**

Global: 000 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS **First Identified:** October 2018 **2023 Medicare Utilization:** 24,159

2025 Work RVU: 3.51
2025 NF PE RVU: 4.91
2025 Fac PE RVU: 1.42
Result: Decrease

RUC Recommendation: 4.10

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28825 **Amputation, toe; interphalangeal joint**

Global: 000 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS **First Identified:** September 2007 **2023 Medicare Utilization:** 12,405

2025 Work RVU: 3.41
2025 NF PE RVU: 4.85
2025 Fac PE RVU: 1.40
Result: Decrease

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29075 **Application, cast; elbow to finger (short arm)** **Global:** 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2023 Medicare Utilization:** 52,724

2025 Work RVU: 0.77
2025 NF PE RVU: 1.82
2025 Fac PE RVU: 1.00

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

29105 **Application of long arm splint (shoulder to hand)** **Global:** 000 **Issue:** Application of Long Arm Splint **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** July 2016 **2023 Medicare Utilization:** 20,770

2025 Work RVU: 0.80
2025 NF PE RVU: 1.61
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29200 **Strapping; thorax** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2023 Medicare Utilization:** 11,698

2025 Work RVU: 0.39
2025 NF PE RVU: 0.54
2025 Fac PE RVU: 0.13

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29220 **Deleted from CPT** **Global:** **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** AAFP **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT, no further action necessary

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Status Report: CMS Requests and Relativity Assessment Issues

29240 **Strapping; shoulder (eg, Velpeau)**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2023 Medicare Utilization:** 17,684

2025 Work RVU: 0.39
2025 NF PE RVU: 0.48
2025 Fac PE RVU: 0.13
Result: Decrease

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29260 **Strapping; elbow or wrist**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2023 Medicare Utilization:** 5,358

2025 Work RVU: 0.39
2025 NF PE RVU: 0.45
2025 Fac PE RVU: 0.14
Result: Decrease

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29280 **Strapping; hand or finger**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2023 Medicare Utilization:** 4,701

2025 Work RVU: 0.39
2025 NF PE RVU: 0.46
2025 Fac PE RVU: 0.16
Result: Decrease

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29445 **Application of rigid total contact leg cast**

Global: 000 **Issue:** Application of Rigid Leg Cast **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, AHKNS, AOFAS, AOA, NASS **First Identified:** October 2015 **2023 Medicare Utilization:** 19,318

2025 Work RVU: 1.78
2025 NF PE RVU: 1.93
2025 Fac PE RVU: 0.99
Result: Maintain

RUC Recommendation: 1.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29520 **Strapping; hip**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013

2023 Medicare Utilization: 17,858

2025 Work RVU: 0.39
2025 NF PE RVU: 0.62
2025 Fac PE RVU: 0.14
Result: Decrease

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013

2023 Medicare Utilization: 23,102

2025 Work RVU: 0.39
2025 NF PE RVU: 0.47
2025 Fac PE RVU: 0.13
Result: Decrease

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29540 **Strapping; ankle and/or foot**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41ii **Specialty Developing Recommendation:** APMA

First Identified: October 2009

2023 Medicare Utilization: 148,963

2025 Work RVU: 0.39
2025 NF PE RVU: 0.43
2025 Fac PE RVU: 0.10
Result: Decrease

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41ii **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 42,635

2025 Work RVU: 0.25
2025 NF PE RVU: 0.32
2025 Fac PE RVU: 0.06
Result: Decrease

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

29580 **Strapping; Unna boot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2023 Medicare Utilization:** 186,467

2025 Work RVU: 0.55
2025 NF PE RVU: 1.28
2025 Fac PE RVU: 0.17
Result: Maintain

RUC Recommendation: 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

29581 **Application of multi-layer compression system; leg (below knee), including ankle and foot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2023 Medicare Utilization:** 217,551

2025 Work RVU: 0.60
2025 NF PE RVU: 2.00
2025 Fac PE RVU: 0.18
Result: Maintain

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29582 **Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed**

Global: **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29583 **Application of multi-layer compression system; upper arm and forearm**

Global: **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29584 **Application of multi-layer compression system; upper arm, forearm, hand, and fingers**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2023 Medicare Utilization:** 5,828

2025 Work RVU: 0.35
2025 NF PE RVU: 1.98
2025 Fac PE RVU: 0.11

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

Status Report: CMS Requests and Relativity Assessment Issues

29590 **Denis-Browne splint strapping**

Global: **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2023 Medicare Utilization:** 289

2025 Work RVU: 6.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.28

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

29822 **Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])**

Global: 090 **Issue:** Shoulder Debridement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** October 2008 **2023 Medicare Utilization:** 5,989

2025 Work RVU: 7.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.24

RUC Recommendation: 7.03 **Referred to CPT** September 2019 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29823 **Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])**

Global: 090 **Issue:** Shoulder Debridement **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization over 30,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:** 36,373

2025 Work RVU: 7.98
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.64

RUC Recommendation: 7.98

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29824 **Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2023 Medicare Utilization:** 26,644

2025 Work RVU: 8.98
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.02

RUC Recommendation: 8.82

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

29826 **Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2023 Medicare Utilization:** 58,521

2025 Work RVU: 3.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.56

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2023 Medicare Utilization:** 60,271

2025 Work RVU: 15.59
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.85
Result: Maintain

RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2023 Medicare Utilization:** 20,066

2025 Work RVU: 13.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.18
Result: Maintain

RUC Recommendation: 13.16

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

29830 **Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2023 Medicare Utilization:** 78

2025 Work RVU: 5.88
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.05
Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2023 Medicare Utilization:** 68

2025 Work RVU: 5.68
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.24
Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2023 Medicare Utilization:** 320

2025 Work RVU: 5.19
2025 NF PE RVU: 10.76
2025 Fac PE RVU: 6.56
Result: PE Only

RUC Recommendation: New PE non-facility inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

Global: 090 **Issue:** ACL Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 842

2025 Work RVU: 14.30
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.57
Result: Maintain

RUC Recommendation: 14.14

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2023 Medicare Utilization:** 2

2025 Work RVU: 5.88
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.54
Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

30117 **Excision or destruction (eg, laser), intranasal lesion; internal approach**

Global: 090 **Issue:** Posterior Nasal Nerve Ablation **Screen:** RUC recommendation process, not part of RAW **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 07 **Specialty Developing Recommendation:** AAO-HNS

First Identified: N/A

2023 Medicare Utilization: 22,747

2025 Work RVU: 3.91
2025 NF PE RVU: 24.22
2025 Fac PE RVU: 7.89

RUC Recommendation: CPT Assistant previously published addressed issue

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2019

Result: Not Part of RAW

30140 **Submucous resection inferior turbinate, partial or complete, any method**

Global: 000 **Issue:** Resection of Inferior Turbinate **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 14 **Specialty Developing Recommendation:** AAOHNS

First Identified: October 2015

2023 Medicare Utilization: 45,395

2025 Work RVU: 3.00
2025 NF PE RVU: 5.45
2025 Fac PE RVU: 1.93

RUC Recommendation: 3.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)**

Global: 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007

2023 Medicare Utilization: 2,836

2025 Work RVU: 12.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.57

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2009 **2023 Medicare Utilization:** 58,882

2025 Work RVU: 1.10
2025 NF PE RVU: 3.39
2025 Fac PE RVU: 0.41
Result: Maintain

RUC Recommendation: 1.10 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

30903 **Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 32,299

2025 Work RVU: 1.54
2025 NF PE RVU: 5.41
2025 Fac PE RVU: 0.51
Result: Maintain

RUC Recommendation: 1.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

30905 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 3,611

2025 Work RVU: 1.97
2025 NF PE RVU: 8.03
2025 Fac PE RVU: 0.86
Result: Maintain

RUC Recommendation: 1.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

30906 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 702

2025 Work RVU: 2.45
2025 NF PE RVU: 8.40
2025 Fac PE RVU: 1.08
Result: Maintain

RUC Recommendation: 2.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2023 Medicare Utilization:** 688,648

2025 Work RVU: 1.10
2025 NF PE RVU: 4.43
2025 Fac PE RVU: 0.67
Result: Maintain

RUC Recommendation: Review in 3 years. 1.10

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2011 **2023 Medicare Utilization:** 129,944

2025 Work RVU: 2.60
2025 NF PE RVU: 4.97
2025 Fac PE RVU: 1.84
Result: Decrease

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012

2023 Medicare Utilization: 22,970

2025 Work RVU: 2.74
2025 NF PE RVU: 4.60
2025 Fac PE RVU: 1.90

RUC Recommendation: 2.74

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012

2023 Medicare Utilization: 1,264

2025 Work RVU: 9.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.25

RUC Recommendation: 9.04

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012

2023 Medicare Utilization: 3,905

2025 Work RVU: 2.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.79

RUC Recommendation: 2.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

31241 **Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 426

2025 Work RVU: 8.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.10

RUC Recommendation: 8.51 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31253 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 6,624

2025 Work RVU: 9.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.62

RUC Recommendation: 9.00 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31254 **Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 11,549

2025 Work RVU: 4.27
2025 NF PE RVU: 8.24
2025 Fac PE RVU: 2.40

RUC Recommendation: 4.27 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31255 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 7,454

2025 Work RVU: 5.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.09

RUC Recommendation: 5.75 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31256 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 10,830

2025 Work RVU: 3.11
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.84

RUC Recommendation: 3.11 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31257 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 4,859

2025 Work RVU: 8.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.16

RUC Recommendation: 8.00 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31259 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 7,325

2025 Work RVU: 8.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.37

RUC Recommendation: 8.48 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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31267 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 23,833

2025 Work RVU: 4.68
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.58

RUC Recommendation: 4.68 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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31276 **Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 12,370

2025 Work RVU: 6.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.57

RUC Recommendation: 6.75 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

31287 **Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 2,293

2025 Work RVU: 3.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.03

RUC Recommendation: 3.50 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 3,367

2025 Work RVU: 4.10
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.31

RUC Recommendation: 4.10 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31295 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 22,935

2025 Work RVU: 2.70
2025 NF PE RVU: 43.96
2025 Fac PE RVU: 1.65

RUC Recommendation: 2.70 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31296 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 6,141

2025 Work RVU: 3.10
2025 NF PE RVU: 44.27
2025 Fac PE RVU: 1.84

RUC Recommendation: 3.10 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31297 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 1,529

2025 Work RVU: 2.44
2025 NF PE RVU: 43.82
2025 Fac PE RVU: 1.52

RUC Recommendation: 2.44 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31298 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 16,094

2025 Work RVU: 4.50
2025 NF PE RVU: 83.19
2025 Fac PE RVU: 2.50

RUC Recommendation: 4.50 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31500 **Intubation, endotracheal, emergency procedure** **Global:** 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 27 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 193,071

2025 Work RVU: 3.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.76

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2016

31525 **Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn** **Global:** 000 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part7 / Harvard Valued - Utilization over 30,000-Part6 / High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2024 **2023 Medicare Utilization:** 40,659

2025 Work RVU: 2.63
2025 NF PE RVU: 4.47
2025 Fac PE RVU: 1.79

RUC Recommendation: Review in 3 years (Sept 2027) **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

31551 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age** **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU: 21.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.92

RUC Recommendation: 21.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31552 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:** 21

2025 Work RVU: 20.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.46

RUC Recommendation: 20.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31553 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU: 22.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 25.29

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31554 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:** 11

2025 Work RVU: 22.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 25.31

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 5,014

2025 Work RVU: 4.26
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.56

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31575 **Laryngoscopy, flexible; diagnostic**

Global: 000 **Issue:**

Screen: MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2010

2023 Medicare Utilization: 541,259

2025 Work RVU: 0.94
2025 NF PE RVU: 2.74
2025 Fac PE RVU: 1.00

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31579 **Laryngoscopy, flexible or rigid telescopic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy

Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2008

2023 Medicare Utilization: 88,555

2025 Work RVU: 1.88
2025 NF PE RVU: 3.76
2025 Fac PE RVU: 1.48

RUC Recommendation: 1.94

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31580 **Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion**

Global: 090 **Issue:** Laryngoplasty

Screen: 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2014

2023 Medicare Utilization: 26

2025 Work RVU: 14.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.82

RUC Recommendation: 14.60

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

31584 **Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2023 Medicare Utilization:** 14

2025 Work RVU: 17.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 22.21

RUC Recommendation: 20.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31587 **Laryngoplasty, cricoid split, without graft placement**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2023 Medicare Utilization:** 5

2025 Work RVU: 15.27
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.00

RUC Recommendation: 15.27 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31588 **Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31591 **Laryngoplasty, medialization, unilateral**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:** 1,143

2025 Work RVU: 13.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.76

RUC Recommendation: 15.60 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31592 **Cricotracheal resection**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:** 25

2025 Work RVU: 25.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 23.60

RUC Recommendation: 25.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31600 **Tracheostomy, planned (separate procedure);**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 16,852

2025 Work RVU: 5.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.48

RUC Recommendation: 5.56 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

31601 **Tracheostomy, planned (separate procedure); younger than 2 years**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 5

2025 Work RVU: 8.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.28

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31603 **Tracheostomy, emergency procedure; transtracheal**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 482

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.46
Result: Increase

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31605 **Tracheostomy, emergency procedure; cricothyroid membrane**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 / Low Survey Response **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 200

2025 Work RVU: 6.45
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.15
Result: Increase

RUC Recommendation: 6.45. Maintain DNU flag

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31610 **Tracheostomy, fenestration procedure with skin flaps**

Global: 090 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 / Low Survey Response **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAOHNS, ACS **First Identified:** July 2015 **2023 Medicare Utilization:** 799

2025 Work RVU: 12.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.80
Result: Increase

RUC Recommendation: 12.00. Maintain DNU flag

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

Global: 090 **Issue:** Speech Prosthesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 612

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.29

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:** 31,336

2025 Work RVU: 2.53
2025 NF PE RVU: 4.70
2025 Fac PE RVU: 1.08

RUC Recommendation: 2.78 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31623 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2016 **2023 Medicare Utilization:** 12,536

2025 Work RVU: 2.63
2025 NF PE RVU: 5.32
2025 Fac PE RVU: 1.02

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31624 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2023 Medicare Utilization:** 104,850

2025 Work RVU: 2.63
2025 NF PE RVU: 4.78
2025 Fac PE RVU: 1.07

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31625 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2023 Medicare Utilization:** 13,056

2025 Work RVU: 3.11
2025 NF PE RVU: 6.93
2025 Fac PE RVU: 1.18

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31626 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:** 2,972

2025 Work RVU: 3.91
2025 NF PE RVU: 18.46
2025 Fac PE RVU: 1.45

RUC Recommendation: 4.16 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31627 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Bronchoscopy **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2025 **2023 Medicare Utilization:** 24,111

2025 Work RVU: 2.00
2025 NF PE RVU: 28.04
2025 Fac PE RVU: 0.62

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31628 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:** 35,531

2025 Work RVU: 3.55
2025 NF PE RVU: 7.14
2025 Fac PE RVU: 1.31

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31629 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:** 23,723

2025 Work RVU: 3.75
2025 NF PE RVU: 9.19
2025 Fac PE RVU: 1.38

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31632 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:** 4,936

2025 Work RVU: 1.03
2025 NF PE RVU: 0.81
2025 Fac PE RVU: 0.31

RUC Recommendation: 1.03 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31633 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:** 2,028

2025 Work RVU: 1.32
2025 NF PE RVU: 0.96
2025 Fac PE RVU: 0.40

RUC Recommendation: 1.32 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31645 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2023 Medicare Utilization:** 39,041

2025 Work RVU: 2.88
2025 NF PE RVU: 5.06
2025 Fac PE RVU: 1.17

RUC Recommendation: 2.88 **Referred to CPT** May 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31646 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2023 Medicare Utilization:** 4,254

2025 Work RVU: 2.78
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.15

RUC Recommendation: 2.78 **Referred to CPT** May 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31652 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2014 **2023 Medicare Utilization:** 25,670

2025 Work RVU: 4.46
2025 NF PE RVU: 30.82
2025 Fac PE RVU: 1.59

RUC Recommendation: 5.00 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31653 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2014 **2023 Medicare Utilization:** 17,836

2025 Work RVU: 4.96
2025 NF PE RVU: 31.57
2025 Fac PE RVU: 1.73

RUC Recommendation: 5.50 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31654 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2014 **2023 Medicare Utilization:** 19,772

2025 Work RVU: 1.40
2025 NF PE RVU: 2.04
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.70 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32405 **Biopsy, lung or mediastinum, percutaneous needle**

Global: **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 05 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2019

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32408 **Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed**

Global: 000 **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 05 **Specialty Developing Recommendation:** ACR, SIR

First Identified: April 2019 **2023 Medicare Utilization:** 49,686

2025 Work RVU: 3.18
2025 NF PE RVU: 21.02
2025 Fac PE RVU: 0.99

RUC Recommendation: 4.00

Referred to CPT

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32420 **Pneumocentesis, puncture of lung for aspiration**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32422 **Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32440 **Removal of lung, pneumonectomy;** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2023 Medicare Utilization:** 100

2025 Work RVU: 27.28
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.74
Result: Remove from Screen

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32480 **Removal of lung, other than pneumonectomy; single lobe (lobectomy)** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2023 Medicare Utilization:** 2,229

2025 Work RVU: 25.82
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.87
Result: Remove from Screen

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2023 Medicare Utilization:** 146

2025 Work RVU: 27.44
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.92
Result: Remove from Screen

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2023 Medicare Utilization:** 7

2025 Work RVU: 25.24
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.40
Result: Remove from Screen

RUC Recommendation: Request further information from CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)** **Global:** 000 **Issue:** Chest Tube Thoracostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2023 Medicare Utilization:** 26,764

2025 Work RVU: 3.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.04
Result: Increase

RUC Recommendation: 3.50

Referred to CPT February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 9,903

2025 Work RVU: 1.82
2025 NF PE RVU: 4.84
2025 Fac PE RVU: 0.58

RUC Recommendation: 1.82 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 214,513

2025 Work RVU: 2.27
2025 NF PE RVU: 6.71
2025 Fac PE RVU: 0.73

RUC Recommendation: 2.27 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 4,607

2025 Work RVU: 2.50
2025 NF PE RVU: 18.49
2025 Fac PE RVU: 0.81

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 33,335

2025 Work RVU: 3.12
2025 NF PE RVU: 15.71
2025 Fac PE RVU: 0.97

RUC Recommendation: 3.62 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)** **Global:** 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** STS **First Identified:** October 2008 **2023 Medicare Utilization:** 8,333

2025 Work RVU: 24.64
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.81

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

33010 **Pericardiocentesis; initial** **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33011 **Pericardiocentesis; subsequent** **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33015 **Tube pericardiostomy** **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33016 **Pericardiocentesis, including imaging guidance, when performed**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 3,896

2025 Work RVU: 4.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.52

RUC Recommendation: 5.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33017 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 3,888

2025 Work RVU: 4.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.61

RUC Recommendation: 5.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33018 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 6

2025 Work RVU: 5.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.86

RUC Recommendation: 6.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

33019 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 253

2025 Work RVU: 4.29
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.36

RUC Recommendation: 5.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33020 **Pericardiotomy for removal of clot or foreign body (primary procedure)**

Global: 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 10 **Specialty Developing Recommendation:** AATS, STS

First Identified: April 2018 **2023 Medicare Utilization:** 119

2025 Work RVU: 14.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.93

RUC Recommendation: 14.31

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33025 **Creation of pericardial window or partial resection for drainage**

Global: 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 10 **Specialty Developing Recommendation:** AATS, STS

First Identified: April 2017 **2023 Medicare Utilization:** 3,349

2025 Work RVU: 13.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.59

RUC Recommendation: 13.20

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2023 Medicare Utilization:** 9,151

2025 Work RVU: 7.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.60

RUC Recommendation: 8.05

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2023 Medicare Utilization:** 89,186

2025 Work RVU: 8.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.87

RUC Recommendation: 8.77

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33212 **Insertion of pacemaker pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2023 Medicare Utilization:** 163

2025 Work RVU: 5.01
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.46

RUC Recommendation: 5.26

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33213 **Insertion of pacemaker pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2023 Medicare Utilization:** 817

2025 Work RVU: 5.28
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.55

RUC Recommendation: 5.53

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33221 **Insertion of pacemaker pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2023 Medicare Utilization:** 207

2025 Work RVU: 5.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.77

RUC Recommendation: 5.80 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33227 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2023 Medicare Utilization:** 2,154

2025 Work RVU: 5.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.62

RUC Recommendation: 5.50 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33228 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2023 Medicare Utilization:** 30,320

2025 Work RVU: 5.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.74

RUC Recommendation: 5.77 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33229 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2023 Medicare Utilization:** 6,482

2025 Work RVU: 5.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.94

RUC Recommendation: 6.04 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33230 **Insertion of implantable defibrillator pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2023 Medicare Utilization:** 75

2025 Work RVU: 6.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.61

RUC Recommendation: 6.32 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2023 Medicare Utilization:** 114

2025 Work RVU: 6.34
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.10

RUC Recommendation: 6.59 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33233 **Removal of permanent pacemaker pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2023 Medicare Utilization:** 7,138

2025 Work RVU: 3.14
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.09

RUC Recommendation: 3.39 **Referred to CPT** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33240 **Insertion of implantable defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2023 Medicare Utilization:** 60

2025 Work RVU: 5.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.52

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33241 **Removal of implantable defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2023 Medicare Utilization:** 4,408

2025 Work RVU: 3.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.67

RUC Recommendation: 3.29 **Referred to CPT** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33249 **Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 29,152

2025 Work RVU: 14.92
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.64

RUC Recommendation: 15.17 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2023 Medicare Utilization:** 1,992

2025 Work RVU: 5.81
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.91

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2023 Medicare Utilization:** 4,886

2025 Work RVU: 6.08
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.00

RUC Recommendation: 6.33 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2023 Medicare Utilization: 12,252

2025 Work RVU: 6.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.14

RUC Recommendation: 6.60

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33274 **Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed**

Global: 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

First Identified: April 2023

2023 Medicare Utilization: 14,419

2025 Work RVU: 7.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.56

RUC Recommendation: Maintain and Review in 3 years (Sept 2026).

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

33275 **Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed**

Global: 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

First Identified: September 2023

2023 Medicare Utilization: 67

2025 Work RVU: 8.59
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.36

RUC Recommendation: Maintain and Review in 3 years (Sept 2026).

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

33276 **Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 9.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.53

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

33277 **Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 5.43
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.38

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

33278 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 9.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.31

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33279 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 5.42
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.56

RUC Recommendation: Review action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

33280 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 3.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.86

RUC Recommendation: Review action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

33281 **Repositioning of phrenic nerve stimulator transvenous lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.27

RUC Recommendation: Review action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

33282 **Implantation of patient-activated cardiac event recorder**

Global: **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.50

Referred to CPT February 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33284 **Removal of an implantable, patient-activated cardiac event recorder**

Global: **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.00

Referred to CPT February 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33287 **Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 6.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.11

RUC Recommendation: Review action Plan

Referred to CPT **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33288 **Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 8.51
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.26

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

33340 **Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS, SCAI **First Identified:** April 2025 **2023 Medicare Utilization:** 48,981

2025 Work RVU: 14.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.73

RUC Recommendation: Survey January 2026 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

33361 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technlogy-New Services List **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 21 **Specialty Developing Recommendation:** AATS, ACC, SCAI, STS **First Identified:** April 2025 **2023 Medicare Utilization:** 49,471

2025 Work RVU: 22.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.85

RUC Recommendation: Refer to CPT **Referred to CPT** February 2026 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33362 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technlogy-New Services List **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 21 **Specialty Developing Recommendation:** AATS, ACC, SCAI, STS **First Identified:** April 2025 **2023 Medicare Utilization:** 1,044

2025 Work RVU: 24.54
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.49

RUC Recommendation: Refer to CPT **Referred to CPT** February 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

33363 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technlogy-New Services List **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 21 **Specialty Developing Recommendation:** AATS, ACC, SCAI, STS **First Identified:** April 2025 **2023 Medicare Utilization:** 495

2025 Work RVU: 25.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.74

RUC Recommendation: Refer to CPT **Referred to CPT** February 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

33364 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag Service with Less than 30 Survey Responses **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 21 **Specialty Developing Recommendation:** AATS, ACC, SCAI, STS **First Identified:** April 2018 **2023 Medicare Utilization:** 11

2025 Work RVU: 25.97
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.12

RUC Recommendation: Refer to CPT **Referred to CPT** February 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33365 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technlogy-New Services List **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 21 **Specialty Developing Recommendation:** AATS, ACC, SCAI, STS **First Identified:** April 2025 **2023 Medicare Utilization:** 107

2025 Work RVU: 26.59
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.06

RUC Recommendation: Refer to CPT **Referred to CPT** February 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

33366 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technlogy-New Services List **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 21 **Specialty Developing Recommendation:** AATS, ACC, SCAI, STS **First Identified:** April 2025 **2023 Medicare Utilization:** 56

2025 Work RVU: 29.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.99

RUC Recommendation: Refer to CPT **Referred to CPT** February 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

33405 **Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS **First Identified:** September 2011 **2023 Medicare Utilization:** 11,835

2025 Work RVU: 41.32
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.88

RUC Recommendation: 41.32 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008

2023 Medicare Utilization: 6,044

2025 Work RVU: 50.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.69

RUC Recommendation: 50.93

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33533 **Coronary artery bypass, using arterial graft(s); single arterial graft**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011

2023 Medicare Utilization: 43,401

2025 Work RVU: 33.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.54

RUC Recommendation: 34.98

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33620 **Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015

2023 Medicare Utilization: 67

2025 Work RVU: 30.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.33

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33621 **Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2023 Medicare Utilization:** 1

2025 Work RVU: 16.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.46

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33622 **Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2023 Medicare Utilization:** 2

2025 Work RVU: 64.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.26

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33741 **Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)**

Global: 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: September 2019 **2023 Medicare Utilization:** 68

2025 Work RVU: 14.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.82

RUC Recommendation: 14.00

Referred to CPT September 2019

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33745 **Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt**

Global: 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: September 2019 **2023 Medicare Utilization:** 8

2025 Work RVU: 20.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.90

RUC Recommendation: 20.00

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33746 **Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: September 2019 **2023 Medicare Utilization:** 2

2025 Work RVU: 8.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.76

RUC Recommendation: 10.50

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33863 **Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)**

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** STS, AATS

First Identified: February 2008 **2023 Medicare Utilization:** 2,008

2025 Work RVU: 58.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.77

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

33945 **Heart transplant, with or without recipient cardiectomy**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 656

2025 Work RVU: 89.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 32.42

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33946 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2014 **2023 Medicare Utilization:** 447

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.83

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33947 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2023 Medicare Utilization:** 1,454

2025 Work RVU: 6.63
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.01

RUC Recommendation: 6.63 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33948 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2023 Medicare Utilization:** 5,508

2025 Work RVU: 4.73
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.48

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33949 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2023 Medicare Utilization:** 5,915

2025 Work RVU: 4.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.46

RUC Recommendation: 4.60 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33951 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2023 Medicare Utilization:**

2025 Work RVU: 8.15
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.35

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33952 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2023 Medicare Utilization:** 1,467

2025 Work RVU: 8.15
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.56

RUC Recommendation: 8.43 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33953 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2023 Medicare Utilization:**

2025 Work RVU: 9.11
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.61

RUC Recommendation: 9.83 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33954 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 277

2025 Work RVU: 9.11
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.74

RUC Recommendation: 9.43 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33956 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 364

2025 Work RVU: 16.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.70

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33957 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:**

2025 Work RVU: 3.51
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.08

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33958 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 51

2025 Work RVU: 3.51
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.08

RUC Recommendation: 4.05 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33959 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 1

2025 Work RVU: 4.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.35

RUC Recommendation: 4.69 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33962 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 25

2025 Work RVU: 4.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.35

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33963 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:**

2025 Work RVU: 9.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.58

RUC Recommendation: 9.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33964 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 4

2025 Work RVU: 9.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.72

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33965 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:**

2025 Work RVU: 3.51
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.08

RUC Recommendation: 3.51 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33966 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 462

2025 Work RVU: 4.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.44

RUC Recommendation: 4.50 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33969 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:**

2025 Work RVU: 5.22
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.54

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33984 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 493

2025 Work RVU: 5.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.57

RUC Recommendation: 6.38 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33985 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 1

2025 Work RVU: 9.89
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.83

RUC Recommendation: 9.89 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33986 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 197

2025 Work RVU: 10.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.05

RUC Recommendation: 10.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33987 **Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 43

2025 Work RVU: 4.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.11

RUC Recommendation: 4.08 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33988 **Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 35

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.23

RUC Recommendation: 15.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33989 **Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2023 Medicare Utilization:** 10

2025 Work RVU: 9.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.72

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

34701 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 546

2025 Work RVU: 23.71
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.82

RUC Recommendation: 23.71 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34702 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 82

2025 Work RVU: 36.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.69

RUC Recommendation: 36.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

34703 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 530

2025 Work RVU: 26.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.22

RUC Recommendation: 26.52

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34704 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 68

2025 Work RVU: 45.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.98

RUC Recommendation: 45.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

34705 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 9,669

2025 Work RVU: 29.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.96

RUC Recommendation: 29.58

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34706 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 515

2025 Work RVU: 45.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.77

RUC Recommendation: 45.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

34707 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 434

2025 Work RVU: 22.28
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.46

RUC Recommendation: 22.28

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34708 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 90

2025 Work RVU: 36.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.77
Result: Decrease

RUC Recommendation: 36.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34709 **Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 1,854

2025 Work RVU: 6.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.34
Result: Decrease

RUC Recommendation: 6.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34710 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 911

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.74
Result: Decrease

RUC Recommendation: 15.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34711 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 263

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.15
Result: Decrease

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34712 **Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 803

2025 Work RVU: 12.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.36
Result: Decrease

RUC Recommendation: 12.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34713 **Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 16,269

2025 Work RVU: 2.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.50
Result: Decrease

RUC Recommendation: 2.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34714 **Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 376

2025 Work RVU: 5.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.38
Result: Decrease

RUC Recommendation: 5.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34715 **Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 168

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.24
Result: Decrease

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34716 **Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 1,501

2025 Work RVU: 7.19
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.01

RUC Recommendation: 7.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34800 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34802 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34803 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34804 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34805 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34806 **Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for pr**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2023 Medicare Utilization:** 4,251

2025 Work RVU: 4.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.86

RUC Recommendation: 4.13 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34820 **Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:** 66

2025 Work RVU: 7.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.13

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34826 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34833 **Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:** 29

2025 Work RVU: 8.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.32

RUC Recommendation: 8.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34834 **Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:** 339

2025 Work RVU: 2.65
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.48

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34900 **Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2023 Medicare Utilization:** 22,058

2025 Work RVU: 21.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.66

RUC Recommendation: 21.16 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35450 **Transluminal balloon angioplasty, open; renal or other visceral artery**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35452 **Transluminal balloon angioplasty, open; aortic**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35454 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35456 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35458 **Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35459 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35460 **Transluminal balloon angioplasty, open; venous**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35470 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Removed from CPT referral **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35473 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35474 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35475 **Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

Global:

Issue: Open and Percutaneous Transluminal Angioplasty

Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: September 2011

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global:

Issue: Open and Percutaneous Transluminal Angioplasty

Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: September 2011

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

35490 **Deleted from CPT**

Global:

Issue: Endovascular Revascularization

Screen: High Volume Growth1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab: 07

Specialty Developing Recommendation: ACC, ACR, ACS, SCAI, SIR, SVS

First Identified: April 2008

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

35491 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35492 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35493 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35494 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35495 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35701 **Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2023 Medicare Utilization:** 729

2025 Work RVU: 7.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.27

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

35702 **Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:** 350

2025 Work RVU: 7.12
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.39

RUC Recommendation: 7.12 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

35703 **Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:** 522

2025 Work RVU: 7.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.08

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35721 **Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35741 **Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35761 **Exploration (not followed by surgical repair), with or without lysis of artery; other vessels**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** April 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36000 **Introduction of needle or intracatheter, vein**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU: 0.18
2025 NF PE RVU: 0.73
2025 Fac PE RVU: 0.07

RUC Recommendation: CMS consider a bundled status for this code **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36010 **Introduction of catheter, superior or inferior vena cava**

Global: XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 10,931

2025 Work RVU: 2.18
2025 NF PE RVU: 12.63
2025 Fac PE RVU: 0.59

RUC Recommendation: Remove from re-review. **Referred to CPT** February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

36140 **Introduction of needle or intracatheter, upper or lower extremity artery**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO **First Identified:** April 2011 **2023 Medicare Utilization:** 15,126

2025 Work RVU: 1.76
2025 NF PE RVU: 12.37
2025 Fac PE RVU: 0.48

RUC Recommendation: Remove from re-review **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

36145 **Deleted from CPT**

Global: **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 9 **Specialty Developing Recommendation:** **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, inj**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 28,718

2025 Work RVU: 4.17
2025 NF PE RVU: 25.01
2025 Fac PE RVU: 1.48

RUC Recommendation: 4.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 2,779

2025 Work RVU: 5.27
2025 NF PE RVU: 24.40
2025 Fac PE RVU: 1.67
Result: Maintain

RUC Recommendation: 5.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2011 **2023 Medicare Utilization:** 3,593

2025 Work RVU: 6.29
2025 NF PE RVU: 45.95
2025 Fac PE RVU: 2.18
Result: Maintain

RUC Recommendation: 6.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

36218 **Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** July 2015 **2023 Medicare Utilization:** 2,043

2025 Work RVU: 1.01
2025 NF PE RVU: 4.91
2025 Fac PE RVU: 0.33
Result: Maintain

RUC Recommendation: 1.01 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,141

2025 Work RVU: 3.92
2025 NF PE RVU: 23.31
2025 Fac PE RVU: 1.08

RUC Recommendation: 4.51 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 4,880

2025 Work RVU: 5.28
2025 NF PE RVU: 29.10
2025 Fac PE RVU: 1.87

RUC Recommendation: 6.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 25,049

2025 Work RVU: 5.75
2025 NF PE RVU: 42.11
2025 Fac PE RVU: 2.43

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 34,713

2025 Work RVU: 6.25
2025 NF PE RVU: 52.14
2025 Fac PE RVU: 2.86

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 9,374

2025 Work RVU: 5.75
2025 NF PE RVU: 39.58
2025 Fac PE RVU: 2.35

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 29,161

2025 Work RVU: 6.25
2025 NF PE RVU: 50.66
2025 Fac PE RVU: 2.81

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 17,722

2025 Work RVU: 2.09
2025 NF PE RVU: 4.56
2025 Fac PE RVU: 0.89

RUC Recommendation: 2.32 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,927

2025 Work RVU: 4.25
2025 NF PE RVU: 33.01
2025 Fac PE RVU: 1.84

RUC Recommendation: 4.25 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2023 Medicare Utilization:** 29,685

2025 Work RVU: 4.65
2025 NF PE RVU: 29.89
2025 Fac PE RVU: 1.45

RUC Recommendation: 4.90 **Referred to CPT** February 2010 and February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 26,539

2025 Work RVU: 5.02
2025 NF PE RVU: 17.75
2025 Fac PE RVU: 1.34

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 63,809

2025 Work RVU: 6.04
2025 NF PE RVU: 33.46
2025 Fac PE RVU: 1.68

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing / Harvard Valued - Utilization over 30,000-Part6 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACR, OEIS, SIR, SVS **First Identified:** October 2008 **2023 Medicare Utilization:** 34,377

2025 Work RVU: 1.01
2025 NF PE RVU: 2.25
2025 Fac PE RVU: 0.28

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** February 2010 **Result:** Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2023 Medicare Utilization:** 2,488

2025 Work RVU: 5.10
2025 NF PE RVU: 30.56
2025 Fac PE RVU: 1.46
Result: Decrease

RUC Recommendation: 5.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2023 Medicare Utilization:** 4,143

2025 Work RVU: 6.74
2025 NF PE RVU: 31.54
2025 Fac PE RVU: 2.24
Result: Decrease

RUC Recommendation: 7.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

36253 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2023 Medicare Utilization:** 1,751

2025 Work RVU: 7.30
2025 NF PE RVU: 49.30
2025 Fac PE RVU: 2.20
Result: Decrease

RUC Recommendation: 7.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2023 Medicare Utilization:** 143

2025 Work RVU: 7.90
2025 NF PE RVU: 46.15
2025 Fac PE RVU: 2.60
Result: Decrease

RUC Recommendation: 8.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2023 Medicare Utilization:** 118,105

2025 Work RVU: 0.18
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.07
Result: Maintain

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36465 **Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)**

Global: 000 **Issue:** Treatment of Incompetent Veins **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** April 2025 **2023 Medicare Utilization:** 84,875

2025 Work RVU: 2.35
2025 NF PE RVU: 33.74
2025 Fac PE RVU: 0.70
Result:

RUC Recommendation: Survey January 2026

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36466 **Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg**

Global: 000 **Issue:** Treatment of Incompetent Veins **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2025 **2023 Medicare Utilization:** 18,147

2025 Work RVU: 3.00
2025 NF PE RVU: 34.79
2025 Fac PE RVU: 0.87

RUC Recommendation: Survey January 2026

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36470 **Injection of sclerosant; single incompetent vein (other than telangiectasia)**

Global: 000 **Issue:** Treatment of Incompetent Veins **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2025 **2023 Medicare Utilization:** 11,156

2025 Work RVU: 0.75
2025 NF PE RVU: 2.55
2025 Fac PE RVU: 0.23

RUC Recommendation: Survey January 2026

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36471 **Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg**

Global: 000 **Issue:** Treatment of Incompetent Veins **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2025 **2023 Medicare Utilization:** 94,018

2025 Work RVU: 1.50
2025 NF PE RVU: 4.14
2025 Fac PE RVU: 0.44

RUC Recommendation: Survey January 2026

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

36473 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated**

Global: 000 **Issue:** Treatment of Incompetent Veins **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2025 **2023 Medicare Utilization:** 1,771

2025 Work RVU: 3.50
2025 NF PE RVU: 29.69
2025 Fac PE RVU: 1.11

RUC Recommendation: Survey January 2026

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36474 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Treatment of Incompetent Veins **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2025 **2023 Medicare Utilization:** 76

2025 Work RVU: 1.75
2025 NF PE RVU: 5.22
2025 Fac PE RVU: 0.53

RUC Recommendation: Survey January 2026

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2023 Medicare Utilization:** 80,613

2025 Work RVU: 5.30
2025 NF PE RVU: 24.15
2025 Fac PE RVU: 1.71

RUC Recommendation: 5.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2023 Medicare Utilization:** 4,362

2025 Work RVU: 2.65
2025 NF PE RVU: 4.98
2025 Fac PE RVU: 0.70

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2023 Medicare Utilization:** 32,298

2025 Work RVU: 5.30
2025 NF PE RVU: 21.84
2025 Fac PE RVU: 1.81

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2023 Medicare Utilization:** 3,810

2025 Work RVU: 2.65
2025 NF PE RVU: 5.71
2025 Fac PE RVU: 0.80

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA

2023 Medicare Utilization: 592

2025 Work RVU: 6.73
2025 NF PE RVU: 42.09
2025 Fac PE RVU: 2.08

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

36511 **Therapeutic apheresis; for white blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017

2023 Medicare Utilization: 309

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.18

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36512 **Therapeutic apheresis; for red blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017

2023 Medicare Utilization: 2,526

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.01

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36513 **Therapeutic apheresis; for platelets**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017

2023 Medicare Utilization: 206

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.01

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36514 **Therapeutic apheresis; for plasma pheresis**

Global: 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** January 2017 **2023 Medicare Utilization:** 20,710

2025 Work RVU: 1.81
2025 NF PE RVU: 18.54
2025 Fac PE RVU: 0.80

RUC Recommendation: PE Only. 1.81. CPT Assistant article published.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36515 **Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion**

Global: **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Deleted from CPT

36516 **Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** October 2008 **2023 Medicare Utilization:** 1,074

2025 Work RVU: 1.56
2025 NF PE RVU: 62.15
2025 Fac PE RVU: 0.68

RUC Recommendation: PE Only. 1.56. CPT Assistant article published.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36522 **Photopheresis, extracorporeal** **Global:** 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** January 2017 **2023 Medicare Utilization:** 6,375

2025 Work RVU: 1.75
2025 NF PE RVU: 37.38
2025 Fac PE RVU: 0.96

RUC Recommendation: PE Only. 1.75. CPT Assistant article published. **Referred to CPT** September 2016 **Referred to CPT Asst** ☑ **Published in CPT Asst:** May 2018 **Result:** Increase

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36555 **Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age** **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 26

2025 Work RVU: 1.93
2025 NF PE RVU: 3.42
2025 Fac PE RVU: 0.40

RUC Recommendation: 1.93 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36556 **Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older** **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 308,226

2025 Work RVU: 1.75
2025 NF PE RVU: 4.25
2025 Fac PE RVU: 0.52

RUC Recommendation: 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

36557 **Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 26

2025 Work RVU: 4.89
2025 NF PE RVU: 26.95
2025 Fac PE RVU: 3.53

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

36558 **Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 90,021

2025 Work RVU: 4.59
2025 NF PE RVU: 18.36
2025 Fac PE RVU: 2.46

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

36560 **Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 7

2025 Work RVU: 6.04
2025 NF PE RVU: 27.78
2025 Fac PE RVU: 3.96

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36561 **Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 110,592

2025 Work RVU: 5.79
2025 NF PE RVU: 21.11
2025 Fac PE RVU: 3.13
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026
Referred to CPT Asst ☐ **Published in CPT Asst:**

36563 **Insertion of tunneled centrally inserted central venous access device with subcutaneous pump**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 110

2025 Work RVU: 5.99
2025 NF PE RVU: 23.92
2025 Fac PE RVU: 3.53
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026
Referred to CPT Asst ☐ **Published in CPT Asst:**

36565 **Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 523

2025 Work RVU: 5.79
2025 NF PE RVU: 16.76
2025 Fac PE RVU: 2.99
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36566 **Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 192

2025 Work RVU: 6.29
2025 NF PE RVU: 108.68
2025 Fac PE RVU: 3.19

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

36568 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2023 Medicare Utilization:** 1

2025 Work RVU: 2.11
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.38

RUC Recommendation: 2.11 **Referred to CPT** September 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36569 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2015 **2023 Medicare Utilization:** 7,562

2025 Work RVU: 1.90
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.90. **Referred to CPT** September 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36572 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2017 **2023 Medicare Utilization:** 14

2025 Work RVU: 1.82
2025 NF PE RVU: 8.90
2025 Fac PE RVU: 0.36
Result: Decrease

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36573 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2017 **2023 Medicare Utilization:** 48,999

2025 Work RVU: 1.70
2025 NF PE RVU: 9.11
2025 Fac PE RVU: 0.59
Result: Decrease

RUC Recommendation: 1.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36584 **Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2023 Medicare Utilization:** 2,380

2025 Work RVU: 1.20
2025 NF PE RVU: 8.01
2025 Fac PE RVU: 0.41
Result: Decrease

RUC Recommendation: 1.47

Referred to CPT September 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36620 **Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 506,301

2025 Work RVU: 1.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.21
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36818 **Arteriovenous anastomosis, open; by upper arm cephalic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2023 Medicare Utilization:** 2,456

2025 Work RVU: 12.39
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.87
Result: Increase

RUC Recommendation: 13.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2023 Medicare Utilization:** 3,765

2025 Work RVU: 13.29
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.89
Result: Increase

RUC Recommendation: 15.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36820 **Arteriovenous anastomosis, open; by forearm vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2023 Medicare Utilization:** 806

2025 Work RVU: 13.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.20

RUC Recommendation: 13.99 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36821 **Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2023 Medicare Utilization:** 19,939

2025 Work RVU: 11.90
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.61

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** February 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36825 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2023 Medicare Utilization:** 958

2025 Work RVU: 14.17
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.65

RUC Recommendation: 15.93 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2023 Medicare Utilization:** 10,999

2025 Work RVU: 12.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.63

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36834 **Deleted from CPT**

Global: **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AVA, ACS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36901 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 35,573

2025 Work RVU: 3.36
2025 NF PE RVU: 16.33
2025 Fac PE RVU: 1.06

RUC Recommendation: 3.36 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36902 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 108,780

2025 Work RVU: 4.83
2025 NF PE RVU: 28.87
2025 Fac PE RVU: 1.47

RUC Recommendation: 4.83 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36903 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 11,758

2025 Work RVU: 6.39
2025 NF PE RVU: 111.45
2025 Fac PE RVU: 1.81

RUC Recommendation: 6.39 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36904 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 1,968

2025 Work RVU: 7.50
2025 NF PE RVU: 42.93
2025 Fac PE RVU: 2.16

RUC Recommendation: 7.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36905 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 19,261

2025 Work RVU: 9.00
2025 NF PE RVU: 54.27
2025 Fac PE RVU: 2.69

RUC Recommendation: 9.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36906 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 7,339

2025 Work RVU: 10.42
2025 NF PE RVU: 139.71
2025 Fac PE RVU: 2.99

RUC Recommendation: 10.42 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36907 **Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 40,996

2025 Work RVU: 3.00
2025 NF PE RVU: 13.37
2025 Fac PE RVU: 0.82

RUC Recommendation: 3.00 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36908 **Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 2,895

2025 Work RVU: 4.25
2025 NF PE RVU: 35.17
2025 Fac PE RVU: 1.11

RUC Recommendation: 4.25 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

36909 **Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 3,385

2025 Work RVU: 4.12
2025 NF PE RVU: 48.36
2025 Fac PE RVU: 1.08

RUC Recommendation: 4.12 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2023 Medicare Utilization:** 752

2025 Work RVU: 7.74
2025 NF PE RVU: 155.15
2025 Fac PE RVU: 2.37

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2023 Medicare Utilization:** 19,043

2025 Work RVU: 4.46
2025 NF PE RVU: 51.91
2025 Fac PE RVU: 1.37

RUC Recommendation: 4.71 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2023 Medicare Utilization:** 27

2025 Work RVU: 7.10
2025 NF PE RVU: 27.73
2025 Fac PE RVU: 1.24

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2023 Medicare Utilization:** 5,460

2025 Work RVU: 7.10
2025 NF PE RVU: 34.67
2025 Fac PE RVU: 2.01

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intra**

Global: **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 6,202

2025 Work RVU: 7.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.10

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,019

2025 Work RVU: 6.81
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.91

RUC Recommendation: 7.06 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 983

2025 Work RVU: 4.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.18

RUC Recommendation: 5.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 2,950

2025 Work RVU: 2.49
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.62

RUC Recommendation: 3.04 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 10,301

2025 Work RVU: 7.90
2025 NF PE RVU: 61.11
2025 Fac PE RVU: 2.04

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 23,950

2025 Work RVU: 9.75
2025 NF PE RVU: 74.63
2025 Fac PE RVU: 2.41

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 2,728

2025 Work RVU: 3.73
2025 NF PE RVU: 13.16
2025 Fac PE RVU: 0.87

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for prima**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 3,476

2025 Work RVU: 4.25
2025 NF PE RVU: 30.50
2025 Fac PE RVU: 0.95

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 26,393

2025 Work RVU: 8.75
2025 NF PE RVU: 71.29
2025 Fac PE RVU: 2.23

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 38,122

2025 Work RVU: 11.75
2025 NF PE RVU: 230.03
2025 Fac PE RVU: 3.16

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 16,061

2025 Work RVU: 10.24
2025 NF PE RVU: 213.49
2025 Fac PE RVU: 2.56

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 18,199

2025 Work RVU: 14.25
2025 NF PE RVU: 294.67
2025 Fac PE RVU: 3.57

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 26,878

2025 Work RVU: 10.75
2025 NF PE RVU: 102.86
2025 Fac PE RVU: 2.64

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 37,066

2025 Work RVU: 13.80
2025 NF PE RVU: 232.95
2025 Fac PE RVU: 3.64

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,838

2025 Work RVU: 13.55
2025 NF PE RVU: 233.13
2025 Fac PE RVU: 3.73

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 2,625

2025 Work RVU: 14.75
2025 NF PE RVU: 310.05
2025 Fac PE RVU: 4.07

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 11,143

2025 Work RVU: 4.00
2025 NF PE RVU: 18.41
2025 Fac PE RVU: 0.98

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 7,277

2025 Work RVU: 6.50
2025 NF PE RVU: 22.52
2025 Fac PE RVU: 1.65

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for p**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 229

2025 Work RVU: 5.50
2025 NF PE RVU: 94.85
2025 Fac PE RVU: 1.55

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in additi**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 101

2025 Work RVU: 7.80
2025 NF PE RVU: 103.54
2025 Fac PE RVU: 1.94

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2023 Medicare Utilization:** 10,422

2025 Work RVU: 8.75
2025 NF PE RVU: 66.79
2025 Fac PE RVU: 2.21

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37237 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2023 Medicare Utilization:** 1,161

2025 Work RVU: 4.25
2025 NF PE RVU: 31.39
2025 Fac PE RVU: 0.97

RUC Recommendation: 4.25 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2023 Medicare Utilization:** 10,065

2025 Work RVU: 6.04
2025 NF PE RVU: 89.76
2025 Fac PE RVU: 1.76

RUC Recommendation: 6.29 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2023 Medicare Utilization:** 3,479

2025 Work RVU: 2.97
2025 NF PE RVU: 44.98
2025 Fac PE RVU: 0.85

RUC Recommendation: 3.34 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 1,382

2025 Work RVU: 8.75
2025 NF PE RVU: 119.77
2025 Fac PE RVU: 2.47

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37242 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 10,066

2025 Work RVU: 9.80
2025 NF PE RVU: 188.61
2025 Fac PE RVU: 2.59

RUC Recommendation: 11.98 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 15,872

2025 Work RVU: 11.74
2025 NF PE RVU: 229.43
2025 Fac PE RVU: 3.42

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37244 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 13,935

2025 Work RVU: 13.75
2025 NF PE RVU: 170.05
2025 Fac PE RVU: 4.07

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37246 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 5,848

2025 Work RVU: 7.00
2025 NF PE RVU: 42.89
2025 Fac PE RVU: 1.86

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37247 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 686

2025 Work RVU: 3.50
2025 NF PE RVU: 13.28
2025 Fac PE RVU: 0.96

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37248 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 11,948

2025 Work RVU: 6.00
2025 NF PE RVU: 31.45
2025 Fac PE RVU: 1.78

RUC Recommendation: 6.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37249 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 3,906

2025 Work RVU: 2.97
2025 NF PE RVU: 9.23
2025 Fac PE RVU: 0.78

RUC Recommendation: 2.97 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** July 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37251 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37252 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2023 Medicare Utilization:** 71,765

2025 Work RVU: 1.80
2025 NF PE RVU: 24.44
2025 Fac PE RVU: 0.45

RUC Recommendation: 1.80 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37253 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2023 Medicare Utilization:** 108,933

2025 Work RVU: 1.44
2025 NF PE RVU: 3.36
2025 Fac PE RVU: 0.36

RUC Recommendation: 1.44 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37254 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 7.30 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37255 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37256 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 10.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37257 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.89

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37258 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 8.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37259 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37260 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 12.69

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37261 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37262 **Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37263 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 7.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37264 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37265 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 10.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37266 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37267 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 8.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37268 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.73

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37269 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 14.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37270 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 5.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37271 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 9.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37272 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37273 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 12.63

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37274 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 5.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37275 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 11.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37276 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37277 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 15.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37278 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 6.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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37279 **Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 4.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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37280 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 9.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

37281 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37282 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 12.31

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37283 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.26

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37284 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 10.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37285 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.34

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37286 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 13.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37287 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 5.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37288 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 13.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37289 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 4.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37290 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 17.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37291 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 6.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37292 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 15.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37293 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 6.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37294 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 18.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37295 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 8.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37296 **Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 11.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37297 **Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37298 **Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 13.70

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37299 **Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Maintain

RUC Recommendation: 5.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 9,622

2025 Work RVU: 3.05
2025 NF PE RVU: 5.48
2025 Fac PE RVU: 2.41
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** February 2011 **2023 Medicare Utilization:** 29

2025 Work RVU: 30.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.11
Result: Increase

RUC Recommendation: 37.60

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 54

2025 Work RVU: 10.78
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.62

RUC Recommendation: 10.69 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg**

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** April 2009 **2023 Medicare Utilization:** 202

2025 Work RVU: 9.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.43

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

37765 **Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions**

Global: 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:** 10,420

2025 Work RVU: 4.80
2025 NF PE RVU: 6.42
2025 Fac PE RVU: 2.09

RUC Recommendation: 4.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37766 **Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions**

Global: 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:** 7,200

2025 Work RVU: 6.00
2025 NF PE RVU: 7.21
2025 Fac PE RVU: 2.45

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg**

Global: 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 745

2025 Work RVU: 3.93
2025 NF PE RVU: 5.31
2025 Fac PE RVU: 2.62

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

38220 **Diagnostic bone marrow; aspiration(s)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2023 Medicare Utilization:** 3,673

2025 Work RVU: 1.20
2025 NF PE RVU: 3.42
2025 Fac PE RVU: 0.71

RUC Recommendation: 1.20 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38221 **Diagnostic bone marrow; biopsy(ies)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** July 2015 **2023 Medicare Utilization:** 5,922

2025 Work RVU: 1.28
2025 NF PE RVU: 3.44
2025 Fac PE RVU: 0.69

RUC Recommendation: 1.28 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38222 **Diagnostic bone marrow; biopsy(ies) and aspiration(s)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2023 Medicare Utilization:** 119,842

2025 Work RVU: 1.44
2025 NF PE RVU: 3.66
2025 Fac PE RVU: 0.65

RUC Recommendation: 1.44 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38505 **Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)**

Global: 000 **Issue:** Needle Biopsy of Lymph Nodes **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2019 **2023 Medicare Utilization:** 36,152

2025 Work RVU: 1.59
2025 NF PE RVU: 3.40
2025 Fac PE RVU: 0.80

RUC Recommendation: 1.59 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

38542 **Dissection, deep jugular node(s)**

Global: 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 490

2025 Work RVU: 7.95
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.54

RUC Recommendation: 7.85 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** January 2014 **2023 Medicare Utilization:** 7,737

2025 Work RVU: 8.49
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.63

RUC Recommendation: Review at RAW in 3 years. 9.34 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits / Site of Service Anomaly - 2023 / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** October 2008 **2023 Medicare Utilization:** 16,367

2025 Work RVU: 12.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.33

RUC Recommendation: Review at RAW in 3 years.12.00 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** January 2014 **2023 Medicare Utilization:** 1,244

2025 Work RVU: 15.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.97

RUC Recommendation: Review at RAW in 3 years.15.60 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38573 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** May 2024 **2023 Medicare Utilization:** 278

2025 Work RVU: 20.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.06

RUC Recommendation: Review at RAW in 3 years. **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

38792 **Injection procedure; radioactive tracer for identification of sentinel node**

Global: 000 **Issue:** Radioactive Tracer **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 23 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2023 Medicare Utilization:** 26,724

2025 Work RVU: 0.65
2025 NF PE RVU: 1.74
2025 Fac PE RVU: 0.23

RUC Recommendation: 0.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

39401 **Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed**

Global: 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2023 Medicare Utilization:** 219

2025 Work RVU: 5.44
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.44

RUC Recommendation: 5.44 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

39402 **Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)** **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2023 Medicare Utilization:** 1,760

2025 Work RVU: 7.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.95

RUC Recommendation: 7.50 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

40490 **Biopsy of lip** **Global:** 000 **Issue:** Biopsy of Lip **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD **First Identified:** April 2011 **2023 Medicare Utilization:** 27,618

2025 Work RVU: 1.22
2025 NF PE RVU: 2.31
2025 Fac PE RVU: 0.73

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

40650 **Repair lip, full thickness; vermilion only** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 396

2025 Work RVU: 3.78
2025 NF PE RVU: 10.03
2025 Fac PE RVU: 5.21

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2023 Medicare Utilization:** 2,126

2025 Work RVU: 1.23
2025 NF PE RVU: 4.76
2025 Fac PE RVU: 2.29

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40801 **Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated**

Global: 010 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 815

2025 Work RVU: 2.63
2025 NF PE RVU: 5.97
2025 Fac PE RVU: 3.21
Result: PE Only

RUC Recommendation: Maintain. Reduced 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

40808 **Biopsy, vestibule of mouth**

Global: 010 **Issue:** Biopsy of Mouth Lesion **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, AAOMS **First Identified:** April 2017 **2023 Medicare Utilization:** 9,007

2025 Work RVU: 1.05
2025 NF PE RVU: 3.87
2025 Fac PE RVU: 1.55
Result: Increase

RUC Recommendation: 1.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

40812 **Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2023 Medicare Utilization:** 6,470

2025 Work RVU: 2.37
2025 NF PE RVU: 5.66
2025 Fac PE RVU: 2.89
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40820 **Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2023 Medicare Utilization:** 1,550

2025 Work RVU: 1.34
2025 NF PE RVU: 6.14
2025 Fac PE RVU: 3.48

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

41530 **Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session**

Global: 000 **Issue:** Submucosal ablation of tongue base **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 26 **Specialty Developing Recommendation:** AAO-HNS

First Identified: July 2014 **2023 Medicare Utilization:** 80

2025 Work RVU: 3.50
2025 NF PE RVU: 22.64
2025 Fac PE RVU: 7.36

RUC Recommendation: 3.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)**

Global: 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 41 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2023 Medicare Utilization:** 358

2025 Work RVU: 9.78
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.59

RUC Recommendation: 9.63

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS

First Identified: September 2007 **2023 Medicare Utilization:** 4,507

2025 Work RVU: 17.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.30

RUC Recommendation: 18.12

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

42420 **Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,187

2025 Work RVU: 19.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.40
Result: Maintain

RUC Recommendation: 21.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

42440 **Excision of submandibular (submaxillary) gland**

Global: 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,439

2025 Work RVU: 6.14
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.61
Result: Maintain

RUC Recommendation: 7.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43191 **Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 2,139

2025 Work RVU: 2.49
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.82
Result: Increase

RUC Recommendation: 2.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43192 **Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 250

2025 Work RVU: 2.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.92
Result: Increase

RUC Recommendation: 3.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43193 **Esophagoscopy, rigid, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 167

2025 Work RVU: 2.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.91
Result: Increase

RUC Recommendation: 3.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 85

2025 Work RVU: 3.51
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.76
Result: Increase

RUC Recommendation: 3.99

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 625

2025 Work RVU: 3.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.05
Result: Increase

RUC Recommendation: 3.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 310

2025 Work RVU: 3.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.13
Result: Increase

RUC Recommendation: 3.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43197 **Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2023 Medicare Utilization:** 1,068

2025 Work RVU: 1.52
2025 NF PE RVU: 4.02
2025 Fac PE RVU: 0.70

RUC Recommendation: 1.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2023 Medicare Utilization:** 233

2025 Work RVU: 1.82
2025 NF PE RVU: 4.33
2025 Fac PE RVU: 0.86

RUC Recommendation: 1.89 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 3,227

2025 Work RVU: 1.42
2025 NF PE RVU: 6.16
2025 Fac PE RVU: 0.99

RUC Recommendation: 1.59 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 197

2025 Work RVU: 1.72
2025 NF PE RVU: 5.77
2025 Fac PE RVU: 1.14

RUC Recommendation: 1.90 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,638

2025 Work RVU: 1.72
2025 NF PE RVU: 8.46
2025 Fac PE RVU: 1.12

RUC Recommendation: 1.89 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 4

2025 Work RVU: 2.33
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.41

RUC Recommendation: 2.89 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 65

2025 Work RVU: 2.44
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.45

RUC Recommendation: 3.00 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 6

2025 Work RVU: 2.29
2025 NF PE RVU: 6.45
2025 Fac PE RVU: 1.40

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43211 **Esophagoscopy, flexible, transoral; with endoscopic mucosal resection** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 83

2025 Work RVU: 4.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.24
Result: Decrease

RUC Recommendation: 4.58

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 487

2025 Work RVU: 3.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.65
Result: Decrease

RUC Recommendation: 3.73

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 102

2025 Work RVU: 4.63
2025 NF PE RVU: 29.65
2025 Fac PE RVU: 2.37
Result: Decrease

RUC Recommendation: 5.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 157

2025 Work RVU: 3.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.88
Result: Decrease

RUC Recommendation: 3.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 666

2025 Work RVU: 2.44
2025 NF PE RVU: 8.71
2025 Fac PE RVU: 1.39

RUC Recommendation: 2.60 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 137

2025 Work RVU: 2.30
2025 NF PE RVU: 9.36
2025 Fac PE RVU: 1.40

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 32

2025 Work RVU: 2.80
2025 NF PE RVU: 9.20
2025 Fac PE RVU: 1.61

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent** **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43220 **Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,625

2025 Work RVU: 2.00
2025 NF PE RVU: 23.32
2025 Fac PE RVU: 1.25

RUC Recommendation: 2.10 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,195

2025 Work RVU: 2.24
2025 NF PE RVU: 8.75
2025 Fac PE RVU: 1.29

RUC Recommendation: 2.34 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 103

2025 Work RVU: 2.89
2025 NF PE RVU: 13.98
2025 Fac PE RVU: 1.64

RUC Recommendation: 3.26 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43229 **Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,164

2025 Work RVU: 3.49
2025 NF PE RVU: 16.55
2025 Fac PE RVU: 1.89

RUC Recommendation: 3.72 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 457

2025 Work RVU: 2.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.52

RUC Recommendation: 3.19 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 289

2025 Work RVU: 3.59
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.88

RUC Recommendation: 3.83 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2023 Medicare Utilization:** 1,060

2025 Work RVU: 4.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.08

RUC Recommendation: 4.45 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2023 Medicare Utilization:** 231,264

2025 Work RVU: 2.09
2025 NF PE RVU: 6.18
2025 Fac PE RVU: 1.29

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2023 Medicare Utilization:** 13,112

2025 Work RVU: 2.39
2025 NF PE RVU: 9.06
2025 Fac PE RVU: 1.42

RUC Recommendation: 2.57 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun 2010

Status Report: CMS Requests and Relativity Assessment Issues

43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 19,537

2025 Work RVU: 3.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.91

RUC Recommendation: 3.85 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 16,192

2025 Work RVU: 4.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.22

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD with Biopsy **Screen:** MPC List / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, SAGES **First Identified:** October 2010 **2023 Medicare Utilization:** 1,166,120

2025 Work RVU: 2.39
2025 NF PE RVU: 8.36
2025 Fac PE RVU: 1.42

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,272

2025 Work RVU: 7.15
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.56

RUC Recommendation: 7.25 **Referred to CPT** February 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 4,168

2025 Work RVU: 2.49
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.41

RUC Recommendation: 2.59 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2023 Medicare Utilization:** 24,366

2025 Work RVU: 4.73
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.47

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

Status Report: CMS Requests and Relativity Assessment Issues

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 310

2025 Work RVU: 4.27
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.18

RUC Recommendation: 4.37 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 17,137

2025 Work RVU: 4.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.32

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 11,985

2025 Work RVU: 3.08
2025 NF PE RVU: 13.69
2025 Fac PE RVU: 1.69

RUC Recommendation: 3.18 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 47,724

2025 Work RVU: 3.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.83

RUC Recommendation: 4.32 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 22,139

2025 Work RVU: 3.11
2025 NF PE RVU: 7.82
2025 Fac PE RVU: 1.72

RUC Recommendation: 3.27 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 85,103

2025 Work RVU: 2.91
2025 NF PE RVU: 8.88
2025 Fac PE RVU: 1.65

RUC Recommendation: 3.01 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 119,490

2025 Work RVU: 2.67
2025 NF PE RVU: 27.63
2025 Fac PE RVU: 1.54

RUC Recommendation: 2.77 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 2,527

2025 Work RVU: 2.97
2025 NF PE RVU: 9.79
2025 Fac PE RVU: 1.65

RUC Recommendation: 3.07 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 42,905

2025 Work RVU: 3.47
2025 NF PE RVU: 10.57
2025 Fac PE RVU: 1.90

RUC Recommendation: 3.57 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43253 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** February 2012 **2023 Medicare Utilization:** 1,710

2025 Work RVU: 4.73
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.47

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2023 Medicare Utilization:** 6,053

2025 Work RVU: 4.87
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.53

RUC Recommendation: 5.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 51,562

2025 Work RVU: 3.56
2025 NF PE RVU: 14.17
2025 Fac PE RVU: 1.95

RUC Recommendation: 4.20 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 72

2025 Work RVU: 4.15
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.22

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2023 Medicare Utilization:** 29,545

2025 Work RVU: 4.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.17

RUC Recommendation: 4.74 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 3,203

2025 Work RVU: 5.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.97

RUC Recommendation: 5.95 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 6,210

2025 Work RVU: 6.15
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.10

RUC Recommendation: 6.25 **Referred to CPT** January 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 23,667

2025 Work RVU: 6.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.26

RUC Recommendation: 6.60 **Referred to CPT** January 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 9

2025 Work RVU: 6.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.27

RUC Recommendation: 7.28 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2023 Medicare Utilization:** 53,092

2025 Work RVU: 6.63
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.32

RUC Recommendation: 6.73 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 2,151

2025 Work RVU: 7.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.89

RUC Recommendation: 8.03 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2023 Medicare Utilization:** 5,886

2025 Work RVU: 3.92
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.00

RUC Recommendation: 4.40 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2023 Medicare Utilization:** 17,070

2025 Work RVU: 4.01
2025 NF PE RVU: 16.63
2025 Fac PE RVU: 2.14

RUC Recommendation: 4.39 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 7,532

2025 Work RVU: 2.24
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.00

RUC Recommendation: 2.24 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43274 **Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 39,292

2025 Work RVU: 8.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.14

RUC Recommendation: 8.74 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 13,108

2025 Work RVU: 6.86
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.42

RUC Recommendation: 6.96 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43276 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 16,091

2025 Work RVU: 8.84
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.30

RUC Recommendation: 9.10 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43277 **Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 5,426

2025 Work RVU: 6.90
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.44

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43278 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 454

2025 Work RVU: 7.92
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.89

RUC Recommendation: 8.08 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2023 Medicare Utilization:** 52,545

2025 Work RVU: 1.28
2025 NF PE RVU: 4.16
2025 Fac PE RVU: 0.94

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43453 **Dilation of esophagus, over guide wire** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2023 Medicare Utilization:** 1,003

2025 Work RVU: 1.41
2025 NF PE RVU: 21.20
2025 Fac PE RVU: 1.00

RUC Recommendation: 1.51 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43456 **Dilation of esophagus, by balloon or dilator, retrograde** **Global:** **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43760 **Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance**

Global: **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** July 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43762 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M / CPT Assistant Analysis **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2023 Medicare Utilization:** 45,121

2025 Work RVU: 0.75
2025 NF PE RVU: 5.67
2025 Fac PE RVU: 0.22

RUC Recommendation: Review action plan. 0.75. CPT Assistant article complete. **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2022

43763 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M / CPT Assistant Analysis **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2023 Medicare Utilization:** 2,112

2025 Work RVU: 1.41
2025 NF PE RVU: 8.01
2025 Fac PE RVU: 0.94

RUC Recommendation: Review action plan. 1.41. CPT Assistant article. **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2022

Status Report: CMS Requests and Relativity Assessment Issues

44143 **Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)** **Global:** 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2023 Medicare Utilization:** 7,777

2025 Work RVU: 27.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.23

RUC Recommendation: 99214 visit appropriate. Remove from screen. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2023 Medicare Utilization:** 10,527

2025 Work RVU: 22.95
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.26

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2023 Medicare Utilization:** 8,896

2025 Work RVU: 31.92
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.85

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44380 **Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 1,386

2025 Work RVU: 0.87
2025 NF PE RVU: 4.89
2025 Fac PE RVU: 0.74

RUC Recommendation: 0.97 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44381 **Ileoscopy, through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2023 Medicare Utilization:** 127

2025 Work RVU: 1.38
2025 NF PE RVU: 26.08
2025 Fac PE RVU: 0.96

RUC Recommendation: 1.48 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44382 **Ileoscopy, through stoma; with biopsy, single or multiple** **Global:** 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 1,281

2025 Work RVU: 1.17
2025 NF PE RVU: 7.37
2025 Fac PE RVU: 0.89

RUC Recommendation: 1.27 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)** **Global:** **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2023 Medicare Utilization:** 50

2025 Work RVU: 2.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.34

RUC Recommendation: 3.11 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 906

2025 Work RVU: 1.20
2025 NF PE RVU: 5.09
2025 Fac PE RVU: 0.81

RUC Recommendation: 1.30 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,920

2025 Work RVU: 1.50
2025 NF PE RVU: 7.42
2025 Fac PE RVU: 0.97

RUC Recommendation: 1.60 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44388 **Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 3,153

2025 Work RVU: 2.72
2025 NF PE RVU: 6.30
2025 Fac PE RVU: 1.51

RUC Recommendation: 2.82 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 1,957

2025 Work RVU: 3.02
2025 NF PE RVU: 8.71
2025 Fac PE RVU: 1.66

RUC Recommendation: 3.12 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44390 **Colonoscopy through stoma; with removal of foreign body(s)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 21

2025 Work RVU: 3.74
2025 NF PE RVU: 7.80
2025 Fac PE RVU: 2.03

RUC Recommendation: 3.82 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44391 **Colonoscopy through stoma; with control of bleeding, any method**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 126

2025 Work RVU: 4.12
2025 NF PE RVU: 13.92
2025 Fac PE RVU: 2.17

RUC Recommendation: 4.22 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 192

2025 Work RVU: 3.53
2025 NF PE RVU: 7.47
2025 Fac PE RVU: 1.81

RUC Recommendation: 3.63 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 1,650

2025 Work RVU: 4.03
2025 NF PE RVU: 8.40
2025 Fac PE RVU: 2.10

RUC Recommendation: 4.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44401 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 38

2025 Work RVU: 4.34
2025 NF PE RVU: 61.83
2025 Fac PE RVU: 2.30

RUC Recommendation: 4.44 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44402 **Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 11

2025 Work RVU: 4.70
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.46

RUC Recommendation: 4.96 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44403 **Colonoscopy through stoma; with endoscopic mucosal resection** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 64

2025 Work RVU: 5.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.82

RUC Recommendation: 5.81 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44404 **Colonoscopy through stoma; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 168

2025 Work RVU: 3.02
2025 NF PE RVU: 8.96
2025 Fac PE RVU: 1.66

RUC Recommendation: 3.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 35

2025 Work RVU: 3.23
2025 NF PE RVU: 12.54
2025 Fac PE RVU: 1.81

RUC Recommendation: 3.33 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44406 **Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 4

2025 Work RVU: 4.10
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.19

RUC Recommendation: 4.41 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 1

2025 Work RVU: 4.96
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.58

RUC Recommendation: 5.06 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44408 **Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 21

2025 Work RVU: 4.14
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.21

RUC Recommendation: 4.24 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44901 **Incision and drainage of appendiceal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44950 **Appendectomy;** **Global:** 090 **Issue:** Appendectomy **Screen:** Site of Service Anomaly - 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 22 **Specialty Developing Recommendation:** ACS, APSA, ASCRS (colon), SAGES **First Identified:** April 2025 **2023 Medicare Utilization:** 627

2025 Work RVU: 10.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.25

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

44955 **Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Appendectomy **Screen:** Site of Service Anomaly - 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 22 **Specialty Developing Recommendation:** ACS, APSA, ASCRS (colon), SAGES **First Identified:** April 2025 **2023 Medicare Utilization:** 2,356

2025 Work RVU: 1.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.62

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

44960 **Appendectomy; for ruptured appendix with abscess or generalized peritonitis** **Global:** 090 **Issue:** Appendectomy **Screen:** Site of Service Anomaly - 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 22 **Specialty Developing Recommendation:** ACS, APSA, ASCRS (colon), SAGES **First Identified:** April 2025 **2023 Medicare Utilization:** 549

2025 Work RVU: 14.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.40

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44970 **Laparoscopy, surgical, appendectomy**

Global: 090 **Issue:** Appendectomy **Screen:** CMS Fastest Growing / Site of Service Anomaly - 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 22 **Specialty Developing Recommendation:** ACS, APSA, ASCRS (colon), SAGES **First Identified:** October 2008 **2023 Medicare Utilization:** 19,647

2025 Work RVU: 9.45
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.53

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

45170 **Deleted from CPT**

Global: **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,987

2025 Work RVU: 8.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.04

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,706

2025 Work RVU: 12.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.61

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45300 **Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Diagnostic Proctosigmoidoscopy - Rigid **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACS, ASCRS, SAGES **First Identified:** July 2016 **2023 Medicare Utilization:** 14,357

2025 Work RVU: 0.80
2025 NF PE RVU: 2.95
2025 Fac PE RVU: 0.53

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2023 Medicare Utilization:** 38,732

2025 Work RVU: 0.84
2025 NF PE RVU: 4.60
2025 Fac PE RVU: 0.74

RUC Recommendation: 0.84 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 28,372

2025 Work RVU: 1.14
2025 NF PE RVU: 7.11
2025 Fac PE RVU: 0.87

RUC Recommendation: 1.14 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 288

2025 Work RVU: 1.76
2025 NF PE RVU: 6.21
2025 Fac PE RVU: 1.14

RUC Recommendation: 1.85 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 466

2025 Work RVU: 1.55
2025 NF PE RVU: 7.83
2025 Fac PE RVU: 1.03

RUC Recommendation: 1.65 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45334 **Sigmoidoscopy, flexible; with control of bleeding, any method**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 3,017

2025 Work RVU: 2.00
2025 NF PE RVU: 11.99
2025 Fac PE RVU: 1.25

RUC Recommendation: 2.10 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 2,444

2025 Work RVU: 1.04
2025 NF PE RVU: 7.35
2025 Fac PE RVU: 0.82

RUC Recommendation: 1.15 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45337 **Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,667

2025 Work RVU: 2.10
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.02

RUC Recommendation: 2.20 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 4,835

2025 Work RVU: 2.05
2025 NF PE RVU: 6.54
2025 Fac PE RVU: 1.26

RUC Recommendation: 2.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 948

2025 Work RVU: 1.25
2025 NF PE RVU: 11.77
2025 Fac PE RVU: 0.91

RUC Recommendation: 1.35 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2023 Medicare Utilization:** 1,579

2025 Work RVU: 2.12
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.31

RUC Recommendation: 2.43 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2023 Medicare Utilization:** 380

2025 Work RVU: 2.98
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.67

RUC Recommendation: 3.08 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45346 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2023 Medicare Utilization:** 793

2025 Work RVU: 2.81
2025 NF PE RVU: 61.24
2025 Fac PE RVU: 1.59

RUC Recommendation: 2.97 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45347 **Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2023 Medicare Utilization:** 526

2025 Work RVU: 2.72
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.51

RUC Recommendation: 2.98 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45349 **Sigmoidoscopy, flexible; with endoscopic mucosal resection** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 690

2025 Work RVU: 3.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.92

RUC Recommendation: 3.83 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45350 **Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 1,030

2025 Work RVU: 1.68
2025 NF PE RVU: 17.34
2025 Fac PE RVU: 1.10

RUC Recommendation: 1.78 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45378 **Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 229,904

2025 Work RVU: 3.26
2025 NF PE RVU: 6.44
2025 Fac PE RVU: 1.79

RUC Recommendation: 3.36 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45379 **Colonoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 885

2025 Work RVU: 4.28
2025 NF PE RVU: 8.08
2025 Fac PE RVU: 2.25

RUC Recommendation: 4.37 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45380 **Colonoscopy, flexible; with biopsy, single or multiple** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2023 Medicare Utilization:** 910,246

2025 Work RVU: 3.56
2025 NF PE RVU: 8.79
2025 Fac PE RVU: 1.93

RUC Recommendation: 3.66 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45381 **Colonoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2023 Medicare Utilization:** 62,076

2025 Work RVU: 3.56
2025 NF PE RVU: 9.04
2025 Fac PE RVU: 1.93

RUC Recommendation: 3.67 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2010

45382 **Colonoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 20,075

2025 Work RVU: 4.66
2025 NF PE RVU: 14.16
2025 Fac PE RVU: 2.43

RUC Recommendation: 4.76 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 39,039

2025 Work RVU: 4.07
2025 NF PE RVU: 9.74
2025 Fac PE RVU: 2.07

RUC Recommendation: 4.17 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / Codes Reported Together 75%or More-Part4 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES **First Identified:** October 2010 **2023 Medicare Utilization:** 1,028,197

2025 Work RVU: 4.57
2025 NF PE RVU: 8.33
2025 Fac PE RVU: 2.38

RUC Recommendation: 4.57 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45386 **Colonoscopy, flexible; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,822

2025 Work RVU: 3.77
2025 NF PE RVU: 13.48
2025 Fac PE RVU: 2.02

RUC Recommendation: 3.87 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)** **Global:** **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45388 **Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2023 Medicare Utilization:** 17,504

2025 Work RVU: 4.88
2025 NF PE RVU: 63.54
2025 Fac PE RVU: 2.48

RUC Recommendation: 4.98 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45389 **Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2023 Medicare Utilization:** 389

2025 Work RVU: 5.24
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.67

RUC Recommendation: 5.50 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45390 **Colonoscopy, flexible; with endoscopic mucosal resection** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2023 Medicare Utilization:** 27,740

2025 Work RVU: 6.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.05

RUC Recommendation: 6.35 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45391 **Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 697

2025 Work RVU: 4.64
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.43

RUC Recommendation: 4.95 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45392 **Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 148

2025 Work RVU: 5.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.83

RUC Recommendation: 5.60 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45393 **Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2023 Medicare Utilization:** 1,978

2025 Work RVU: 4.68
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.14

RUC Recommendation: 4.78 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45398 **Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2023 Medicare Utilization:** 3,079

2025 Work RVU: 4.20
2025 NF PE RVU: 18.91
2025 Fac PE RVU: 2.14

RUC Recommendation: 4.30 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

46020 **Placement of seton**

Global: 000 **Issue:** Placement/Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 16 **Specialty Developing Recommendation:** ACS, ASCRS (col) **First Identified:** October 2019 **2023 Medicare Utilization:** 1,201

2025 Work RVU: 1.86
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.32

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

46030 **Removal of anal seton, other marker**

Global: 000 **Issue:** Placement/ Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 16 **Specialty Developing Recommendation:** ACS, ASCRS (col) **First Identified:** April 2020 **2023 Medicare Utilization:** 281

2025 Work RVU: 1.48
2025 NF PE RVU: 5.82
2025 Fac PE RVU: 0.90

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

46200 **Fissurectomy, including sphincterotomy, when performed** **Global:** 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 694

2025 Work RVU: 3.59
2025 NF PE RVU: 10.16
2025 Fac PE RVU: 6.17

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

46500 **Injection of sclerosing solution, hemorrhoids** **Global:** 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 24 **Specialty Developing Recommendation:** ACS, ASCRS (colon) **First Identified:** January 2014 **2023 Medicare Utilization:** 12,634

2025 Work RVU: 1.74
2025 NF PE RVU: 7.38
2025 Fac PE RVU: 3.58

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages** **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47135 **Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** January 2014 **2023 Medicare Utilization:** 1,355

2025 Work RVU: 90.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 49.95

RUC Recommendation: 91.78 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** April 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2023 Medicare Utilization:** 2,573

2025 Work RVU: 14.97
2025 NF PE RVU: 87.64
2025 Fac PE RVU: 5.19

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2023 Medicare Utilization: 11,835

2025 Work RVU: 4.76
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.62

RUC Recommendation: 4.76

Referred to CPT June 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47525 **Change of percutaneous biliary drainage catheter**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47530 **Revision and/or reinsertion of transhepatic tube**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47531 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 6,003

2025 Work RVU: 1.30
2025 NF PE RVU: 10.70
2025 Fac PE RVU: 0.65

RUC Recommendation: 1.30 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47532 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 373

2025 Work RVU: 4.25
2025 NF PE RVU: 19.56
2025 Fac PE RVU: 1.47

RUC Recommendation: 4.50 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47533 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 1,184

2025 Work RVU: 5.38
2025 NF PE RVU: 27.50
2025 Fac PE RVU: 1.78

RUC Recommendation: 5.63 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47534 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 3,720

2025 Work RVU: 7.60
2025 NF PE RVU: 28.48
2025 Fac PE RVU: 2.41

RUC Recommendation: 7.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47535 **Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 330

2025 Work RVU: 3.95
2025 NF PE RVU: 21.18
2025 Fac PE RVU: 1.37

RUC Recommendation: 4.20 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47536 **Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 12,998

2025 Work RVU: 2.61
2025 NF PE RVU: 15.34
2025 Fac PE RVU: 0.99

RUC Recommendation: 2.86 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47537 **Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 1,896

2025 Work RVU: 1.84
2025 NF PE RVU: 12.05
2025 Fac PE RVU: 0.81

RUC Recommendation: 1.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47538 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 713

2025 Work RVU: 4.75
2025 NF PE RVU: 100.66
2025 Fac PE RVU: 1.62

RUC Recommendation: 5.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47539 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 94

RUC Recommendation: 9.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2025 Work RVU: 8.75 **2025 NF PE RVU:** 108.62 **2025 Fac PE RVU:** 2.70 **Result:** Increase

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47540 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 138

RUC Recommendation: 9.28 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2025 Work RVU: 9.03 **2025 NF PE RVU:** 109.72 **2025 Fac PE RVU:** 2.85 **Result:** Increase

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47541 **Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 137

RUC Recommendation: 7.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2025 Work RVU: 6.75 **2025 NF PE RVU:** 26.28 **2025 Fac PE RVU:** 2.33 **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

47542 **Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 970

2025 Work RVU: 2.85
2025 NF PE RVU: 11.21
2025 Fac PE RVU: 0.82

RUC Recommendation: 2.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47543 **Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 491

2025 Work RVU: 3.00
2025 NF PE RVU: 8.05
2025 Fac PE RVU: 0.88

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47544 **Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 231

2025 Work RVU: 3.28
2025 NF PE RVU: 20.31
2025 Fac PE RVU: 0.94

RUC Recommendation: 3.28 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACS

First Identified: September 2011 **2023 Medicare Utilization:** 71,982

2025 Work RVU: 10.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.97

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: September 2011 **2023 Medicare Utilization:** 32,117

2025 Work RVU: 11.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.45

RUC Recommendation: No further action. 12.11

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2023 Medicare Utilization:** 4,918

2025 Work RVU: 17.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.61

RUC Recommendation: 20.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2023 Medicare Utilization:** 644

2025 Work RVU: 18.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.99

RUC Recommendation: 21.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** SIR

First Identified: September 2007 **2023 Medicare Utilization:** 492

2025 Work RVU: 4.70
2025 NF PE RVU: 9.77
2025 Fac PE RVU: 1.78

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

48511 **External drainage, pseudocyst of pancreas; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49061 **Drainage of retroperitoneal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**

Global: **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent**

Global: **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2023 Medicare Utilization:** 8,296

2025 Work RVU: 1.24
2025 NF PE RVU: 4.77
2025 Fac PE RVU: 0.76

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2023 Medicare Utilization:** 239,938

2025 Work RVU: 2.00
2025 NF PE RVU: 6.37
2025 Fac PE RVU: 0.95

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2023 Medicare Utilization:** 1,330

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.74

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:** 4,750

2025 Work RVU: 4.00
2025 NF PE RVU: 21.07
2025 Fac PE RVU: 1.32

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:** 28,441

2025 Work RVU: 4.00
2025 NF PE RVU: 21.08
2025 Fac PE RVU: 1.31

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49407 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:** 140

2025 Work RVU: 4.25
2025 NF PE RVU: 17.07
2025 Fac PE RVU: 1.33

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** February 2010 **2023 Medicare Utilization:** 6,907

2025 Work RVU: 3.96
2025 NF PE RVU: 23.80
2025 Fac PE RVU: 1.52

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49420 **Deleted from CPT**

Global: **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** September 2007 **2023 Medicare Utilization:** 1,061

2025 Work RVU: 4.21
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.55

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49422 **Removal of tunneled intraperitoneal catheter**

Global: 000 **Issue:** Removal of Intraperitoneal Catheter **Screen:** Site of Service Anomaly - 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACS, SVS

First Identified: October 2016

2023 Medicare Utilization: 9,754

2025 Work RVU: 4.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.67

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

49436 **Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter**

Global: 010 **Issue:** Delayed Creation of Exit Site from Embedded Catheter **Screen:** CMS Request - Final Rule for 2022 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 16 **Specialty Developing Recommendation:** ACS

First Identified: November 2021

2023 Medicare Utilization: 224

2025 Work RVU: 2.72
2025 NF PE RVU: 12.29
2025 Fac PE RVU: 2.25

RUC Recommendation: PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

49505 **Repair initial inguinal hernia, age 5 years or older; reducible**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACS

First Identified: September 2011

2023 Medicare Utilization: 35,000

2025 Work RVU: 7.96
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.99

RUC Recommendation: Reaffirmed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated**

Global: 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 29 **Specialty Developing Recommendation:** ACS

First Identified: September 2007

2023 Medicare Utilization: 8,300

2025 Work RVU: 9.09
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.55

RUC Recommendation: 10.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

49521 **Repair recurrent inguinal hernia, any age; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,627

2025 Work RVU: 11.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.45

RUC Recommendation: 12.44 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49560 **Repair initial incisional or ventral hernia; reducible** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49561 **Repair initial incisional or ventral hernia; incarcerated or strangulated** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49565 **Repair recurrent incisional or ventral hernia; reducible** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** October 2019 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49566 **Repair recurrent incisional or ventral hernia; incarcerated or strangulated** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49568 **Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (list separately in addition to code for the incisional or ventral hernia repair)** **Global:** ZZZ **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49570 **Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49572 **Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49580 **Repair umbilical hernia, younger than age 5 years; reducible** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49582 **Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49585 **Repair umbilical hernia, age 5 years or older; reducible** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49590 **Repair spigelian hernia**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49591 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 18,181

2025 Work RVU: 5.96
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.88

RUC Recommendation: 6.27 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49592 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 9,916

2025 Work RVU: 8.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.75

RUC Recommendation: 9.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49593 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 14,858

2025 Work RVU: 10.26
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.44

RUC Recommendation: 10.80 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49594 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 14,836

2025 Work RVU: 13.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.62

RUC Recommendation: 14.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49595 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 4,409

2025 Work RVU: 13.94
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.90

RUC Recommendation: 14.88 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49596 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 4,152

2025 Work RVU: 18.67
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.60

RUC Recommendation: 20.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49613 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 1,044

2025 Work RVU: 7.42
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.46

RUC Recommendation: 7.75 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49614 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 784

2025 Work RVU: 10.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.42

RUC Recommendation: 10.79 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49615 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 2,480

2025 Work RVU: 11.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.95

RUC Recommendation: 12.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49616 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 2,685

2025 Work RVU: 15.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.41

RUC Recommendation: 16.50 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49617 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 1,468

2025 Work RVU: 16.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.80

RUC Recommendation: 16.97 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49618 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 2,378

2025 Work RVU: 22.67
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.15

RUC Recommendation: 24.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49621 **Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 1,430

2025 Work RVU: 13.70
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.78

RUC Recommendation: 14.24 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49622 **Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 1,076

2025 Work RVU: 17.06
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.01

RUC Recommendation: 18.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49623 **Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 1,583

2025 Work RVU: 3.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.42

RUC Recommendation: 5.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49656 **Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49657 **Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50021 **Drainage of perirenal or renal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50080 **Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)**

Global: 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AUA **First Identified:** October 2019 **2023 Medicare Utilization:** 1,678

2025 Work RVU: 12.41
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.01

RUC Recommendation: Review action plan. 13.50 **Referred to CPT** September 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50081 **Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)**

Global: 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AUA **First Identified:** October 2019 **2023 Medicare Utilization:** 6,711

2025 Work RVU: 20.91
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.20
Result: Decrease

RUC Recommendation: Review action plan. 22.00 **Referred to CPT** September 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

50200 **Renal biopsy; percutaneous, by trocar or needle**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2023 Medicare Utilization:** 31,242

2025 Work RVU: 2.38
2025 NF PE RVU: 12.23
2025 Fac PE RVU: 1.13
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

50360 **Renal allotransplantation, implantation of graft; without recipient nephrectomy**

Global: 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2012 **2023 Medicare Utilization:** 9,890

2025 Work RVU: 39.88
2025 NF PE RVU: NA
2025 Fac PE RVU: 23.99
Result: Maintain

RUC Recommendation: 40.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50387 **Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 7,609

2025 Work RVU: 1.75
2025 NF PE RVU: 13.81
2025 Fac PE RVU: 0.51

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50398 **Change of nephrostomy or pyelostomy tube**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50430 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 798

2025 Work RVU: 2.90
2025 NF PE RVU: 15.10
2025 Fac PE RVU: 1.34
Result: Increase

RUC Recommendation: 3.15 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

50431 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 6,374

2025 Work RVU: 1.10
2025 NF PE RVU: 8.05
2025 Fac PE RVU: 0.75
Result: Increase

RUC Recommendation: 1.42 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

50432 **Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 / Work Neutrailty 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 27,669

2025 Work RVU: 4.00
2025 NF PE RVU: 21.69
2025 Fac PE RVU: 1.61
Result: Maintain

RUC Recommendation: Review action plan. 4.00 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50433 **Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2023 Medicare Utilization:** 5,165

2025 Work RVU: 5.05
2025 NF PE RVU: 26.93
2025 Fac PE RVU: 1.91
Result: Maintain

RUC Recommendation: 5.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50434 **Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2023 Medicare Utilization:** 2,065

2025 Work RVU: 3.75
2025 NF PE RVU: 21.94
2025 Fac PE RVU: 1.47
Result: Increase

RUC Recommendation: 4.20

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

50435 **Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2023 Medicare Utilization:** 48,604

2025 Work RVU: 1.82
2025 NF PE RVU: 15.09
2025 Fac PE RVU: 0.94
Result: Increase

RUC Recommendation: 2.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50436 **Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2023 Medicare Utilization:** 1,320

2025 Work RVU: 2.78
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.42

RUC Recommendation: 3.37 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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50437 **Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2023 Medicare Utilization:** 2,250

2025 Work RVU: 4.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.09

RUC Recommendation: 5.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2023 Medicare Utilization:** 80

2025 Work RVU: 21.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.92

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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Status Report: CMS Requests and Relativity Assessment Issues

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2023 Medicare Utilization:** 2,016

2025 Work RVU: 25.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.57

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2023 Medicare Utilization:** 38,936

2025 Work RVU: 9.77
2025 NF PE RVU: 11.22
2025 Fac PE RVU: 6.31

RUC Recommendation: 9.77

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008 **2023 Medicare Utilization:** 1,893

2025 Work RVU: 16.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.76

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

50606 **Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 67

2025 Work RVU: 3.16
2025 NF PE RVU: 10.65
2025 Fac PE RVU: 0.56

RUC Recommendation: 3.16 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50693 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 3,176

2025 Work RVU: 3.96
2025 NF PE RVU: 24.14
2025 Fac PE RVU: 1.62

RUC Recommendation: 4.60 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50694 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 689

2025 Work RVU: 5.25
2025 NF PE RVU: 26.31
2025 Fac PE RVU: 2.04

RUC Recommendation: 6.00 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50695 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 845

2025 Work RVU: 6.80
2025 NF PE RVU: 31.02
2025 Fac PE RVU: 2.54

RUC Recommendation: 7.55 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50705 **Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 61

2025 Work RVU: 4.03
2025 NF PE RVU: 48.27
2025 Fac PE RVU: 0.72

RUC Recommendation: 4.03 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50706 **Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 1,125

2025 Work RVU: 3.80
2025 NF PE RVU: 19.84
2025 Fac PE RVU: 1.10

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 4,026

2025 Work RVU: 4.49
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.82

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 13,204

2025 Work RVU: 2.70
2025 NF PE RVU: 4.08
2025 Fac PE RVU: 1.22

RUC Recommendation: 2.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51700 **Bladder irrigation, simple, lavage and/or instillation**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2023 Medicare Utilization:** 170,149

2025 Work RVU: 0.60
2025 NF PE RVU: 1.60
2025 Fac PE RVU: 0.22

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51701 **Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2023 Medicare Utilization:** 138,903

2025 Work RVU: 0.50
2025 NF PE RVU: 0.76
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

51702 **Insertion of temporary indwelling bladder catheter; simple (eg, Foley)** **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2023 Medicare Utilization:** 224,191

2025 Work RVU: 0.50
2025 NF PE RVU: 1.30
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51703 **Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)** **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2023 Medicare Utilization:** 49,438

2025 Work RVU: 1.47
2025 NF PE RVU: 2.79
2025 Fac PE RVU: 0.63

RUC Recommendation: 1.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51720 **Bladder instillation of anticarcinogenic agent (including retention time)** **Global:** 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2023 Medicare Utilization:** 158,561

2025 Work RVU: 0.87
2025 NF PE RVU: 1.68
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51726 **Complex cystometrogram (ie, calibrated electronic equipment);** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2023 Medicare Utilization:** 2,772

2025 Work RVU: 1.71
2025 NF PE RVU: 6.43
2025 Fac PE RVU: NA

RUC Recommendation: 1.71 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2023 Medicare Utilization:** 1,582

2025 Work RVU: 2.11
2025 NF PE RVU: 7.86
2025 Fac PE RVU: NA

RUC Recommendation: 2.11 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2023 Medicare Utilization:** 77,213

2025 Work RVU: 2.11
2025 NF PE RVU: 7.85
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 2.11 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Aug 2024 **Result:** Decrease

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51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2023 Medicare Utilization:** 48,493

2025 Work RVU: 2.51
2025 NF PE RVU: 7.94
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 2.51 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Aug 2024 **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2023 Medicare Utilization:** 8,544

2025 Work RVU: 0.17
2025 NF PE RVU: 0.22
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2023 Medicare Utilization:** 316,816

2025 Work RVU: 0.17
2025 NF PE RVU: 0.23
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 0.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

51772 **Deleted from CPT** **Global:** **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: XXX **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2023 Medicare Utilization:** 123,557

2025 Work RVU: 0.75
2025 NF PE RVU: 1.10
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 0.75.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

Result: Decrease

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2023 Medicare Utilization:** 4,517

2025 Work RVU: 1.10
2025 NF PE RVU: 6.28
2025 Fac PE RVU: NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

Result: Maintain

51795 **Deleted from CPT**

Global: **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:**

First Identified: February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:**

First Identified: February 2008

2023 Medicare Utilization: 92,695

2025 Work RVU: 0.80
2025 NF PE RVU: 4.11
2025 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 25 **Specialty Developing Recommendation:** AUA

First Identified: July 2015

2023 Medicare Utilization: 1,904,870

2025 Work RVU: 0.00
2025 NF PE RVU: 0.33
2025 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 35 **Specialty Developing Recommendation:** AUA, ACOG

First Identified: October 2010

2023 Medicare Utilization: 759,838

2025 Work RVU: 1.53
2025 NF PE RVU: 4.88
2025 Fac PE RVU: 0.68

RUC Recommendation: 1.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2023 Medicare Utilization:** 13,941

2025 Work RVU: 3.50
2025 NF PE RVU: 17.28
2025 Fac PE RVU: 1.27

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2023 Medicare Utilization:** 25,795

2025 Work RVU: 4.05
2025 NF PE RVU: 17.65
2025 Fac PE RVU: 1.46

RUC Recommendation: 4.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 23,933

2025 Work RVU: 4.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.12

RUC Recommendation: 4.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Status Report: CMS Requests and Relativity Assessment Issues

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA

First Identified: April 2011

2023 Medicare Utilization: 31,463

2025 Work RVU: 5.44
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.46

RUC Recommendation: 5.44

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Result: Maintain

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** AUA

First Identified: September 2011

2023 Medicare Utilization: 19,275

2025 Work RVU: 7.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.21

RUC Recommendation: 8.75

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Result: Decrease

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 38 **Specialty Developing Recommendation:** AUA

First Identified: October 2009

2023 Medicare Utilization: 46,029

2025 Work RVU: 2.75
2025 NF PE RVU: 6.09
2025 Fac PE RVU: 1.45

RUC Recommendation: 2.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

52287 **Cystourethroscopy, with injection(s) for chemodenervation of the bladder** **Global:** 000 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:** 66,989

2025 Work RVU: 3.20
2025 NF PE RVU: 7.35
2025 Fac PE RVU: 1.42

RUC Recommendation: Remove from Screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)** **Global:** 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2023 Medicare Utilization:** 135,104

2025 Work RVU: 2.82
2025 NF PE RVU: 8.04
2025 Fac PE RVU: 1.47

RUC Recommendation: 2.82 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52334 **Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde** **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2023 Medicare Utilization:** 243

2025 Work RVU: 3.37
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.67

RUC Recommendation: 3.37 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2023 Medicare Utilization:** 1,723

2025 Work RVU: 5.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.43
Result: Decrease

RUC Recommendation: 5.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2023 Medicare Utilization:** 152

2025 Work RVU: 5.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.61
Result: Decrease

RUC Recommendation: 5.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2023 Medicare Utilization:** 20

2025 Work RVU: 6.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.86
Result: Decrease

RUC Recommendation: 6.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 2,924

2025 Work RVU: 7.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.05
Result: Decrease

RUC Recommendation: 7.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2023 Medicare Utilization:** 431

2025 Work RVU: 7.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.23
Result: Decrease

RUC Recommendation: 7.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2023 Medicare Utilization:** 469

2025 Work RVU: 8.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.60
Result: Decrease

RUC Recommendation: 8.58

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 21,148

2025 Work RVU: 5.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.53
Result: Decrease

RUC Recommendation: 5.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 18,945

2025 Work RVU: 6.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.94
Result: Decrease

RUC Recommendation: 6.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2023 Medicare Utilization:** 10,348

2025 Work RVU: 7.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.21
Result: Decrease

RUC Recommendation: 7.50 **Referred to CPT** February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 8,143

2025 Work RVU: 8.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.39
Result: Increase

RUC Recommendation: 8.58 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 681

2025 Work RVU: 9.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.76
Result: Increase

RUC Recommendation: 10.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52356 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** January 2013 **2023 Medicare Utilization:** 87,085

2025 Work RVU: 8.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.35
Result: Decrease

RUC Recommendation: 8.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 54

2025 Work RVU: 8.69
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.57
Result: Decrease

RUC Recommendation: 8.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52442 **Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PE Subcommittee **Screen:** PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AUA, AACU **First Identified:** April 2020 **2023 Medicare Utilization:** 77,714

2025 Work RVU: 1.01
2025 NF PE RVU: 23.35
2025 Fac PE RVU: 0.37
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 2,072

2025 Work RVU: 8.14
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.80

RUC Recommendation: 6.00

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52597 **Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 10.25

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52601 **Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: October 2015 **2023 Medicare Utilization:** 38,400

2025 Work RVU: 13.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.11

RUC Recommendation: 10.00

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52630 **Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024

2023 Medicare Utilization: 5,113

2025 Work RVU: 6.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.96

RUC Recommendation: 6.55

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

52640 **Transurethral resection; of postoperative bladder neck contracture**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007

2023 Medicare Utilization: 1,164

2025 Work RVU: 4.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.46

RUC Recommendation: 4.79

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52647 **Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024

2023 Medicare Utilization: 79

2025 Work RVU: 11.30
2025 NF PE RVU: 32.55
2025 Fac PE RVU: 6.95

RUC Recommendation: Deleted from CPT

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2023 Medicare Utilization:** 13,621

2025 Work RVU: 12.15
2025 NF PE RVU: 33.09
2025 Fac PE RVU: 7.24

RUC Recommendation: 10.05

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52649 **Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024 **2023 Medicare Utilization:** 8,670

2025 Work RVU: 14.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.46

RUC Recommendation: 14.56

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 2,023

2025 Work RVU: 13.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.24

RUC Recommendation: 13.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 43 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2023 Medicare Utilization:** 745

2025 Work RVU: 5.42
2025 NF PE RVU: 34.70
2025 Fac PE RVU: 4.74

RUC Recommendation: 10.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 4,598

2025 Work RVU: 14.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.01

RUC Recommendation: 14.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 1,159

2025 Work RVU: 15.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.96

RUC Recommendation: 15.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach**

Global: 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 1,746

2025 Work RVU: 5.30
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.94

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

54530 **Orchiectomy, radical, for tumor; inguinal approach**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 957

2025 Work RVU: 8.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.88
Result: Decrease

RUC Recommendation: 8.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA

First Identified: July 2015 **2023 Medicare Utilization:** 138,394

2025 Work RVU: 2.50
2025 NF PE RVU: 4.42
2025 Fac PE RVU: 1.07
Result: Deleted from CPT

RUC Recommendation: Deleted for CPT 2026

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

55705 **Biopsy, prostate, any approach, nonimaging-guided**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** AUA, OEIS

First Identified: May 2024 **2023 Medicare Utilization:** 60

2025 Work RVU: 4.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.81
Result: Decrease

RUC Recommendation: 1.93. Refer to CPT

Referred to CPT September 2025; February 2025 (Tab 16); May 2024 (Tab 15)
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55706 **Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** AUA, OEIS

First Identified: January 2014 **2023 Medicare Utilization:** 4,115

2025 Work RVU: 6.28
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.32

RUC Recommendation: Deleted for CPT 2027

Referred to CPT September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

55707 **Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** AUA, OEIS

First Identified: May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 2.63. Refer to CPT

Referred to CPT September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55708 **Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** AUA, OEIS

First Identified: May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.39. Refer to CPT

Referred to CPT September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55709 **Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** AUA, OEIS **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.23. Refer to CPT **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55710 **Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** AUA, OEIS **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.81. Refer to CPT **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55711 **Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** AUA, OEIS **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 2.61. Refer to CPT **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55712 **Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** AUA, OEIS **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.10. Refer to CPT **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55713 **Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** AUA, OEIS **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted for CPT 2027 **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

55714 **Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.62. Refer to CPT **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55715 **Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 1.05. Refer to CPT **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2023 Medicare Utilization:** 1,014

2025 Work RVU: 21.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.07

RUC Recommendation: 21.36 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2023 Medicare Utilization:** 47

2025 Work RVU: 21.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.05

RUC Recommendation: 21.36 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** July 2013 **2023 Medicare Utilization:** 398

2025 Work RVU: 25.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.44

RUC Recommendation: 25.18 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed;**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 18,044

2025 Work RVU: 22.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.56

RUC Recommendation: 22.46 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55867 **Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** May 2024 **2023 Medicare Utilization:** 3,448

2025 Work RVU: 19.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.52

RUC Recommendation: 19.53 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55868 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 22.46 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55869 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 29.35 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 25 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 1,056

2025 Work RVU: 13.60
2025 NF PE RVU: 147.79
2025 Fac PE RVU: 7.77

RUC Recommendation: 13.45 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55874 **Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed**

Global: 000 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part8 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AUA, ASTRO **First Identified:** April 2025 **2023 Medicare Utilization:** 20,020

2025 Work RVU: 3.03
2025 NF PE RVU: 78.46
2025 Fac PE RVU: 1.58

RUC Recommendation: Refer to CPT for code bundling solution **Referred to CPT** May 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

55875 **Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy**

Global: 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2023 Medicare Utilization:** 4,754

2025 Work RVU: 13.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.72

RUC Recommendation: Review data at RAW **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

55876 **Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple**

Global: 000 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part8 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AUA, ASTRO **First Identified:** April 2025 **2023 Medicare Utilization:** 22,040

2025 Work RVU: 1.73
2025 NF PE RVU: 2.57
2025 Fac PE RVU: 1.17

RUC Recommendation: Refer to CPT for code bundling solution **Referred to CPT** May 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACOG

First Identified: September 2007

2023 Medicare Utilization: 2,456

2025 Work RVU: 3.08
2025 NF PE RVU: 4.72
2025 Fac PE RVU: 2.84

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007

2023 Medicare Utilization: 2,948

2025 Work RVU: 7.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.94

RUC Recommendation: 7.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

57150 **Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease**

Global: 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 15 **Specialty Developing Recommendation:** ACOG

First Identified: July 2016

2023 Medicare Utilization: 17,277

2025 Work RVU: 0.50
2025 NF PE RVU: 1.12
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2023 Medicare Utilization:** 2,265

2025 Work RVU: 5.15
2025 NF PE RVU: 6.52
2025 Fac PE RVU: 3.02
Result: Decrease

RUC Recommendation: 5.40 **Referred to CPT** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2023 Medicare Utilization:** 15,452

2025 Work RVU: 2.69
2025 NF PE RVU: 4.05
2025 Fac PE RVU: 1.69
Result: Decrease

RUC Recommendation: 2.69 **Referred to CPT** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

57160 **Fitting and insertion of pessary or other intravaginal support device** **Global:** 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2023 Medicare Utilization:** 74,285

2025 Work RVU: 0.89
2025 NF PE RVU: 1.19
2025 Fac PE RVU: 0.34
Result: Maintain

RUC Recommendation: 0.89 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57240 **Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2023 Medicare Utilization:** 6,765

2025 Work RVU: 10.08
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.86

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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57250 **Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2023 Medicare Utilization:** 8,885

2025 Work RVU: 10.08
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.87

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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57260 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2023 Medicare Utilization:** 8,696

2025 Work RVU: 13.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.06

RUC Recommendation: 13.25 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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57265 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2023 Medicare Utilization:** 3,701

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.79

RUC Recommendation: 15.00 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

57282 **Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)** **Global:** 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:** 6,846

2025 Work RVU: 11.63
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.46
Result: Increase

RUC Recommendation: 13.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

57283 **Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)** **Global:** 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:** 5,068

2025 Work RVU: 11.66
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.50
Result: Increase

RUC Recommendation: 13.51 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

57287 **Removal or revision of sling for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 1,361

2025 Work RVU: 11.15
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.52
Result: Decrease

RUC Recommendation: 10.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 20,097

2025 Work RVU: 12.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.44
Result: Decrease

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57425 **Laparoscopy, surgical, colpopexy (suspension of vaginal apex)** **Global:** 090 **Issue:** Laparoscopic Colopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 27 **Specialty Developing Recommendation:**

First Identified: October 2019

2023 Medicare Utilization: 11,234

2025 Work RVU: 17.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.58

RUC Recommendation: 18.02

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

58100 **Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)** **Global:** 000 **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 16 **Specialty Developing Recommendation:** ACOG

First Identified: July 2016

2023 Medicare Utilization: 57,051

2025 Work RVU: 1.21
2025 NF PE RVU: 1.60
2025 Fac PE RVU: 0.48

RUC Recommendation: 1.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

58110 **Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 16 **Specialty Developing Recommendation:** ACOG

First Identified: April 2017

2023 Medicare Utilization: 624

2025 Work RVU: 0.77
2025 NF PE RVU: 0.60
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.77

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

58555 **Hysteroscopy, diagnostic (separate procedure)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2023 Medicare Utilization:** 1,171

2025 Work RVU: 2.65
2025 NF PE RVU: 7.05
2025 Fac PE RVU: 1.45

RUC Recommendation: 3.07 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2023 Medicare Utilization:** 43,717

2025 Work RVU: 4.17
2025 NF PE RVU: 32.44
2025 Fac PE RVU: 2.06

RUC Recommendation: 4.37 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58559 **Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2023 Medicare Utilization:** 87

2025 Work RVU: 5.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.42

RUC Recommendation: 5.54 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58560 **Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2023 Medicare Utilization:** 22

2025 Work RVU: 5.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.63

RUC Recommendation: 6.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58561 **Hysteroscopy, surgical; with removal of leiomyomata**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2023 Medicare Utilization:** 2,162

2025 Work RVU: 6.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.99

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2023 Medicare Utilization:** 181

2025 Work RVU: 4.00
2025 NF PE RVU: 7.57
2025 Fac PE RVU: 1.97

RUC Recommendation: 4.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2023 Medicare Utilization:** 1,307

2025 Work RVU: 4.47
2025 NF PE RVU: 53.82
2025 Fac PE RVU: 2.15
Result: Decrease

RUC Recommendation: 4.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2023 Medicare Utilization:** 507

2025 Work RVU: 11.59
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.86
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2023 Medicare Utilization:** 12,383

2025 Work RVU: 11.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.39
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

59200 **Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)** **Global:** 000 **Issue:** Insertion of Cervical Dilator **Screen:** CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 13 **Specialty Developing Recommendation:** ACOG **First Identified:** November 2023 **2023 Medicare Utilization:** 192

2025 Work RVU: 1.20
2025 NF PE RVU: 2.43
2025 Fac PE RVU: 0.47

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59400 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2023 Medicare Utilization:** 1,347

2025 Work RVU: 37.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 25.76

RUC Recommendation: 32.69 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2023 Medicare Utilization:** 765

2025 Work RVU: 14.37
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.76

RUC Recommendation: 14.37 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2023 Medicare Utilization:** 427

2025 Work RVU: 18.76
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.61
Result: Increase

RUC Recommendation: 18.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 17

2025 Work RVU: 1.71
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.86
Result: Maintain

RUC Recommendation: 1.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59414 **Delivery of placenta (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 35

2025 Work RVU: 1.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.62
Result: Maintain

RUC Recommendation: 1.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59425 **Antepartum care only; 4-6 visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 383

2025 Work RVU: 7.80
2025 NF PE RVU: 7.04
2025 Fac PE RVU: 3.10
Result: Decrease

RUC Recommendation: 6.31

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59426 **Antepartum care only; 7 or more visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 419

RUC Recommendation: 11.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2025 Work RVU: 14.30 **2025 NF PE RVU:** 12.78 **2025 Fac PE RVU:** 5.64 **Result:** Decrease

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59430 **Postpartum care only (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 503

RUC Recommendation: 2.47 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2025 Work RVU: 3.22 **2025 NF PE RVU:** 3.82 **2025 Fac PE RVU:** 1.28 **Result:** Increase

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59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2023 Medicare Utilization:** 1,173

RUC Recommendation: 36.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2025 Work RVU: 41.05 **2025 NF PE RVU:** NA **2025 Fac PE RVU:** 27.54 **Result:** Increase

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59514 **Cesarean delivery only;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** October 2008 **2023 Medicare Utilization:** 665

RUC Recommendation: 16.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2025 Work RVU: 16.13 **2025 NF PE RVU:** NA **2025 Fac PE RVU:** 6.33 **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

59515 **Cesarean delivery only; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 400

2025 Work RVU: 22.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.67
Result: Increase

RUC Recommendation: 22.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 64

2025 Work RVU: 38.71
2025 NF PE RVU: NA
2025 Fac PE RVU: 25.83
Result: Increase

RUC Recommendation: 34.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 47

2025 Work RVU: 16.09
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.21
Result: Increase

RUC Recommendation: 16.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 30

2025 Work RVU: 20.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.43
Result: Increase

RUC Recommendation: 20.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59618 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 18

2025 Work RVU: 41.57
2025 NF PE RVU: NA
2025 Fac PE RVU: 27.59
Result: Increase

RUC Recommendation: 36.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 10

2025 Work RVU: 16.66
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.43
Result: Decrease

RUC Recommendation: 16.66

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 3

2025 Work RVU: 23.32
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.32
Result: Increase

RUC Recommendation: 22.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 6,777

2025 Work RVU: 11.19
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.08
Result: Maintain

RUC Recommendation: 12.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 156

2025 Work RVU: 14.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.70

RUC Recommendation: 14.67 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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60240 **Thyroidectomy, total or complete**

Global: 090 **Issue:** Thyroidectomy **Screen:** CPT Referral to the RUC **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2024 **2023 Medicare Utilization:** 4,921

2025 Work RVU: 15.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.65

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** August 2025 **Result:**

60260 **Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid**

Global: 090 **Issue:** Thyroidectomy **Screen:** CPT Referral to the RUC **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2024 **2023 Medicare Utilization:** 1,040

2025 Work RVU: 18.26
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.10

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** August 2025 **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2023 Medicare Utilization:** 329

2025 Work RVU: 17.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.43
Result: Remove from Screen

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2023 Medicare Utilization:** 182

2025 Work RVU: 19.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.87
Result: Remove from Screen

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2023 Medicare Utilization:** 75

2025 Work RVU: 23.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.53

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: January 2014 **2023 Medicare Utilization:** 94

2025 Work RVU: 2.10
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.07

RUC Recommendation: Editorial change

Referred to CPT October 2013

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61624 **Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord)**

Global: 000 **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR

First Identified: April 2022 **2023 Medicare Utilization:** 11,728

2025 Work RVU: 20.12
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.59

RUC Recommendation: 20.00

Referred to CPT February 2024

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61626 **Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)**

Global: 000 **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2024 **2023 Medicare Utilization:** 1,298

2025 Work RVU: 16.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.45

RUC Recommendation: 15.31 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 23 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** October 2009 **2023 Medicare Utilization:** 15,686

2025 Work RVU: 3.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.83

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 23 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2023 Medicare Utilization:** 19,013

2025 Work RVU: 3.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.50

RUC Recommendation: 2.11 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 23 **Specialty Developing Recommendation:** AAOS, AANS, CNS, NASS, ISAS **First Identified:** October 2009 **2023 Medicare Utilization:** 29,281

2025 Work RVU: 3.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.88

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

61795 **Deleted from CPT**

Global: **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA

2023 Medicare Utilization: 5,624

2025 Work RVU: 13.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.74

RUC Recommendation: 15.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61797 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA

2023 Medicare Utilization: 7,879

2025 Work RVU: 3.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.70

RUC Recommendation: 3.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61798 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA

2023 Medicare Utilization: 3,018

2025 Work RVU: 19.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.50

RUC Recommendation: 19.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

61799 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA **2023 Medicare Utilization:** 654

2025 Work RVU: 4.81
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.35

RUC Recommendation: 4.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 16 **Specialty Developing Recommendation:**

First Identified: February 2008 **2023 Medicare Utilization:** 3,685

2025 Work RVU: 2.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.37

RUC Recommendation: 2.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007 **2023 Medicare Utilization:** 3,783

2025 Work RVU: 6.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.89

RUC Recommendation: 6.44

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2023 Medicare Utilization:** 208

2025 Work RVU: 5.00
2025 NF PE RVU: 13.46
2025 Fac PE RVU: 4.28

RUC Recommendation: 6.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62270 **Spinal puncture, lumbar, diagnostic;**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** October 2017 **2023 Medicare Utilization:** 22,332

2025 Work RVU: 1.22
2025 NF PE RVU: 2.88
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.44 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

62272 **Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:** 2,975

2025 Work RVU: 1.58
2025 NF PE RVU: 3.54
2025 Fac PE RVU: 0.73

RUC Recommendation: 1.80 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2023 Medicare Utilization:** 68

2025 Work RVU: 2.66
2025 NF PE RVU: 4.23
2025 Fac PE RVU: 1.79

RUC Recommendation: Remove 99238

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

Result: PE Only

62284 **Injection procedure for myelography and/or computed tomography, lumbar**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2023 Medicare Utilization:** 12,800

2025 Work RVU: 1.54
2025 NF PE RVU: 3.80
2025 Fac PE RVU: 0.77

RUC Recommendation: 1.54

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

62287 **Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2023 Medicare Utilization:** 100

2025 Work RVU: 9.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.17

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2023 Medicare Utilization:** 4,260

2025 Work RVU: 3.00
2025 NF PE RVU: 6.84
2025 Fac PE RVU: 1.40

RUC Recommendation: 3.00, CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Result: Maintain

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; cervical**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2023 Medicare Utilization:** 1,837

2025 Work RVU: 2.29
2025 NF PE RVU: 4.97
2025 Fac PE RVU: 1.03

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2023 Medicare Utilization:** 256

2025 Work RVU: 2.29
2025 NF PE RVU: 5.10
2025 Fac PE RVU: 1.03

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62304 **Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2023 Medicare Utilization:** 7,511

2025 Work RVU: 2.25
2025 NF PE RVU: 4.96
2025 Fac PE RVU: 1.02

RUC Recommendation: 2.25 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62305 **Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2023 Medicare Utilization:** 3,777

2025 Work RVU: 2.35
2025 NF PE RVU: 5.53
2025 Fac PE RVU: 1.06

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed,**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed,**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, include**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, include**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62320 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 1,154

2025 Work RVU: 1.80
2025 NF PE RVU: 2.71
2025 Fac PE RVU: 0.91

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62321 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 172,493

2025 Work RVU: 1.95
2025 NF PE RVU: 5.63
2025 Fac PE RVU: 1.08

RUC Recommendation: 1.95 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62322 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 20,500

2025 Work RVU: 1.55
2025 NF PE RVU: 2.24
2025 Fac PE RVU: 0.63

RUC Recommendation: 1.55 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

62323 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 528,640

2025 Work RVU: 1.80
2025 NF PE RVU: 5.66
2025 Fac PE RVU: 1.00

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62324 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 9,080

2025 Work RVU: 1.89
2025 NF PE RVU: 2.04
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.89 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

62325 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 608

2025 Work RVU: 2.20
2025 NF PE RVU: 4.88
2025 Fac PE RVU: 0.87

RUC Recommendation: 2.20 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62326 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 1,497

2025 Work RVU: 1.78
2025 NF PE RVU: 2.15
2025 Fac PE RVU: 0.61

RUC Recommendation: 1.78 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

62327 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 1,006

2025 Work RVU: 1.90
2025 NF PE RVU: 5.81
2025 Fac PE RVU: 1.09

RUC Recommendation: 1.90 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62328 **Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:** 40,638

2025 Work RVU: 1.73
2025 NF PE RVU: 4.67
2025 Fac PE RVU: 0.64

RUC Recommendation: 1.95 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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62329 **Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:** 2,269

2025 Work RVU: 2.03
2025 NF PE RVU: 5.47
2025 Fac PE RVU: 0.79

RUC Recommendation: 2.25 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

62350 **Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,564

2025 Work RVU: 6.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.86
Result: Decrease

RUC Recommendation: 6.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62355 **Removal of previously implanted intrathecal or epidural catheter**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2023 Medicare Utilization:** 715

2025 Work RVU: 3.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.13
Result: Decrease

RUC Recommendation: 4.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2023 Medicare Utilization:** 174

2025 Work RVU: 4.33
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.20
Result: Decrease

RUC Recommendation: 4.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2023 Medicare Utilization:** 32

2025 Work RVU: 5.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.40
Result: Decrease

RUC Recommendation: 5.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2023 Medicare Utilization:** 5,362

2025 Work RVU: 5.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.84
Result: Decrease

RUC Recommendation: 6.10

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2023 Medicare Utilization:** 904

2025 Work RVU: 3.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.20
Result: Decrease

RUC Recommendation: 4.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2023 Medicare Utilization:** 6,379

2025 Work RVU: 0.48
2025 NF PE RVU: 0.43
2025 Fac PE RVU: 0.20
Result: Maintain

RUC Recommendation: New PE inputs. 0.48

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2023 Medicare Utilization:** 27,855

2025 Work RVU: 0.67
2025 NF PE RVU: 0.60
2025 Fac PE RVU: 0.28

RUC Recommendation: New PE inputs 0.67 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2023 Medicare Utilization:** 19,131

2025 Work RVU: 0.67
2025 NF PE RVU: 2.00
2025 Fac PE RVU: 0.29

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2023 Medicare Utilization:** 79,419

2025 Work RVU: 0.90
2025 NF PE RVU: 1.75
2025 Fac PE RVU: 0.37

RUC Recommendation: New PE inputs. 1.10 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63015 **Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part8 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AANS, AAOS, CNS, NASS **First Identified:** April 2025 **2023 Medicare Utilization:** 3,307

2025 Work RVU: 17.33
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.00

RUC Recommendation: Review action plan.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

63020 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical**

Global: 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2022 **2023 Medicare Utilization:** 702

2025 Work RVU: 14.91
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.92

RUC Recommendation: 15.95

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Pre-Time Analysis / Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2014 **2023 Medicare Utilization:** 17,304

2025 Work RVU: 12.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.21

RUC Recommendation: 13.18

Referred to CPT September 2021
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63035 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2022 **2023 Medicare Utilization:** 3,481

2025 Work RVU: 3.86
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.95

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2023 Medicare Utilization:** 5,912

2025 Work RVU: 18.76
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.22

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63045 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 / Site of Service Anomay - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 24 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** November 2013 **2023 Medicare Utilization:** 10,499

2025 Work RVU: 17.95
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.13

RUC Recommendation: 17.69 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 / Site of Service Anomay - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 24 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** November 2013 **2023 Medicare Utilization:** 4,210

2025 Work RVU: 17.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.65

RUC Recommendation: 17.14 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 / Site of Service Anomay - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 24 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** September 2011 **2023 Medicare Utilization:** 77,826

2025 Work RVU: 15.37
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.61

RUC Recommendation: 15.37 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 / Site of Service Anomay - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 24 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2012 **2023 Medicare Utilization:** 99,663

2025 Work RVU: 3.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.76

RUC Recommendation: 3.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2023 Medicare Utilization:** 3,844

2025 Work RVU: 21.86
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.37

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2023 Medicare Utilization:** 178

2025 Work RVU: 19.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.27

RUC Recommendation: 19.60 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2023 Medicare Utilization:** 121

2025 Work RVU: 4.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.03

RUC Recommendation: 4.04 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63081 **Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2022 **2023 Medicare Utilization:** 3,272

2025 Work RVU: 26.10
2025 NF PE RVU: NA
2025 Fac PE RVU: 18.96

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

63090 **Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, AANS **First Identified:** January 2015 **2023 Medicare Utilization:** 533

2025 Work RVU: 30.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.76

RUC Recommendation: Maintain **Referred to CPT** September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2023 Medicare Utilization:** 493

2025 Work RVU: 15.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.60

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA

2023 Medicare Utilization: 171

2025 Work RVU: 4.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.96

RUC Recommendation: 4.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

63650 **Percutaneous implantation of neurostimulator electrode array, epidural**

Global: 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007

2023 Medicare Utilization: 82,989

2025 Work RVU: 7.15
2025 NF PE RVU: 57.79
2025 Fac PE RVU: 4.51

RUC Recommendation: 7.20. New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** NASS, AANS

First Identified: October 2008

2023 Medicare Utilization: 6,336

2025 Work RVU: 10.92
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.09

RUC Recommendation: 11.43

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63660 **Deleted from CPT**

Global: **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:** 3,917

2025 Work RVU: 5.08
2025 NF PE RVU: 14.25
2025 Fac PE RVU: 3.92

RUC Recommendation: 5.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:** 1,977

2025 Work RVU: 11.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.27

RUC Recommendation: 10.87 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:** 1,623

2025 Work RVU: 7.75
2025 NF PE RVU: 17.71
2025 Fac PE RVU: 4.71

RUC Recommendation: 70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:** 520

2025 Work RVU: 11.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.62

RUC Recommendation: 11.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing/ High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS **First Identified:** September 2007 **2023 Medicare Utilization:** 27,004

2025 Work RVU: 5.19
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.04

RUC Recommendation: 5.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS **First Identified:** September 2007 **2023 Medicare Utilization:** 7,196

2025 Work RVU: 4.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.77

RUC Recommendation: 4.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64400 **Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM&R, AAPM, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 37,602

2025 Work RVU: 0.75
2025 NF PE RVU: 2.41
2025 Fac PE RVU: 0.61

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64405 **Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM, AAPM&R, NANS, SIS **First Identified:** July 2016 **2023 Medicare Utilization:** 121,675

2025 Work RVU: 0.94
2025 NF PE RVU: 1.11
2025 Fac PE RVU: 0.43

RUC Recommendation: 0.94 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64408 **Injection(s), anesthetic agent(s) and/or steroid; vagus nerve**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 2,533

2025 Work RVU: 0.75
2025 NF PE RVU: 1.56
2025 Fac PE RVU: 0.49

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64412 **Injection, anesthetic agent; spinal accessory nerve**

Global: **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

Status Report: CMS Requests and Relativity Assessment Issues

64415 **Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2023 Medicare Utilization:** 197,583

2025 Work RVU: 1.50
2025 NF PE RVU: 2.36
2025 Fac PE RVU: 0.45

RUC Recommendation: 1.50 **Referred to CPT** May 2021 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64416 **Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** September 2007 **2023 Medicare Utilization:** 12,966

2025 Work RVU: 1.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.34

RUC Recommendation: 1.80 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64417 **Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** part of New/Revised Review **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2018 **2023 Medicare Utilization:** 15,822

2025 Work RVU: 1.31
2025 NF PE RVU: 3.35
2025 Fac PE RVU: 0.49

RUC Recommendation: 1.31 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64418 **Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, SIS **First Identified:** October 2015 **2023 Medicare Utilization:** 28,155

2025 Work RVU: 1.10
2025 NF PE RVU: 1.35
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64420 **Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 23,559

2025 Work RVU: 1.08
2025 NF PE RVU: 1.75
2025 Fac PE RVU: 0.56

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64421 **Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 17,748

2025 Work RVU: 0.50
2025 NF PE RVU: 0.46
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64425 **Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 6,903

2025 Work RVU: 1.00
2025 NF PE RVU: 2.18
2025 Fac PE RVU: 0.53

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64430 **Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 4,694

2025 Work RVU: 1.00
2025 NF PE RVU: 1.80
2025 Fac PE RVU: 0.52

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64435 **Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 24

2025 Work RVU: 0.75
2025 NF PE RVU: 1.50
2025 Fac PE RVU: 0.43

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ASA **First Identified:** October 2008 **2023 Medicare Utilization:** 130,082

2025 Work RVU: 1.39
2025 NF PE RVU: 3.13
2025 Fac PE RVU: 0.61

RUC Recommendation: 1.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64446 **Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** February 2008 **2023 Medicare Utilization:** 4,135

2025 Work RVU: 1.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.34

RUC Recommendation: 1.75 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64447 **Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2023 Medicare Utilization:** 360,473

2025 Work RVU: 1.34
2025 NF PE RVU: 2.01
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.34 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64448 **Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** February 2008 **2023 Medicare Utilization:** 27,339

2025 Work RVU: 1.68
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.32

RUC Recommendation: 1.68 **Referred to CPT** May 2021 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

64449 **Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** September 2007 **2023 Medicare Utilization:** 626

2025 Work RVU: 1.27
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.52

RUC Recommendation: 1.55 **Referred to CPT** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64450 **Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, APMA, NANS, SIS **First Identified:** October 2009 **2023 Medicare Utilization:** 378,143

2025 Work RVU: 0.75
2025 NF PE RVU: 1.40
2025 Fac PE RVU: 0.42

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

64451 **Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 13,636

2025 Work RVU: 1.52
2025 NF PE RVU: 5.05
2025 Fac PE RVU: 0.79

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64454 **Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 49,115

2025 Work RVU: 1.52
2025 NF PE RVU: 4.87
2025 Fac PE RVU: 0.80

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64455 **Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, APMA, NANS, SIS **First Identified:** October 2016 **2023 Medicare Utilization:** 66,147

2025 Work RVU: 0.75
2025 NF PE RVU: 0.69
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64461 **Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)**

Global: 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2023 Medicare Utilization:** 7,340

2025 Work RVU: 1.75
2025 NF PE RVU: 2.06
2025 Fac PE RVU: 0.40

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64462 **Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2023 Medicare Utilization:** 2,109

2025 Work RVU: 1.10
2025 NF PE RVU: 0.93
2025 Fac PE RVU: 0.25

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

Status Report: CMS Requests and Relativity Assessment Issues

64463 **Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)** **Global:** 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2023 Medicare Utilization:** 927

2025 Work RVU: 1.90
2025 NF PE RVU: 4.60
2025 Fac PE RVU: 0.36

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

Result: Not Part of RAW

64470 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

64472 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

64475 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

64476 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2023 Medicare Utilization:** 35,847

2025 Work RVU: 2.29
2025 NF PE RVU: 5.42
2025 Fac PE RVU: 1.42

RUC Recommendation: 2.29 **Referred to CPT** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

64480 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2023 Medicare Utilization:** 12,417

2025 Work RVU: 1.20
2025 NF PE RVU: 2.69
2025 Fac PE RVU: 0.52

RUC Recommendation: 1.20 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level** **Global:** 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2023 Medicare Utilization:** 859,451

2025 Work RVU: 1.90
2025 NF PE RVU: 5.24
2025 Fac PE RVU: 1.27

RUC Recommendation: 1.90 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64484 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2023 Medicare Utilization:** 312,293

2025 Work RVU: 1.00
2025 NF PE RVU: 2.20
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.00 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64488 **Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ANA, ASA **First Identified:** April 2022 **2023 Medicare Utilization:** 64,096

2025 Work RVU: 1.40
2025 NF PE RVU: 2.25
2025 Fac PE RVU: 0.27

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2023 Medicare Utilization:** 226,493

2025 Work RVU: 1.82
2025 NF PE RVU: 3.77
2025 Fac PE RVU: 1.17

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64491 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2023 Medicare Utilization:** 204,058

2025 Work RVU: 1.16
2025 NF PE RVU: 1.64
2025 Fac PE RVU: 0.49

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2023 Medicare Utilization:** 662

2025 Work RVU: 1.16
2025 NF PE RVU: 1.64
2025 Fac PE RVU: 0.51

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2023 Medicare Utilization:** 741,874

2025 Work RVU: 1.52
2025 NF PE RVU: 3.64
2025 Fac PE RVU: 1.05

RUC Recommendation: 1.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2023 Medicare Utilization:** 672,641

2025 Work RVU: 1.00
2025 NF PE RVU: 1.62
2025 Fac PE RVU: 0.42

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2023 Medicare Utilization:** 1,772

2025 Work RVU: 1.00
2025 NF PE RVU: 1.61
2025 Fac PE RVU: 0.45

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64505 **Injection, anesthetic agent; sphenopalatine ganglion**

Global: 000 **Issue:** RAW **Screen:** Different Performing Specialty from Survey7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** April 2025 **2023 Medicare Utilization:** 10,294

2025 Work RVU: 1.36
2025 NF PE RVU: 2.64
2025 Fac PE RVU: 1.46

RUC Recommendation: Remove from screen. **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64510 **Injection, anesthetic agent; stellate ganglion (cervical sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2023 Medicare Utilization:** 5,961

2025 Work RVU: 1.22
2025 NF PE RVU: 2.98
2025 Fac PE RVU: 0.95

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64520 **Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2023 Medicare Utilization:** 11,156

2025 Work RVU: 1.35
2025 NF PE RVU: 5.28
2025 Fac PE RVU: 1.07

RUC Recommendation: PE Review - no change **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64550 **Application of surface (transcutaneous) neurostimulator (eg, TENS unit)** **Global:** **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2023 Medicare Utilization:** 32

2025 Work RVU: 6.13
2025 NF PE RVU: 103.09
2025 Fac PE RVU: 5.15

RUC Recommendation: 6.13 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** February 2008 **2023 Medicare Utilization:** 12,820

2025 Work RVU: 5.76
2025 NF PE RVU: 55.07
2025 Fac PE RVU: 3.42

RUC Recommendation: 5.76. Article published Jan2016 and addressed issues.

Referred to CPT September 2016

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

Result: Increase

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2023 Medicare Utilization:** 32,926

2025 Work RVU: 5.44
2025 NF PE RVU: 15.25
2025 Fac PE RVU: 2.93

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64565 **Percutaneous implantation of neurostimulator electrode array; neuromuscular**

Global: **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** July 2013 **2023 Medicare Utilization:** 153,941

2025 Work RVU: 0.60
2025 NF PE RVU: 2.72
2025 Fac PE RVU: 0.22

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64568 **Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** February 2009 **2023 Medicare Utilization:** 237

2025 Work RVU: 9.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.45

RUC Recommendation: 11.19 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT**

Global: **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 28 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64581 **Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 5,111

2025 Work RVU: 12.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.84

RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64590 **Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver**

Global: 010 **Issue:** Skin Adhesives (PE Only) **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Different Performing Specialty from Survey/ RUC recommendation process, not part of RAW screens / PE Skin Adhesives / Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2022 **2023 Medicare Utilization:** 18,110

2025 Work RVU: 5.10
2025 NF PE RVU: 6.62
2025 Fac PE RVU: 3.06

RUC Recommendation: New PE Inputs. CPT Assistant Article

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2024

Result: Increase

64595 **Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array**

Global: 010 **Issue:** Skin Adhesives (PE Only) **Screen:** RUC recommendation process, not part of RAW screens / PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2022 **2023 Medicare Utilization:** 3,076

2025 Work RVU: 3.79
2025 NF PE RVU: 5.77
2025 Fac PE RVU: 2.60

RUC Recommendation: New PE Inputs. CPT Assistant Article

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2024

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

64596 **Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

64597 **Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

64598 **Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

Status Report: CMS Requests and Relativity Assessment Issues

64615 **Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)**

Global: 010 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, NANS **First Identified:** October 2019 **2023 Medicare Utilization:** 173,923

2025 Work RVU: 1.85
2025 NF PE RVU: 2.12
2025 Fac PE RVU: 1.23

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review / High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1 / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review / High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2023 Medicare Utilization:** 91,383

2025 Work RVU: 3.32
2025 NF PE RVU: 9.27
2025 Fac PE RVU: 2.15

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64634 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2023 Medicare Utilization:** 91,665

2025 Work RVU: 1.32
2025 NF PE RVU: 6.01
2025 Fac PE RVU: 0.55

RUC Recommendation: 1.32 **Referred to CPT** May 2015 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2023 Medicare Utilization:** 366,857

2025 Work RVU: 3.32
2025 NF PE RVU: 9.39
2025 Fac PE RVU: 2.16

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

64636 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2023 Medicare Utilization:** 367,507

2025 Work RVU: 1.16
2025 NF PE RVU: 5.72
2025 Fac PE RVU: 0.48

RUC Recommendation: 1.16 **Referred to CPT** May 2015 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64640 **Destruction by neurolytic agent; other peripheral nerve or branch** **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2023 Medicare Utilization:** 86,229

2025 Work RVU: 1.98
2025 NF PE RVU: 5.26
2025 Fac PE RVU: 1.43

RUC Recommendation: 1.23. Remove 99238.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 11,333

2025 Work RVU: 6.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.23

RUC Recommendation: 6.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 612

2025 Work RVU: 8.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.41

RUC Recommendation: Remove from screen

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

64831 **Suture of digital nerve, hand or foot; 1 nerve** **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2023 Medicare Utilization:** 695

2025 Work RVU: 9.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.42

RUC Recommendation: 9.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65105 **Enucleation of eye; with implant, muscles attached to implant**

Global: 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2023 Medicare Utilization: 543

2025 Work RVU: 9.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.53

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

65205 **Removal of foreign body, external eye; conjunctival superficial**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO, AOA

First Identified: July 2016

2023 Medicare Utilization: 22,601

2025 Work RVU: 0.49
2025 NF PE RVU: 0.33
2025 Fac PE RVU: 0.34

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65210 **Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO, AOA

First Identified: July 2016

2023 Medicare Utilization: 15,573

2025 Work RVU: 0.61
2025 NF PE RVU: 0.50
2025 Fac PE RVU: 0.43

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2023 Medicare Utilization:** 18,722

2025 Work RVU: 0.84
2025 NF PE RVU: 1.14
2025 Fac PE RVU: 0.60

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 8 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2023 Medicare Utilization:** 542

2025 Work RVU: 15.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.11

RUC Recommendation: 16.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65778 **Placement of amniotic membrane on the ocular surface; without sutures**

Global: 000 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** April 2022 **2023 Medicare Utilization:** 61,069

2025 Work RVU: 0.84
2025 NF PE RVU: 36.76
2025 Fac PE RVU: 0.42

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65779 **Placement of amniotic membrane on the ocular surface; single layer, sutured**

Global: 000 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA

First Identified: September 2022 **2023 Medicare Utilization:** 686

2025 Work RVU: 1.75
2025 NF PE RVU: 31.08
2025 Fac PE RVU: 1.22

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers**

Global: 090 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008 **2023 Medicare Utilization:** 1,446

2025 Work RVU: 7.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.04

RUC Recommendation: 7.03

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Result: Decrease

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 21 **Specialty Developing Recommendation:** AAO

First Identified: September 2011 **2023 Medicare Utilization:** 13,447

2025 Work RVU: 1.53
2025 NF PE RVU: 1.91
2025 Fac PE RVU: 0.99

RUC Recommendation: 1.53

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 21 **Specialty Developing Recommendation:** AAO

First Identified: April 2011

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

65820 **Goniotomy**

Global: 090 **Issue:** Goniotomy **Screen:** Codes Reported Together 75% or More-Part6 / High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAO

First Identified: April 2023

2023 Medicare Utilization: 35,394

2025 Work RVU: 8.91

2025 NF PE RVU: NA

2025 Fac PE RVU: 14.70

RUC Recommendation: Refer to CPT

Referred to CPT February 2026

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

65855 **Trabeculoplasty by laser surgery**

Global: 010 **Issue:** Trabeculoplasty by Laser Surgery **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: January 2014

2023 Medicare Utilization: 133,962

2025 Work RVU: 3.00

2025 NF PE RVU: 4.04

2025 Fac PE RVU: 2.86

RUC Recommendation: 3.00

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 32 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2023 Medicare Utilization:** 4,744

2025 Work RVU: 13.94
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.43

RUC Recommendation: 13.94 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 32 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2023 Medicare Utilization:** 1,703

2025 Work RVU: 14.84
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.44

RUC Recommendation: 14.81 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66174 **Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent**

Global: 090 **Issue:** Dilation of Aqueous Outflow Canal **Screen:** New Technology/ New Service **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** April 2010 **2023 Medicare Utilization:** 20,880

2025 Work RVU: 7.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.32

RUC Recommendation: Remove from screen. 8.53 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66175 **Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent**

Global: 090 **Issue:** Dilation of Aqueous Outflow Cana **Screen:** New Technology/ New Service **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2020 **2023 Medicare Utilization:** 333

2025 Work RVU: 9.34
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.42

RUC Recommendation: Remove from screen. 10.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66179 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2023 Medicare Utilization:** 576

2025 Work RVU: 14.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.95
Result: Decrease

RUC Recommendation: 14.00 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2023 Medicare Utilization:** 8,637

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.59
Result: Decrease

RUC Recommendation: Maintain. 15.00 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2023 Medicare Utilization:** 6,784

2025 Work RVU: 13.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.27
Result: Maintain

RUC Recommendation: Maintain. 13.20 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66184 **Revision of aqueous shunt to extraocular equatorial plate reservoir; without graf** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2023 Medicare Utilization:** 519

2025 Work RVU: 9.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.19

RUC Recommendation: 9.58 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66185 **Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2023 Medicare Utilization:** 1,353

2025 Work RVU: 10.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.84

RUC Recommendation: Maintain. 10.58 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

66711 **Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens** **Global:** 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2017 **2023 Medicare Utilization:** 588

2025 Work RVU: 5.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.01

RUC Recommendation: 6.36 **Referred to CPT** May 2018 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)** **Global:** 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2023 Medicare Utilization:** 44,550

2025 Work RVU: 3.00
2025 NF PE RVU: 5.58
2025 Fac PE RVU: 3.76

RUC Recommendation: Maintain. 3.00 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)** **Global:** 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** AAO **First Identified:** October 2010 **2023 Medicare Utilization:** 631,168

2025 Work RVU: 3.42
2025 NF PE RVU: 6.22
2025 Fac PE RVU: 5.57

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation** **Global:** 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / CMS Fastest Growing, / Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2023 Medicare Utilization:** 136,032

2025 Work RVU: 10.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.05

RUC Recommendation: Remove from screen. 10.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Status Report: CMS Requests and Relativity Assessment Issues

66983 **Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: January 2019 **2023 Medicare Utilization:** 89

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2023 Medicare Utilization:** 1,468,837

2025 Work RVU: 7.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.23

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

66987 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2019 **2023 Medicare Utilization:** 453

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 13.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66988 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: January 2019

2023 Medicare Utilization: 3,267

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 10.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

66989 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2021

2023 Medicare Utilization: 4,574

2025 Work RVU: 12.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.30

RUC Recommendation: 12.13

Referred to CPT October 2020

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

66991 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2021

2023 Medicare Utilization: 41,162

2025 Work RVU: 9.23
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.36

RUC Recommendation: 9.23

Referred to CPT October 2020

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing / Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: February 2008 **2023 Medicare Utilization:** 4,087,619

2025 Work RVU: 1.44
2025 NF PE RVU: 1.81
2025 Fac PE RVU: 1.18

RUC Recommendation: 1.44

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2023 Medicare Utilization:** 18,611

2025 Work RVU: 12.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.46

RUC Recommendation: 12.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67038 **Deleted from CPT**

Global: **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2007
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2023 Medicare Utilization:** 3,858

2025 Work RVU: 13.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.16
Result: Decrease

RUC Recommendation: 13.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2023 Medicare Utilization:** 5,547

2025 Work RVU: 14.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.00
Result: Decrease

RUC Recommendation: 14.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2023 Medicare Utilization:** 10,487

2025 Work RVU: 16.33
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.18
Result: Decrease

RUC Recommendation: 16.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2023 Medicare Utilization:** 22,039

2025 Work RVU: 16.33
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.18

RUC Recommendation: 16.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2023 Medicare Utilization:** 220

2025 Work RVU: 17.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.88

RUC Recommendation: 17.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67101 **Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2015 **2023 Medicare Utilization:** 252

2025 Work RVU: 3.50
2025 NF PE RVU: 6.16
2025 Fac PE RVU: 4.68

RUC Recommendation: 3.50

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67105 **Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2015

2023 Medicare Utilization: 3,617

2025 Work RVU: 3.39
2025 NF PE RVU: 5.14
2025 Fac PE RVU: 4.50

RUC Recommendation: 3.84

Referred to CPT May 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2023 Medicare Utilization: 325

2025 Work RVU: 16.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.97

RUC Recommendation: 16.00. Reduce 99238 to 0.5

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67108 **Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2023 Medicare Utilization: 15,381

2025 Work RVU: 17.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.70

RUC Recommendation: 17.13

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2023 Medicare Utilization:** 2,301

2025 Work RVU: 10.25
2025 NF PE RVU: 15.27
2025 Fac PE RVU: 13.04

RUC Recommendation: 10.25. Remove 99238

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2023 Medicare Utilization:** 9,774

2025 Work RVU: 19.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 18.80

RUC Recommendation: 19.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67141 **Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy**

Global: 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: January 2020

2023 Medicare Utilization: 1,128

2025 Work RVU: 2.53
2025 NF PE RVU: 5.26
2025 Fac PE RVU: 3.69

RUC Recommendation: 2.53

Referred to CPT May 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67145 **Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2019

2023 Medicare Utilization: 30,390

2025 Work RVU: 2.53
2025 NF PE RVU: 4.49
2025 Fac PE RVU: 3.69

RUC Recommendation: 2.53

Referred to CPT May 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2023 Medicare Utilization: 34,505

2025 Work RVU: 6.36
2025 NF PE RVU: 8.41
2025 Fac PE RVU: 7.92

RUC Recommendation: 6.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2023 Medicare Utilization: 1,562

2025 Work RVU: 6.36
2025 NF PE RVU: 8.85
2025 Fac PE RVU: 7.94

RUC Recommendation: 6.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** P **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2023 Medicare Utilization: 88

2025 Work RVU: 0.47
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.30

RUC Recommendation: 0.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 010 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2023 Medicare Utilization: 37,625

2025 Work RVU: 4.39
2025 NF PE RVU: 5.33
2025 Fac PE RVU: 4.26

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2023 Medicare Utilization:** 518

2025 Work RVU: 8.38
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.42

RUC Recommendation: Review action plan. 10.17 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67311 **Strabismus surgery, recession or resection procedure; 1 horizontal muscle** **Global:** 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2023 Medicare Utilization:** 4,931

2025 Work RVU: 5.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.17

RUC Recommendation: 5.93 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67312 **Strabismus surgery, recession or resection procedure; 2 horizontal muscles** **Global:** 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2023 Medicare Utilization:** 1,385

2025 Work RVU: 9.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.50

RUC Recommendation: 9.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67314 **Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2023 Medicare Utilization:** 2,461

2025 Work RVU: 5.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.17
Result: Decrease

RUC Recommendation: 5.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67316 **Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2023 Medicare Utilization:** 148

2025 Work RVU: 10.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.95
Result: Decrease

RUC Recommendation: 10.31

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67318 **Strabismus surgery, any procedure, superior oblique muscle**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2023 Medicare Utilization:** 161

2025 Work RVU: 9.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.83
Result: Decrease

RUC Recommendation: 9.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67320 **Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2023 Medicare Utilization:** 340

2025 Work RVU: 3.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.92
Result: Decrease

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67331 **Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2023 Medicare Utilization:** 1,077

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.57
Result: Decrease

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67332 **Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2023 Medicare Utilization:** 1,537

2025 Work RVU: 3.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.24
Result: Decrease

RUC Recommendation: 3.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67334 **Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2023 Medicare Utilization:** 98

2025 Work RVU: 2.06
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.46
Result: Decrease

RUC Recommendation: 2.06

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67335 **Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2023 Medicare Utilization:** 1,489

2025 Work RVU: 3.23
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.05
Result: Increase

RUC Recommendation: 3.23

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67340 **Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2023 Medicare Utilization:** 58

2025 Work RVU: 5.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.23
Result: Decrease

RUC Recommendation: 5.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67500 **Retrobulbar injection; medication (separate procedure, does not include supply of medication)**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2017 **2023 Medicare Utilization:** 6,201

2025 Work RVU: 1.18
2025 NF PE RVU: 1.02
2025 Fac PE RVU: 0.65
Result: Decrease

RUC Recommendation: 1.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67505 **Retrobulbar injection; alcohol**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2017 **2023 Medicare Utilization:** 72

2025 Work RVU: 1.18
2025 NF PE RVU: 1.27
2025 Fac PE RVU: 0.87

RUC Recommendation: Review action plan. 1.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67515 **Injection of medication or other substance into Tenon's capsule**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: July 2016 **2023 Medicare Utilization:** 19,240

2025 Work RVU: 0.75
2025 NF PE RVU: 0.72
2025 Fac PE RVU: 0.59

RUC Recommendation: 0.84

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67820 **Correction of trichiasis; epilation, by forceps only**

Global: 000 **Issue:** Correction of Trichiasis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 29 **Specialty Developing Recommendation:** AOA, AOA (optometry)

First Identified: July 2015 **2023 Medicare Utilization:** 168,878

2025 Work RVU: 0.32
2025 NF PE RVU: 0.22
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 1,398

2025 Work RVU: 3.75
2025 NF PE RVU: 10.30
2025 Fac PE RVU: 5.76
Result: Maintain

RUC Recommendation: 3.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 225

2025 Work RVU: 2.03
2025 NF PE RVU: 7.00
2025 Fac PE RVU: 3.75
Result: Decrease

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 1,116

2025 Work RVU: 5.48
2025 NF PE RVU: 12.03
2025 Fac PE RVU: 6.88
Result: Maintain

RUC Recommendation: 5.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 20,278

2025 Work RVU: 5.93
2025 NF PE RVU: 11.99
2025 Fac PE RVU: 7.16
Result: Decrease

RUC Recommendation: 5.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67921 **Repair of entropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 2,591

2025 Work RVU: 3.47
2025 NF PE RVU: 10.29
2025 Fac PE RVU: 5.59
Result: Maintain

RUC Recommendation: 3.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 77

2025 Work RVU: 2.03
2025 NF PE RVU: 6.85
2025 Fac PE RVU: 3.80
Result: Decrease

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67923 **Repair of entropion; excision tarsal wedge** **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2023 Medicare Utilization:** 662

2025 Work RVU: 5.48
2025 NF PE RVU: 12.05
2025 Fac PE RVU: 6.89
Result: Decrease

RUC Recommendation: 5.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

67924 **Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)** **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2023 Medicare Utilization:** 8,953

2025 Work RVU: 5.93
2025 NF PE RVU: 12.73
2025 Fac PE RVU: 7.18
Result: Maintain

RUC Recommendation: 5.93 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

68040 **Expression of conjunctival follicles (eg, for trachoma)** **Global:** 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2023 Medicare Utilization:** 5,878

2025 Work RVU: 0.85
2025 NF PE RVU: 0.98
2025 Fac PE RVU: 0.54
Result: Maintain

RUC Recommendation: Revised parenthetical **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68200 **Subconjunctival injection**

Global: 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2023 Medicare Utilization:** 4,563

2025 Work RVU: 0.49
2025 NF PE RVU: 0.71
2025 Fac PE RVU: 0.49

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2023 Medicare Utilization:** 22,553

2025 Work RVU: 0.82
2025 NF PE RVU: 1.98
2025 Fac PE RVU: 1.51

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2007 **2023 Medicare Utilization:** 21,742

2025 Work RVU: 1.54
2025 NF PE RVU: 3.11
2025 Fac PE RVU: 2.16

RUC Recommendation: 1.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2023 Medicare Utilization:** 416

2025 Work RVU: 1.74
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.15

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2023 Medicare Utilization:** 6,684

2025 Work RVU: 2.70
2025 NF PE RVU: 8.07
2025 Fac PE RVU: 3.71

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2023 Medicare Utilization:** 170

2025 Work RVU: 2.10
2025 NF PE RVU: 21.88
2025 Fac PE RVU: 2.41

RUC Recommendation: 2.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 28 **Specialty Developing Recommendation:** AAD

First Identified: October 2008 **2023 Medicare Utilization:** 169,589

2025 Work RVU: 0.81
2025 NF PE RVU: 1.94
2025 Fac PE RVU: 0.49

RUC Recommendation: 0.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

69200 **Removal foreign body from external auditory canal; without general anesthesia** **Global:** 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2023 Medicare Utilization:** 49,190

2025 Work RVU: 0.77
2025 NF PE RVU: 1.53
2025 Fac PE RVU: 0.55

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69210 **Removal impacted cerumen requiring instrumentation, unilateral** **Global:** 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAO-HNS **First Identified:** September 2011 **2023 Medicare Utilization:** 1,468,055

2025 Work RVU: 0.61
2025 NF PE RVU: 0.76
2025 Fac PE RVU: 0.28

RUC Recommendation: Review in 3 years. 0.58. **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

69400 **Eustachian tube inflation, transnasal; with catheterization** **Global:** **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2013

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69405 **Eustachian tube catheterization, transtympanic**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia**

Global: 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 / CMS Request - NPRM for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 30 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2011

2023 Medicare Utilization: 41,581

2025 Work RVU: 1.57

2025 NF PE RVU: 4.25

2025 Fac PE RVU: 2.24

RUC Recommendation: 1.57

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal**

Global: 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2023 Medicare Utilization:** 23,850

2025 Work RVU: 2.06
2025 NF PE RVU: 4.43
2025 Fac PE RVU: 1.40

RUC Recommendation: Review action plan at RAW Oct 2015. 2.06

Referred to CPT Feb 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

Result: Decrease

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy**

Global: **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS

First Identified: **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT Feburary 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** M **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2023 Medicare Utilization:** 4,812

2025 Work RVU: 17.73
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.08

RUC Recommendation: 17.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70030 **Radiologic examination, eye, for detection of foreign body**

Global: XXX **Issue:** X-Ray of Eye **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: January 2019 **2023 Medicare Utilization:** 18,577

2025 Work RVU: 0.18
2025 NF PE RVU: 0.79
2025 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

70100 **Radiologic examination, mandible; partial, less than 4 views**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2023 Medicare Utilization:** 17,919

2025 Work RVU: 0.18
2025 NF PE RVU: 0.96
2025 Fac PE RVU: NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70210 **Radiologic examination, sinuses, paranasal, less than 3 views**

Global: XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR

First Identified: October 2017 **2023 Medicare Utilization:** 13,632

2025 Work RVU: 0.17
2025 NF PE RVU: 0.78
2025 Fac PE RVU: NA

RUC Recommendation: 0.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

70220 **Radiologic examination, sinuses, paranasal, complete, minimum of 3 views** **Global:** XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2023 Medicare Utilization:** 33,465

2025 Work RVU: 0.22
2025 NF PE RVU: 0.89
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70250 **Radiologic examination, skull; less than 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2023 Medicare Utilization:** 40,837

2025 Work RVU: 0.18
2025 NF PE RVU: 0.88
2025 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70260 **Radiologic examination, skull; complete, minimum of 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2023 Medicare Utilization:** 7,497

2025 Work RVU: 0.28
2025 NF PE RVU: 1.04
2025 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70310 **Radiologic examination, teeth; partial examination, less than full mouth** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2023 Medicare Utilization:** 825

2025 Work RVU: 0.16
2025 NF PE RVU: 1.04
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

70360 **Radiologic examination; neck, soft tissue** **Global:** XXX **Issue:** X-Ray Exam – Neck **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 26 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2023 Medicare Utilization:** 37,702

2025 Work RVU: 0.18
2025 NF PE RVU: 0.74
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2023 Medicare Utilization:** 766

2025 Work RVU: 0.84
2025 NF PE RVU: 2.47
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: CPT Assistant article published, addressed issues identified.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

70373 **Laryngography, contrast, radiological supervision and interpretation**

Global: **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** **Specialty Developing Recommendation:** ACR, AAFP

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Result: Deleted from CPT

70450 **Computed tomography, head or brain; without contrast material**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2011 **2023 Medicare Utilization:** 4,937,479

2025 Work RVU: 0.85
2025 NF PE RVU: 2.35
2025 Fac PE RVU: NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2013 **2023 Medicare Utilization:** 18,522

2025 Work RVU: 1.13
2025 NF PE RVU: 3.32
2025 Fac PE RVU: NA

RUC Recommendation: 1.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2023 Medicare Utilization:** 59,117

2025 Work RVU: 1.27
2025 NF PE RVU: 3.93
2025 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70471 **Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 2.50 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70472 **Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.77 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70473 **Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 1.00 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70480 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2023 Medicare Utilization:** 53,239

2025 Work RVU: 1.28
2025 NF PE RVU: 3.48
2025 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70481 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2023 Medicare Utilization:** 11,061

2025 Work RVU: 1.13
2025 NF PE RVU: 4.29
2025 Fac PE RVU: NA

RUC Recommendation: 1.13 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70482 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2017 **2023 Medicare Utilization:** 4,320

2025 Work RVU: 1.27
2025 NF PE RVU: 5.04
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70486 **Computed tomography, maxillofacial area; without contrast material**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2013 **2023 Medicare Utilization:** 496,826

2025 Work RVU: 0.85
2025 NF PE RVU: 3.00
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70487 **Computed tomography, maxillofacial area; with contrast material(s)**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2014 **2023 Medicare Utilization:** 31,695

2025 Work RVU: 1.13
2025 NF PE RVU: 3.43
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 3,523

2025 Work RVU: 1.27
2025 NF PE RVU: 4.25
2025 Fac PE RVU: NA

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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70490 **Computed tomography, soft tissue neck; without contrast material**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 56,043

2025 Work RVU: 1.28
2025 NF PE RVU: 3.22
2025 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70491 **Computed tomography, soft tissue neck; with contrast material(s)**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 267,867

2025 Work RVU: 1.38
2025 NF PE RVU: 4.14
2025 Fac PE RVU: NA

RUC Recommendation: 1.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 22,471

2025 Work RVU: 1.62
2025 NF PE RVU: 5.01
2025 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2023 Medicare Utilization:** 715,741

2025 Work RVU: 1.75
2025 NF PE RVU: 6.56
2025 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2023 Medicare Utilization:** 742,445

2025 Work RVU: 1.75
2025 NF PE RVU: 6.55
2025 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70540 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 9,100

2025 Work RVU: 1.35
2025 NF PE RVU: 5.44
2025 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70542 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 763

2025 Work RVU: 1.62
2025 NF PE RVU: 6.41
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

70543 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 68,249

2025 Work RVU: 2.15
2025 NF PE RVU: 8.01
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 2.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 171,262

2025 Work RVU: 1.20
2025 NF PE RVU: 5.28
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Refer to CPT for code bundle solution. 1.20 **Referred to CPT** September 2025 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70545 **Magnetic resonance angiography, head; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 2,713

2025 Work RVU: 1.20
2025 NF PE RVU: 5.65
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70546 **Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 20,970

2025 Work RVU: 1.48
2025 NF PE RVU: 8.45
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 58,446

2025 Work RVU: 1.20
2025 NF PE RVU: 5.30
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundle solution. 1.20 **Referred to CPT** September 2025 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70548 **Magnetic resonance angiography, neck; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 11,334

2025 Work RVU: 1.50
2025 NF PE RVU: 5.90
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

70549 **Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 39,633

2025 Work RVU: 1.80
2025 NF PE RVU: 8.60
2025 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2023 Medicare Utilization:** 1,071,507

2025 Work RVU: 1.48
2025 NF PE RVU: 4.41
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: September 2011 **2023 Medicare Utilization:** 17,700

2025 Work RVU: 1.78
2025 NF PE RVU: 6.35
2025 Fac PE RVU: NA

RUC Recommendation: 1.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2011 **2023 Medicare Utilization:** 968,572

2025 Work RVU: 2.29
2025 NF PE RVU: 7.26
2025 Fac PE RVU: NA

RUC Recommendation: 2.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70XX4

Global: **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ACR, ASNR

First Identified: January 2026 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation:

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

70XX5

Global: **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** January 2026 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

70XX6

Global: **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** January 2026 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

71010 **Radiologic examination, chest; single view, frontal**

Global: **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71015 **Radiologic examination, chest; stereo, frontal**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: **Issue:** Chest X-Rays **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71021 **Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71022 **Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71023 **Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy**

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71030 **Radiologic examination, chest, complete, minimum of 4 views;**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71034 **Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71035 **Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71045 **Radiologic examination, chest; single view**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2023 Medicare Utilization:** 12,830,852

2025 Work RVU: 0.18
2025 NF PE RVU: 0.58
2025 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71046 **Radiologic examination, chest; 2 views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2023 Medicare Utilization:** 6,114,523

2025 Work RVU: 0.22
2025 NF PE RVU: 0.77
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71047 **Radiologic examination, chest; 3 views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2023 Medicare Utilization:** 13,169

2025 Work RVU: 0.27
2025 NF PE RVU: 0.97
2025 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71048 **Radiologic examination, chest; 4 or more views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2023 Medicare Utilization:** 7,371

2025 Work RVU: 0.31
2025 NF PE RVU: 1.04
2025 Fac PE RVU: NA

RUC Recommendation: 0.31

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation**

Global: **Issue:** Insertion/Removal of Pacemeaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

71100 **Radiologic examination, ribs, unilateral; 2 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2023 Medicare Utilization:** 118,781

2025 Work RVU: 0.22
2025 NF PE RVU: 0.86
2025 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71101 **Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2023 Medicare Utilization:** 241,355

2025 Work RVU: 0.27
2025 NF PE RVU: 0.97
2025 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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71110 **Radiologic examination, ribs, bilateral; 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2023 Medicare Utilization:** 19,332

2025 Work RVU: 0.29
2025 NF PE RVU: 1.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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71111 **Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2023 Medicare Utilization:** 26,668

2025 Work RVU: 0.32
2025 NF PE RVU: 1.22
2025 Fac PE RVU: NA

RUC Recommendation: 0.32 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

71250 **Computed tomography, thorax, diagnostic; without contrast material**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2023 Medicare Utilization: 2,310,876

2025 Work RVU: 1.08
2025 NF PE RVU: 2.91
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71260 **Computed tomography, thorax, diagnostic; with contrast material(s)**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2023 Medicare Utilization: 1,705,072

2025 Work RVU: 1.16
2025 NF PE RVU: 3.85
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.38

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71270 **Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2023 Medicare Utilization: 55,650

2025 Work RVU: 1.25
2025 NF PE RVU: 4.64
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.24

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71271 **Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:**

First Identified: May 2019

2023 Medicare Utilization: 407,419

2025 Work RVU: 1.08
2025 NF PE RVU: 3.04
2025 Fac PE RVU: NA

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 27 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2008

2023 Medicare Utilization: 1,475,644

2025 Work RVU: 1.82
2025 NF PE RVU: 6.64
2025 Fac PE RVU: NA

RUC Recommendation: 1.82

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Result: Decrease

72020 **Radiologic examination, spine, single view, specify level**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

First Identified: April 2016

2023 Medicare Utilization: 82,560

2025 Work RVU: 0.16
2025 NF PE RVU: 0.55
2025 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2023 Medicare Utilization:** 560,009

2025 Work RVU: 0.22
2025 NF PE RVU: 0.95
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72050 **Radiologic examination, spine, cervical; 4 or 5 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2023 Medicare Utilization:** 321,240

2025 Work RVU: 0.27
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72052 **Radiologic examination, spine, cervical; 6 or more views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2023 Medicare Utilization:** 55,860

2025 Work RVU: 0.30
2025 NF PE RVU: 1.53
2025 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72070 **Radiologic examination, spine; thoracic, 2 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2023 Medicare Utilization:** 264,764

2025 Work RVU: 0.20
2025 NF PE RVU: 0.77
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72072 **Radiologic examination, spine; thoracic, 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2023 Medicare Utilization:** 135,303

2025 Work RVU: 0.23
2025 NF PE RVU: 0.93
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.23

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72074 **Radiologic examination, spine; thoracic, minimum of 4 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2023 Medicare Utilization:** 10,838

2025 Work RVU: 0.25
2025 NF PE RVU: 1.07
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72080 **Radiologic examination, spine; thoracolumbar junction, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2023 Medicare Utilization:** 43,064

2025 Work RVU: 0.21
2025 NF PE RVU: 0.81
2025 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2023 Medicare Utilization:** 1,513,682

2025 Work RVU: 0.22
2025 NF PE RVU: 0.95
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2009 **2023 Medicare Utilization:** 721,892

2025 Work RVU: 0.26
2025 NF PE RVU: 1.28
2025 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2023 Medicare Utilization:** 82,383

2025 Work RVU: 0.30
2025 NF PE RVU: 1.51
2025 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2023 Medicare Utilization:** 41,373

2025 Work RVU: 0.22
2025 NF PE RVU: 0.98
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72125 **Computed tomography, cervical spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2023 Medicare Utilization:** 1,456,236

2025 Work RVU: 1.00
2025 NF PE RVU: 2.91
2025 Fac PE RVU: NA

RUC Recommendation: 1.07 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:** 16,804

2025 Work RVU: 1.22
2025 NF PE RVU: 3.84
2025 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:** 1,853

2025 Work RVU: 1.27
2025 NF PE RVU: 4.63
2025 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72128 **Computed tomography, thoracic spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2023 Medicare Utilization:** 227,277

2025 Work RVU: 1.00
2025 NF PE RVU: 2.90
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72129 **Computed tomography, thoracic spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:** 39,752

2025 Work RVU: 1.22
2025 NF PE RVU: 3.88
2025 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:** 1,518

2025 Work RVU: 1.27
2025 NF PE RVU: 4.70
2025 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72131 **Computed tomography, lumbar spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:** 526,477

2025 Work RVU: 1.00
2025 NF PE RVU: 2.89
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72132 **Computed tomography, lumbar spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:** 62,667

2025 Work RVU: 1.22
2025 NF PE RVU: 3.86
2025 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:** 3,730

2025 Work RVU: 1.27
2025 NF PE RVU: 4.64
2025 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2023 Medicare Utilization:** 551,282

2025 Work RVU: 1.48
2025 NF PE RVU: 4.23
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 2,552

2025 Work RVU: 1.78
2025 NF PE RVU: 6.47
2025 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 220,544

2025 Work RVU: 1.48
2025 NF PE RVU: 4.24
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 2,394

2025 Work RVU: 1.78
2025 NF PE RVU: 6.40
2025 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2023 Medicare Utilization:** 1,243,683

2025 Work RVU: 1.48
2025 NF PE RVU: 4.25
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2023 Medicare Utilization: 4,357

2025 Work RVU: 1.78
2025 NF PE RVU: 6.32
2025 Fac PE RVU: NA

RUC Recommendation: 1.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2023 Medicare Utilization: 114,278

2025 Work RVU: 2.29
2025 NF PE RVU: 7.29
2025 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2023 Medicare Utilization: 101,689

2025 Work RVU: 2.29
2025 NF PE RVU: 7.31
2025 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72158 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2023 Medicare Utilization: 207,560

2025 Work RVU: 2.29
2025 NF PE RVU: 7.27
2025 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010

2023 Medicare Utilization: 708,889

2025 Work RVU: 0.17
2025 NF PE RVU: 0.65
2025 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72190 **Radiologic examination, pelvis; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2017

2023 Medicare Utilization: 60,853

2025 Work RVU: 0.25
2025 NF PE RVU: 0.99
2025 Fac PE RVU: NA

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography

Screen: High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab: 12

Specialty Developing Recommendation: ACR, SIR

First Identified: February 2008

2023 Medicare Utilization: 2,881

2025 Work RVU: 1.81

2025 NF PE RVU: 7.33

2025 Fac PE RVU: NA

RUC Recommendation: 1.81

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis

Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab: 26

Specialty Developing Recommendation: ACR

First Identified: October 2008

2023 Medicare Utilization: 186,824

2025 Work RVU: 1.09

2025 NF PE RVU: 2.90

2025 Fac PE RVU: NA

RUC Recommendation: 1.09

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis

Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab: 26

Specialty Developing Recommendation: ACR

First Identified: October 2008

2023 Medicare Utilization: 32,542

2025 Work RVU: 1.16

2025 NF PE RVU: 5.67

2025 Fac PE RVU: NA

RUC Recommendation: 1.16

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2023 Medicare Utilization:** 5,036

2025 Work RVU: 1.22
2025 NF PE RVU: 6.33
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

72195 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 84,364

2025 Work RVU: 1.46
2025 NF PE RVU: 5.39
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.46 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72196 **Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 2,417

2025 Work RVU: 1.73
2025 NF PE RVU: 6.33
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.73 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72197 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 310,961

2025 Work RVU: 2.20
2025 NF PE RVU: 7.89
2025 Fac PE RVU: NA

RUC Recommendation: 2.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72200 **Radiologic examination, sacroiliac joints; less than 3 views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2023 Medicare Utilization:** 13,677

2025 Work RVU: 0.17
2025 NF PE RVU: 0.82
2025 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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72202 **Radiologic examination, sacroiliac joints; 3 or more views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2023 Medicare Utilization:** 39,820

2025 Work RVU: 0.23
2025 NF PE RVU: 0.93
2025 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

72220 **Radiologic examination, sacrum and coccyx, minimum of 2 views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2016 **2023 Medicare Utilization:** 99,797

2025 Work RVU: 0.17
2025 NF PE RVU: 0.79
2025 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

72240 **Myelography, cervical, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2023 Medicare Utilization:** 364

2025 Work RVU: 0.91
2025 NF PE RVU: 2.36
2025 Fac PE RVU: NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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72255 **Myelography, thoracic, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2013 **2023 Medicare Utilization:** 92

2025 Work RVU: 0.91
2025 NF PE RVU: 2.22
2025 Fac PE RVU: NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2023 Medicare Utilization:** 1,951

2025 Work RVU: 0.83
2025 NF PE RVU: 2.36
2025 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2023 Medicare Utilization:** 269

2025 Work RVU: 1.33
2025 NF PE RVU: 3.09
2025 Fac PE RVU: NA

RUC Recommendation: 1.33 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73000 **Radiologic examination; clavicle, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2023 Medicare Utilization:** 91,107

2025 Work RVU: 0.16
2025 NF PE RVU: 0.80
2025 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73010 **Radiologic examination; scapula, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2023 Medicare Utilization:** 42,233

2025 Work RVU: 0.17
2025 NF PE RVU: 0.53
2025 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73020 **Radiologic examination, shoulder; 1 view**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2023 Medicare Utilization:** 102,344

2025 Work RVU: 0.15
2025 NF PE RVU: 0.48
2025 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73030 **Radiologic examination, shoulder; complete, minimum of 2 views**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** Low Value-High Volume / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2010 **2023 Medicare Utilization:** 2,622,735

2025 Work RVU: 0.18
2025 NF PE RVU: 0.84
2025 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73050 **Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2023 Medicare Utilization:** 5,655

2025 Work RVU: 0.18
2025 NF PE RVU: 0.67
2025 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73060 **Radiologic examination; humerus, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 296,502

2025 Work RVU: 0.16
2025 NF PE RVU: 0.78
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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73070 **Radiologic examination, elbow; 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2023 Medicare Utilization:** 185,459

2025 Work RVU: 0.16
2025 NF PE RVU: 0.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

73080 **Radiologic examination, elbow; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** October 2009 **2023 Medicare Utilization:** 387,981

2025 Work RVU: 0.17
2025 NF PE RVU: 0.79
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

73090 **Radiologic examination; forearm, 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2023 Medicare Utilization:** 211,651

2025 Work RVU: 0.16
2025 NF PE RVU: 0.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73100 **Radiologic examination, wrist; 2 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 32 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 202,638

2025 Work RVU: 0.16
2025 NF PE RVU: 0.83
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73110 **Radiologic examination, wrist; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 32 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:** 984,155

2025 Work RVU: 0.17
2025 NF PE RVU: 1.05
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73120 **Radiologic examination, hand; 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2023 Medicare Utilization: 226,183

2025 Work RVU: 0.16
2025 NF PE RVU: 0.76
2025 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73130 **Radiologic examination, hand; minimum of 3 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: October 2010

2023 Medicare Utilization: 1,259,249

2025 Work RVU: 0.17
2025 NF PE RVU: 0.93
2025 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73140 **Radiologic examination, finger(s), minimum of 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2023 Medicare Utilization: 342,464

2025 Work RVU: 0.13
2025 NF PE RVU: 1.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73200 **Computed tomography, upper extremity; without contrast material**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing /CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: October 2009 **Tab:** 29 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2023 Medicare Utilization:** 147,780

2025 Work RVU: 1.00
2025 NF PE RVU: 3.83
2025 Fac PE RVU: NA

RUC Recommendation: Survey for January 2026.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73201 **Computed tomography, upper extremity; with contrast material(s)**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing / CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACR

First Identified: February 2009 **2023 Medicare Utilization:** 21,330

2025 Work RVU: 1.16
2025 NF PE RVU: 4.85
2025 Fac PE RVU: NA

RUC Recommendation: Survey for January 2026.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing / CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: January 2026 **Tab:** 29 **Specialty Developing Recommendation:** ACR

First Identified: February 2009 **2023 Medicare Utilization:** 2,033

2025 Work RVU: 1.22
2025 NF PE RVU: 6.19
2025 Fac PE RVU: NA

RUC Recommendation: Survey for January 2026.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2023 Medicare Utilization:** 8,029

2025 Work RVU: 1.81
2025 NF PE RVU: 7.10
2025 Fac PE RVU: NA

RUC Recommendation: Survey with all CTA codes for October 2013.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2023 Medicare Utilization:** 33,063

2025 Work RVU: 1.35
2025 NF PE RVU: 7.72
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011

Result: Maintain

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2023 Medicare Utilization:** 442,176

2025 Work RVU: 1.35
2025 NF PE RVU: 4.76
2025 Fac PE RVU: NA

RUC Recommendation: 1.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73500 **Radiologic examination, hip, unilateral; 1 view**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73501 **Radiologic examination, hip, unilateral, with pelvis when performed; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2023 Medicare Utilization:** 203,505

2025 Work RVU: 0.18
2025 NF PE RVU: 0.80
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73502 **Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2023 Medicare Utilization:** 2,429,077

2025 Work RVU: 0.22
2025 NF PE RVU: 1.19
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73503 **Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2023 Medicare Utilization:** 51,144

2025 Work RVU: 0.27
2025 NF PE RVU: 1.52
2025 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73520 **Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73521 **Radiologic examination, hips, bilateral, with pelvis when performed; 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2023 Medicare Utilization:** 138,374

2025 Work RVU: 0.22
2025 NF PE RVU: 1.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73522 **Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2023 Medicare Utilization:** 171,828

2025 Work RVU: 0.29
2025 NF PE RVU: 1.31
2025 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73523 **Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2023 Medicare Utilization:** 101,552

2025 Work RVU: 0.31
2025 NF PE RVU: 1.52
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73540 **Radiologic examination, pelvis and hips, infant or child, minimum of 2 views** **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation** **Global:** **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

73550 **Radiologic examination, femur, 2 views** **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73551 **Radiologic examination, femur; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2023 Medicare Utilization:** 29,489

2025 Work RVU: 0.16
2025 NF PE RVU: 0.71
2025 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73552 **Radiologic examination, femur; minimum 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2023 Medicare Utilization:** 505,595

2025 Work RVU: 0.18
2025 NF PE RVU: 0.87
2025 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73560 **Radiologic examination, knee; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2023 Medicare Utilization:** 1,379,033

2025 Work RVU: 0.16
2025 NF PE RVU: 0.84
2025 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73562 **Radiologic examination, knee; 3 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2023 Medicare Utilization:** 2,307,698

2025 Work RVU: 0.18
2025 NF PE RVU: 1.02
2025 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73564 **Radiologic examination, knee; complete, 4 or more views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010

2023 Medicare Utilization: 1,782,295

2025 Work RVU: 0.22
2025 NF PE RVU: 1.18
2025 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73565 **Radiologic examination, knee; both knees, standing, anteroposterior**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013

2023 Medicare Utilization: 94,415

2025 Work RVU: 0.16
2025 NF PE RVU: 1.02
2025 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 / Different Performing Specialty from Survey7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACR

First Identified: February 2008

2023 Medicare Utilization: 15,423

2025 Work RVU: 0.59
2025 NF PE RVU: 2.57
2025 Fac PE RVU: NA

RUC Recommendation: 0.59

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

73590 **Radiologic examination; tibia and fibula, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 438,885

2025 Work RVU: 0.16
2025 NF PE RVU: 0.77
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2023 Medicare Utilization:** 189,296

2025 Work RVU: 0.16
2025 NF PE RVU: 0.78
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73610 **Radiologic examination, ankle; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2023 Medicare Utilization:** 1,110,016

2025 Work RVU: 0.17
2025 NF PE RVU: 0.90
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2023 Medicare Utilization:** 391,217

2025 Work RVU: 0.16
2025 NF PE RVU: 0.67
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73630 **Radiologic examination, foot; complete, minimum of 3 views** **Global:** XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2023 Medicare Utilization:** 2,572,705

2025 Work RVU: 0.17
2025 NF PE RVU: 0.83
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73650 **Radiologic examination; calcaneus, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Heel **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 31 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2023 Medicare Utilization:** 59,629

2025 Work RVU: 0.16
2025 NF PE RVU: 0.67
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73660 **Radiologic examination; toe(s), minimum of 2 views** **Global:** XXX **Issue:** X-Ray Toe **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 32 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2023 Medicare Utilization:** 97,038

2025 Work RVU: 0.13
2025 NF PE RVU: 0.72
2025 Fac PE RVU: NA

RUC Recommendation: 0.13 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73700 **Computed tomography, lower extremity; without contrast material** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2023 Medicare Utilization:** 377,987

2025 Work RVU: 1.00
2025 NF PE RVU: 2.90
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73701 **Computed tomography, lower extremity; with contrast material(s)** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2023 Medicare Utilization:** 57,466

2025 Work RVU: 1.16
2025 NF PE RVU: 3.84
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2023 Medicare Utilization:** 5,197

2025 Work RVU: 1.22
2025 NF PE RVU: 4.65
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing** **Global:** XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2023 Medicare Utilization:** 20,796

2025 Work RVU: 1.90
2025 NF PE RVU: 7.79
2025 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Survey for October 2013. Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

73718 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)** **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 134,623

2025 Work RVU: 1.35
2025 NF PE RVU: 5.34
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73719 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 971

2025 Work RVU: 1.62
2025 NF PE RVU: 6.27
2025 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73720 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 63,110

2025 Work RVU: 2.15
2025 NF PE RVU: 7.95
2025 Fac PE RVU: NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:** 614,643

2025 Work RVU: 1.35
2025 NF PE RVU: 4.75
2025 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74010 **Radiologic examination, abdomen; anteroposterior and additional oblique and cone views**

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74018 **Radiologic examination, abdomen; 1 view**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2023 Medicare Utilization:** 1,833,928

2025 Work RVU: 0.18
2025 NF PE RVU: 0.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74019 **Radiologic examination, abdomen; 2 views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2023 Medicare Utilization:** 255,359

2025 Work RVU: 0.23
2025 NF PE RVU: 0.86
2025 Fac PE RVU: NA

RUC Recommendation: 0.23 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74020 **Radiologic examination, abdomen; complete, including decubitus and/or erect views**

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74021 **Radiologic examination, abdomen; 3 or more views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2023 Medicare Utilization:** 33,817

2025 Work RVU: 0.27
2025 NF PE RVU: 0.99
2025 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74022 **Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 102,128

2025 Work RVU: 0.32
2025 NF PE RVU: 1.15
2025 Fac PE RVU: NA

RUC Recommendation: 0.32 **Referred to CPT** February 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2023 Medicare Utilization:** 53,767

2025 Work RVU: 1.19
2025 NF PE RVU: 2.90
2025 Fac PE RVU: NA

RUC Recommendation: Review PE. 0.35

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2023 Medicare Utilization:** 71,208

2025 Work RVU: 1.27
2025 NF PE RVU: 5.67
2025 Fac PE RVU: NA

RUC Recommendation: 0.42

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 34 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2023 Medicare Utilization:** 96,525

2025 Work RVU: 1.40
2025 NF PE RVU: 6.41
2025 Fac PE RVU: NA

RUC Recommendation: 1.40

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: **2023 Medicare Utilization:** 388,453

2025 Work RVU: 2.20
2025 NF PE RVU: 9.20
2025 Fac PE RVU: NA

RUC Recommendation: 2.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2008 **2023 Medicare Utilization:** 27,692

2025 Work RVU: 1.82
2025 NF PE RVU: 7.36
2025 Fac PE RVU: NA

RUC Recommendation: 1.82

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74176 **Computed tomography, abdomen and pelvis; without contrast material**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR

First Identified: October 2009 **2023 Medicare Utilization:** 1,979,153

2025 Work RVU: 1.74
2025 NF PE RVU: 3.75
2025 Fac PE RVU: NA

RUC Recommendation: 1.74

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

74177 **Computed tomography, abdomen and pelvis; with contrast material(s)** **Global:** XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2023 Medicare Utilization:** 3,381,644

2025 Work RVU: 1.82
2025 NF PE RVU: 7.25
2025 Fac PE RVU: NA

RUC Recommendation: 1.82 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions** **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2023 Medicare Utilization:** 472,046

2025 Work RVU: 2.01
2025 NF PE RVU: 8.15
2025 Fac PE RVU: NA

RUC Recommendation: 2.01 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 101,267

2025 Work RVU: 1.46
2025 NF PE RVU: 4.40
2025 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74182 **Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 3,724

2025 Work RVU: 1.73
2025 NF PE RVU: 7.35
2025 Fac PE RVU: NA

RUC Recommendation: 1.73 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74183 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 458,181

2025 Work RVU: 2.20
2025 NF PE RVU: 7.93
2025 Fac PE RVU: NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74210 **Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study** **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2023 Medicare Utilization:** 845

2025 Work RVU: 0.59
2025 NF PE RVU: 2.15
2025 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74220 **Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

First Identified: April 2016

2023 Medicare Utilization: 88,237

2025 Work RVU: 0.60
2025 NF PE RVU: 2.24
2025 Fac PE RVU: NA

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74221 **Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: October 2018

2023 Medicare Utilization: 69,443

2025 Work RVU: 0.70
2025 NF PE RVU: 2.49
2025 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74230 **Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 25 **Specialty Developing Recommendation:** ACR

First Identified: April 2013

2023 Medicare Utilization: 310,233

2025 Work RVU: 0.53
2025 NF PE RVU: 3.08
2025 Fac PE RVU: NA

RUC Recommendation: 0.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74240 **Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 60,977

2025 Work RVU: 0.80
2025 NF PE RVU: 2.77
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** May 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

74241 **Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

74245 **Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74246 **Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 43,307

2025 Work RVU: 0.90
2025 NF PE RVU: 3.14
2025 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

74248 **Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)**

Global: ZZZ **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2023 Medicare Utilization:** 12,616

2025 Work RVU: 0.70
2025 NF PE RVU: 1.69
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** February 2019-EC **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

74249 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74250 **Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 43,382

2025 Work RVU: 0.81
2025 NF PE RVU: 2.74
2025 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** May 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74251 **Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 322

2025 Work RVU: 1.17
2025 NF PE RVU: 9.26
2025 Fac PE RVU: NA

RUC Recommendation: 1.17 **Referred to CPT** May 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74260 **Duodenography, hypotonic**

Global: **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74270 **Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017

2023 Medicare Utilization: 16,898

2025 Work RVU: 1.04

2025 NF PE RVU: 3.43

2025 Fac PE RVU: NA

RUC Recommendation: 1.04

Referred to CPT May 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74280 **Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: April 2011

2023 Medicare Utilization: 4,372

2025 Work RVU: 1.26

2025 NF PE RVU: 5.11

2025 Fac PE RVU: NA

RUC Recommendation: 1.26

Referred to CPT May 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

74300 **Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation**

Global: XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

First Identified: October 2018 **2023 Medicare Utilization:** 16,766

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74301 **Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ACS, SAGES, SIR

First Identified: October 2018 **2023 Medicare Utilization:** 81

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74305 **Deleted from CPT**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74327 **Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74328 **Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation**

Global: XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2023 Medicare Utilization:** 58,126

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.47 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74329 **Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation**

Global: XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2023 Medicare Utilization:** 2,454

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74330 **Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation**

Global: XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2023 Medicare Utilization:** 7,779

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74400 **Urography (pyelography), intravenous, with or without KUB, with or without tomography**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2023 Medicare Utilization:** 2,715

2025 Work RVU: 0.49
2025 NF PE RVU: 3.44
2025 Fac PE RVU: NA

RUC Recommendation: 0.49 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74420 **Urography, retrograde, with or without KUB**

Global: XXX **Issue:** X-Ray Urinary Tract **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 26 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2023 Medicare Utilization:** 142,618

2025 Work RVU: 0.52
2025 NF PE RVU: 1.79
2025 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74425 **Urography, antegrade, radiological supervision and interpretation**

Global: XXX **Issue:** Urography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, AUA, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 985

2025 Work RVU: 0.51
2025 NF PE RVU: 3.45
2025 Fac PE RVU: NA

RUC Recommendation: 0.51, editorially revised **Referred to CPT** September 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74485 **Dilation of ureter(s) or urethra, radiological supervision and interpretation** **Global:** XXX **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2023 Medicare Utilization:** 1,129

2025 Work RVU: 0.83
2025 NF PE RVU: 2.66
2025 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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75561 **Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;** **Global:** XXX **Issue:** **Screen:** High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2023 Medicare Utilization:** 46,362

2025 Work RVU: 2.60
2025 NF PE RVU: 8.22
2025 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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75571 **Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, SCCT **First Identified:** April 2022 **2023 Medicare Utilization:** 85,757

2025 Work RVU: 0.58
2025 NF PE RVU: 2.43
2025 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

75572 **Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** **Screen:** High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2023 Medicare Utilization:** 54,313

2025 Work RVU: 1.75
2025 NF PE RVU: 5.09
2025 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** **Screen:** CMS Request - Final Rule for 2013 / High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2023 Medicare Utilization:** 165,576

2025 Work RVU: 2.40
2025 NF PE RVU: 7.28
2025 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75625 **Aortography, abdominal, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2023 Medicare Utilization:** 67,600

2025 Work RVU: 1.44
2025 NF PE RVU: 2.10
2025 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75630 **Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2023 Medicare Utilization:** 14,380

2025 Work RVU: 2.00
2025 NF PE RVU: 2.45
2025 Fac PE RVU: NA

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography of Abdominal Arteries **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2023 Medicare Utilization:** 104,589

2025 Work RVU: 2.40
2025 NF PE RVU: 9.94
2025 Fac PE RVU: NA

RUC Recommendation: 2.40 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation**

Global: **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75710 **Angiography, extremity, unilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2023 Medicare Utilization:** 117,596

2025 Work RVU: 1.75
2025 NF PE RVU: 2.45
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2021

Status Report: CMS Requests and Relativity Assessment Issues

75716 **Angiography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2023 Medicare Utilization:** 45,975

2025 Work RVU: 1.97
2025 NF PE RVU: 2.67
2025 Fac PE RVU: NA

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75726 **Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2023 Medicare Utilization:** 35,144

2025 Work RVU: 2.05
2025 NF PE RVU: 2.89
2025 Fac PE RVU: NA

RUC Recommendation: 2.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75774 **Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2023 Medicare Utilization:** 79,431

2025 Work RVU: 1.01
2025 NF PE RVU: 1.78
2025 Fac PE RVU: NA

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75790 **Deleted from CPT**

Global: **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis a**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75820 **Venography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2023 Medicare Utilization:** 19,209

2025 Work RVU: 1.05
2025 NF PE RVU: 2.05
2025 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75822 **Venography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:** 9,448

2025 Work RVU: 1.48
2025 NF PE RVU: 2.36
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2023 Medicare Utilization:** 214

2025 Work RVU: 1.44
2025 NF PE RVU: 2.56
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2023 Medicare Utilization:** 418

2025 Work RVU: 1.44
2025 NF PE RVU: 2.58
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2010 **2023 Medicare Utilization:** 12,131

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 2.24 **Referred to CPT** February 2024 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 09 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 February 2015 May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Endovascular Therapy Bundling **Screen:** Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2010 **2023 Medicare Utilization:** 16,235

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.85 **Referred to CPT** February 2024 February 2014 February 2015 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2019

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation**

Global: **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75952 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75953 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75954 **Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 20,412

2025 Work RVU: 0.83
2025 NF PE RVU: 1.94
2025 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** RAW will assess Oct 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75992 **Deleted from CPT** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75993 **Deleted from CPT** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75994 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75995 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75996 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time** **Global:** XXX **Issue:** Fluoroscopy **Screen:** Low Value-Billed in Multiple Units / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 27 **Specialty Developing Recommendation:** ACR, APMA **First Identified:** October 2010 **2023 Medicare Utilization:** 91,328

2025 Work RVU: 0.30
2025 NF PE RVU: 0.95
2025 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76001 **Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)** **Global:** **Issue:** Fluoroscopy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 27 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76098 **Radiological examination, surgical specimen** **Global:** XXX **Issue:** X-Ray Exam Specimen **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 71,578

2025 Work RVU: 0.31
2025 NF PE RVU: 0.95
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2023 Medicare Utilization:** 8,652

2025 Work RVU: 0.58
2025 NF PE RVU: 2.01
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: New PE inputs. Deleted from CPT for 2022. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: New PE inputs. Deleted from CPT for 2022. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

76376 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** 3D Rendering **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 23 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2017 **2023 Medicare Utilization:** 329,368

2025 Work RVU: 0.20
2025 NF PE RVU: 0.55
2025 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76377 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** 3D Rendering with Interpretation and Report **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2019 **2023 Medicare Utilization:** 194,943

2025 Work RVU: 0.79
2025 NF PE RVU: 1.53
2025 Fac PE RVU: NA

RUC Recommendation: 0.79 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76510 **Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2023 Medicare Utilization:** 13,065

2025 Work RVU: 0.70
2025 NF PE RVU: 1.31
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76511 **Ophthalmic ultrasound, diagnostic; quantitative A-scan only**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2023 Medicare Utilization:** 4,313

2025 Work RVU: 0.64
2025 NF PE RVU: 1.03
2025 Fac PE RVU: NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76512 **Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2023 Medicare Utilization:** 221,873

2025 Work RVU: 0.56
2025 NF PE RVU: 0.85
2025 Fac PE RVU: NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmic Ultrasound Anterior Segment **Screen:** High Volume Growth1 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 17 **Specialty Developing Recommendation:** AAO, AOA (optometric), ASCRS **First Identified:** February 2008 **2023 Medicare Utilization:** 13,820

2025 Work RVU: 0.60
2025 NF PE RVU: 1.61
2025 Fac PE RVU: NA

RUC Recommendation: 0.60 and CPT Assistant article published **Referred to CPT** September 2019 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

Status Report: CMS Requests and Relativity Assessment Issues

76514 **Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)**

Global: XXX **Issue:** Echo Exam of Eye Thickness **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 12 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2017 **2023 Medicare Utilization:** 426,372

2025 Work RVU: 0.14
2025 NF PE RVU: 0.18
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76516 **Ophthalmic biometry by ultrasound echography, A-scan;**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2016 **2023 Medicare Utilization:** 1,849

2025 Work RVU: 0.40
2025 NF PE RVU: 0.98
2025 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** July 2015 **2023 Medicare Utilization:** 107,065

2025 Work RVU: 0.54
2025 NF PE RVU: 1.48
2025 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2023 Medicare Utilization:** 902,754

2025 Work RVU: 0.56
2025 NF PE RVU: 2.67
2025 Fac PE RVU: NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76604 **Ultrasound, chest (includes mediastinum), real time with image documentation** **Global:** XXX **Issue:** Ultrasound Exam - Chest **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 24 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 118,852

2025 Work RVU: 0.59
2025 NF PE RVU: 1.11
2025 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76641 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete** **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2023 Medicare Utilization:** 679,681

2025 Work RVU: 0.73
2025 NF PE RVU: 2.28
2025 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76642 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited** **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2023 Medicare Utilization:** 717,334

2025 Work RVU: 0.68
2025 NF PE RVU: 1.81
2025 Fac PE RVU: NA

RUC Recommendation: 0.68 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation** **Global:** **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76700 **Ultrasound, abdominal, real time with image documentation; complete** **Global:** XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:** 680,635

2025 Work RVU: 0.81
2025 NF PE RVU: 2.59
2025 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)** **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2023 Medicare Utilization:** 984,573

2025 Work RVU: 0.59
2025 NF PE RVU: 1.97
2025 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76706 **Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)** **Global:** XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** May 2015 **2023 Medicare Utilization:** 145,634

2025 Work RVU: 0.55
2025 NF PE RVU: 2.61
2025 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete** **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2023 Medicare Utilization:** 1,190,647

2025 Work RVU: 0.74
2025 NF PE RVU: 2.43
2025 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2023 Medicare Utilization:** 395,902

2025 Work RVU: 0.58
2025 NF PE RVU: 1.20
2025 Fac PE RVU: NA

RUC Recommendation: 0.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76819 **Fetal biophysical profile; without non-stress testing**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2023 Medicare Utilization:** 7,127

2025 Work RVU: 0.77
2025 NF PE RVU: 1.76
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 369,833

2025 Work RVU: 0.69
2025 NF PE RVU: 2.79
2025 Fac PE RVU: NA

RUC Recommendation: 0.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2023 Medicare Utilization:** 340,665

2025 Work RVU: 0.69
2025 NF PE RVU: 2.40
2025 Fac PE RVU: NA

RUC Recommendation: 0.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 198,809

2025 Work RVU: 0.50
2025 NF PE RVU: 0.97
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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76870 **Ultrasound, scrotum and contents**

Global: XXX **Issue:** Ultrasound Exam - Scrotum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 28 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2023 Medicare Utilization:** 128,464

2025 Work RVU: 0.64
2025 NF PE RVU: 2.30
2025 Fac PE RVU: NA

RUC Recommendation: 0.64 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Prostate Biopsy Services **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** September 2011 **2023 Medicare Utilization:** 193,444

2025 Work RVU: 0.69
2025 NF PE RVU: 5.16
2025 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

76880 **Deleted from CPT**

Global: **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76881 **Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2023 Medicare Utilization:** 173,075

2025 Work RVU: 0.90
2025 NF PE RVU: 0.65
2025 Fac PE RVU: NA

RUC Recommendation: Review action plan. New PE Inputs. 0.90 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Winter 2011; Apr 2016

76882 **Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2023 Medicare Utilization:** 314,905

2025 Work RVU: 0.69
2025 NF PE RVU: 1.19
2025 Fac PE RVU: NA

RUC Recommendation: Review action plan. New PE Inputs. 0.69 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

Status Report: CMS Requests and Relativity Assessment Issues

76883 **Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** New Technology/New Services / CMS Request-Final Rule for 2023 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** October 2021 **2023 Medicare Utilization:** 2,244

2025 Work RVU: 1.21
2025 NF PE RVU: 0.90
2025 Fac PE RVU: NA

RUC Recommendation: Review action plan. New PE Inputs. 1.21 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2023 Medicare Utilization:** 951

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: July 2013

2023 Medicare Utilization: 657

2025 Work RVU: 1.99
2025 NF PE RVU: 5.49
2025 Fac PE RVU: NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76937 **Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Ultrasound Guidance for Vascular Access **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 07 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: January 2018

2023 Medicare Utilization: 615,284

2025 Work RVU: 0.30
2025 NF PE RVU: 0.82
2025 Fac PE RVU: NA

RUC Recommendation: 0.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: July 2013

2023 Medicare Utilization: 1,014

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Somatic Nerve Injections **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** April 2011 **2023 Medicare Utilization:** 690,567

2025 Work RVU: 0.67
2025 NF PE RVU: 1.06
2025 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** May 2021 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation**

Global: XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 25 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2013 **2023 Medicare Utilization:** 7

2025 Work RVU: 0.67
2025 NF PE RVU: 1.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76950 **Ultrasonic guidance for placement of radiation therapy fields**

Global: **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76965 **Ultrasonic guidance for interstitial radioelement application**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** NO INTERESET **First Identified:** July 2013 **2023 Medicare Utilization:** 4,867

2025 Work RVU: 1.34
2025 NF PE RVU: 1.47
2025 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76970 **Ultrasound study follow-up (specify)**

Global: **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 / CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76978 **Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion**

Global: XXX **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2023 Medicare Utilization:** 901

2025 Work RVU: 1.62
2025 NF PE RVU: 4.11
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

Status Report: CMS Requests and Relativity Assessment Issues

76979 **Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2023 Medicare Utilization:** 47

2025 Work RVU: 0.85
2025 NF PE RVU: 2.80
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

76984 **Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76987 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76988 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76989 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76998 **Ultrasonic guidance, intraoperative**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, ACS, ASBrS, STS **First Identified:** January 2019 **2023 Medicare Utilization:** 28,979

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** May 2022 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PICC Line Procedures **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 09 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2023 Medicare Utilization:** 233,736

2025 Work RVU: 0.38
2025 NF PE RVU: 2.48
2025 Fac PE RVU: NA

RUC Recommendation: 0.38 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Somatic Nerve Injections **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** January 2012 **2023 Medicare Utilization:** 546,397

2025 Work RVU: 0.54
2025 NF PE RVU: 2.83
2025 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Somatic Nerve Injections **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** October 2010 **2023 Medicare Utilization:** 23,715

2025 Work RVU: 0.60
2025 NF PE RVU: 2.44
2025 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2023 Medicare Utilization:** 4,209

2025 Work RVU: 1.21
2025 NF PE RVU: 5.25
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77012 **Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**

Global: XXX **Issue:** CT Guidance Needle Placement **Screen:** CMS-Other - Utilization over 100,000 / Codes Reported Together 75% or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2016 **2023 Medicare Utilization:** 136,965

2025 Work RVU: 1.50
2025 NF PE RVU: 2.19
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2023 Medicare Utilization:** 2,618,399

2025 Work RVU: 0.85
2025 NF PE RVU: 2.68
2025 Fac PE RVU: NA

RUC Recommendation: Deleted at CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77046 **Magnetic resonance imaging, breast, without contrast material; unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2023 Medicare Utilization:** 235

2025 Work RVU: 1.45
2025 NF PE RVU: 4.92
2025 Fac PE RVU: NA

RUC Recommendation: 1.45 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77047 **Magnetic resonance imaging, breast, without contrast material; bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017

2023 Medicare Utilization: 3,360

2025 Work RVU: 1.60
2025 NF PE RVU: 4.96
2025 Fac PE RVU: NA

RUC Recommendation: 1.60

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77048 **Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017

2023 Medicare Utilization: 901

2025 Work RVU: 2.10
2025 NF PE RVU: 7.97
2025 Fac PE RVU: NA

RUC Recommendation: 2.10

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

77049 **Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017

2023 Medicare Utilization: 118,969

2025 Work RVU: 2.30
2025 NF PE RVU: 7.95
2025 Fac PE RVU: NA

RUC Recommendation: 2.30

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

77051 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77055 **Mammography; unilateral**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77056 **Mammography; bilateral**

Global:

Issue: Mammography-Computer Aided Detection Bundling

Screen: CMS-Other - Utilization over 250,000 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 20

Specialty Developing Recommendation: ACR

First Identified: January 2014

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77057 **Screening mammography, bilateral (2-view study of each breast)**

Global:

Issue: Mammography-Computer Aided Detection Bundling

Screen: CMS-Other - Utilization over 250,000 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 20

Specialty Developing Recommendation: ACR

First Identified: January 2014

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77058 **Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral**

Global:

Issue: Breast MRI with Computer-Aided Detection

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab: 06

Specialty Developing Recommendation: ACR

First Identified: July 2015

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77059 **Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral**

Global: **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77065 **Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2023 Medicare Utilization:** 684,661

2025 Work RVU: 0.81
2025 NF PE RVU: 2.90
2025 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** October 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77066 **Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2023 Medicare Utilization:** 549,552

2025 Work RVU: 1.00
2025 NF PE RVU: 3.69
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** October 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77067 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2023 Medicare Utilization:** 5,667,727

2025 Work RVU: 0.76
2025 NF PE RVU: 3.04
2025 Fac PE RVU: NA

RUC Recommendation: 0.76 **Referred to CPT** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77073 **Bone length studies (orthoroentgenogram, scanogram)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 69,355

2025 Work RVU: 0.26
2025 NF PE RVU: 1.07
2025 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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77074 **Radiologic examination, osseous survey; limited (eg, for metastases)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 2,333

2025 Work RVU: 0.44
2025 NF PE RVU: 1.49
2025 Fac PE RVU: NA

RUC Recommendation: 0.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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77075 **Radiologic examination, osseous survey; complete (axial and appendicular skeleton)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 25,091

2025 Work RVU: 0.55
2025 NF PE RVU: 2.37
2025 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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77076 **Radiologic examination, osseous survey, infant**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 17

2025 Work RVU: 0.70
2025 NF PE RVU: 2.45
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

77077 **Joint survey, single view, 2 or more joints (specify)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 35,269

2025 Work RVU: 0.33
2025 NF PE RVU: 1.03
2025 Fac PE RVU: NA

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2023 Medicare Utilization:** 2,669,696

2025 Work RVU: 0.20
2025 NF PE RVU: 0.96
2025 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77081 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** Dual-energy X-Ray Absorptiometry (DXA) **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2017

2023 Medicare Utilization: 103,996

2025 Work RVU: 0.20
2025 NF PE RVU: 0.74
2025 Fac PE RVU: NA

RUC Recommendation: 0.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

First Identified: September 2011

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACR, ACP

First Identified: October 2009

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77085 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2023 Medicare Utilization:** 105,283

2025 Work RVU: 0.30
2025 NF PE RVU: 1.29
2025 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2023 Medicare Utilization:** 1,282

2025 Work RVU: 0.17
2025 NF PE RVU: 0.84
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77261 **Therapeutic radiology treatment planning; simple**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2023 Medicare Utilization:** 11,946

2025 Work RVU: 1.30
2025 NF PE RVU: 0.76
2025 Fac PE RVU: 0.76

RUC Recommendation: Review actiom plan (Sept 2028). 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77262 **Therapeutic radiology treatment planning; intermediate**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2023 Medicare Utilization: 3,087

2025 Work RVU: 2.00
2025 NF PE RVU: 1.15
2025 Fac PE RVU: 1.15

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77263 **Therapeutic radiology treatment planning; complex**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2023 Medicare Utilization: 286,115

2025 Work RVU: 3.14
2025 NF PE RVU: 1.72
2025 Fac PE RVU: 1.72

RUC Recommendation: 3.14

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77280 **Therapeutic radiology simulation-aided field setting; simple**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time / Different Performing Specialty from Survey6/ Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2011

2023 Medicare Utilization: 451,327

2025 Work RVU: 0.70
2025 NF PE RVU: 7.29
2025 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77285 **Therapeutic radiology simulation-aided field setting; intermediate**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2023 Medicare Utilization:** 6,698

2025 Work RVU: 1.05
2025 NF PE RVU: 12.23
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.05 **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2023 Medicare Utilization:** 162,009

2025 Work RVU: 1.56
2025 NF PE RVU: 11.57
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.56 **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

77293 **Respiratory motion management simulation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2023 Medicare Utilization:** 35,923

2025 Work RVU: 2.00
2025 NF PE RVU: 9.98
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.00 **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2011 **2023 Medicare Utilization:** 104,889

2025 Work RVU: 4.29
2025 NF PE RVU: 10.06
2025 Fac PE RVU: NA

RUC Recommendation: 4.29

Referred to CPT October 2012, October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2023 Medicare Utilization:** 1,170,024

2025 Work RVU: 0.62
2025 NF PE RVU: 1.36
2025 Fac PE RVU: NA

RUC Recommendation: Maintain. 0.62

Referred to CPT February 2014, October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77301 **Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications**

Global: XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2008 **2023 Medicare Utilization:** 177,572

2025 Work RVU: 7.99
2025 NF PE RVU: 46.89
2025 Fac PE RVU: NA

RUC Recommendation: Maintain. New PE Inputs. 7.99. CPT Assistant article published.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2023 Medicare Utilization:** 796

2025 Work RVU: 1.40
2025 NF PE RVU: 3.03
2025 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77307 **Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2023 Medicare Utilization:** 22,821

2025 Work RVU: 2.90
2025 NF PE RVU: 5.69
2025 Fac PE RVU: NA

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77316 **Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2023 Medicare Utilization:** 4,093

2025 Work RVU: 1.40
2025 NF PE RVU: 5.95
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77317 **Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:** 1,884

2025 Work RVU: 1.83
2025 NF PE RVU: 7.84
2025 Fac PE RVU: NA

RUC Recommendation: 1.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77318 **Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:** 4,301

2025 Work RVU: 2.90
2025 NF PE RVU: 10.81
2025 Fac PE RVU: NA

RUC Recommendation: 2.90

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77326 **Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77332 **Treatment devices, design and construction; simple (simple block, simple bolus)** **Global:** XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2023 Medicare Utilization:** 72,051

2025 Work RVU: 0.45
2025 NF PE RVU: 0.75
2025 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77333 **Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2023 Medicare Utilization:** 12,465

2025 Work RVU: 0.75
2025 NF PE RVU: 3.32
2025 Fac PE RVU: NA

RUC Recommendation: 0.84 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2023 Medicare Utilization:** 667,608

2025 Work RVU: 1.15
2025 NF PE RVU: 2.60
2025 Fac PE RVU: NA

RUC Recommendation: 1.24 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 31 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:** 347,118

2025 Work RVU: 0.00
2025 NF PE RVU: 2.67
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time/ Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:** 195,127

2025 Work RVU: 4.29
2025 NF PE RVU: 9.73
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: Maintain. New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** NA **2023 Medicare Utilization:** 96

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2023 Medicare Utilization:** 575

2025 Work RVU: 0.00
2025 NF PE RVU: 27.74
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2023 Medicare Utilization:** 43,336

2025 Work RVU: 0.00
2025 NF PE RVU: 29.08
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Deleted at CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Deleted at CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77387 **Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 0.70 **Referred to CPT** September 2024 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77401 **Radiation treatment delivery, superficial and/or ortho voltage, per day**

Global: XXX **Issue:** Superficial Radiation Therapy **Screen:** High Volume Growth5 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** October 2018 **2023 Medicare Utilization:** 337,457

2025 Work RVU: 0.00
2025 NF PE RVU: 1.22
2025 Fac PE RVU: NA

RUC Recommendation: Deleted at CPT **Referred to CPT** May 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77402 **Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** September 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77407 **Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** September 2024 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77412 **Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) or a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** September 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77417 **Therapeutic radiology port image(s)**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:** 23,258

2025 Work RVU: 0.00
2025 NF PE RVU: 0.47
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77422 **High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking**

Global: **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77423 **High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2007 **2023 Medicare Utilization:** 900,476

2025 Work RVU: 3.37
2025 NF PE RVU: 2.17
2025 Fac PE RVU: 2.17

RUC Recommendation: 3.45. Remove from high E/M screen. **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77435 **Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2023 Medicare Utilization:** 48,445

2025 Work RVU: 11.87
2025 NF PE RVU: 6.67
2025 Fac PE RVU: 6.67

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77436 **Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting**

Global: **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 0.77 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

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77437 **Surface radiation therapy; superficial, delivery, </=150 kV, per fraction (eg, electronic brachytherapy)**

Global: **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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77438 **Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction**

Global: **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

77439 **Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure)**

Global: **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77470 **Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)**

Global: XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 41 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2023 Medicare Utilization:** 81,139

2025 Work RVU: 2.03
2025 NF PE RVU: 2.27
2025 Fac PE RVU: NA

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77520 **Proton treatment delivery; simple, without compensation**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2018 **2023 Medicare Utilization:** 96

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

77522 **Proton treatment delivery; simple, with compensation**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: January 2018

2023 Medicare Utilization: 7,240

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77523 **Proton treatment delivery; intermediate**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** High Volume Growth4 / Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2016

2023 Medicare Utilization: 59,938

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77525 **Proton treatment delivery; complex**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2018

2023 Medicare Utilization: 13,585

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

77600 **Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)**

Global: XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:** 13,129

2025 Work RVU: 1.31
2025 NF PE RVU: 14.90
2025 Fac PE RVU: NA

RUC Recommendation: Maintain. New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77767 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2023 Medicare Utilization:** 4,841

2025 Work RVU: 1.05
2025 NF PE RVU: 6.39
2025 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77768 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2023 Medicare Utilization:** 5,761

2025 Work RVU: 1.40
2025 NF PE RVU: 9.53
2025 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77770 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2023 Medicare Utilization:** 15,023

2025 Work RVU: 1.95
2025 NF PE RVU: 8.42
2025 Fac PE RVU: NA

RUC Recommendation: 1.95 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77771 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2023 Medicare Utilization:** 8,778

2025 Work RVU: 3.80
2025 NF PE RVU: 14.29
2025 Fac PE RVU: NA

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77772 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2023 Medicare Utilization:** 2,971

2025 Work RVU: 5.40
2025 NF PE RVU: 21.66
2025 Fac PE RVU: NA

RUC Recommendation: 5.40 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77776 **Interstitial radiation source application; simple**

Global: **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77777 **Interstitial radiation source application; intermediate**

Global: **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77778 **Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed**

Global: 000 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:** 3,083

2025 Work RVU: 8.78
2025 NF PE RVU: 18.74
2025 Fac PE RVU: NA

RUC Recommendation: 8.78 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77781 **Deleted from CPT**

Global: **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77782 **Deleted from CPT**

Global: **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT**

Global: **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel** **Global:** **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source**

Global: XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 59

2025 Work RVU: 0.00
2025 NF PE RVU: 0.55
2025 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78000 **Thyroid uptake; single determination**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78001 **Thyroid uptake; multiple determinations**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78010 **Thyroid imaging; only**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:** 829

2025 Work RVU: 0.19
2025 NF PE RVU: 2.20
2025 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:** 786

2025 Work RVU: 0.37
2025 NF PE RVU: 4.62
2025 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:** 10,487

2025 Work RVU: 0.50
2025 NF PE RVU: 5.85
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2023 Medicare Utilization:** 8,569

2025 Work RVU: 0.80
2025 NF PE RVU: 7.06
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2023 Medicare Utilization:** 6,410

2025 Work RVU: 1.20
2025 NF PE RVU: 8.13
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2023 Medicare Utilization:** 11,950

2025 Work RVU: 1.60
2025 NF PE RVU: 9.96
2025 Fac PE RVU: NA

RUC Recommendation: 1.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2023 Medicare Utilization:** 44,285

2025 Work RVU: 0.74
2025 NF PE RVU: 7.88
2025 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2023 Medicare Utilization:** 41,967

2025 Work RVU: 0.90
2025 NF PE RVU: 10.68
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78265 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2023 Medicare Utilization:** 286

2025 Work RVU: 0.98
2025 NF PE RVU: 9.51
2025 Fac PE RVU: NA
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2015

78266 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2023 Medicare Utilization:** 239

2025 Work RVU: 1.08
2025 NF PE RVU: 10.72
2025 Fac PE RVU: NA
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2015

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2023 Medicare Utilization:** 13,173

2025 Work RVU: 0.99
2025 NF PE RVU: 8.29
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78300 **Bone and/or joint imaging; limited area**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2023 Medicare Utilization:** 3,122

2025 Work RVU: 0.62
2025 NF PE RVU: 5.40
2025 Fac PE RVU: NA

RUC Recommendation: 0.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78305 **Bone and/or joint imaging; multiple areas**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2023 Medicare Utilization:** 1,006

2025 Work RVU: 0.83
2025 NF PE RVU: 6.50
2025 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78306 **Bone and/or joint imaging; whole body**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2023 Medicare Utilization:** 156,600

2025 Work RVU: 0.86
2025 NF PE RVU: 6.98
2025 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78429 **Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 1,301

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.76

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78430 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 539

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.67

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78431 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 124,599

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78432 **Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 82

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 2.07 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78433 **Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 2,007

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 2.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78434 **Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 105,532

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.63 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2023 Medicare Utilization:** 22,019

2025 Work RVU: 1.38
2025 NF PE RVU: 7.72
2025 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2023 Medicare Utilization:** 1,303,381

2025 Work RVU: 1.62
2025 NF PE RVU: 10.90
2025 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2023 Medicare Utilization:** 858

2025 Work RVU: 1.00
2025 NF PE RVU: 6.83
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2023 Medicare Utilization:** 4,740

2025 Work RVU: 1.34
2025 NF PE RVU: 10.25
2025 Fac PE RVU: NA

RUC Recommendation: 1.34 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78459 **Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 580

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.61 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78460 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78461 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78464 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78465 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2023 Medicare Utilization:** 9,113

2025 Work RVU: 0.98
2025 NF PE RVU: 5.13
2025 Fac PE RVU: NA

RUC Recommendation: 0.98 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78478 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78491 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 230

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.56 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78492 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** October 2016 **2023 Medicare Utilization:** 98,169

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** May 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2023 Medicare Utilization:** 224

2025 Work RVU: 0.49
2025 NF PE RVU: 4.52
2025 Fac PE RVU: NA

RUC Recommendation: 0.49 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACNM, SIR, SNMMI **First Identified:** February 2010 **2023 Medicare Utilization:** 40,533

2025 Work RVU: 0.74
2025 NF PE RVU: 5.57
2025 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2023 Medicare Utilization:** 55,931

2025 Work RVU: 1.07
2025 NF PE RVU: 7.74
2025 Fac PE RVU: NA

RUC Recommendation: 1.07 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78586 **Pulmonary ventilation imaging, aerosol; single projection**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78587 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78591 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78593 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78594 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78597 **Quantitative differential pulmonary perfusion, including imaging when performec** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2023 Medicare Utilization:** 1,996

2025 Work RVU: 0.75
2025 NF PE RVU: 4.63
2025 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2023 Medicare Utilization:** 1,350

2025 Work RVU: 0.85
2025 NF PE RVU: 7.14
2025 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78803 **Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging** **Global:** XXX **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** January 2016 **2023 Medicare Utilization:** 39,570

2025 Work RVU: 1.09
2025 NF PE RVU: 8.97
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** ACR, SNM

First Identified: October 2010 **2023 Medicare Utilization:** 683,960

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Reaffirmed RUC recommendation

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

79101 **Radiopharmaceutical therapy, by intravenous administration**

Global: XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: October 2009 **2023 Medicare Utilization:** 17,398

2025 Work RVU: 1.96
2025 NF PE RVU: 2.32
2025 Fac PE RVU: NA

RUC Recommendation: Article published Feb 2012

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

Result: Maintain

80500 **Clinical pathology consultation; limited, without review of patient's history and medical records**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2019 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

80502 **Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

80503 **Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2023 Medicare Utilization:** 22,363

2025 Work RVU: 0.43
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.20

RUC Recommendation: 0.50

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

80504 **Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2023 Medicare Utilization:** 3,904

2025 Work RVU: 0.91
2025 NF PE RVU: 0.62
2025 Fac PE RVU: 0.44

RUC Recommendation: 0.91

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

80505 **Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021

2023 Medicare Utilization: 6,951

2025 Work RVU: 1.71
2025 NF PE RVU: 1.06
2025 Fac PE RVU: 0.84

RUC Recommendation: 1.80

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

80506 **Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021

2023 Medicare Utilization: 13,451

2025 Work RVU: 0.80
2025 NF PE RVU: 0.42
2025 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

84165 **Protein; electrophoretic fractionation and quantitation, serum**

Global: XXX **Issue:** RAW **Screen:** RUC Reviewed Greater than 10 years ago and Medicare Util over 1 million **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: September 2025

2023 Medicare Utilization: 1,356,384

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

85060 **Blood smear, peripheral, interpretation by physician with written report**

Global: XXX **Issue:** Blood Smear Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 30 **Specialty Developing Recommendation:** CAP

First Identified: April 2016

2023 Medicare Utilization: 150,972

2025 Work RVU: 0.45
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.22

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

85097 **Bone marrow, smear interpretation**

Global: XXX **Issue:** Bone Marrow Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 31 **Specialty Developing Recommendation:** CAP

First Identified: April 2016

2023 Medicare Utilization: 131,648

2025 Work RVU: 0.94
2025 NF PE RVU: 1.10
2025 Fac PE RVU: 0.42

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

85390 **Fibrinolysins or coagulopathy screen, interpretation and report**

Global: XXX **Issue:** Fibrinolysins Screen **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 26 **Specialty Developing Recommendation:**

First Identified: April 2017

2023 Medicare Utilization: 23,501

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

86077 **Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report**

Global: XXX **Issue:** Blood Bank Physician Services **Screen:** Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ASH, CAP

First Identified: April 2025

2023 Medicare Utilization: 43,315

2025 Work RVU: 0.94
2025 NF PE RVU: 0.60
2025 Fac PE RVU: 0.45

RUC Recommendation: Refer to CPT

Referred to CPT May 2026
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** October 2009 **2023 Medicare Utilization:** 30,163

2025 Work RVU: 0.56
2025 NF PE RVU: 1.81
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2023 Medicare Utilization:** 884

2025 Work RVU: 0.37
2025 NF PE RVU: 1.73
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88107 **Deleted from CPT**

Global: **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: February 2010 **2023 Medicare Utilization:** 172,298

2025 Work RVU: 0.44
2025 NF PE RVU: 1.64
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: September 2011 **2023 Medicare Utilization:** 741,316

2025 Work RVU: 0.56
2025 NF PE RVU: 1.45
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:**

First Identified: November 2012 **2023 Medicare Utilization:** 42,539

2025 Work RVU: 1.20
2025 NF PE RVU: 15.52
2025 Fac PE RVU: NA

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:**

First Identified: November 2012 **2023 Medicare Utilization:** 18,332

2025 Work RVU: 1.00
2025 NF PE RVU: 11.12
2025 Fac PE RVU: NA

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88141 **Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017 **2023 Medicare Utilization:** 40,110

2025 Work RVU: 0.26
2025 NF PE RVU: 0.48
2025 Fac PE RVU: 0.48

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88160 **Cytopathology, smears, any other source; screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2023 Medicare Utilization:** 4,629

2025 Work RVU: 0.50
2025 NF PE RVU: 1.97
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

88161 **Cytopathology, smears, any other source; preparation, screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2023 Medicare Utilization: 3,913

2025 Work RVU: 0.50
2025 NF PE RVU: 1.99
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

88162 **Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2023 Medicare Utilization: 403

2025 Work RVU: 0.76
2025 NF PE RVU: 3.16
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

88184 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**

Global: XXX **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2023 Medicare Utilization: 92,795

2025 Work RVU: 0.00
2025 NF PE RVU: 2.31
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

88185 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)**

Global: ZZZ **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2023 Medicare Utilization:** 2,029,865

2025 Work RVU: 0.00
2025 NF PE RVU: 0.68
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

88187 **Flow cytometry, interpretation; 2 to 8 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2023 Medicare Utilization:** 24,389

2025 Work RVU: 0.74
2025 NF PE RVU: 0.29
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.74

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88188 **Flow cytometry, interpretation; 9 to 15 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2023 Medicare Utilization:** 42,009

2025 Work RVU: 1.20
2025 NF PE RVU: 0.55
2025 Fac PE RVU: 0.55

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

88189 **Flow cytometry, interpretation; 16 or more markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 42 **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2023 Medicare Utilization:** 249,420

2025 Work RVU: 1.70
2025 NF PE RVU: 0.68
2025 Fac PE RVU: 0.68
Result: Decrease

RUC Recommendation: 1.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2023 Medicare Utilization:** 162,101

2025 Work RVU: 0.08
2025 NF PE RVU: 0.40
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.08 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2023 Medicare Utilization:** 56,973

2025 Work RVU: 0.13
2025 NF PE RVU: 0.85
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.13 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2023 Medicare Utilization:** 769,848

2025 Work RVU: 0.22
2025 NF PE RVU: 1.04
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2023 Medicare Utilization:** 16,067,106

2025 Work RVU: 0.75
2025 NF PE RVU: 1.38
2025 Fac PE RVU: NA

RUC Recommendation: 0.75 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88307 **Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2023 Medicare Utilization:** 898,969

2025 Work RVU: 1.59
2025 NF PE RVU: 6.94
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.59 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil - resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2023 Medicare Utilization:** 128,398

2025 Work RVU: 2.80
2025 NF PE RVU: 9.96
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 2.80 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2023 Medicare Utilization:** 1,200,927

2025 Work RVU: 0.54
2025 NF PE RVU: 2.78
2025 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2023 Medicare Utilization:** 1,258,216

2025 Work RVU: 0.24
2025 NF PE RVU: 2.20
2025 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2023 Medicare Utilization:** 26,516

2025 Work RVU: 0.45
2025 NF PE RVU: 2.09
2025 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2023 Medicare Utilization:** 12,847

2025 Work RVU: 0.53
2025 NF PE RVU: 3.50
2025 Fac PE RVU: NA

RUC Recommendation: 0.53 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88321 **Consultation and report on referred slides prepared elsewhere**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2023 Medicare Utilization:** 165,401

2025 Work RVU: 1.63
2025 NF PE RVU: 1.20
2025 Fac PE RVU: 0.75

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88323 **Consultation and report on referred material requiring preparation of slides**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2023 Medicare Utilization:** 31,145

2025 Work RVU: 1.83
2025 NF PE RVU: 1.62
2025 Fac PE RVU: NA

RUC Recommendation: 1.83 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88325 **Consultation, comprehensive, with review of records and specimens, with report on referred material**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2023 Medicare Utilization:** 11,312

2025 Work RVU: 2.85
2025 NF PE RVU: 1.72
2025 Fac PE RVU: 1.00

RUC Recommendation: 2.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** February 2010 **2023 Medicare Utilization:** 19,229

2025 Work RVU: 0.67
2025 NF PE RVU: 0.92
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.67 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2023 Medicare Utilization:** 319,397

2025 Work RVU: 1.19
2025 NF PE RVU: 1.80
2025 Fac PE RVU: NA

RUC Recommendation: 1.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2023 Medicare Utilization:** 119,898

2025 Work RVU: 0.59
2025 NF PE RVU: 1.03
2025 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

88333 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2023 Medicare Utilization:** 57,998

2025 Work RVU: 1.20
2025 NF PE RVU: 1.50
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88334 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2023 Medicare Utilization:** 27,033

2025 Work RVU: 0.73
2025 NF PE RVU: 0.93
2025 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88341 **Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2023 Medicare Utilization:** 3,461,065

2025 Work RVU: 0.56
2025 NF PE RVU: 2.32
2025 Fac PE RVU: NA

RUC Recommendation: 0.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

88342 **Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2023 Medicare Utilization:** 2,174,347

2025 Work RVU: 0.70
2025 NF PE RVU: 2.65
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedur**

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2023 Medicare Utilization:** 175,628

2025 Work RVU: 0.77
2025 NF PE RVU: 4.38
2025 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescence, per specimen; initial single antibody stain procedure** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2023 Medicare Utilization:** 54,878

2025 Work RVU: 0.74
2025 NF PE RVU: 3.56
2025 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88347 **Immunofluorescent study, each antibody; indirect method** **Global:** **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy, diagnostic** **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2023 Medicare Utilization:** 13,572

2025 Work RVU: 1.51
2025 NF PE RVU: 13.12
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88349 **Electron microscopy; scanning**

Global: **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88350 **Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2014 **2023 Medicare Utilization:** 234,386

2025 Work RVU: 0.59
2025 NF PE RVU: 2.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2023 Medicare Utilization:** 24,282

2025 Work RVU: 2.80
2025 NF PE RVU: 4.22
2025 Fac PE RVU: NA

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88360 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2023 Medicare Utilization:** 660,189

2025 Work RVU: 0.85
2025 NF PE RVU: 2.70
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

88361 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2023 Medicare Utilization:** 138,656

2025 Work RVU: 0.95
2025 NF PE RVU: 2.50
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.95 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

88364 **In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2023 Medicare Utilization:** 39,774

2025 Work RVU: 0.70
2025 NF PE RVU: 3.15
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.88 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88365 **In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2023 Medicare Utilization:** 62,947

2025 Work RVU: 0.88
2025 NF PE RVU: 4.31
2025 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88366 **In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2023 Medicare Utilization:** 3,001

2025 Work RVU: 1.24
2025 NF PE RVU: 6.75
2025 Fac PE RVU: NA

RUC Recommendation: 1.24 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2023 Medicare Utilization:** 3,872

2025 Work RVU: 0.73
2025 NF PE RVU: 2.51
2025 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

Status Report: CMS Requests and Relativity Assessment Issues

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2023 Medicare Utilization:** 16,239

2025 Work RVU: 0.88
2025 NF PE RVU: 3.56
2025 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88373 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2023 Medicare Utilization:** 5,407

2025 Work RVU: 0.58
2025 NF PE RVU: 1.38
2025 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88374 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2023 Medicare Utilization:** 149,418

2025 Work RVU: 0.93
2025 NF PE RVU: 7.21
2025 Fac PE RVU: NA

RUC Recommendation: 1.04 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2023 Medicare Utilization:** 118,475

2025 Work RVU: 1.40
2025 NF PE RVU: 10.19
2025 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88381 **Microdissection (ie, sample preparation of microscopically identified target); manual**

Global: XXX **Issue:** Manual Microdissection **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** ASC, AP **First Identified:** April 2022 **2023 Medicare Utilization:** 73,067

2025 Work RVU: 0.53
2025 NF PE RVU: 5.25
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

90460 **Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2023 Medicare Utilization:** 140

2025 Work RVU: 0.24
2025 NF PE RVU: 0.43
2025 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90461 **Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2023 Medicare Utilization:** 27

2025 Work RVU: 0.18
2025 NF PE RVU: 0.07
2025 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90465 **Deleted from CPT**

Global: **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90467 **Deleted from CPT**

Global: **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2023 Medicare Utilization:** 315,781

2025 Work RVU: 0.17
2025 NF PE RVU: 0.44
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request – Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2023 Medicare Utilization:** 27,148

2025 Work RVU: 0.15
2025 NF PE RVU: 0.28
2025 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2023 Medicare Utilization:** 4

2025 Work RVU: 0.17
2025 NF PE RVU: 0.32
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2023 Medicare Utilization:**

2025 Work RVU: 0.15
2025 NF PE RVU: 0.20
2025 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AACAP, APA (psychology), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 342,907

2025 Work RVU: 0.33
2025 NF PE RVU: 0.10
2025 Fac PE RVU: 0.04

RUC Recommendation: 0.33 **Referred to CPT** October 2020 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 686,827

2025 Work RVU: 3.84
2025 NF PE RVU: 1.22
2025 Fac PE RVU: 0.48

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 522,496

2025 Work RVU: 4.16
2025 NF PE RVU: 1.49
2025 Fac PE RVU: 0.74

RUC Recommendation: 3.25 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90801 **Psychiatric diagnostic interview examination**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90832 **Psychotherapy, 30 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 1,934,739

2025 Work RVU: 1.86
2025 NF PE RVU: 0.54
2025 Fac PE RVU: 0.23

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 1,410,377

2025 Work RVU: 1.64
2025 NF PE RVU: 0.55
2025 Fac PE RVU: 0.29

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90834 **Psychotherapy, 45 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 3,451,030

2025 Work RVU: 2.45
2025 NF PE RVU: 0.72
2025 Fac PE RVU: 0.31

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90836 **Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 411,350

2025 Work RVU: 2.08
2025 NF PE RVU: 0.70
2025 Fac PE RVU: 0.37

RUC Recommendation: 1.90 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 6,251,351

2025 Work RVU: 3.63
2025 NF PE RVU: 1.06
2025 Fac PE RVU: 0.45

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90838 **Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 91,207

2025 Work RVU: 2.74
2025 NF PE RVU: 0.93
2025 Fac PE RVU: 0.51

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90839 **Psychotherapy for crisis; first 60 minutes** **Global:** XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 17,382

2025 Work RVU: 3.43
2025 NF PE RVU: 1.06
2025 Fac PE RVU: 0.50

RUC Recommendation: 3.13 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)** **Global:** ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 5,285

2025 Work RVU: 1.64
2025 NF PE RVU: 0.55
2025 Fac PE RVU: 0.30

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90845 **Psychoanalysis** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab:** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2023 Medicare Utilization:** 5,619

2025 Work RVU: 2.30
2025 NF PE RVU: 0.71
2025 Fac PE RVU: 0.34

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present), 50 minutes** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 22,973

2025 Work RVU: 2.63
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.35

RUC Recommendation: 2.40 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 114,179

2025 Work RVU: 2.74
2025 NF PE RVU: 0.38
2025 Fac PE RVU: 0.37

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 388,921

2025 Work RVU: 0.65
2025 NF PE RVU: 0.20
2025 Fac PE RVU: 0.08

RUC Recommendation: 0.59 **Referred to CPT** February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 40 **Specialty Developing Recommendation:** APA (HCPAC) **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU: 0.48
2025 NF PE RVU: 0.24
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.48 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90868 **Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session**

Global: 000 **Issue:** RAW **Screen:** Contractor Priced High Volume / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** APA (psychiatry) **First Identified:** January 2018 **2023 Medicare Utilization:** 259,335

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 41 **Specialty Developing Recommendation:** APA **First Identified:** October 2009 **2023 Medicare Utilization:** 85,549

2025 Work RVU: 2.50
2025 NF PE RVU: 2.55
2025 Fac PE RVU: 0.52

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90901 **Biofeedback training by any modality**

Global: 000 **Issue:** Biofeedback Training **Screen:** High Volume Growth9 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 09 **Specialty Developing Recommendation:** ANA, APA (psychology), APTA **First Identified:** April 2023 **2023 Medicare Utilization:** 79,490

2025 Work RVU: 0.41
2025 NF PE RVU: 0.79
2025 Fac PE RVU: 0.14

RUC Recommendation: Refer to CPT **Referred to CPT** September 2025; Sep 2024 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

90911 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry**

Global: **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90912 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient**

Global: 000 **Issue:** Biofeedback Training **Screen:** Negative IWPUT / High Volume Growth9 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** September 2018 **2023 Medicare Utilization:** 27,389

2025 Work RVU: 0.90
2025 NF PE RVU: 1.46
2025 Fac PE RVU: 0.32

RUC Recommendation: Refer to CPT 0.90 **Referred to CPT** September 2025; Sep 2024; Feb 2019-EC **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90913 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biofeedback Training **Screen:** Negative IWPUT / High Volume Growth9 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** September 2018 **2023 Medicare Utilization:** 19,617

2025 Work RVU: 0.50
2025 NF PE RVU: 0.44
2025 Fac PE RVU: 0.18

RUC Recommendation: Refer to CPT. 0.50 **Referred to CPT** September 2025; Sep 2024; Feb 2019-EC **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** October 2008 **2023 Medicare Utilization:** 591,622

2025 Work RVU: 1.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.54

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 26,555

2025 Work RVU: 2.11
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.80

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2023 Medicare Utilization: 110,046

2025 Work RVU: 1.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.91

RUC Recommendation: 1.56

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2023 Medicare Utilization: 8,823

2025 Work RVU: 2.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.94

RUC Recommendation: 2.52

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2023 Medicare Utilization: 29

2025 Work RVU: 23.92
2025 NF PE RVU: 9.04
2025 Fac PE RVU: 9.04

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 2

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90953 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 5

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 398

2025 Work RVU: 20.86
2025 NF PE RVU: 7.60
2025 Fac PE RVU: 7.60

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 86

2025 Work RVU: 10.32
2025 NF PE RVU: 4.63
2025 Fac PE RVU: 4.63

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 107

2025 Work RVU: 6.64
2025 NF PE RVU: 3.39
2025 Fac PE RVU: 3.39

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 1,356

2025 Work RVU: 15.46
2025 NF PE RVU: 6.43
2025 Fac PE RVU: 6.43

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 350

2025 Work RVU: 9.87
2025 NF PE RVU: 4.40
2025 Fac PE RVU: 4.40
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 225

2025 Work RVU: 6.19
2025 NF PE RVU: 3.15
2025 Fac PE RVU: 3.15
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 1,238,509

2025 Work RVU: 6.77
2025 NF PE RVU: 3.41
2025 Fac PE RVU: 3.41
Result: PE Only

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2023 Medicare Utilization: 434,848

2025 Work RVU: 5.52
2025 NF PE RVU: 2.94
2025 Fac PE RVU: 2.94

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2023 Medicare Utilization: 137,651

2025 Work RVU: 3.57
2025 NF PE RVU: 2.30
2025 Fac PE RVU: 2.30

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2023 Medicare Utilization: 79

2025 Work RVU: 12.09
2025 NF PE RVU: 5.15
2025 Fac PE RVU: 5.15

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 646

2025 Work RVU: 10.25
2025 NF PE RVU: 4.54
2025 Fac PE RVU: 4.54
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 872

2025 Work RVU: 9.80
2025 NF PE RVU: 4.44
2025 Fac PE RVU: 4.44
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 307,423

2025 Work RVU: 5.52
2025 NF PE RVU: 2.94
2025 Fac PE RVU: 2.94
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90X03

Global: **Issue:** Biofeedback Training **Screen:** High Volume Growth9 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ANA, APA (psychology), APTA **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result:

RUC Recommendation:

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2023 Medicare Utilization:** 3,765

2025 Work RVU: 1.10
2025 NF PE RVU: 10.43
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

91110 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2023 Medicare Utilization:** 40,626

2025 Work RVU: 2.24
2025 NF PE RVU: 18.58
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2023 Medicare Utilization:** 172

2025 Work RVU: 0.90
2025 NF PE RVU: 23.90
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91120 **Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)**

Global: XXX **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** April 2023 **2023 Medicare Utilization:** 10,029

2025 Work RVU: 0.97
2025 NF PE RVU: 13.30
2025 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

91122 **Anorectal manometry**

Global: 000 **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** April 2023 **2023 Medicare Utilization:** 17,915

2025 Work RVU: 1.77
2025 NF PE RVU: 6.29
2025 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

91124 **Rectal sensation, tone, and compliance study (eg, barostat)**

Global: XXX **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.05 **Referred to CPT** May 2024 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91125 **Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed**

Global: XXX **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 2.70 **Referred to CPT** May 2024 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2023 Medicare Utilization:** 23

2025 Work RVU: 0.52
2025 NF PE RVU: 11.96
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2023 Medicare Utilization:** 30

2025 Work RVU: 0.66
2025 NF PE RVU: 12.44
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92065 **Orthoptic training; performed by a physician or other qualified health care professional**

Global: XXX **Issue:** Orthoptic Training **Screen:** Harvard Valued - Utilization over 30,000-Part4 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: October 2019 **2023 Medicare Utilization:** 23,440

2025 Work RVU: 0.71
2025 NF PE RVU: 0.47
2025 Fac PE RVU: 0.25
Result: Increase

RUC Recommendation: Review action plan. 0.71

Referred to CPT February 2021 May 2020-Tab 37

Referred to CPT Asst ☑ **Published in CPT Asst:**

92066 **Orthoptic training; under supervision of a physician or other qualified health care professional**

Global: XXX **Issue:** Orthoptic Training **Screen:** Harvard Valued - Utilization over 30,000-Part4 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: February 2021 **2023 Medicare Utilization:** 6,424

2025 Work RVU: 0.00
2025 NF PE RVU: 0.79
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: Review action plans. New PE Inputs

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:**

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: October 2009 **2023 Medicare Utilization:** 80,292

2025 Work RVU: 0.30
2025 NF PE RVU: 0.68
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.30

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2023 Medicare Utilization:** 102,696

2025 Work RVU: 0.40
2025 NF PE RVU: 0.98
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2023 Medicare Utilization:** 2,679,659

2025 Work RVU: 0.50
2025 NF PE RVU: 1.37
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2023 Medicare Utilization:** 23,361

2025 Work RVU: 0.61
2025 NF PE RVU: 1.91
2025 Fac PE RVU: 0.32
Result: Decrease

RUC Recommendation: 0.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92133 **Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2009 **2023 Medicare Utilization:** 2,698,182

2025 Work RVU: 0.31
2025 NF PE RVU: 0.59
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2008 **2023 Medicare Utilization:** 7,917,138

2025 Work RVU: 0.32
2025 NF PE RVU: 0.63
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92135 **Deleted from CPT**

Global: **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 31 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

Global: XXX **Issue:** Ophthalmic Biometry **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2023 Medicare Utilization:** 1,541,492

2025 Work RVU: 0.54
2025 NF PE RVU: 0.85
2025 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92140 **Provocative tests for glaucoma, with interpretation and report, without tonography**

Global: **Issue:** Glaucoma Provacative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92201 **Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2023 Medicare Utilization:** 473,745

2025 Work RVU: 0.40
2025 NF PE RVU: 0.32
2025 Fac PE RVU: 0.25

RUC Recommendation: 0.40 **Referred to CPT** February 2018 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92202 **Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2023 Medicare Utilization:** 668,181

2025 Work RVU: 0.26
2025 NF PE RVU: 0.19
2025 Fac PE RVU: 0.16

RUC Recommendation: 0.26 **Referred to CPT** February 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92225 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial**

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** April 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92226 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent**

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92227 **Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2023 Medicare Utilization:** 1,092

2025 Work RVU: 0.00
2025 NF PE RVU: 0.52
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92228 **Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 8,707

2025 Work RVU: 0.32
2025 NF PE RVU: 0.55
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

92229 **Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 3,631

2025 Work RVU: 0.00
2025 NF PE RVU: 1.34
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2011

2023 Medicare Utilization: 258,142

2025 Work RVU: 0.75
2025 NF PE RVU: 3.95
2025 Fac PE RVU: NA

RUC Recommendation: 0.75

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** January 2015 **2023 Medicare Utilization:** 7,399

2025 Work RVU: 0.80
2025 NF PE RVU: 6.20
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92242 **Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2015 **2023 Medicare Utilization:** 29,620

2025 Work RVU: 0.95
2025 NF PE RVU: 8.73
2025 Fac PE RVU: NA

RUC Recommendation: 0.95 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** October 2010 **2023 Medicare Utilization:** 3,366,885

2025 Work RVU: 0.40
2025 NF PE RVU: 0.68
2025 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2023 Medicare Utilization:** 1,210

2025 Work RVU: 0.81
2025 NF PE RVU: 2.76
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

92273 **Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** September 2017 **2023 Medicare Utilization:** 120,334

2025 Work RVU: 0.69
2025 NF PE RVU: 2.98
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 0.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

92274 **Electroretinography (ERG), with interpretation and report; multifocal (mfERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** September 2017 **2023 Medicare Utilization:** 3,745

2025 Work RVU: 0.61
2025 NF PE RVU: 2.05
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 0.72 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

Status Report: CMS Requests and Relativity Assessment Issues

92275 **Electroretinography with interpretation and report**

Global: **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 17 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92284 **Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone breakpoint), with interpretation and report**

Global: XXX **Issue:** Dark Adaptation Diagnostic Screening and Services **Screen:** Harvard Valued - Utilization over 30,000-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** October 2020 **2023 Medicare Utilization:** 35,164

2025 Work RVU: 0.00
2025 NF PE RVU: 0.90
2025 Fac PE RVU: NA

RUC Recommendation: 0.32 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2026

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 32 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2023 Medicare Utilization:** 424,170

2025 Work RVU: 0.05
2025 NF PE RVU: 0.62
2025 Fac PE RVU: NA

RUC Recommendation: 0.05 and new PE inputs **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2023 Medicare Utilization:** 98,566

2025 Work RVU: 0.40
2025 NF PE RVU: 0.74
2025 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** **2023 Medicare Utilization:** 5,403

2025 Work RVU: 0.40
2025 NF PE RVU: 3.53
2025 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

92288 **Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report**

Global: **Issue:** Dark Adaptation Diagnostic Screening and Services **Screen:** Harvard Valued - Utilization over 30,000-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** February 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.17 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 43 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2009

2023 Medicare Utilization: 246,160

2025 Work RVU: 0.18

2025 NF PE RVU: 0.67

2025 Fac PE RVU: 0.09

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA

First Identified:

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth 3 / High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA

First Identified: October 2015

2023 Medicare Utilization: 698,401

2025 Work RVU: 1.30

2025 NF PE RVU: 0.99

2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 1.30 work RVU and clinical staff time removed. Removed from High Volume screen.

Referred to CPT September 2025

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** No

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA

First Identified: January 2026

2023 Medicare Utilization: 3,228

2025 Work RVU: 0.33
2025 NF PE RVU: 0.39
2025 Fac PE RVU: NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2023 Medicare Utilization: 418

2025 Work RVU: 2.24
2025 NF PE RVU: 1.75
2025 Fac PE RVU: NA

RUC Recommendation: 1.75

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2023 Medicare Utilization: 4,429

2025 Work RVU: 1.92
2025 NF PE RVU: 1.38
2025 Fac PE RVU: NA

RUC Recommendation: 1.50

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92523 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request/ High Volume Growth9 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 37,494

2025 Work RVU: 3.84
2025 NF PE RVU: 2.97
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 3.36 **Referred to CPT** October 2012 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2024

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 23,713

2025 Work RVU: 1.92
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92526 **Treatment of swallowing dysfunction and/or oral function for feeding**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 244,519

2025 Work RVU: 1.34
2025 NF PE RVU: 1.19
2025 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92537 **Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)** **Global:** XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2023 Medicare Utilization:** 52,653

2025 Work RVU: 0.60
2025 NF PE RVU: 0.55
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92538 **Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)** **Global:** XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2023 Medicare Utilization:** 5,594

2025 Work RVU: 0.30
2025 NF PE RVU: 0.34
2025 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording** **Global:** XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2014 **2023 Medicare Utilization:** 71,262

2025 Work RVU: 1.50
2025 NF PE RVU: 1.61
2025 Fac PE RVU: NA

RUC Recommendation: Review in 2029. 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2023 Medicare Utilization:** 11,509

2025 Work RVU: 0.40
2025 NF PE RVU: 0.33
2025 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2023 Medicare Utilization:** 15,514

2025 Work RVU: 0.48
2025 NF PE RVU: 0.36
2025 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG

Screen: Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2023 Medicare Utilization:** 2,920

2025 Work RVU: 0.27
2025 NF PE RVU: 0.25
2025 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG

Screen: Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2023 Medicare Utilization:** 4,028

2025 Work RVU: 0.25
2025 NF PE RVU: 0.24
2025 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** Rotational Vestibular Assessment

Screen: CMS-Other - Utilization over 250,000 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAA, AAN, ASHA **First Identified:** February 2014 **2023 Medicare Utilization:** 40,014

2025 Work RVU: 0.29
2025 NF PE RVU: 3.64
2025 Fac PE RVU: NA

RUC Recommendation: Deleted for CPT 2027 **Referred to CPT** May 2025
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2023 Medicare Utilization:** 22,277

2025 Work RVU: 0.00
2025 NF PE RVU: 0.31
2025 Fac PE RVU: NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92548 **Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 16 **Specialty Developing Recommendation:** AAA, AAN, ASHA

First Identified: February 2014 **2023 Medicare Utilization:** 30,515

2025 Work RVU: 0.67
2025 NF PE RVU: 0.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.76

Referred to CPT September 2018 / February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92549 **Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 16 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 4,575

2025 Work RVU: 0.87
2025 NF PE RVU: 1.05
2025 Fac PE RVU: NA

RUC Recommendation: 0.96

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92550 **Tympanometry and reflex threshold measurements** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2023 Medicare Utilization:** 184,157

2025 Work RVU: 0.35
2025 NF PE RVU: 0.29
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 0.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2023 Medicare Utilization:** 1,235,698

2025 Work RVU: 0.60
2025 NF PE RVU: 0.47
2025 Fac PE RVU: 0.33

RUC Recommendation: Remove from screen. 0.60 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis** **Global:** XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** February 2011 **2023 Medicare Utilization:**

2025 Work RVU: 0.17
2025 NF PE RVU: 0.10
2025 Fac PE RVU: 0.07

RUC Recommendation: 0.17 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92567 **Tympanometry (impedance testing)** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2023 Medicare Utilization:** 952,531

2025 Work RVU: 0.20
2025 NF PE RVU: 0.27
2025 Fac PE RVU: 0.11

RUC Recommendation: Remove from screen. 0.20 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92568 **Acoustic reflex testing, threshold** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2023 Medicare Utilization:** 1,806

2025 Work RVU: 0.29
2025 NF PE RVU: 0.15
2025 Fac PE RVU: 0.15

RUC Recommendation: 0.29 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92569 **Deleted from CPT** **Global:** **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2023 Medicare Utilization:** 29,269

2025 Work RVU: 0.55
2025 NF PE RVU: 0.39
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92584 **Electrocochleography**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2023 Medicare Utilization:** 10,601

2025 Work RVU: 1.00
2025 NF PE RVU: 2.20
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92585 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive**

Global: **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92586 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited**

Global: **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2008 **2023 Medicare Utilization:** 40,325

2025 Work RVU: 0.35
2025 NF PE RVU: 0.28
2025 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 86,143

2025 Work RVU: 0.55
2025 NF PE RVU: 0.43
2025 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2023 Medicare Utilization:** 1,922

2025 Work RVU: 1.26
2025 NF PE RVU: 0.90
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU: 1.75
2025 NF PE RVU: 0.85
2025 Fac PE RVU: 0.69

RUC Recommendation: 1.75 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU: 1.40
2025 NF PE RVU: 0.86
2025 Fac PE RVU: 0.55

RUC Recommendation: 1.40 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 635

2025 Work RVU: 1.85
2025 NF PE RVU: 1.85
2025 Fac PE RVU: NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 296

2025 Work RVU: 0.70
2025 NF PE RVU: 0.75
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.70 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 14,119

2025 Work RVU: 1.50
2025 NF PE RVU: 1.58
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.50 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 32,384

2025 Work RVU: 1.30
2025 NF PE RVU: 1.24
2025 Fac PE RVU: 0.79
Result: Decrease

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recordin**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2023 Medicare Utilization:** 10,227

2025 Work RVU: 1.34
2025 NF PE RVU: 1.36
2025 Fac PE RVU: NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU: 0.65
2025 NF PE RVU: 0.26
2025 Fac PE RVU: 0.26

RUC Recommendation: 0.65 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 1,054

2025 Work RVU: 1.50
2025 NF PE RVU: 1.13
2025 Fac PE RVU: 0.83

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 57

2025 Work RVU: 0.35
2025 NF PE RVU: 0.29
2025 Fac PE RVU: 0.20

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 8,862

2025 Work RVU: 1.15
2025 NF PE RVU: 0.82
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 30 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** NA **2023 Medicare Utilization:** 20,187

2025 Work RVU: 1.40
2025 NF PE RVU: 1.14
2025 Fac PE RVU: 0.78

RUC Recommendation: 1.40 **Referred to CPT** May 2018 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

92627 **Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 30 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 6,074

2025 Work RVU: 0.33
2025 NF PE RVU: 0.27
2025 Fac PE RVU: 0.18

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 17

2025 Work RVU: 1.76
2025 NF PE RVU: 1.44
2025 Fac PE RVU: 0.99

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92650 **Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2023 Medicare Utilization:**

2025 Work RVU: 0.25
2025 NF PE RVU: 0.52
2025 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2019 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92651 **Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report** **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2023 Medicare Utilization:** 502

2025 Work RVU: 1.00
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** February 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92652 **Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report** **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2023 Medicare Utilization:** 4,677

2025 Work RVU: 1.50
2025 NF PE RVU: 1.68
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92653 **Auditory evoked potentials; neurodiagnostic, with interpretation and report** **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ACNS, ASHA **First Identified:** February 2019 **2023 Medicare Utilization:** 21,786

2025 Work RVU: 1.05
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** February 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92920 **Percutaneous transluminal coronary angioplasty, single major coronary artery and/or its branch(es)** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:** 18,038

2025 Work RVU: 9.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.42

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:** 1,536

2025 Work RVU: 11.74
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.07

RUC Recommendation: 11.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 5.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 1 lesion involving 1 or more coronary segments**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2023 Medicare Utilization: 191,554

2025 Work RVU: 10.96
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.80

RUC Recommendation: 10.49

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2023 Medicare Utilization:

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4.44

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2023 Medicare Utilization: 13,432

2025 Work RVU: 12.29
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.26

RUC Recommendation: 12.32

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 5.50 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed, single major coronary artery and/or its branches**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:** 10,985

2025 Work RVU: 10.95
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.80

RUC Recommendation: 10.49 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additio**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 6.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single major coronary artery and/or its branches or single bypass graft and/or its subtended branches**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:** 28,212

2025 Work RVU: 12.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.27

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92943 **Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:** 6,992

2025 Work RVU: 12.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.26

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronar**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 6.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external** **Global:** 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 210,188

2025 Work RVU: 2.00
2025 NF PE RVU: 2.42
2025 Fac PE RVU: 1.05

RUC Recommendation: 2.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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92973 **Percutaneous transluminal coronary mechanical aspiration thrombectomy (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2023 Medicare Utilization:** 2,246

2025 Work RVU: 3.28
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.14

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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92978 **Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Endoluminal Coronary IVUS **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** April 2025 **2023 Medicare Utilization:** 94,036

2025 Work RVU: 1.80
2025 NF PE RVU: 0.63
2025 Fac PE RVU: 0.63

RUC Recommendation: Survey January 2026 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

92979 **Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endoluminal Coronary IVUS **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** September 2025 **2023 Medicare Utilization:** 17,617

2025 Work RVU: 1.44
2025 NF PE RVU: 0.50
2025 Fac PE RVU: 0.50

RUC Recommendation: Survey January 2026 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2023 Medicare Utilization:** 2,050

2025 Work RVU: 22.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.39

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92992 **Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)**

Global: **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92993 **Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)**

Global: **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92X0X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X1X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X2X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X3X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92X4X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X5X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X6X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X7X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92X8X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92X9X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92XX5 **Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report;**

Global: XXX **Issue:** Rotational Vestibular Assessment **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAA, AAN, ASHA **First Identified:** May 2025 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.92 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92XX6 **Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report; with velocity step testing (VST) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Rotational Vestibular Assessment **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAA, AAN, ASHA **First Identified:** May 2025 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** September 2011 **2023 Medicare Utilization:** 10,269,471

2025 Work RVU: 0.17
2025 NF PE RVU: 0.24
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:** 422,271

2025 Work RVU: 0.00
2025 NF PE RVU: 0.18
2025 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2023 Medicare Utilization:** 15,241,115

2025 Work RVU: 0.17
2025 NF PE RVU: 0.06
2025 Fac PE RVU: 0.06

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93012 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93014 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 816,351

2025 Work RVU: 0.75
2025 NF PE RVU: 1.40
2025 Fac PE RVU: NA

RUC Recommendation: 0.75. CPT Assistant published.

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 771,513

2025 Work RVU: 0.45
2025 NF PE RVU: 0.16
2025 Fac PE RVU: 0.16

RUC Recommendation: Remove from screen. 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:** 75,937

2025 Work RVU: 0.00
2025 NF PE RVU: 1.13
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2023 Medicare Utilization: 915,348

2025 Work RVU: 0.30
2025 NF PE RVU: 0.11
2025 Fac PE RVU: 0.11

RUC Recommendation: Review action plan. 0.30

Referred to CPT October 2010

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 18 **Specialty Developing Recommendation:** ACC

First Identified: NA

2023 Medicare Utilization: 118

2025 Work RVU: 0.75
2025 NF PE RVU: 3.04
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93040 **Rhythm ECG, 1-3 leads; with interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009

2023 Medicare Utilization: 80,679

2025 Work RVU: 0.15
2025 NF PE RVU: 0.23
2025 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2023 Medicare Utilization:** 10,739

2025 Work RVU: 0.00
2025 NF PE RVU: 0.19
2025 Fac PE RVU: NA

RUC Recommendation: 0.00 (PE only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93042 **Rhythm ECG, 1-3 leads; interpretation and report only**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC, ACEP

First Identified: October 2008 **2023 Medicare Utilization:** 254,371

2025 Work RVU: 0.15
2025 NF PE RVU: 0.04
2025 Fac PE RVU: 0.04

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93050 **Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive**

Global: XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023 **2023 Medicare Utilization:** 10,655

2025 Work RVU: 0.17
2025 NF PE RVU: 0.30
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

93150 **Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 0.85
2025 NF PE RVU: 2.13
2025 Fac PE RVU: 0.34

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93151 **Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 0.80
2025 NF PE RVU: 1.80
2025 Fac PE RVU: 0.32

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93152 **Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 1.82
2025 NF PE RVU: 2.27
2025 Fac PE RVU: 0.66

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93153 **Interrogation without programming of implanted phrenic nerve stimulator system** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 0.43
2025 NF PE RVU: 1.12
2025 Fac PE RVU: 0.18

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 140,499

2025 Work RVU: 0.39
2025 NF PE RVU: 1.69
2025 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 55,226

2025 Work RVU: 0.00
2025 NF PE RVU: 0.53
2025 Fac PE RVU: NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 /Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 92,549

2025 Work RVU: 0.00
2025 NF PE RVU: 1.02
2025 Fac PE RVU: NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2023 Medicare Utilization:** 183,173

2025 Work RVU: 0.39
2025 NF PE RVU: 0.14
2025 Fac PE RVU: 0.14

RUC Recommendation: 0.52 **Referred to CPT** Feburary 2010 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2009 **2023 Medicare Utilization:** 291,765

2025 Work RVU: 0.48
2025 NF PE RVU: 0.24
2025 Fac PE RVU: 0.24

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 / PE Stand-Alone Procedure Time2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2009 **2023 Medicare Utilization:** 374,720

2025 Work RVU: 0.00
2025 NF PE RVU: 22.94
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93231 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93232 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93233 **Deleted from CPT**

Global: **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93235 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93236 **Deleted from CPT**

Global: **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93241 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2023 Medicare Utilization:** 24,686

2025 Work RVU: 0.50
2025 NF PE RVU: 7.49
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

93242 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2023 Medicare Utilization:** 139,998

2025 Work RVU: 0.00
2025 NF PE RVU: 0.34
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93243 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 238,020

2025 Work RVU: 0.00
2025 NF PE RVU: 6.99
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93244 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 235,248

2025 Work RVU: 0.50
2025 NF PE RVU: 0.16
2025 Fac PE RVU: 0.16

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93245 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 8,992

2025 Work RVU: 0.55
2025 NF PE RVU: 7.77
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

93246 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 138,128

2025 Work RVU: 0.00
2025 NF PE RVU: 0.34
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93247 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 337,061

2025 Work RVU: 0.00
2025 NF PE RVU: 7.25
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93248 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 297,449

2025 Work RVU: 0.55
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.18

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 9,131

2025 Work RVU: 0.52
2025 NF PE RVU: 4.49
2025 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 28,890

2025 Work RVU: 0.00
2025 NF PE RVU: 0.23
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / PE Stand-Alone Procedure Time2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2009 **2023 Medicare Utilization:** 34,746

2025 Work RVU: 0.00
2025 NF PE RVU: 4.09
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 79,697

2025 Work RVU: 0.52
2025 NF PE RVU: 0.17
2025 Fac PE RVU: 0.17

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93279 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 104,038

2025 Work RVU: 0.65
2025 NF PE RVU: 1.31
2025 Fac PE RVU: NA

RUC Recommendation: 0.65 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93280 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 736,539

2025 Work RVU: 0.77
2025 NF PE RVU: 1.52
2025 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93281 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 68,719

2025 Work RVU: 0.85
2025 NF PE RVU: 1.58
2025 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93282 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 67,056

2025 Work RVU: 0.85
2025 NF PE RVU: 1.46
2025 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93283 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 144,455

2025 Work RVU: 1.15
2025 NF PE RVU: 1.69
2025 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93284 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 176,325

2025 Work RVU: 1.25
2025 NF PE RVU: 1.82
2025 Fac PE RVU: NA

RUC Recommendation: 1.25 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93285 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 39,425

2025 Work RVU: 0.52
2025 NF PE RVU: 1.21
2025 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93286 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 30,779

2025 Work RVU: 0.30
2025 NF PE RVU: 1.01
2025 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93287 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 14,202

2025 Work RVU: 0.45
2025 NF PE RVU: 1.07
2025 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93288 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 158,763

2025 Work RVU: 0.43
2025 NF PE RVU: 1.21
2025 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93289 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 56,855

2025 Work RVU: 0.75
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93290 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 78,108

2025 Work RVU: 0.43
2025 NF PE RVU: 1.10
2025 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93291 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 56,780

2025 Work RVU: 0.37
2025 NF PE RVU: 1.05
2025 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93292 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 941

2025 Work RVU: 0.43
2025 NF PE RVU: 1.05
2025 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93293 **Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 8,697

2025 Work RVU: 0.31
2025 NF PE RVU: 0.91
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93294 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 1,745,578

2025 Work RVU: 0.60
2025 NF PE RVU: 0.23
2025 Fac PE RVU: 0.23

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93295 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 702,662

2025 Work RVU: 0.74
2025 NF PE RVU: 0.29
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93296 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 1,851,309

2025 Work RVU: 0.00
2025 NF PE RVU: 0.59
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs and Refer to CPT **Referred to CPT** February 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93297 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 628,709

2025 Work RVU: 0.52
2025 NF PE RVU: 1.25
2025 Fac PE RVU: NA

RUC Recommendation: 0.52 and PE Inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93298 **Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 1,153,442

2025 Work RVU: 0.52
2025 NF PE RVU: 2.46
2025 Fac PE RVU: NA

RUC Recommendation: 0.52 and PE Inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93299 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support**

Global: **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93306 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography**

Global: XXX **Issue:** Complete Transthoracic Echocardiography (TTE) with Doppler **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 21 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2023 Medicare Utilization:** 6,621,296

2025 Work RVU: 1.46
2025 NF PE RVU: 4.28
2025 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 42 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2023 Medicare Utilization:** 21,226

2025 Work RVU: 0.92
2025 NF PE RVU: 3.08
2025 Fac PE RVU: NA

RUC Recommendation: 0.92 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing / Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 42 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2023 Medicare Utilization:** 543,887

2025 Work RVU: 0.53
2025 NF PE RVU: 2.35
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2023 Medicare Utilization:** 313,390

2025 Work RVU: 0.38
2025 NF PE RVU: 1.10
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.38

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** October 2013 **2023 Medicare Utilization:** 315,168

2025 Work RVU: 0.15
2025 NF PE RVU: 0.58
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009

2023 Medicare Utilization: 613,639

2025 Work RVU: 0.07
2025 NF PE RVU: 0.61
2025 Fac PE RVU: NA

RUC Recommendation: 0.07

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: April 2008

2023 Medicare Utilization: 64,242

2025 Work RVU: 1.46
2025 NF PE RVU: 3.95
2025 Fac PE RVU: NA

RUC Recommendation: 1.46; CPT Assistant article published

Referred to CPT October 2010

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Decrease

93351 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: July 2015

2023 Medicare Utilization: 176,732

2025 Work RVU: 1.75
2025 NF PE RVU: 5.04
2025 Fac PE RVU: NA

RUC Recommendation: 1.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93355 **Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D**

Global: XXX **Issue:** Transesophageal Echocardiography (TEE) **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, ASA, ASE, SCAI **First Identified:** April 2025 **2023 Medicare Utilization:** 30,111

2025 Work RVU: 4.66
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.61
Result:

RUC Recommendation: Survey January 2026

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93451 **Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 43,505

2025 Work RVU: 2.47
2025 NF PE RVU: 21.55
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: Remove from Modifier -51 exempt list. 3.02

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 3,314

2025 Work RVU: 4.50
2025 NF PE RVU: 20.29
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 4.32

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 1,788

2025 Work RVU: 5.99
2025 NF PE RVU: 25.59
2025 Fac PE RVU: NA

RUC Recommendation: 5.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 105,729

2025 Work RVU: 4.54
2025 NF PE RVU: 20.42
2025 Fac PE RVU: NA

RUC Recommendation: 4.95 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 18,517

2025 Work RVU: 5.29
2025 NF PE RVU: 22.52
2025 Fac PE RVU: NA

RUC Recommendation: 6.15 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 20,088

2025 Work RVU: 5.90
2025 NF PE RVU: 25.12
2025 Fac PE RVU: NA

RUC Recommendation: Remove from Modifier -51 Exempt List. 6.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 3,101

2025 Work RVU: 6.64
2025 NF PE RVU: 27.17
2025 Fac PE RVU: NA

RUC Recommendation: 7.66 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 387,709

2025 Work RVU: 5.60
2025 NF PE RVU: 23.08
2025 Fac PE RVU: NA

RUC Recommendation: 6.51 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93459 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 54,751

2025 Work RVU: 6.35
2025 NF PE RVU: 24.47
2025 Fac PE RVU: NA

RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 71,831

2025 Work RVU: 7.10
2025 NF PE RVU: 27.07
2025 Fac PE RVU: NA

RUC Recommendation: 7.88 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 9,735

2025 Work RVU: 7.85
2025 NF PE RVU: 29.85
2025 Fac PE RVU: NA

RUC Recommendation: 9.00 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 7,647

2025 Work RVU: 3.73
2025 NF PE RVU: 1.50
2025 Fac PE RVU: 1.50

RUC Recommendation: 3.73 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 5,272

2025 Work RVU: 2.00
2025 NF PE RVU: 0.71
2025 Fac PE RVU: 0.71

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 1,207

2025 Work RVU: 1.80
2025 NF PE RVU: 4.48
2025 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93501 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93503 **Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 48,353

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.41

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93508 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93510 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93511 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93514 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93524 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93526 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93528 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93529 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93541 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93542 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93544 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93545 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93556 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93561 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)**

Global: ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 0.77. Deleted from CPT for 2022. **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93562 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output**

Global: ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 0.95. Deleted from CPT for 2022. **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 127

2025 Work RVU: 1.00
2025 NF PE RVU: 0.35
2025 Fac PE RVU: 0.35

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93564 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Angiography **Screen:** Codes Reported Together 95% or More / Low Survey Response **Complete?** No

Most Recent RUC Meeting: October 2021 **Tab:** 08 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2021 **2023 Medicare Utilization:** 2

2025 Work RVU: 1.03
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.36

RUC Recommendation: Review action plan **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 51

2025 Work RVU: 0.50
2025 NF PE RVU: 0.17
2025 Fac PE RVU: 0.17

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 153

2025 Work RVU: 0.50
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.18

RUC Recommendation: 0.96 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 15,013

2025 Work RVU: 0.70
2025 NF PE RVU: 0.24
2025 Fac PE RVU: 0.24

RUC Recommendation: 0.97 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 780

2025 Work RVU: 0.88
2025 NF PE RVU: 0.31
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93571 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2016 **2023 Medicare Utilization:** 61,493

2025 Work RVU: 0.00
2025 NF PE RVU: NA
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93572 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2017 **2023 Medicare Utilization:** 11,662

2025 Work RVU: 0.00
2025 NF PE RVU: NA
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2023 Medicare Utilization:** 1,512

2025 Work RVU: 5.23
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.11

RUC Recommendation: 5.23 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2023 Medicare Utilization:** 5,952

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 11.57

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93621 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth6 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2019 **2023 Medicare Utilization:** 2,064

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93622 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:**

First Identified: April 2025 **2023 Medicare Utilization:** 10,294

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Review action plan.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

93623 **Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pacing Heart Stimulation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2018 **2023 Medicare Utilization:** 39,674

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Referral to CPT for parenthetical. 2.04 **Referred to CPT** May 2019 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 6,127

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B. **Referred to CPT** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2023 Medicare Utilization:** 27,226

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.08

RUC Recommendation: 15.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93654 **Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2023 Medicare Utilization:** 8,237

2025 Work RVU: 18.10
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.29

RUC Recommendation: 18.10 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 /High Volume Growth7 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2023 Medicare Utilization:** 51,240

2025 Work RVU: 5.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.23

RUC Recommendation: 7.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93656 **Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2023 Medicare Utilization:** 76,119

2025 Work RVU: 17.00 **2025 NF PE RVU:** NA **2025 Fac PE RVU:** 6.91 **Result:** Decrease

RUC Recommendation: 17.00 **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 /Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2023 Medicare Utilization:** 43,537

2025 Work RVU: 5.50 **2025 NF PE RVU:** NA **2025 Fac PE RVU:** 2.24 **Result:** Decrease

RUC Recommendation: 7.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth1 / High Volume Growth5 /Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2008 **2023 Medicare Utilization:** 25,053

2025 Work RVU: 0.00 **2025 NF PE RVU:** 0.00 **2025 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 2.53 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93668 **Peripheral arterial disease (PAD) rehabilitation, per session**

Global: XXX **Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only) **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: July 2017 **2023 Medicare Utilization:** 568

2025 Work RVU: 0.00
2025 NF PE RVU: 0.43
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93701 **Bioimpedance-derived physiologic cardiovascular analysis**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2023 Medicare Utilization:** 3,111

2025 Work RVU: 0.00
2025 NF PE RVU: 0.78
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93731 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93732 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93733 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93743 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93744 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93750 **Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report**

Global: XXX **Issue:** Ventricular Assist Device (VAD) Interrogation **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 24 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** October 2018 **2023 Medicare Utilization:** 75,065

2025 Work RVU: 0.75
2025 NF PE RVU: 0.66
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93792 **Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:**

First Identified: September 2016 **2023 Medicare Utilization:** 595

2025 Work RVU: 0.00
2025 NF PE RVU: 2.03
2025 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93793 **Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:**

First Identified: September 2016 **2023 Medicare Utilization:** 1,375,628

2025 Work RVU: 0.18
2025 NF PE RVU: 0.15
2025 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93875 **Deleted from CPT**

Global: **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

First Identified: February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93880 **Duplex scan of extracranial arteries; complete bilateral study** **Global:** XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,660,674

2025 Work RVU: 0.80
2025 NF PE RVU: 4.73
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT Coding Changes

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93882 **Duplex scan of extracranial arteries; unilateral or limited study** **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2023 Medicare Utilization:** 27,662

2025 Work RVU: 0.50
2025 NF PE RVU: 3.11
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93886 **Transcranial Doppler study of the intracranial arteries; complete study** **Global:** XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** February 2010 **2023 Medicare Utilization:** 77,276

2025 Work RVU: 0.90
2025 NF PE RVU: 6.71
2025 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** May 2023 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Transcranial Doppler Studies

Screen: Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 8,007

2025 Work RVU: 0.73
2025 NF PE RVU: 4.04
2025 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93890 **Transcranial Doppler study of the intracranial arteries; vasoreactivity study**

Global: XXX **Issue:** Transcranial Doppler Studies

Screen: High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2023 Medicare Utilization:** 35,135

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT 2025. **Referred to CPT** May 2023 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93892 **Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection**

Global: XXX **Issue:** Transcranial Doppler Studies

Screen: High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2023 Medicare Utilization:** 37,355

2025 Work RVU: 1.15
2025 NF PE RVU: 7.53
2025 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** May 2023 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93893 **Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2023 Medicare Utilization:** 1,896

2025 Work RVU: 1.15
2025 NF PE RVU: 8.76
2025 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 37 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2014 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Rescind April 2014 recommendation, contractor price. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

93896 **Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2023 Medicare Utilization:**

2025 Work RVU: 0.81
2025 NF PE RVU: 4.48
2025 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

93897 **Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2023 Medicare Utilization:**

2025 Work RVU: 0.73
2025 NF PE RVU: 5.93
2025 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93898 **Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2023 Medicare Utilization:**

2025 Work RVU: 0.85
2025 NF PE RVU: 6.13
2025 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2023 Medicare Utilization:** 593,425

2025 Work RVU: 0.25
2025 NF PE RVU: 2.15
2025 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2023 Medicare Utilization:** 326,957

2025 Work RVU: 0.45
2025 NF PE RVU: 3.36
2025 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2023 Medicare Utilization:** 40,594

2025 Work RVU: 0.50
2025 NF PE RVU: 4.19
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2023 Medicare Utilization:** 610,788

2025 Work RVU: 0.80
2025 NF PE RVU: 6.18
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2023 Medicare Utilization:** 214,589

2025 Work RVU: 0.50
2025 NF PE RVU: 3.68
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2023 Medicare Utilization:** 22,558

2025 Work RVU: 0.80
2025 NF PE RVU: 4.99
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 40,860

2025 Work RVU: 0.50
2025 NF PE RVU: 3.10
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 **Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**

Global: **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2023 Medicare Utilization:** 1,434,856

2025 Work RVU: 0.70
2025 NF PE RVU: 4.75
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2023 Medicare Utilization:** 1,479,817

2025 Work RVU: 0.45
2025 NF PE RVU: 3.04
2025 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2023 Medicare Utilization:** 205,701

2025 Work RVU: 1.16
2025 NF PE RVU: 6.53
2025 Fac PE RVU: NA

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2023 Medicare Utilization:** 145,778

2025 Work RVU: 0.80
2025 NF PE RVU: 3.86
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93978 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2023 Medicare Utilization:** 243,136

2025 Work RVU: 0.80
2025 NF PE RVU: 4.43
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.97

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93979 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** **First Identified:** October 2013 **2023 Medicare Utilization:** 53,396

2025 Work RVU: 0.50
2025 NF PE RVU: 2.92
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93982 **Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93985 **Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study**

Global: XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: October 2018 **2023 Medicare Utilization:** 17,461

2025 Work RVU: 0.80
2025 NF PE RVU: 6.41
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93986 **Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study**

Global: XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: October 2018 **2023 Medicare Utilization:** 6,005

2025 Work RVU: 0.50
2025 NF PE RVU: 3.74
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93990 **Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)**

Global: XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 40 **Specialty Developing Recommendation:** ACR, SVS

First Identified: October 2008 **2023 Medicare Utilization:** 91,706

2025 Work RVU: 0.50
2025 NF PE RVU: 3.74
2025 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation**

Global: XXX **Issue:** Spirometry **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2023 Medicare Utilization:** 838,062

2025 Work RVU: 0.17
2025 NF PE RVU: 0.63
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2023 Medicare Utilization:** 169

2025 Work RVU: 0.52
2025 NF PE RVU: 1.13
2025 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2023 Medicare Utilization:** 31

2025 Work RVU: 0.00
2025 NF PE RVU: 0.95
2025 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2023 Medicare Utilization:** 7,091

2025 Work RVU: 0.52
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Spirometry **Screen:** MPC List / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2023 Medicare Utilization:** 794,425

2025 Work RVU: 0.22
2025 NF PE RVU: 0.93
2025 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Decrease

94200 **Maximum breathing capacity, maximal voluntary ventilation**

Global: XXX **Issue:** Lung Function Test **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 28 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2023 Medicare Utilization:** 49,564

2025 Work RVU: 0.05
2025 NF PE RVU: 0.38
2025 Fac PE RVU: NA

RUC Recommendation: 0.05

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

94240 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94250 **Expired gas collection, quantitative, single procedure (separate procedure)**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94260 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94350 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94400 **Breathing response to CO2 (CO2 response curve)**

Global: **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94450 **Breathing response to hypoxia (hypoxia response curve)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2023 Medicare Utilization:** 691

2025 Work RVU: 0.40
2025 NF PE RVU: 2.19
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94617 **Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2023 Medicare Utilization:** 6,272

2025 Work RVU: 0.70
2025 NF PE RVU: 1.94
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94618 **Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2023 Medicare Utilization:** 246,039

2025 Work RVU: 0.48
2025 NF PE RVU: 0.52
2025 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94620 **Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)**

Global: **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94621 **Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** January 2016 **2023 Medicare Utilization:** 17,780

2025 Work RVU: 1.42
2025 NF PE RVU: 3.13
2025 Fac PE RVU: NA

RUC Recommendation: 1.42 **Referred to CPT** February 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94625 **Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)**

Global: XXX **Issue:** Outpatient Pulmonary Rehabilitation Services **Screen:** Work Neutrality 2022 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACP, ATS, CHEST **First Identified:** April 2024 **2023 Medicare Utilization:** 46,968

2025 Work RVU: 0.36
2025 NF PE RVU: 1.92
2025 Fac PE RVU: 0.13

RUC Recommendation: Maintain. Review on new technology in April 2026.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

94626 **Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)**

Global: XXX **Issue:** Outpatient Pulmonary Rehabilitation Services **Screen:** Work Neutrality 2022 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACP, ATS, CHEST **First Identified:** April 2024 **2023 Medicare Utilization:** 16,169

2025 Work RVU: 0.56
2025 NF PE RVU: 1.92
2025 Fac PE RVU: 0.17

RUC Recommendation: Maintain. Review on new technology in April 2026.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 /CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST, **First Identified:** **2023 Medicare Utilization:** 217,860

2025 Work RVU: 0.00
2025 NF PE RVU: 0.23
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

94667 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2023 Medicare Utilization:** 2,297

2025 Work RVU: 0.00
2025 NF PE RVU: 0.74
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST, **First Identified:** **2023 Medicare Utilization:** 5,722

2025 Work RVU: 0.00
2025 NF PE RVU: 1.14
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs CPT Assistant article published **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94669 **Mechanical chest wall oscillation to facilitate lung function, per session**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2023 Medicare Utilization:** 156

2025 Work RVU: 0.00
2025 NF PE RVU: 0.61
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2023 Medicare Utilization:** 2,743

2025 Work RVU: 0.20
2025 NF PE RVU: 1.21
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94720 **Carbon monoxide diffusing capacity (eg, single breath, steady state)**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94725 **Membrane diffusion capacity**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2023 Medicare Utilization:** 619,446

2025 Work RVU: 0.26
2025 NF PE RVU: 1.41
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2023 Medicare Utilization:** 260,830

2025 Work RVU: 0.26
2025 NF PE RVU: 1.07
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94728 **Airway resistance by oscillometry**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2023 Medicare Utilization:** 3,088

2025 Work RVU: 0.26
2025 NF PE RVU: 1.05
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:** 963,394

2025 Work RVU: 0.19
2025 NF PE RVU: 1.47
2025 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94750 **Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)** **Global:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination** **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2023 Medicare Utilization:** 8,749

2025 Work RVU: 0.00
2025 NF PE RVU: 0.10
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: NA

2023 Medicare Utilization: 4,527

2025 Work RVU: 0.00
2025 NF PE RVU: 0.11
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

94762 **Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: October 2008

2023 Medicare Utilization: 136,863

2025 Work RVU: 0.00
2025 NF PE RVU: 0.73
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: **Issue:** Evaluation of Wheezing **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: February 2008

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2019
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI **First Identified:** October 2010 **2023 Medicare Utilization:** 8,386,614

2025 Work RVU: 0.01
2025 NF PE RVU: 0.09
2025 Fac PE RVU: NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95012 **Nitric oxide expired gas determination**

Global: XXX **Issue:** Exhaled Nitric Oxide Measurement (PE Only) **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 26 **Specialty Developing Recommendation:** AAAAI, ACAAI, ATS, CHEST **First Identified:** October 2018 **2023 Medicare Utilization:** 94,940

2025 Work RVU: 0.00
2025 NF PE RVU: 0.55
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2023 Medicare Utilization:** 14,028

2025 Work RVU: 0.07
2025 NF PE RVU: 0.17
2025 Fac PE RVU: 0.03

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2023 Medicare Utilization:** 90,878

2025 Work RVU: 0.14
2025 NF PE RVU: 0.44
2025 Fac PE RVU: 0.06

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2023 Medicare Utilization:** 1,366,877

2025 Work RVU: 0.01
2025 NF PE RVU: 0.21
2025 Fac PE RVU: 0.01

RUC Recommendation: New PE Inputs.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2023 Medicare Utilization:** 103,735

2025 Work RVU: 0.01
2025 NF PE RVU: 0.12
2025 Fac PE RVU: NA

RUC Recommendation: 0.01

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2023 Medicare Utilization:** 720,832

2025 Work RVU: 0.00
2025 NF PE RVU: 0.31
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2023 Medicare Utilization:** 2,366,677

2025 Work RVU: 0.00
2025 NF PE RVU: 0.36
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAAAI, AAFP, AAO-HNS, AAOA, ACAAI, ACP **First Identified:** October 2010 **2023 Medicare Utilization:** 186,284

2025 Work RVU: 0.06
2025 NF PE RVU: 0.42
2025 Fac PE RVU: 0.03

RUC Recommendation: Refer to CPT Assistant. 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:**

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2023 Medicare Utilization:** 18,655

2025 Work RVU: 0.06
2025 NF PE RVU: 2.69
2025 Fac PE RVU: 0.03

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2023 Medicare Utilization:** 5,940,394

2025 Work RVU: 0.06
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.03

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95249 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 / High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AACE, ANA, ES **First Identified:** **2023 Medicare Utilization:** 18,661

2025 Work RVU: 0.00
2025 NF PE RVU: 1.94
2025 Fac PE RVU: NA

RUC Recommendation: Survey January 2026. PE Only **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2018

95250 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 / Work Neutrality 2018 / High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AACE, ANA, ES **First Identified:** October 2013 **2023 Medicare Utilization:** 36,328

2025 Work RVU: 0.00
2025 NF PE RVU: 4.27
2025 Fac PE RVU: NA

RUC Recommendation: Survey Janaury 2026. New PE inputs **Referred to CPT** October 2015 & February 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth / Work Neutrality 2018 / High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AACE, ANA, ES **First Identified:** April 2013 **2023 Medicare Utilization:** 681,075

2025 Work RVU: 0.70
2025 NF PE RVU: 0.29
2025 Fac PE RVU: 0.29

RUC Recommendation: Survey January 2026. 0.70 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95700 **Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 16,848

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95705 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 366

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95706 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 312

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95707 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 146

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95708 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 7,013

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95709 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 1,571

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95710 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 145

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95711 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 179

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95712 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 1,129

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95713 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 2,338

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95714 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 3,059

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95715 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 18,734

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95716 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 3,432

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95717 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 5,357

2025 Work RVU: 2.00
2025 NF PE RVU: 1.05
2025 Fac PE RVU: 1.00

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95718 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 33,690

2025 Work RVU: 2.50
2025 NF PE RVU: 1.33
2025 Fac PE RVU: 1.26

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95719 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without videc**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 6,279

2025 Work RVU: 3.00
2025 NF PE RVU: 1.59
2025 Fac PE RVU: 1.51

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95720 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 128,778

2025 Work RVU: 3.86
2025 NF PE RVU: 2.04
2025 Fac PE RVU: 1.94

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95721 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 2,714

2025 Work RVU: 3.86
2025 NF PE RVU: 2.05
2025 Fac PE RVU: 1.93
Result: Decrease

RUC Recommendation: 3.86

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95722 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 2,171

2025 Work RVU: 4.70
2025 NF PE RVU: 2.45
2025 Fac PE RVU: 2.32
Result: Decrease

RUC Recommendation: 4.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95723 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 2,474

2025 Work RVU: 4.75
2025 NF PE RVU: 2.49
2025 Fac PE RVU: 2.34
Result: Decrease

RUC Recommendation: 4.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95724 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 4,284

2025 Work RVU: 6.00
2025 NF PE RVU: 3.07
2025 Fac PE RVU: 2.91

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95725 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 124

2025 Work RVU: 5.40
2025 NF PE RVU: 2.91
2025 Fac PE RVU: 2.72

RUC Recommendation: 5.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95726 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 666

2025 Work RVU: 7.58
2025 NF PE RVU: 3.98
2025 Fac PE RVU: 3.75

RUC Recommendation: 7.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Unattended Sleep Testing **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** October 2009 **2023 Medicare Utilization:** 140,865

2025 Work RVU: 0.85
2025 NF PE RVU: 2.95
2025 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT 2027 **Referred to CPT** February 2025 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Unattended Sleep Testing **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** October 2009 **2023 Medicare Utilization:** 294

2025 Work RVU: 0.85
2025 NF PE RVU: 2.02
2025 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT 2027 **Referred to CPT** February 2025 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2023 Medicare Utilization:** 147

2025 Work RVU: 0.90
2025 NF PE RVU: 2.98
2025 Fac PE RVU: NA

RUC Recommendation: 0.90 and New PE inputs **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2023 Medicare Utilization:** 1,672

2025 Work RVU: 1.20
2025 NF PE RVU: 11.79
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Unattended Sleep Testing **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** October 2009 **2023 Medicare Utilization:** 90,974

2025 Work RVU: 0.93
2025 NF PE RVU: 1.90
2025 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT 2027 **Referred to CPT** February 2025 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2023 Medicare Utilization:** 911

2025 Work RVU: 1.28
2025 NF PE RVU: 10.98
2025 Fac PE RVU: NA

RUC Recommendation: 1.25 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2023 Medicare Utilization:** 835

2025 Work RVU: 1.74
2025 NF PE RVU: 12.77
2025 Fac PE RVU: NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** February 2010 **2023 Medicare Utilization:** 172,784

2025 Work RVU: 2.50
2025 NF PE RVU: 16.07
2025 Fac PE RVU: NA

RUC Recommendation: 2.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2023 Medicare Utilization:** 187,466

2025 Work RVU: 2.60
2025 NF PE RVU: 16.84
2025 Fac PE RVU: NA

RUC Recommendation: 2.60 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95812 **Electroencephalogram (EEG) extended monitoring; 41-60 minutes**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** July 2015 **2023 Medicare Utilization:** 20,101

2025 Work RVU: 1.08
2025 NF PE RVU: 9.26
2025 Fac PE RVU: NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95813 **Electroencephalogram (EEG) extended monitoring; 61-119 minutes** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** July 2015 **2023 Medicare Utilization:** 25,362

2025 Work RVU: 1.63
2025 NF PE RVU: 11.56
2025 Fac PE RVU: NA

RUC Recommendation: 1.63 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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95816 **Electroencephalogram (EEG); including recording awake and drowsy** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:** 275,095

2025 Work RVU: 1.08
2025 NF PE RVU: 10.46
2025 Fac PE RVU: NA

RUC Recommendation: 1.08 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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95819 **Electroencephalogram (EEG); including recording awake and asleep** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** September 2011 **2023 Medicare Utilization:** 153,233

2025 Work RVU: 1.08
2025 NF PE RVU: 12.36
2025 Fac PE RVU: NA

RUC Recommendation: 1.08 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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95822 **Electroencephalogram (EEG); recording in coma or sleep only** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** January 2012 **2023 Medicare Utilization:** 20,707

2025 Work RVU: 1.08
2025 NF PE RVU: 11.35
2025 Fac PE RVU: NA

RUC Recommendation: 1.08 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

95827 **Electroencephalogram (EEG); all night recording** **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95831 **Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk** **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95832 **Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side** **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95833 **Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands**

Global: **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95834 **Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands**

Global: **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95851 **Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** APTA **First Identified:** April 2022 **2023 Medicare Utilization:** 18,405

2025 Work RVU: 0.16
2025 NF PE RVU: 0.56
2025 Fac PE RVU: 0.06

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2023 Medicare Utilization:** 2,899

2025 Work RVU: 0.96
2025 NF PE RVU: 2.30
2025 Fac PE RVU: NA

RUC Recommendation: 0.96 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 46,994

2025 Work RVU: 1.54
2025 NF PE RVU: 3.01
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 62

2025 Work RVU: 1.87
2025 NF PE RVU: 4.33
2025 Fac PE RVU: NA

RUC Recommendation: 1.87 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 1,295

2025 Work RVU: 1.99
2025 NF PE RVU: 4.56
2025 Fac PE RVU: NA

RUC Recommendation: 1.99 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95867 **Needle electromyography; cranial nerve supplied muscle(s), unilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 1,445

2025 Work RVU: 0.79
2025 NF PE RVU: 2.27
2025 Fac PE RVU: NA

RUC Recommendation: 0.79 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 4,211

2025 Work RVU: 1.18
2025 NF PE RVU: 2.52
2025 Fac PE RVU: NA

RUC Recommendation: 1.18 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2023 Medicare Utilization:** 405

2025 Work RVU: 0.37
2025 NF PE RVU: 2.32
2025 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2023 Medicare Utilization:** 53,563

2025 Work RVU: 0.37
2025 NF PE RVU: 2.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 124,709

2025 Work RVU: 0.35
2025 NF PE RVU: 1.43
2025 Fac PE RVU: NA

RUC Recommendation: 0.35 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 869,280

2025 Work RVU: 0.86
2025 NF PE RVU: 1.91
2025 Fac PE RVU: NA

RUC Recommendation: 0.92 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 13,215

2025 Work RVU: 0.71
2025 NF PE RVU: 1.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011& February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 4,570

2025 Work RVU: 1.00
2025 NF PE RVU: 1.60
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 44,293

2025 Work RVU: 1.25
2025 NF PE RVU: 2.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.37 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 106,440

2025 Work RVU: 1.50
2025 NF PE RVU: 2.41
2025 Fac PE RVU: NA

RUC Recommendation: 1.77 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 129,903

2025 Work RVU: 2.00
2025 NF PE RVU: 3.11
2025 Fac PE RVU: NA

RUC Recommendation: 2.80 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 163,219

2025 Work RVU: 2.50
2025 NF PE RVU: 3.62
2025 Fac PE RVU: NA

RUC Recommendation: 3.34 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 72,540

2025 Work RVU: 3.00
2025 NF PE RVU: 4.11
2025 Fac PE RVU: NA

RUC Recommendation: 4.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 79,189

2025 Work RVU: 3.56
2025 NF PE RVU: 4.77
2025 Fac PE RVU: NA

RUC Recommendation: 4.20 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** October 2009 **2023 Medicare Utilization:** 60,466

2025 Work RVU: 0.90
2025 NF PE RVU: 1.65
2025 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2008 **2023 Medicare Utilization:** 2,524

2025 Work RVU: 0.96
2025 NF PE RVU: 1.64
2025 Fac PE RVU: NA

RUC Recommendation: 0.96 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008; Sep 2020

Status Report: CMS Requests and Relativity Assessment Issues

95923 **Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** October 2019 **2023 Medicare Utilization:** 100,495

2025 Work RVU: 0.90
2025 NF PE RVU: 2.58
2025 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2012 **2023 Medicare Utilization:** 21,874

2025 Work RVU: 1.73
2025 NF PE RVU: 2.58
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2025 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2023 Medicare Utilization:** 6,180

2025 Work RVU: 0.54
2025 NF PE RVU: 4.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2023 Medicare Utilization:** 6,059

2025 Work RVU: 0.54
2025 NF PE RVU: 3.62
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

95928 **Central motor evoked potential study (transcranial motor stimulation); upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2023 Medicare Utilization:** 393

2025 Work RVU: 1.50
2025 NF PE RVU: 5.50
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.50 **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95929 **Central motor evoked potential study (transcranial motor stimulation); lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,422

2025 Work RVU: 1.50
2025 NF PE RVU: 5.52
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95930 **Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report**

Global: XXX **Issue:** Visual Evoked Potential Testing **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 11 **Specialty Developing Recommendation:** AAO, AOA (optometry), ACNS **First Identified:** October 2015 **2023 Medicare Utilization:** 31,859

2025 Work RVU: 0.35
2025 NF PE RVU: 1.61
2025 Fac PE RVU: NA

RUC Recommendation: 0.35 **Referred to CPT** May 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95937 **Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method**

Global: XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2023 Medicare Utilization:** 29,153

2025 Work RVU: 0.65
2025 NF PE RVU: 2.35
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** January 2013 **2023 Medicare Utilization:** 96,302

2025 Work RVU: 0.86
2025 NF PE RVU: 10.23
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 0.86 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** January 2013 **2023 Medicare Utilization:** 48,190

2025 Work RVU: 2.25
2025 NF PE RVU: 14.14
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 2.25 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Continuous Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 / CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** January 2012 **2023 Medicare Utilization:** 14,136

2025 Work RVU: 0.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.32

RUC Recommendation: Refer to CPT. 0.60 **Referred to CPT** May 2026 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean he**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** January 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95951 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95954 **Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2008 **2023 Medicare Utilization:** 382

2025 Work RVU: 2.45
2025 NF PE RVU: 8.87
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

95956 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Status Report: CMS Requests and Relativity Assessment Issues

95957 **Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)** **Global:** XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2023 Medicare Utilization:** 28,671

2025 Work RVU: 1.98
2025 NF PE RVU: 6.62
2025 Fac PE RVU: NA

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95970 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming** **Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** February 2010 **2023 Medicare Utilization:** 29,020

2025 Work RVU: 0.35
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.17

RUC Recommendation: 0.45 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95971 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional** **Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** October 2009 **2023 Medicare Utilization:** 18,091

2025 Work RVU: 0.78
2025 NF PE RVU: 0.59
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.78 **Referred to CPT** February 2015, June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95972 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** February 2010 **2023 Medicare Utilization:** 37,260

2025 Work RVU: 0.80
2025 NF PE RVU: 0.83
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.80 **Referred to CPT** May 2014 February , June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme**

Global: **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95976 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2023 Medicare Utilization:** 11,487

2025 Work RVU: 0.73
2025 NF PE RVU: 0.35
2025 Fac PE RVU: 0.33

RUC Recommendation: 0.95 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

95977 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2023 Medicare Utilization:** 6,942

2025 Work RVU: 0.97
2025 NF PE RVU: 0.46
2025 Fac PE RVU: 0.44

RUC Recommendation: 1.19 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

Status Report: CMS Requests and Relativity Assessment Issues

95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95979 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95980 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2023 Medicare Utilization:** 417

2025 Work RVU: 0.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.36

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95981 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2023 Medicare Utilization:** 560

2025 Work RVU: 0.30
2025 NF PE RVU: 0.84
2025 Fac PE RVU: 0.18

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95982 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2023 Medicare Utilization:** 802

2025 Work RVU: 0.65
2025 NF PE RVU: 1.02
2025 Fac PE RVU: 0.32

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95983 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2023 Medicare Utilization:** 43,262

2025 Work RVU: 0.91
2025 NF PE RVU: 0.49
2025 Fac PE RVU: 0.46

RUC Recommendation: 1.25 **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

Status Report: CMS Requests and Relativity Assessment Issues

95984 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2023 Medicare Utilization:** 55,744

2025 Work RVU: 0.80
2025 NF PE RVU: 0.42
2025 Fac PE RVU: 0.41

RUC Recommendation: 1.00 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2023 Medicare Utilization:** 452

2025 Work RVU: 0.00
2025 NF PE RVU: 2.57
2025 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2023 Medicare Utilization:** 7,681

2025 Work RVU: 0.77
2025 NF PE RVU: 2.42
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.77 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95992 **Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day**

Global: XXX **Issue:** **Screen:** Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2023 Medicare Utilization:** 121,272

2025 Work RVU: 0.75
2025 NF PE RVU: 0.49
2025 Fac PE RVU: 0.28

RUC Recommendation: Remove from Modifier -51 Exempt list. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95X18 **Unattended sleep study, set-up, data acquisition and technical analysis; low complexity of 3-4 channels that generate at least 3-5 parameter categories**

Global: **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT** February 2025 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95X19 **Unattended sleep study, set-up, data acquisition and technical analysis; moderate complexity of 5-10 channels that generate at least 6-8 parameter categories**

Global: **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT** February 2025 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95X20 **Unattended sleep study, set-up, data acquisition and technical analysis; high complexity of 11 or more channels that generate at least 9 parameter categories**

Global: **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT** February 2025 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95X21 **Unattended sleep study, interpretation and report by a physician or other qualified health care professional; low complexity of 3-4 channels that generate at least 3-5 parameter categories**

Global: **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.83 **Referred to CPT** February 2025 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95X22 **Unattended sleep study, interpretation and report by a physician or other qualified health care professional; moderate complexity of 5-10 channels that generate at least 6-8 parameter categories**

Global: **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 1.08 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

95X23 **Unattended sleep study, interpretation and report by a physician or other qualified health care professional; high complexity of 11 or more channels that generate at least 9 parameter categories**

Global: **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 1.60 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95XX4 **Testing of autonomic nervous system function, with interpretation and report; use of tilt table (List separately in addition to code for primary procedure)**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2025 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.35 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

95XX5 **Testing of autonomic nervous system function, with interpretation and report; sudomotor, thermoregulatory sweat test**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2025 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 1.00 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

95XX6 **Testing of autonomic nervous system function, with interpretation and report; sudomotor, assessing the sympathetic skin response (SSR) potential**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2025 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.50 **Referred to CPT** February 2025 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95XX7 **Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2025 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 1.20 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

95XX8 **Testing of autonomic nervous system function, with interpretation and report; combined sympathetic adrenergic with at least 5 minutes of passive tilt (ie, tilt table) and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2025 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 1.75 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

95XX9 **Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic, sympathetic adrenergic function with at least 5 minutes of passive tilt (ie, tilt table), and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2025 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 1.91 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering test**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96102 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per ho**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2023 Medicare Utilization:** 1,835

2025 Work RVU: 1.75
2025 NF PE RVU: 1.09
2025 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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96110 **Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.34
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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96111 **Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

96112 **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 14,066

2025 Work RVU: 2.56
2025 NF PE RVU: 1.21
2025 Fac PE RVU: 0.90

RUC Recommendation: Review in 3 years. 2.50 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96113 **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 552

2025 Work RVU: 1.16
2025 NF PE RVU: 0.45
2025 Fac PE RVU: 0.29

RUC Recommendation: 1.10 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96116 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2023 Medicare Utilization:** 133,582

2025 Work RVU: 1.86
2025 NF PE RVU: 0.81
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.86 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96118 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time int**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96119 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96121 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 30,799

2025 Work RVU: 1.71
2025 NF PE RVU: 0.50
2025 Fac PE RVU: 0.22

RUC Recommendation: 1.71 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96125 **Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2023 Medicare Utilization:** 8,287

2025 Work RVU: 1.70
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA

RUC Recommendation: 1.70 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96127 **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 / High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2023 Medicare Utilization:** 746,103

2025 Work RVU: 0.00
2025 NF PE RVU: 0.13
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen. New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96130 **Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 99,190

2025 Work RVU: 2.56
2025 NF PE RVU: 0.94
2025 Fac PE RVU: 0.59

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96131 **Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 65,642

2025 Work RVU: 1.96
2025 NF PE RVU: 0.56
2025 Fac PE RVU: 0.24

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96132 **Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 243,228

2025 Work RVU: 2.56
2025 NF PE RVU: 1.21
2025 Fac PE RVU: 0.52

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96133 **Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 378,535

2025 Work RVU: 1.96
2025 NF PE RVU: 0.89
2025 Fac PE RVU: 0.25

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96136 **Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 167,880

2025 Work RVU: 0.55
2025 NF PE RVU: 0.68
2025 Fac PE RVU: 0.12

RUC Recommendation: 0.55 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96137 **Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 338,546

2025 Work RVU: 0.46
2025 NF PE RVU: 0.64
2025 Fac PE RVU: 0.06

RUC Recommendation: 0.46 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96138 **Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 178,634

2025 Work RVU: 0.00
2025 NF PE RVU: 1.03
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96139 **Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 372,550

2025 Work RVU: 0.00
2025 NF PE RVU: 1.03
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96146 **Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 6,636

2025 Work RVU: 0.00
2025 NF PE RVU: 0.06
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96150 **Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96151 **Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96152 **Health and behavior intervention, each 15 minutes, face-to-face; individual**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

96153 **Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96154 **Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** APA (psychology), NASW **First Identified:** April 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96155 **Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96156 **Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 18,359

2025 Work RVU: 2.30
2025 NF PE RVU: 0.70
2025 Fac PE RVU: 0.32

RUC Recommendation: 2.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96158 **Health behavior intervention, individual, face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 29,623

2025 Work RVU: 1.59
2025 NF PE RVU: 0.47
2025 Fac PE RVU: 0.21

RUC Recommendation: 1.45

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96159 **Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 28,461

2025 Work RVU: 0.55
2025 NF PE RVU: 0.16
2025 Fac PE RVU: 0.07

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96164 **Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 12,239

2025 Work RVU: 0.23
2025 NF PE RVU: 0.08
2025 Fac PE RVU: 0.05

RUC Recommendation: 0.21

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96165 **Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 38,639

2025 Work RVU: 0.11
2025 NF PE RVU: 0.04
2025 Fac PE RVU: 0.02

RUC Recommendation: 0.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96167 **Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 1,622

2025 Work RVU: 1.70
2025 NF PE RVU: 0.49
2025 Fac PE RVU: 0.21

RUC Recommendation: 1.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96168 **Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 1,344

2025 Work RVU: 0.60
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.08

RUC Recommendation: 0.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96170 **Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:**

2025 Work RVU: 1.50
2025 NF PE RVU: 0.74
2025 Fac PE RVU: 0.59

RUC Recommendation: 1.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96171 **Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:**

2025 Work RVU: 0.54
2025 NF PE RVU: 0.27
2025 Fac PE RVU: 0.21

RUC Recommendation: 0.54

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96202 **Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes**

Global: XXX **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AACAP, AND, APA (psychology) **First Identified:** April 2021 **2023 Medicare Utilization:**

2025 Work RVU: 0.43
2025 NF PE RVU: 0.28
2025 Fac PE RVU: 0.20
Result: Not part of RAW

RUC Recommendation: Review action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96203 **Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** April 2021 **2023 Medicare Utilization:**

2025 Work RVU: 0.12
2025 NF PE RVU: 0.06
2025 Fac PE RVU: 0.06
Result: Not part of RAW

RUC Recommendation: Review action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96360 **Intravenous infusion, hydration; initial, 31 minutes to 1 hour**

Global: XXX **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2023 Medicare Utilization:** 220,850

2025 Work RVU: 0.17
2025 NF PE RVU: 0.75
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96361 **Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2023 Medicare Utilization:** 344,257

2025 Work RVU: 0.09
2025 NF PE RVU: 0.26
2025 Fac PE RVU: NA

RUC Recommendation: 0.09 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96365 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour** **Global:** XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2023 Medicare Utilization:** 1,405,436

2025 Work RVU: 0.21
2025 NF PE RVU: 1.54
2025 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2023 Medicare Utilization:** 628,076

2025 Work RVU: 0.18
2025 NF PE RVU: 0.41
2025 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2023 Medicare Utilization:** 957,741

2025 Work RVU: 0.19
2025 NF PE RVU: 0.62
2025 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2023 Medicare Utilization:** 129,890

2025 Work RVU: 0.17
2025 NF PE RVU: 0.39
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh **First Identified:** April 2013 **2023 Medicare Utilization:** 7,215,163

2025 Work RVU: 0.17
2025 NF PE RVU: 0.25
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96374 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2023 Medicare Utilization:** 221,944

2025 Work RVU: 0.18
2025 NF PE RVU: 0.85
2025 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96375 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2023 Medicare Utilization:** 1,369,498

2025 Work RVU: 0.10
2025 NF PE RVU: 0.33
2025 Fac PE RVU: NA

RUC Recommendation: 0.10 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96377 **Application of on-body injector (includes cannula insertion) for timed subcutaneous injection**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** should be on N/R LOI just added to track **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** January 2016 **2023 Medicare Utilization:** 35,228

2025 Work RVU: 0.17
2025 NF PE RVU: 0.36
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

Status Report: CMS Requests and Relativity Assessment Issues

96380 **Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional**

Global: XXX **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 07 **Specialty Developing Recommendation:** AAP, ANA **First Identified:** September 2023 **2023 Medicare Utilization:** 199

2025 Work RVU: 0.24
2025 NF PE RVU: 0.44
2025 Fac PE RVU: NA

RUC Recommendation: 0.28 **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

96381 **Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection**

Global: XXX **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 07 **Specialty Developing Recommendation:** AAP, ANA **First Identified:** September 2023 **2023 Medicare Utilization:** 284

2025 Work RVU: 0.17
2025 NF PE RVU: 0.41
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

96401 **Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, ACRh **First Identified:** July 2015 **2023 Medicare Utilization:** 831,060

2025 Work RVU: 0.21
2025 NF PE RVU: 1.80
2025 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96402 **Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, AUA **First Identified:** July 2015 **2023 Medicare Utilization:** 349,176

2025 Work RVU: 0.19
2025 NF PE RVU: 0.87
2025 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2023 Medicare Utilization:** 25,861

2025 Work RVU: 0.52
2025 NF PE RVU: 1.91
2025 Fac PE RVU: 0.31

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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96406 **Chemotherapy administration; intralesional, more than 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2023 Medicare Utilization:** 714

2025 Work RVU: 0.80
2025 NF PE RVU: 2.93
2025 Fac PE RVU: 0.48

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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96409 **Chemotherapy administration; intravenous, push technique, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2023 Medicare Utilization:** 43,186

2025 Work RVU: 0.24
2025 NF PE RVU: 2.57
2025 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

96411 **Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2023 Medicare Utilization:** 116,178

2025 Work RVU: 0.20
2025 NF PE RVU: 1.34
2025 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2023 Medicare Utilization:** 1,660,366

2025 Work RVU: 0.28
2025 NF PE RVU: 3.35
2025 Fac PE RVU: NA

RUC Recommendation: 0.28 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2023 Medicare Utilization:** 668,343

2025 Work RVU: 0.19
2025 NF PE RVU: 0.59
2025 Fac PE RVU: NA

RUC Recommendation: 0.19 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2023 Medicare Utilization:** 23,252

2025 Work RVU: 0.21
2025 NF PE RVU: 3.37
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2023 Medicare Utilization:** 330,340

2025 Work RVU: 0.21
2025 NF PE RVU: 1.58
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.21 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** **First Identified:** NA **2023 Medicare Utilization:** 19

2025 Work RVU: 2.12
2025 NF PE RVU: 19.15
2025 Fac PE RVU: 1.78
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96521 **Refilling and maintenance of portable pump**

Global: XXX **Issue:** Refilling and Maintenance of Portable Pump **Screen:** Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACP, ANA, ASCO, IDSA **First Identified:** April 2025 **2023 Medicare Utilization:** 65,364

2025 Work RVU: 0.21
2025 NF PE RVU: 3.26
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

96567 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2023 Medicare Utilization:** 45,678

2025 Work RVU: 0.00
2025 NF PE RVU: 3.94
2025 Fac PE RVU: NA

RUC Recommendation: 0.00 PE Only

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96573 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD **First Identified:** January 2017 **2023 Medicare Utilization:** 31,676

2025 Work RVU: 0.48
2025 NF PE RVU: 6.08
2025 Fac PE RVU: NA

RUC Recommendation: 0.48

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96574 **Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017

2023 Medicare Utilization: 60,830

2025 Work RVU: 1.01
2025 NF PE RVU: 7.04
2025 Fac PE RVU: NA

RUC Recommendation: 1.01

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96910 **Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B**

Global: XXX **Issue:** Photo-chemotherapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 44 **Specialty Developing Recommendation:** AAD

First Identified: July 2015

2023 Medicare Utilization: 280,102

2025 Work RVU: 0.00
2025 NF PE RVU: 3.49
2025 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96920 **Excimer laser treatment for psoriasis; total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: October 2008

2023 Medicare Utilization: 63,808

2025 Work RVU: 0.83
2025 NF PE RVU: 3.36
2025 Fac PE RVU: 0.65

RUC Recommendation: 1.00

Referred to CPT February 2023
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

96921 **Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: February 2008 **2023 Medicare Utilization:** 21,718

2025 Work RVU: 0.90
2025 NF PE RVU: 3.58
2025 Fac PE RVU: 0.79

RUC Recommendation: 1.07

Referred to CPT February 2023
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Decrease

96922 **Excimer laser treatment for psoriasis; over 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: October 2008 **2023 Medicare Utilization:** 13,536

2025 Work RVU: 1.15
2025 NF PE RVU: 4.46
2025 Fac PE RVU: 1.59

RUC Recommendation: 1.32

Referred to CPT February 2023
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Decrease

97001 **Physical therapy evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

97002 **Physical therapy re-evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97003 **Occupational therapy evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97004 **Occupational therapy re-evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97010 **Application of a modality to 1 or more areas; hot or cold packs** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU: 0.06
2025 NF PE RVU: 0.13
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: No specialty society interest **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

97012 **Application of a modality to 1 or more areas; traction, mechanical** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2023 Medicare Utilization:** 440,485

2025 Work RVU: 0.25
2025 NF PE RVU: 0.18
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

97014 **Application of a modality to 1 or more areas; electrical stimulation (unattended)** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU: 0.18
2025 NF PE RVU: 0.19
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97016 **Application of a modality to 1 or more areas; vasopneumatic devices**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: February 2010 **2023 Medicare Utilization:** 972,486

2025 Work RVU: 0.18
2025 NF PE RVU: 0.17
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2010 **2023 Medicare Utilization:** 154,054

2025 Work RVU: 0.06
2025 NF PE RVU: 0.12
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.06

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97022 **Application of a modality to 1 or more areas; whirlpool**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: April 2016 **2023 Medicare Utilization:** 129,225

2025 Work RVU: 0.17
2025 NF PE RVU: 0.30
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs.0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97032 **Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** CMS High Expenditure Procedural Codes2 / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2023 Medicare Utilization:** 573,974

2025 Work RVU: 0.25
2025 NF PE RVU: 0.18
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97033 **Application of a modality to 1 or more areas; iontophoresis, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2023 Medicare Utilization:** 34,646

2025 Work RVU: 0.26
2025 NF PE RVU: 0.31
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97034 **Application of a modality to 1 or more areas; contrast baths, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2023 Medicare Utilization:** 7,540

2025 Work RVU: 0.21
2025 NF PE RVU: 0.20
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2/ CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2023 Medicare Utilization:** 1,221,775

2025 Work RVU: 0.21
2025 NF PE RVU: 0.21
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 64,840,836

2025 Work RVU: 0.45
2025 NF PE RVU: 0.43
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2023 Medicare Utilization:** 30,041,805

2025 Work RVU: 0.50
2025 NF PE RVU: 0.48
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97113 **Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2023 Medicare Utilization:** 1,611,402

2025 Work RVU: 0.48
2025 NF PE RVU: 0.64
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 4,609,082

2025 Work RVU: 0.45
2025 NF PE RVU: 0.43
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

97127 **Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or sch**

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: 1.50 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: September 2011 **2023 Medicare Utilization:** 29,535,664

2025 Work RVU: 0.43
2025 NF PE RVU: 0.40
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.43

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** **Specialty Developing Recommendation:** APTA

First Identified: April 2011 **2023 Medicare Utilization:** 2,288,395

2025 Work RVU: 0.29
2025 NF PE RVU: 0.24
2025 Fac PE RVU: NA

RUC Recommendation: 0.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

97161 **Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2015 **2023 Medicare Utilization:** 1,665,113

2025 Work RVU: 1.54
2025 NF PE RVU: 1.45
2025 Fac PE RVU: NA

RUC Recommendation: 0.75

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

97162 **Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 1,462,691

2025 Work RVU: 1.54
2025 NF PE RVU: 1.45
2025 Fac PE RVU: NA

RUC Recommendation: 1.18 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97163 **Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 284,110

2025 Work RVU: 1.54
2025 NF PE RVU: 1.45
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97164 **Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 540,956

2025 Work RVU: 0.96
2025 NF PE RVU: 1.11
2025 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97165 **Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 175,240

2025 Work RVU: 1.54
2025 NF PE RVU: 1.53
2025 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97166 **Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 155,362

2025 Work RVU: 1.54
2025 NF PE RVU: 1.53
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97167 **Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 26,831

2025 Work RVU: 1.54
2025 NF PE RVU: 1.53
2025 Fac PE RVU: NA

RUC Recommendation: 1.70 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97168 **Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 38,416

2025 Work RVU: 0.96
2025 NF PE RVU: 1.16
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2023 Medicare Utilization:** 37,058,204

2025 Work RVU: 0.44
2025 NF PE RVU: 0.62
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.44 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth2 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA, ASHA, APA (psychology) **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

97533 **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2023 Medicare Utilization:** 58,176

2025 Work RVU: 0.48
2025 NF PE RVU: 1.38
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Codes Reported Together 75% or More-Part2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** October 2012 **2023 Medicare Utilization:** 3,619,830

2025 Work RVU: 0.45
2025 NF PE RVU: 0.53
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.45

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer necessary

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97537 **Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2023 Medicare Utilization:** 11,348

2025 Work RVU: 0.48
2025 NF PE RVU: 0.49
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2023 Medicare Utilization:** 116,758

2025 Work RVU: 0.48
2025 NF PE RVU: 0.46
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less**

Global: 000 **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2023 Medicare Utilization:** 681,783

2025 Work RVU: 0.77
2025 NF PE RVU: 2.17
2025 Fac PE RVU: 0.23

RUC Recommendation: 0.88 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2023 Medicare Utilization:** 149,122

2025 Work RVU: 0.50
2025 NF PE RVU: 0.79
2025 Fac PE RVU: 0.17

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

97602 **Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2023 Medicare Utilization:** 39,217

2025 Work RVU: 0.55
2025 NF PE RVU: 0.74
2025 Fac PE RVU: 0.17

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2023 Medicare Utilization:** 14,328

2025 Work RVU: 0.60
2025 NF PE RVU: 0.94
2025 Fac PE RVU: 0.18

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2023 Medicare Utilization:** 10,695

2025 Work RVU: 0.41
2025 NF PE RVU: 9.53
2025 Fac PE RVU: 0.17

RUC Recommendation: 0.11 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97608 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2023 Medicare Utilization:** 1,813

2025 Work RVU: 0.46
2025 NF PE RVU: 9.88
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97610 **Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2023 Medicare Utilization:** 109,756

2025 Work RVU: 0.40
2025 NF PE RVU: 11.87
2025 Fac PE RVU: 0.12

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** February 2008 **2023 Medicare Utilization:** 2,664

2025 Work RVU: 0.62
2025 NF PE RVU: 0.52
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

97760 **Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2023 Medicare Utilization:** 58,920

2025 Work RVU: 0.50
2025 NF PE RVU: 0.91
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97761 **Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2023 Medicare Utilization:** 3,561

2025 Work RVU: 0.50
2025 NF PE RVU: 0.74
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97762 **Checkout for orthotic/prosthetic use, established patient, each 15 minutes** **Global:** **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97763 **Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes** **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2023 Medicare Utilization:** 47,419

2025 Work RVU: 0.48
2025 NF PE RVU: 1.06
2025 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes** **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2023 Medicare Utilization:** 193,951

2025 Work RVU: 0.53
2025 NF PE RVU: 0.56
2025 Fac PE RVU: 0.43

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2023 Medicare Utilization:** 177,565

2025 Work RVU: 0.45
2025 NF PE RVU: 0.50
2025 Fac PE RVU: 0.36

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

97810 **Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient**

Global: XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2023 Medicare Utilization:** 80,126

2025 Work RVU: 0.61
2025 NF PE RVU: 0.73
2025 Fac PE RVU: 0.28

RUC Recommendation: Flag for re-review. 0.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

97811 **Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2023 Medicare Utilization:** 91,991

2025 Work RVU: 0.46
2025 NF PE RVU: 0.30
2025 Fac PE RVU: 0.22

RUC Recommendation: Flag for re-review. 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

97813 **Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient**

Global: XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2023 Medicare Utilization:** 71,678

2025 Work RVU: 0.74
2025 NF PE RVU: 0.81
2025 Fac PE RVU: 0.34

RUC Recommendation: Flag for re-review. 0.74 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97814 **Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2023 Medicare Utilization:** 91,224

2025 Work RVU: 0.47
2025 NF PE RVU: 0.39
2025 Fac PE RVU: 0.22

RUC Recommendation: Flag for re-review. 0.47 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

98000 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.93
2025 NF PE RVU: 0.56
2025 Fac PE RVU: 0.37

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98001 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 1.60
2025 NF PE RVU: 0.84
2025 Fac PE RVU: 0.63

RUC Recommendation: 1.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

98002 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 2.60
2025 NF PE RVU: 1.29
2025 Fac PE RVU: 1.02

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

98003 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 3.50
2025 NF PE RVU: 1.66
2025 Fac PE RVU: 1.37

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98004 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.70
2025 NF PE RVU: 0.45
2025 Fac PE RVU: 0.27

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

98005 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 1.30
2025 NF PE RVU: 0.71
2025 Fac PE RVU: 0.51

RUC Recommendation: 1.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

98006 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 1.92
2025 NF PE RVU: 1.02
2025 Fac PE RVU: 0.75

RUC Recommendation: 1.92

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

98007 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 2.60
2025 NF PE RVU: 1.31
2025 Fac PE RVU: 1.02

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98008 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.90
2025 NF PE RVU: 0.52
2025 Fac PE RVU: 0.35

RUC Recommendation: 0.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98009 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 1.55
2025 NF PE RVU: 0.79
2025 Fac PE RVU: 0.61

RUC Recommendation: 1.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

98010 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 2.42
2025 NF PE RVU: 1.19
2025 Fac PE RVU: 0.95

RUC Recommendation: 2.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98011 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 3.20
2025 NF PE RVU: 1.52
2025 Fac PE RVU: 1.26

RUC Recommendation: 3.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98012 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.65
2025 NF PE RVU: 0.40
2025 Fac PE RVU: 0.26

RUC Recommendation: 0.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

98013 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 1.20
2025 NF PE RVU: 0.64
2025 Fac PE RVU: 0.47

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

98014 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 1.75
2025 NF PE RVU: 0.91
2025 Fac PE RVU: 0.69

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

98015 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 2.60
2025 NF PE RVU: 1.28
2025 Fac PE RVU: 1.02

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98016 **Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.30
2025 NF PE RVU: 0.17
2025 Fac PE RVU: 0.13

RUC Recommendation: 0.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98925 **Osteopathic manipulative treatment (OMT); 1-2 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2023 Medicare Utilization:** 45,598

2025 Work RVU: 0.46
2025 NF PE RVU: 0.45
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009 **2023 Medicare Utilization:** 85,544

2025 Work RVU: 0.71
2025 NF PE RVU: 0.61
2025 Fac PE RVU: 0.28

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009

2023 Medicare Utilization: 79,670

2025 Work RVU: 0.96
2025 NF PE RVU: 0.76
2025 Fac PE RVU: 0.36

RUC Recommendation: 1.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010

2023 Medicare Utilization: 86,075

2025 Work RVU: 1.21
2025 NF PE RVU: 0.88
2025 Fac PE RVU: 0.46

RUC Recommendation: 1.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010

2023 Medicare Utilization: 85,644

2025 Work RVU: 1.46
2025 NF PE RVU: 1.00
2025 Fac PE RVU: 0.53

RUC Recommendation: 1.50

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011

2023 Medicare Utilization: 4,054,617

2025 Work RVU: 0.46
2025 NF PE RVU: 0.35
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.46

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2023 Medicare Utilization:** 13,040,018

2025 Work RVU: 0.71
2025 NF PE RVU: 0.47
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98942 **Chiropractic manipulative treatment (CMT); spinal, 5 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2023 Medicare Utilization:** 919,003

2025 Work RVU: 0.96
2025 NF PE RVU: 0.57
2025 Fac PE RVU: 0.39

RUC Recommendation: 0.96

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions**

Global: XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2023 Medicare Utilization:**

2025 Work RVU: 0.46
2025 NF PE RVU: 0.28
2025 Fac PE RVU: 0.18

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98970 **Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes**

Global: XXX **Issue:** Online Digital Evaluation Service (e-Visit) - QHP **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** ACG, ACP, AGA, AND, APA (psychology), ASGE **First Identified:** April 2025 **2023 Medicare Utilization:** 1,164

2025 Work RVU: 0.25
2025 NF PE RVU: 0.09
2025 Fac PE RVU: 0.09

RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.

Referred to CPT

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2025

98971 **Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes**

Global: XXX **Issue:** Online Digital Evaluation Service (e-Visit) - QHP **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** ACG, ACP, AGA, AND, APA (psychology), ASGE **First Identified:** April 2025 **2023 Medicare Utilization:** 769

2025 Work RVU: 0.44
2025 NF PE RVU: 0.19
2025 Fac PE RVU: 0.19

RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.

Referred to CPT

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2025

98972 **Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes**

Global: XXX **Issue:** Online Digital Evaluation Service (e-Visit) - QHP **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** ACG, ACP, AGA, AND, APA (psychology), ASGE **First Identified:** April 2025 **2023 Medicare Utilization:** 973

2025 Work RVU: 0.69
2025 NF PE RVU: 0.28
2025 Fac PE RVU: 0.27

RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.

Referred to CPT

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2025

Status Report: CMS Requests and Relativity Assessment Issues

98975 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2023 Medicare Utilization:** 31,765

2025 Work RVU: 0.00
2025 NF PE RVU: 0.59
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

98976 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 16-30 days in a 30-day period**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** September 2024 **2023 Medicare Utilization:** 19,286

2025 Work RVU: 0.00
2025 NF PE RVU: 1.32
2025 Fac PE RVU: NA

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Contractor Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

98977 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 16-30 days in a 30-day period**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2023 Medicare Utilization:** 92,434

2025 Work RVU: 0.00
2025 NF PE RVU: 1.32
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98978 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 16-30 days in a 30-day period**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** September 2024 **2023 Medicare Utilization:** 23

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

98979 **Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes**

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98980 **Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 20 minutes**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2023 Medicare Utilization:** 97,630

2025 Work RVU: 0.62
2025 NF PE RVU: 0.89
2025 Fac PE RVU: 0.25

RUC Recommendation: 0.78 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98981 **Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2023 Medicare Utilization:** 41,730

2025 Work RVU: 0.61
2025 NF PE RVU: 0.56
2025 Fac PE RVU: 0.24

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98984 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period**

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Contractor Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

98985 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period**

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98986 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period**

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

99091 **Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** ACC, ACP, ANA **First Identified:** September 2024 **2023 Medicare Utilization:** 70,432

2025 Work RVU: 1.10
2025 NF PE RVU: 0.43
2025 Fac PE RVU: 0.43

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

99143 **Deleted from CPT**

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99144 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99148 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99149 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99150 **Deleted from CPT**

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

99151 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:** 2

2025 Work RVU: 0.50
2025 NF PE RVU: 1.26
2025 Fac PE RVU: 0.18

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

99152 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:** 1,469,831

2025 Work RVU: 0.25
2025 NF PE RVU: 1.22
2025 Fac PE RVU: 0.08

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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99155 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:** 8

2025 Work RVU: 1.90
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.35

RUC Recommendation: 1.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

99156 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:** 8,051

2025 Work RVU: 1.65
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.39

RUC Recommendation: 1.84 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 09 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.18
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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99177 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** May 2014 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.14
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAFP, UHMS **First Identified:** April 2013 **2023 Medicare Utilization:** 298,205

2025 Work RVU: 2.11
2025 NF PE RVU: 0.78
2025 Fac PE RVU: 0.78

RUC Recommendation: 2.11 **Referred to CPT** September 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

99281 **Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2023 Medicare Utilization:** 9,104

2025 Work RVU: 0.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.06

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99282 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2023 Medicare Utilization:** 182,871

2025 Work RVU: 0.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.22

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99283 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2023 Medicare Utilization:** 1,146,356

2025 Work RVU: 1.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.35
Result: Increase

RUC Recommendation: 1.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99284 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2023 Medicare Utilization:** 4,908,076

2025 Work RVU: 2.74
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.57
Result: Increase

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99285 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2023 Medicare Utilization:** 8,590,069

2025 Work RVU: 4.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.79
Result: Maintain

RUC Recommendation: 3.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99291 **Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes** **Global:** XXX **Issue:** RAW **Screen:** RUC Reviewed Greater than 10 years ago and Medicare Util over 1 million **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACEP, ACS, ATS, CHEST, SCCM **First Identified:** September 2025 **2023 Medicare Utilization:** 5,654,101

2025 Work RVU: 4.50
2025 NF PE RVU: 3.27
2025 Fac PE RVU: 1.42

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

99358 **Prolonged evaluation and management service before and/or after direct patient care; first hour** **Global:** XXX **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2019 **2023 Medicare Utilization:**

2025 Work RVU: 1.80
2025 NF PE RVU: 0.75
2025 Fac PE RVU: 0.71

RUC Recommendation: 1.80 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

99359 **Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)** **Global:** ZZZ **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2019 **2023 Medicare Utilization:**

2025 Work RVU: 0.75
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.75 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99363 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of ther**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

99364 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

99375 **Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU: 1.73
2025 NF PE RVU: 1.22
2025 Fac PE RVU: 0.68

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99378 **Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU: 1.73
2025 NF PE RVU: 1.22
2025 Fac PE RVU: 0.68

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

99408 **Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes**

Global: XXX **Issue:** Alcohol/Substance Misuse Structured Assessment and Brief Intervention **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACP, ANA, APA (psychology), ASA, NASW **First Identified:** September 2025 **2023 Medicare Utilization:**

2025 Work RVU: 0.65
2025 NF PE RVU: 0.33
2025 Fac PE RVU: 0.26

RUC Recommendation: Refer to CPT

Referred to CPT February 2026

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

99409 **Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes**

Global: XXX **Issue:** Alcohol/Substance Misuse Structured Assessment and Brief Intervention **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACP, ANA, APA (psychology), ASA, NASW **First Identified:** September 2025 **2023 Medicare Utilization:**

2025 Work RVU: 1.30
2025 NF PE RVU: 0.59
2025 Fac PE RVU: 0.51

RUC Recommendation: Refer to CPT

Referred to CPT February 2026

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99415 **Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)**

Global: ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS **First Identified:** **2023 Medicare Utilization:** 7,815

2025 Work RVU: 0.00
2025 NF PE RVU: 0.61
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** February 2022 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99416 **Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)**

Global: ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS **First Identified:** **2023 Medicare Utilization:** 2,002

2025 Work RVU: 0.00
2025 NF PE RVU: 0.28
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** February 2022 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99417 **Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)**

Global: ZZZ **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2021 **2023 Medicare Utilization:**

2025 Work RVU: 0.61
2025 NF PE RVU: 0.27
2025 Fac PE RVU: 0.24

RUC Recommendation: 0.61 **Referred to CPT** February 2021 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99418 **Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)**

Global: ZZZ **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU: 0.81
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.81 **Referred to CPT** February 2021 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

99421 **Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes**

Global: XXX **Issue:** Online Digital Evaluation Service (e-Visit) - Physician **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAP, ACC, ACG, ACP, AGA, ANA, ASGE, ES **First Identified:** April 2025 **2023 Medicare Utilization:** 79,539

2025 Work RVU: 0.25
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.11

RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective. **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2025

99422 **Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes**

Global: XXX **Issue:** Online Digital Evaluation Service (e-Visit) - Physician **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAP, ACC, ACG, ACP, AGA, ANA, ASGE, ES **First Identified:** April 2025 **2023 Medicare Utilization:** 43,816

2025 Work RVU: 0.50
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.22

RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective. **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2025

Status Report: CMS Requests and Relativity Assessment Issues

99423 **Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes**

Global: XXX **Issue:** Online Digital Evaluation Service (e-Visit) - Physician **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAP, ACC, ACG, ACP, AGA, ANA, ASGE, ES **First Identified:** April 2025 **2023 Medicare Utilization:** 44,113

2025 Work RVU: 0.80
2025 NF PE RVU: 0.55
2025 Fac PE RVU: 0.34

RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.

Referred to CPT
Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2025

99445 **Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30-day period**

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: PE Only

Referred to CPT
Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

99453 **Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); initial set-up and patient education on use of equipment**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2023 Medicare Utilization:** 177,654

2025 Work RVU: 0.00
2025 NF PE RVU: 0.59
2025 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT
Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99454 **Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2023 Medicare Utilization:** 1,757,512

2025 Work RVU: 0.00
2025 NF PE RVU: 1.32
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99457 **Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** April 2022 **2023 Medicare Utilization:** 2,030,157

2025 Work RVU: 0.61
2025 NF PE RVU: 0.83
2025 Fac PE RVU: 0.24
Result: Decrease

RUC Recommendation: 0.45

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

99458 **Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2023 Medicare Utilization:** 1,491,579

2025 Work RVU: 0.61
2025 NF PE RVU: 0.54
2025 Fac PE RVU: 0.24
Result: Maintain

RUC Recommendation: 0.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99459 **Pelvic examination (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Pelvic Exam (PE Only) **Screen:** Gender Equity Payment **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 13 **Specialty Developing Recommendation:** AAFP, ACOG, ANA, AUA **First Identified:** April 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.64
2025 Fac PE RVU: NA

RUC Recommendation: PE Inputs **Referred to CPT** September 2022
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

99470 **Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes** **Global:** **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.39 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

99473 **Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration** **Global:** XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPA, ACC, ANA **First Identified:** September 2024 **2023 Medicare Utilization:** 25,982

2025 Work RVU: 0.00
2025 NF PE RVU: 0.42
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

99474 **Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** ACC, ACP, ANA **First Identified:** September 2024 **2023 Medicare Utilization:** 4,048

2025 Work RVU: 0.18
2025 NF PE RVU: 0.32
2025 Fac PE RVU: 0.07

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

99491 **Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.**

Global: XXX **Issue:** Chronic Care Management Services **Screen:** New and Revised Service (Not part of RAW) **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAN, ACP, AGS **First Identified:** NA **2023 Medicare Utilization:** 228,087

2025 Work RVU: 1.50
2025 NF PE RVU: 0.94
2025 Fac PE RVU: 0.64

RUC Recommendation: 1.45. Refer to CPT Assistant **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2018

Status Report: CMS Requests and Relativity Assessment Issues

99492 **Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.**

Global: XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2023 Medicare Utilization:** 22,577

2025 Work RVU: 1.88
2025 NF PE RVU: 2.48
2025 Fac PE RVU: 0.80

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

99493 **Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.**

Global: XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2023 Medicare Utilization:** 76,944

2025 Work RVU: 2.05
2025 NF PE RVU: 1.93
2025 Fac PE RVU: 0.86

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

99494 **Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2023 Medicare Utilization:** 41,222

2025 Work RVU: 0.82
2025 NF PE RVU: 0.87
2025 Fac PE RVU: 0.34

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

99495 **Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge At least moderate level of medical decision making during the service period Face-to-face visit, within 14 calendar days of discharge**

Global: XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2023 Medicare Utilization:** 676,659

2025 Work RVU: 2.78
2025 NF PE RVU: 3.27
2025 Fac PE RVU: 1.20
Result: Increase

RUC Recommendation: Withdrawn

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99496 **Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge High level of medical decision making during the service period Face-to-face visit, within 7 calendar days of discharge**

Global: XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2023 Medicare Utilization:** 663,948

2025 Work RVU: 3.79
2025 NF PE RVU: 4.40
2025 Fac PE RVU: 1.61
Result: Increase

RUC Recommendation: Withdrawn

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99497 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**

Global: XXX **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2023 Medicare Utilization:** 2,409,015

2025 Work RVU: 1.50
2025 NF PE RVU: 0.86
2025 Fac PE RVU: 0.64
Result: Maintain

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

Status Report: CMS Requests and Relativity Assessment Issues

99498 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2023 Medicare Utilization:** 83,439

2025 Work RVU: 1.40
2025 NF PE RVU: 0.63
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

G0008 **Administration of influenza virus vaccine**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0009 **Administration of pneumococcal vaccine**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0010 **Administration of hepatitis b vaccine** **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2010 **2023 Medicare Utilization:** 760,482

2025 Work RVU: 0.45
2025 NF PE RVU: 0.66
2025 Fac PE RVU: 0.30

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0102 **Prostate cancer screening; digital rectal examination** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2023 Medicare Utilization:** 10,521

2025 Work RVU: 0.18
2025 NF PE RVU: 0.51
2025 Fac PE RVU: 0.07

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0104 **Colorectal cancer screening; flexible sigmoidoscopy** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 2,763

2025 Work RVU: 0.84
2025 NF PE RVU: 4.60
2025 Fac PE RVU: 0.74

RUC Recommendation: 0.84 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0105 **Colorectal cancer screening; colonoscopy on individual at high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / CMS-Other Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 266,258

2025 Work RVU: 3.26
2025 NF PE RVU: 6.44
2025 Fac PE RVU: 1.79

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0108 **Diabetes outpatient self-management training services, individual, per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2023 Medicare Utilization:** 137,277

2025 Work RVU: 0.90
2025 NF PE RVU: 0.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0109 **Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2023 Medicare Utilization:** 44,319

2025 Work RVU: 0.25
2025 NF PE RVU: 0.21
2025 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0121 **Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / CMS-Other Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 192,725

2025 Work RVU: 3.26
2025 NF PE RVU: 6.44
2025 Fac PE RVU: 1.79

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0124 **Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP **First Identified:** October 2017 **2023 Medicare Utilization:** 35,413

2025 Work RVU: 0.26
2025 NF PE RVU: 0.48
2025 Fac PE RVU: 0.48

RUC Recommendation: 0.42 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0127 **Trimming of dystrophic nails, any number**

Global: 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2023 Medicare Utilization:** 1,182,316

2025 Work RVU: 0.17
2025 NF PE RVU: 0.54
2025 Fac PE RVU: 0.04

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0141 **Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017

2023 Medicare Utilization: 1,779

2025 Work RVU: 0.26
2025 NF PE RVU: 0.48
2025 Fac PE RVU: 0.48

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0166 **External counterpulsation, per treatment session**

Global: XXX **Issue:** External Counterpulsation **Screen:** CMS-Other - Utilization over 100,000 / CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 14 **Specialty Developing Recommendation:** ACC

First Identified: April 2016

2023 Medicare Utilization: 45,389

2025 Work RVU: 0.00
2025 NF PE RVU: 2.96
2025 Fac PE RVU: NA

RUC Recommendation: 0.00 (PE Only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

G0168 **Wound closure utilizing tissue adhesive(s) only**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** CMS 000-Day Global Typically Reported with an E/M / PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACEP

First Identified: July 2016

2023 Medicare Utilization: 32,978

2025 Work RVU: 0.31
2025 NF PE RVU: 2.60
2025 Fac PE RVU: 0.07

RUC Recommendation: New PE inputs. 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

G0179 **Physician or allowed practitioner re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2023 Medicare Utilization:** 593,505

2025 Work RVU: 0.45
2025 NF PE RVU: 0.79
2025 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0180 **Physician or allowed practitioner certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2023 Medicare Utilization:** 926,862

2025 Work RVU: 0.67
2025 NF PE RVU: 0.90
2025 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 **Physician or allowed practitioner supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allo**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2023 Medicare Utilization:** 417,017

2025 Work RVU: 1.73
2025 NF PE RVU: 1.30
2025 Fac PE RVU: NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0182 **Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patie**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2016

2023 Medicare Utilization: 32,952

2025 Work RVU: 1.73

2025 NF PE RVU: 1.27

2025 Fac PE RVU: NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0202 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0204 **Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0206 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008

2023 Medicare Utilization: 23,505

2025 Work RVU: 0.00

2025 NF PE RVU: 0.34

2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0238 **Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008

2023 Medicare Utilization: 58,730

2025 Work RVU: 0.00

2025 NF PE RVU: 0.30

2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0248 **Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-t**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** January 2016 **2023 Medicare Utilization:** 13,867

2025 Work RVU: 0.00
2025 NF PE RVU: 2.95
2025 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in th**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:** 891,988

2025 Work RVU: 0.00
2025 NF PE RVU: 1.87
2025 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0250 **Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; testing not occurring more frequen**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:** 102,272

2025 Work RVU: 0.18
2025 NF PE RVU: 0.07
2025 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Impacted Cerumen **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 35 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2023 Medicare Utilization:** 160,387

2025 Work RVU: 0.61
2025 NF PE RVU: 0.87
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face w**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing / CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AND **First Identified:** February 2008 **2023 Medicare Utilization:** 59,157

2025 Work RVU: 0.45
2025 NF PE RVU: 0.50
2025 Fac PE RVU: 0.36

RUC Recommendation: Refer to CPT **Referred to CPT** February 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0271 **Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AND **First Identified:** September 2025 **2023 Medicare Utilization:** 618

2025 Work RVU: 0.25
2025 NF PE RVU: 0.25
2025 Fac PE RVU: 0.20

RUC Recommendation: Refer to CPT **Referred to CPT** February 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0277 **Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval** **Global:** XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAFP, UHMS **First Identified:** April 2022 **2023 Medicare Utilization:** 150,377

2025 Work RVU: 0.00
2025 NF PE RVU: 5.22
2025 Fac PE RVU: NA

RUC Recommendation: PE Inputs **Referred to CPT** September 2024 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0279 **Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)** **Global:** ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2023 Medicare Utilization:** 959,916

2025 Work RVU: 0.60
2025 NF PE RVU: 0.69
2025 Fac PE RVU: NA

RUC Recommendation: Recommend CMS delete **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2023 Medicare Utilization:** 5,721,037

2025 Work RVU: 0.18
2025 NF PE RVU: 0.19
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0296 **Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)**

Global: XXX **Issue:** Counseling Visit for Lung Cancer **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: January 2019 **2023 Medicare Utilization:** 62,298

2025 Work RVU: 0.52
2025 NF PE RVU: 0.28
2025 Fac PE RVU: 0.20

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0297 **Low dose ct scan (ldct) for lung cancer screening**

Global: **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:**

First Identified: October 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2021. Recommend CMS delete. Cat I code created.

Referred to CPT May 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0339 **Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment**

Global: XXX **Issue:** RAW **Screen:** Contractor Priced High Volume4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: September 2025 **2023 Medicare Utilization:** 3,332

2025 Work RVU: 0.00
2025 NF PE RVU: 0
2025 Fac PE RVU: 0

RUC Recommendation: Review action plan.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

G0340 **Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatm**

Global: XXX **Issue:** RAW **Screen:** Contractor Priced High Volume4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 11,924

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0364 **Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:**

First Identified: October 2017

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0365 **Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)**

Global: **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: October 2017

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0389 **Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (aaa) screening**

Global: **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS **First Identified:** July 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: CPT Assistant article published **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

G0396 **Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**

Global: XXX **Issue:** Alcohol/Substance Misuse Structured Assessment and Brief Intervention **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACP, ANA, APA (psychology), ASA, NASW **First Identified:** October 2017 **2023 Medicare Utilization:** 50,385

2025 Work RVU: 0.65
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.25

RUC Recommendation: Refer to CPT **Referred to CPT** February 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0397 **Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes**

Global: XXX **Issue:** Alcohol/Substance Misuse Structured Assessment and Brief Intervention **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACP, ANA, APA (psychology), ASA, NASW **First Identified:** September 2025 **2023 Medicare Utilization:** 2,385

2025 Work RVU: 1.30
2025 NF PE RVU: 0.57
2025 Fac PE RVU: 0.48

RUC Recommendation: Refer to CPT **Referred to CPT** February 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0398 **Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation**

Global: XXX **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** April 2025 **2023 Medicare Utilization:** 5,591

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0399 **Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation**

Global: XXX **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth5 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** October 2018 **2023 Medicare Utilization:** 68,326

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0400 **Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels**

Global: XXX **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** April 2025 **2023 Medicare Utilization:** 12,949

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0402 **Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment**

Global: XXX **Issue:** Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2023 Medicare Utilization:** 505,038

2025 Work RVU: 2.60
2025 NF PE RVU: 2.21
2025 Fac PE RVU: 1.13

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0403 **Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report**

Global: XXX **Issue:** EKG for Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2023 Medicare Utilization:** 108,795

2025 Work RVU: 0.17
2025 NF PE RVU: 0.24
2025 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0407 **Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Inpatient Consult Follow-Up **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2023 Medicare Utilization:** 26,094

2025 Work RVU: 1.39
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.64

RUC Recommendation: Review April 2028

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

G0408 **Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Inpatient Consult Follow-Up **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2023 Medicare Utilization:** 21,451

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.95

RUC Recommendation: Review April 2028 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0416 **Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any methodSurgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method**

Global: XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2014 **2023 Medicare Utilization:** 132,950

2025 Work RVU: 3.60
2025 NF PE RVU: 7.27
2025 Fac PE RVU: NA

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0422 **Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2023 Medicare Utilization:** 70,834

2025 Work RVU: 1.99
2025 NF PE RVU: 1.79
2025 Fac PE RVU: 1.79

RUC Recommendation: Maintain **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0423 **Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020 **2023 Medicare Utilization:** 53,693

2025 Work RVU: 1.99
2025 NF PE RVU: 1.79
2025 Fac PE RVU: 1.79

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0425 **Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:**

First Identified: April 2022 **2023 Medicare Utilization:** 32,138

2025 Work RVU: 1.92
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.66

RUC Recommendation: Review April 2028. No recommendation

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0426 **Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:**

First Identified: September 2022 **2023 Medicare Utilization:** 37,693

2025 Work RVU: 2.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.06

RUC Recommendation: Review April 2028. No recommendation

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0427 **Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:**

First Identified: September 2022 **2023 Medicare Utilization:** 26,613

2025 Work RVU: 3.86
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.39

RUC Recommendation: Review April 2028. No recommendation

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

G0436 **Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0438 **Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2023 Medicare Utilization:** 698,250

2025 Work RVU: 2.60
2025 NF PE RVU: 2.20
2025 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0439 **Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2023 Medicare Utilization:** 9,929,057

2025 Work RVU: 1.92
2025 NF PE RVU: 1.86
2025 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0442 **Annual alcohol misuse screening, 5 to 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** CMS-Other - Utilization over 100,000 / High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2023 Medicare Utilization:** 897,345

2025 Work RVU: 0.18
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.08

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0443 **Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** September 2022 **2023 Medicare Utilization:** 2,250

2025 Work RVU: 0.60
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.26

RUC Recommendation: 0.63 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0444 **Annual depression screening, 5 to 15 minutes**

Global: XXX **Issue:** Annual Depression Screening **Screen:** CMS-Other - Utilization over 100,000 /High Volume Gowth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 16 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2023 Medicare Utilization:** 2,426,489

2025 Work RVU: 0.18
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.08

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0445 **High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** High Volume Growth8 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: September 2022

2023 Medicare Utilization: 687

2025 Work RVU: 0.60
2025 NF PE RVU: 0.33
2025 Fac PE RVU: 0.25

RUC Recommendation: 0.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0446 **Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 30,000 / High Volume Growth8 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: October 2017

2023 Medicare Utilization: 327,292

2025 Work RVU: 0.60
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.26

RUC Recommendation: 0.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0447 **Face-to-face behavioral counseling for obesity, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 100,000 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: April 2016

2023 Medicare Utilization: 277,239

2025 Work RVU: 0.60
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.26

RUC Recommendation: 0.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

G0452 **Molecular pathology procedure; physician interpretation and report**

Global: XXX **Issue:** Molecular Pathology Interpretation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: October 2018

2023 Medicare Utilization: 155,823

2025 Work RVU: 0.93
2025 NF PE RVU: 0.51
2025 Fac PE RVU: NA

RUC Recommendation: 0.93

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

G0453 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)**

Global: XXX **Issue:** Continuous Intraoperative Neurophysiology Monitoring **Screen:** CMS-Other - Utilization over 100,000 / CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: April 2016

2023 Medicare Utilization: 353,333

2025 Work RVU: 0.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.30

RUC Recommendation: Refer to CPT

Referred to CPT May 2026

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions fo**

Global: **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: November 2012

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions fo**

Global: **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0498 **Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted**

Global: YYY **Issue:** RAW **Screen:** Contractor Priced High Volume3 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASCO, ASH

First Identified: April 2024 **2023 Medicare Utilization:** 88,383

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Remove from Screen

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0500 **Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monit**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020 **2023 Medicare Utilization:** 250,980

2025 Work RVU: 0.10
2025 NF PE RVU: 1.57
2025 Fac PE RVU: 0.04

RUC Recommendation: Maintain

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0506 **Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)** **Global:** ZZZ **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2023 Medicare Utilization:** 148,073

2025 Work RVU: 0.87
2025 NF PE RVU: 0.96
2025 Fac PE RVU: 0.37

RUC Recommendation: Requested CMS Delete **Referred to CPT** **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0516 **Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)** **Global:** 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2023 Medicare Utilization:** 5

2025 Work RVU: 1.82
2025 NF PE RVU: 3.23
2025 Fac PE RVU: 0.94

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0517 **Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)** **Global:** 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2023 Medicare Utilization:** 2

2025 Work RVU: 2.10
2025 NF PE RVU: 3.60
2025 Fac PE RVU: 1.05

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0518 **Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)** **Global:** 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2023 Medicare Utilization:** 1

2025 Work RVU: 3.55
2025 NF PE RVU: 5.50
2025 Fac PE RVU: 1.61

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0561 **Tympanostomy with local or topical anesthesia and insertion of a ventilating tube when performed with tympanostomy tube delivery device, unilateral (list separately in addition to 69433) (do not use in conjunction with 0583t)**

Global: ZZZ **Issue:** Tympanostomy **Screen:** CMS Request - NPRM for 2026 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2025 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

G2010 **Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AADA, AAFP, ACP **First Identified:** April 2022 **2023 Medicare Utilization:** 4,805

2025 Work RVU: 0.18
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.08

RUC Recommendation: Requested CMS delete. Addressed by CPT/RUC Telemedicine Office Visits Workgroup. **Referred to CPT** February 2023 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G2012 **Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m servi**

Global: XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** April 2022 **2023 Medicare Utilization:** 76,147

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Requested CMS delete **Referred to CPT** February 2023 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G2066 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and te**

Global: XXX **Issue:** Remote Interrogation Device Evaluation - Cardiovascular (PE Only) **Screen:** Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** April 2022 **2023 Medicare Utilization:** 1,385,431

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: PE Only

RUC Recommendation: PE Inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G2082 **Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation**

Global: XXX **Issue:** Office Visit with Esketamine Nasal Self-Administration **Screen:** CMS-Other - Utilization over 30,000-Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ANA, APA (psychiatry) **First Identified:** September 2025 **2023 Medicare Utilization:** 3,269

2025 Work RVU: 0.70
2025 NF PE RVU: 24.76
2025 Fac PE RVU: 0.27
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026
Referred to CPT Asst ☐ **Published in CPT Asst:**

G2083 **Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration,**

Global: XXX **Issue:** Office Visit with Esketamine Nasal Self-Administration **Screen:** CMS-Other - Utilization over 30,000-Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ANA, APA (psychiatry) **First Identified:** April 2025 **2023 Medicare Utilization:** 22,139

2025 Work RVU: 0.70
2025 NF PE RVU: 35.44
2025 Fac PE RVU: 0.27
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2026
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G2252 **Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m servi**

Global: XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** Added as part of the family **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2023 Medicare Utilization:** 4,320

2025 Work RVU: 0.50
2025 NF PE RVU: 0.26
2025 Fac PE RVU: 0.22

RUC Recommendation: Requested CMS Delete **Referred to CPT** **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G3002 **Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person centered care plan th**

Global: XXX **Issue:** Chronic Pain Management and Treatment Bundle **Screen:** CMS-Other - Utilization over 30,000-Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAPM&R, ANA, ASA, ASIPP, NASS **First Identified:** April 2025 **2023 Medicare Utilization:** 67,675

2025 Work RVU: 1.45
2025 NF PE RVU: 0.90
2025 Fac PE RVU: 0.65

RUC Recommendation: Refer to CPT to be considered under the CPT Value-Based Care Workgroup. **Referred to CPT** Time uncertain **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

G3003 **Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for g3002. when using g3003, 15 minutes must be met or exceeded.)**

Global: ZZZ **Issue:** Chronic Pain Management and Treatment Bundle **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAPM&R, ANA, ASA, ASIPP, NASS **First Identified:** **2023 Medicare Utilization:** 19,654

2025 Work RVU: 0.50
2025 NF PE RVU: 0.37
2025 Fac PE RVU: 0.23

RUC Recommendation: Refer to CPT to be considered under the CPT Value-Based Care Workgroup. **Referred to CPT** Time uncertain **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6001 **Ultrasonic guidance for placement of radiation therapy fields** **Global:** XXX **Issue:** Suerficial Radiation Therapy **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 255,869

2025 Work RVU: 0.58
2025 NF PE RVU: 4.70
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6002 **Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy** **Global:** XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2017 **2023 Medicare Utilization:** 757,516

2025 Work RVU: 0.39
2025 NF PE RVU: 1.85
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6003 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev** **Global:** XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 58

2025 Work RVU: 0.00
2025 NF PE RVU: 4.53
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6004 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev** **Global:** XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 1,494

2025 Work RVU: 0.00
2025 NF PE RVU: 3.67
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6005 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 486

2025 Work RVU: 0.00
2025 NF PE RVU: 3.67
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6006 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 26

2025 Work RVU: 0.00
2025 NF PE RVU: 3.65
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6007 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2023 Medicare Utilization:** 53

2025 Work RVU: 0.00
2025 NF PE RVU: 6.52
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6008 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2023 Medicare Utilization:** 157

2025 Work RVU: 0.00
2025 NF PE RVU: 5.05
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6009 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2023 Medicare Utilization:** 58

2025 Work RVU: 0.00
2025 NF PE RVU: 5.09
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6010 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2023 Medicare Utilization:** 1

2025 Work RVU: 0.00
2025 NF PE RVU: 5.01
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6011 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2023 Medicare Utilization:** 3,955

2025 Work RVU: 0.00
2025 NF PE RVU: 6.66
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6012 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 265,505

2025 Work RVU: 0.00
2025 NF PE RVU: 6.67
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6013 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 114,006

2025 Work RVU: 0.00
2025 NF PE RVU: 6.70
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6014 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2019 **2023 Medicare Utilization:** 7,498

2025 Work RVU: 0.00
2025 NF PE RVU: 6.66
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS DeleteRemove from screen **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6015 **Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 1,099,494

2025 Work RVU: 0.00
2025 NF PE RVU: 10.38
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6016 **Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2023 Medicare Utilization:** 3,044

2025 Work RVU: 0.00
2025 NF PE RVU: 10.38
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6017 **Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment**

Global: YYY **Issue:** Radiation Oncology Treatment Delivery **Screen:** Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2022 **2023 Medicare Utilization:** 106,265

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Request CMS Delete **Referred to CPT** **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

GPCX1 **Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient'**

Global: **Issue:** Visit Complexity E/M Add-On **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2019 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: No recommendation on physician work, time or PE for this code. CMS estimates of utilization for code GPC1X should be more conservative.

Referred to CPT

Result: Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

P3001 **Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017 **2023 Medicare Utilization:** 746

2025 Work RVU: 0.26
2025 NF PE RVU: 0.48
2025 Fac PE RVU: 0.48

RUC Recommendation: 0.42

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Q0091 **Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** No Specialty Society Interest

First Identified: October 2018 **2023 Medicare Utilization:** 394,464

2025 Work RVU: 0.37
2025 NF PE RVU: 0.95
2025 Fac PE RVU: 0.15

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

CPT	2026 Long Descriptor	Issue	Most Recent RUC Meeting Date	Tab	Next RUC Review	RUC or RAW to Review	Specialty Society to Survey	RUC Recommendation	Screen	First Identified - RUC Meeting Date	Global	2025 Base Unit/Work RVUs	2025 NF PE RVUs	2025 Fac PE RVUs	2025 PLI RVUs	2023 Medicare Util	Referred to CPT Asst	CPT Asst Status	CPT Asst Complete	Referred to CPT	Refer to CPT Background	CPT Meeting	CPT Tab	CPT Ed Panel Status Complete	Complete	Result
0042T	Cerebral per	Cerebral Perfusion & CT Ar	September 2024	09			ACR, ASNR	Deleted from CPT	High Volume Category III Codes 2022	April 2022	XXX		0.00	0.00	0	42599	FALSE			TRUE	In April 2022, t	May 2024	17	Deleted	TRUE	Deleted from CPT
00534	Anesthesia fc	RAW	January 2019	37			ASA	Remove from screen	High Volume	October 2018	XXX	7	0.00	0.00	0	26367	FALSE			FALSE					TRUE	Remove from Screen
00537	Anesthesia fc	Anesthesia for Cardiac Ele	October 2020	13			ASA	12	High Volume Growth4	October 2016	XXX	10	0.00	0.00	0	113270	FALSE			FALSE					TRUE	Increase
0054T	Computer-as	RAW	April 2024	12	April 2027	RAW	AAOS, NASS	Review action plan	High Volume Category III Codes 2022	April 2022	XXX		0.00	0.00	0	7102	FALSE			FALSE					FALSE	
0055T	Computer-as	RAW	April 2024	12	April 2027	RAW	AAOS, NASS	Review action plan	High Volume Category III Codes 2022	April 2022	XXX		0.00	0.00	0	22991	FALSE			FALSE					FALSE	
00560	Anesthesia fc	RAW	January 2019	37			ASA	Remove from screen	High Volume Growth5	October 2018	XXX	15	0.00	0.00	0	60403	FALSE			FALSE					TRUE	Remove from Screen
00731	Anesthesia fc	Anesthesia for Intestinal Er	January 2017	04			ASA	5 base units	CMS Request - Final Rule for 2016	September 2016	XXX	5	0.00	0.00	0	1026775	FALSE			FALSE		September	12	complete	TRUE	Maintain
00732	Anesthesia fc	Anesthesia for Intestinal Er	January 2017	04			ASA	6 base units	CMS Request - Final Rule for 2016	September 2016	XXX	6	0.00	0.00	0	90204	FALSE			FALSE		September	12	complete	TRUE	Increase
00740	Anesthesia fc	Anesthesia for Intestinal Er	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							FALSE			TRUE	In April 2016, a	September	12	complete	TRUE	Deleted from CPT
00810	Anesthesia fc	Anesthesia for Intestinal Er	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							FALSE			TRUE	In April 2016, a	September	12	complete	TRUE	Deleted from CPT
00811	Anesthesia fc	Anesthesia for Intestinal Er	April 2017	04			ASA	4 base units	CMS Request - Final Rule for 2016	September 2016	XXX	4	0.00	0.00	0	1089300	FALSE			FALSE		September	12	complete	TRUE	Decrease
00812	Anesthesia fc	Anesthesia for Intestinal Er	April 2017	04			ASA	3 base units	CMS Request - Final Rule for 2016	September 2016	XXX	3	0.00	0.00	0	566678	FALSE			FALSE		September	12	complete	TRUE	Decrease
00813	Anesthesia fc	Anesthesia for Intestinal Er	January 2017	04			ASA	5 base units	CMS Request - Final Rule for 2016	September 2016	XXX	5	0.00	0.00	0	481233	FALSE			FALSE		September	12	complete	TRUE	Maintain
00918	Anesthesia fc	Anesthesia for transurethr	January 2021	29				Maintain	High Volume Growth7	October 2020	XXX	5	0.00	0.00	0	103904	FALSE			FALSE					TRUE	Remove from Screen
0101T	Extracorpore	RAW	September 2023	22				Maintain	High Volume Category III Codes 2023	April 2023	XXX		0.00	0.00	0	9915	FALSE			FALSE					TRUE	Maintain
01916	Anesthesia fc	RAW	September 2023	22				Maintain	High Volume Growth6	October 2019	XXX	5	0.00	0.00	0	34619	FALSE			FALSE					TRUE	Maintain
0191T	Insertion of a	Cataract Removal with Dra	January 2021	16			AAO	Deleted from CPT	High Volume Category III Codes 2019	October 2019	XXX						FALSE			TRUE	At the April 20	October 20	37	complete	TRUE	Deleted from CPT
01930	Anesthesia fc	Anesthesia for Interventior	February 2008	S			ASA	Remove from screen	High Volume Growth1	February 2008	XXX	5	0.00	0.00	0	12602	FALSE			FALSE					TRUE	Remove from Screen
01935	Anesthesia fc	Anesthesia Services for Im	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	January 2021	XXX						FALSE			FALSE		October 20	15	complete	TRUE	Deleted from CPT
01936	Anesthesia fc	Anesthesia Services for Im	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	October 2016	XXX						FALSE			TRUE	This service w	October 20	15	complete	TRUE	Deleted from CPT
01937	Anesthesia fc	Anesthesia Services for Im	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4	0.00	0.00	0	24366	FALSE			FALSE		October 20	15	complete	TRUE	Decrease
01938	Anesthesia fc	Anesthesia Services for Im	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4	0.00	0.00	0	91030	FALSE			FALSE		October 20	15	complete	TRUE	Decrease
01939	Anesthesia fc	Anesthesia Services for Im	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4	0.00	0.00	0	17459	FALSE			FALSE		October 20	15	complete	TRUE	Decrease
01940	Anesthesia fc	Anesthesia Services for Im	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4	0.00	0.00	0	53408	FALSE			FALSE		October 20	15	complete	TRUE	Decrease
01941	Anesthesia fc	Anesthesia Services for Im	January 2021	04			ASA	6	High Volume Growth4	January 2021	XXX	5	0.00	0.00	0	20385	FALSE			FALSE		October 20	15	complete	TRUE	Increase
01942	Anesthesia fc	Anesthesia Services for Im	January 2021	04			ASA	6	High Volume Growth4	January 2021	XXX	5	0.00	0.00	0	39102	FALSE			FALSE		October 20	15	complete	TRUE	Increase
0207T	Evacuation o	RAW	September 2025	29	September	RAW		Review action plan.	High Volume Category III Codes 2025	April 2025	XXX		0.00	0.00	0	1654	FALSE			FALSE					FALSE	
0232T	Injection(s), i	RAW	April 2024	12			AAPM&R, AA	Remove from screen	High Volume Category III Codes 2022	April 2022	XXX		0.00	0.00	0	947	FALSE			FALSE					TRUE	Remove from screen
0275T	Percutaneous	laminotomy/laminectom	January 2020	37			AAO, AOA (e	Maintain	High Volume Category III Codes 2019	October 2019	YYY		0.00	0.00	0	12787	FALSE			FALSE					TRUE	Maintain
0330T	Tear film ima	RAW	September 2023	22	September	RAW		Review in 3 years (Sept 2026)	High Volume Category III Codes 2023	April 2023	YYY		0.00	0.00	0	1315	FALSE			FALSE					FALSE	
0358T	Bioelectrical	RAW	April 2024	12			AAFP, ACP	Remove from screen	High Volume Category III Codes 2023	April 2023	YYY		0.00	0.00	0	2811	FALSE			FALSE					TRUE	Remove from screen
0376T	Insertion of a	Cataract Removal with Dra	January 2021	16			AAO	Deleted from CPT	High Volume Category III Codes 2019	October 2019	XXX						FALSE			TRUE	At the April 20	October 20	37	complete	TRUE	Deleted from CPT
0379T	Visual field a	RAW	September 2023	22	September	RAW	AAO, AOA	Review in 3 years (Sept 2026)	High Volume Category III Codes 2019	October 2019	XXX		0.00	0.00	0	53208	FALSE			FALSE					FALSE	
0394T	High dose ra	Superficial Radiation Ther	January 2025	17			AADA, ACR(	Deleted from CPT	High Volume Category III Codes 2019	October 2019	XXX		0.00	0.00	0	42236	FALSE			TRUE	In October 20	September	41	Deleted	TRUE	Deleted from CPT
0421T	Transurethra	Transurethral Robotic-assi	September 2024	07			AUA	Deleted from CPT	High Volume Category III Codes 2023	April 2023	XXX	0	0.00	0.00	0	5521	FALSE			TRUE	In April 2023, t	May 2024	08	Deleted	TRUE	Deleted from CPT
0446T	Creation of s	Insertion/ Removal of Impl	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Rule for 2020	November 2019	000	1.14	90.47	0.47	0.08	192	FALSE			FALSE	In the CY 2020	February 20	46	Renewed 5 \	TRUE	Contractor Price
0447T	Removal of ir	Insertion/ Removal of Impl	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Rule for 2020	November 2019	000	1.34	1.54	0.55	0.07	56	FALSE			TRUE	In the CY 2020	February 20	46	Renewed 5 \	TRUE	Contractor Price
0448T	Removal of ir	Insertion/ Removal of Impl	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Rule for 2020	November 2019	000	1.91	84.86	0.78	0.12	111	FALSE			TRUE	In the CY 2020	February 20	46	Renewed 5 \	TRUE	Contractor Price
0449T	Insertion of aqueous drainage device, wi		January 2020	37				Maintain	High Volume Category III Codes 2019	October 2019	YYY	0	0.00	0.00	0	2105	FALSE			FALSE					TRUE	Maintain
0474T	Insertion of anterior segment aqueous d		January 2020	37				Maintain	High Volume Category III Codes 2019	October 2019	XXX	0	0.00	0.00	0		FALSE			FALSE					TRUE	Maintain
0480T	Fractional ab	RAW	September 2025	29	April 2026	RAW		Review action plan.	High Volume Category III Codes 2025	April 2025	ZZZ		0.00	0.00	0	1278	FALSE			FALSE					FALSE	
0486T	Optical cohe	RAW	September 2025	29	September	RAW		Review action plan.	High Volume Category III Codes 2025	April 2025	XXX		0.00	NA	0	1107	FALSE			FALSE					FALSE	
0507T	Near infrarec	RAW	April 2025	14			AAO, AOA	Remove from screen	High Volume Category III Codes 2022	April 2022	XXX	0	0.00	NA	0	8111	FALSE			FALSE					TRUE	Remove from screen
0509T	Electroretino	Electroretinography	January 2024	16	April 2028	RAW	AAO, AOA (c	CPT Assistant article publishe	Work Neutrality 2019	October 2020	XXX	0.4	1.84	NA	0.02	11523	TRUE	Aug 2024	complete	FALSE					TRUE	Remove from Screen
0512T	Extracorpore	RAW	September 2025	29	September	RAW		Review action plan.	High Volume Category III Codes 2025	April 2025	YYY		0.00	0.00	0	1435	FALSE			FALSE					FALSE	
0552T	Low-level las	RAW	September 2024	14			ANA, APMA	Maintain	High Volume Category III Codes 2024	April 2024	YYY	0	0.00	0.00	0	377	FALSE			FALSE					TRUE	Maintain
0583T	Tympanostor	Tympanostomy			January 202	RUC	AAO-HNS		CMS Request - NPRM for 2026	July 2025	YYY						FALSE			FALSE					FALSE	
0596T	Temporary fe	Temporary Female Intraure	January 2025	23			AUA	2.43	CMS Request - Final Rule for 2025	July 2024	YYY	0	0.00	0.00	0		FALSE			FALSE					TRUE	Maintain
0597T	Temporary fe	Temporary Female Intraure	January 2025	23			AUA	1.05	CMS Request - Final Rule for 2025	July 2024	YYY	0	0.00	0.00	0		FALSE			FALSE					TRUE	Maintain
0598T	Real-time flu	RAW	September 2023	22				Maintain	High Volume Category III Codes 2023	April 2023	YYY	0	0.00	0.00	0	44838	FALSE			FALSE					TRUE	Maintain
0599T	Real-time flu	RAW	September 2024	14	September	RAW	ANA, APMA	Review in 2 years	High Volume Category III Codes 2024	April 2024	ZZZ	0	0.00	0.00	0	9989	FALSE			FALSE					FALSE	
0627T	Percutaneou	RAW	September 2025	29	September	RAW		Review action plan.	High Volume Category III Codes 2025	April 2025	YYY		0.00	0.00	0	1648	FALSE			FALSE					FALSE	
0640T	Noncontact r	RAW	September 2025	29	September	RAW		Review action plan.	High Volume Category III Codes 2025	April 2025	XXX		0.00	NA	0	3141	FALSE			FALSE					FALSE	
0671T	Insertion of a	Cataract Removal with Dra	January 2021	16			AAO	Contractor Price	High Volume Category III Codes 2019	January 2021	YYY	0	0.00	0.00	0	440	FALSE			FALSE		October 20	37	complete	TRUE	Contractor Price
0753T	Digitization c	RAW	September 2025	29	September	RAW		Review action plan.	High Volume Category III Codes 2025	April 2025	ZZZ		0.00	0.00	0	7330	FALSE			FALSE					FALSE	
10004	Fine needle a	Fine Needle Aspiration	October 2017	04				0.80	CMS High Expenditure Procedural Co	June 2017	ZZZ	0.8	0.67	0.37	0.13	219	FALSE			FALSE		June 2017	06	complete	TRUE	Decrease
10005	Fine needle a	Fine Needle Aspiration	January 2020	21	January 202	RUC	AACE, ACR,	1.63	CMS High Expenditure Procedural Co	June 2017	XXX	1.46	2.37	0.55	0.16	130977	FALSE			FALSE		June 2017	06	complete	FALSE	Decrease
10006	Fine needle a	Fine Needle Aspiration	October 2017	04	January 202	RUC	AACE, ACR,	1.00	CMS High Expenditure Procedural Co	June 2017	ZZZ	1	0.70	0.38	0.1	29889	FALSE			FALSE		June 2017	06	complete	FALSE	Decrease
10007	Fine needle a	Fine Needle Aspiration	October 2017	04				1.81	CMS High Expenditure Procedural Co	June 2017	XXX	1.81	7.05	0.62	0.23	656	FALSE			FALSE		June 2017	06	complete	TRUE	Decrease
10008	Fine needle a	Fine Needle Aspiration	October 2017	04				1.18	CMS High Expenditure Procedural Co	June 2017	ZZZ	1.18	2.91	0.21	0.16	14	FALSE			FALSE		June 2017	06	complete	TRUE	Decrease
10009	Fine needle a	Fine Needle Aspiration	October 2017	04				2.43	CMS High Expenditure Procedural Co	June 2017	XXX	2.26	10.06	0.73	0.22	1911	FALSE			FALSE		June 2017	06	complete	TRUE	Decrease
10010	Fine needle a	Fine Needle Aspiration	October 2017	04				1.65	CMS High Expenditure Procedural Co	June 2017	ZZZ	1.65	5.18	0.29	0.21	31	FALSE			FALSE		June 2017	06	complete	TRUE	Decrease
10011	Fine needle a	Fine Needle Aspiration	January 2018	04				Contractor Price	CMS High Expenditure Procedural Co	June 2017	XXX	0	0.00	0.00	0	77	FALSE			FALSE		June 2017	06	complete	TRUE	Contractor Price
10012	Fine needle a	Fine Needle Aspiration	January 2018	04				Contractor Price	CMS High Expenditure Procedural Co	June 2017	ZZZ	0	0.00	0.00	0	65	FALSE			FALSE		June 2017	06	complete	TRUE	Contractor Price
10021	Fine needle a	Fine Needle Aspiration	January 2020	21			AACE, ASBS	1.20	CMS Request - Final Rule for 2016 / C	July 2015	XXX	1.03	1.84	0.47	0.15	10386	FALSE			TRUE	The specialty :	June 2017	06	complete	TRUE	Decrease
10022	Fine needle a	Fine Needle Aspiration	October 2017	04			AACE, ASBS	Deleted from CPT	CMS Fastest Growing / CMS High Exp	October 2008							FALSE			TRUE	The specialty :	June 2017	06	complete	TRUE	Deleted from CPT
10030	Image-guide	Drainage of Abscess	January 2013	04			ACR, SIR	3.00	Codes Reported Together 75% or Mor	January 2012	000	2.75	15.52	0.95	0.29	7452	FALSE			FALSE		October 20	06	Complete	TRUE	Decrease
10040	Extraction (e	Acne Surgery	April 2016	13			AAD	0.91	Harvard Valued - Utilization over 30,0	October 2015	010	0.91	2.47	0.55	0.1	45579	FALSE			FALSE					TRUE	Decrease
10060	Incision and	Incision and Drainage of At	October 2010	07			APMA	1.50	Harvard Valued - Utilization over 100,	February 2010	010	1.22	2.49	1.89	0.13	278408	FALSE			FALSE					TRUE	Increase
10061	Incision and	Incision and Drainage of At	January 2020	37			APMA	Maintain. 2.45	Harvard Valued - Utilization over 100,	October 2009	010	2.45	3.69	2.81	0.3	92801	FALSE			FALSE					TRUE	Maintain
10120	Incision and removal of foreign body, sul		September 2011	12			APMA, AAFF	1.25	Harvard Valued - Utilization over 30,0	April 2011	010	1.22	3.18	1.83	0.15	37789	FALSE			FALSE					TRUE	Maintain
10180	Incision and drainage, complex, postope		October 2013	18				Remove from re-review	RUC identified when reviewing compa	January 2013	010	2.3	5.09	2.62	0.52	6411	FALSE			FALSE					TRUE	Maintain
11040	Deleted from	Excision and Debridement	September 2007	16			APMA, APTA	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	Descriptor en	October 20(	15	Code Delete	TRUE	Deleted from CPT
11041	Deleted from	Excision and Debridement	September 2007	16			APMA, APTA	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	Descriptor en	October 20(	15	Code Delete	TRUE	Deleted from CPT
11042	Debridemen	Excision and Debridement	February 2010	04			APMA, APTA	1.12	Site of Service Anomaly	September 2007	000	1.01	2.73	0.68	0.13	1968984	FALSE			TRUE	Descriptor en	October 20(	15	Complete	TRUE	Increase
11043	Debridemen	Debridement	February 2010	04			APMA, APTA	3.00	Site of Service Anomaly	September 2007	000	2.7	3.85	1.50	0.42	501856	FALSE			TRUE	Descriptor en	October 20(	15	Complete	TRUE	Decrease
11044	Debridemen	Debridement	February 2010	04			APMA, APTA	4.56	Site of Service Anomaly	September 2007	000	4.1	4.57	1.99	0.64	100601	FALSE			TRUE	Descriptor en	October 20(	15	Complete	TRUE	Increase
11045	Debridemen	Excision and Debridement	February 2010	04			ACS, APMA,	0.69	Site of Service Anomaly	February 2010	ZZZ	0.5	0.62	0.17	0.07	595289	FALSE			FALSE		October 20(	15	Complete	TRUE	Increase
11046	Debridemen	Debridement	April 2024	12			AAFP, ACS,	1.29	Site of Service Anomaly / High Volume	February 2010	ZZZ	1.03	0.97	0.41	0.18	306373	FALSE			FALSE		October 20(	15	Complete	TRUE	Decrease
11047	Debridemen	Debridement	January 2020	37			ACS, APMA,	2.00	Site of Service Anomaly / High Volume	February 2010	ZZZ	1.8	1.48	0.74	0.35	93968	FALSE			FALSE		October 20(	15	Complete	TRUE	Increase
11055	Paring or cut	RAW Review	January 2012	30			APMA	Maintain	CMS Request to Re-Review Families (	November 2011	000	0.35	1.72	0.08	0.03	774024	FALSE			FALSE					TRUE	Maintain
11056	Paring or cut	Trim Skin Lesions	January 2012	53			APMA	0.50	MPC List / CMS Request to Re-Review	October 2010	000	0.5	1.90	0.12	0.04	1797432	FALSE			FALSE					TRUE	Decrease
11057	Paring or cut	RAW Review	January 2012	30			APMA	Maintain	CMS Request to Re-Review Families (	November 2011	000	0.65	1.97	0.15	0.04	305280	FALSE			FALSE					TRUE	Maintain
11100	Biopsy of skir	Biopsy of Skin Lesion	April 2017	05			AAD	Deleted from CPT	MPC List / CMS High Expenditure Pro	October 2010							FALSE			TRUE	Prior to the Jar	February 20	65	complete	TRUE	Deleted from CPT
11101	Biopsy of skir	Biopsy of Skin Lesion	April 2017	05			AAD	Deleted from CPT	Low Value Billed in Multiple Units / CN	October 2010							FALSE			TRUE	Prior to the Jar	February 20	65	complete	TRUE	Deleted from CPT
11102	Tangential bi	Skin Biopsy	April 2017	05				0.66	CMS High Expenditure Procedural Co	February 2017	000	0.66	2.24	0.40	0.06	3391157	FALSE			FALSE		February 20	65	complete	TRUE	Decrease
11103	Tangential bi	Skin Biopsy	April 2017	05				0.38	CMS High Expenditure Procedural Co	February 2017	ZZZ	0.38	1.06	0.23	0.04	1443613	FALSE			FALSE		February 20	65	complete	TRUE	Decrease
11104	Punch biopsy	Skin Biopsy	April 2017	05				0.83	CMS High Expenditure Procedural Co	February 2017	000	0.83	2.76	0.47	0.1	295911	FALSE			FALSE		February 20	65	complete	TRUE	Decrease
11105	Punch biopsy	Skin Biopsy	April 2017	05				0.45	CMS High Expenditure Procedural Co	February 2017	ZZZ	0.45	1.27	0.25	0.06	78806	FALSE			FALSE		February 20	65	complete	TRUE	Decrease
11106	Incisional bic	Skin Biopsy	April 2017	05				1.01	CMS High Expenditure Procedural Co	February 2017	000	1.01	3.45	0.55	0.13	30395	FALSE			FALSE		February 20	65	complete	TRUE	Decrease
11107	Incisional bic	Skin Biopsy	April 2017	05				0.54	CMS High Expenditure Procedural Co	February 2017	ZZZ	0.54	1.50	0.31	0.06	6205	FALSE			FALSE		February 20	65	complete	TRUE	Decrease

11300	Shaving of ex	Shaving of Epidermal or De	April 2012	38		AAD	0.60	CMS High Expenditure Procedural Co	January 2012	000	0.6	2.29	0.35	0.06	96456	FALSE		FALSE					TRUE	Increase
11301	Shaving of ex	Shaving of Epidermal or De	April 2012	38		AAD	0.90	CMS High Expenditure Procedural Co	January 2012	000	0.9	2.59	0.54	0.1	195446	FALSE		FALSE					TRUE	Increase
11302	Shaving of ex	Shaving of Epidermal or De	April 2012	38		AAD	1.16	CMS High Expenditure Procedural Co	January 2012	000	1.05	2.90	0.62	0.12	100707	FALSE		FALSE					TRUE	Increase
11303	Shaving of ex	Shaving of Epidermal or De	April 2012	38		AAD	1.25	CMS High Expenditure Procedural Co	January 2012	000	1.25	3.12	0.74	0.15	16615	FALSE		FALSE					TRUE	Increase
11305	Shaving of ex	Shaving of Epidermal or De	September 2024	14	RAW	AAD	Refer to CPT Assistant. 0.80	CMS High Expenditure Procedural Co	January 2012	000	0.8	2.24	0.25	0.06	82089	TRUE	March 2025 complete	FALSE					FALSE	Increase
11306	Shaving of ex	Shaving of Epidermal or De	April 2012	38		AAD	1.18	CMS High Expenditure Procedural Co	January 2012	000	0.96	2.57	0.41	0.08	98427	FALSE		FALSE					TRUE	Increase
11307	Shaving of ex	Shaving of Epidermal or De	April 2012	38		AAD	1.20	CMS High Expenditure Procedural Co	January 2012	000	1.2	2.76	0.52	0.12	53372	FALSE		FALSE					TRUE	Increase
11308	Shaving of ex	Shaving of Epidermal or De	September 2024	14	RAW	AAD	Refer to CPT Assistant. 1.46	CMS High Expenditure Procedural Co	January 2012	000	1.46	2.71	0.47	0.13	19986	TRUE	March 2025 complete	FALSE					FALSE	Increase
11310	Shaving of ex	Shaving of Epidermal or De	April 2012	38		AAD	1.19	CMS High Expenditure Procedural Co	January 2012	000	0.8	2.53	0.47	0.08	58089	FALSE		FALSE					TRUE	Increase
11311	Shaving of ex	Shaving of Epidermal or De	April 2012	38		AAD	1.43	CMS High Expenditure Procedural Co	January 2012	000	1.1	2.84	0.65	0.13	83474	FALSE		FALSE					TRUE	Increase
11312	Shaving of ex	Shaving of Epidermal or De	April 2012	38		AAD	1.80	CMS High Expenditure Procedural Co	January 2012	000	1.3	3.18	0.78	0.15	37944	FALSE		FALSE					TRUE	Increase
11313	Shaving of ex	Shaving of Epidermal or De	April 2012	38		AAD	2.00	CMS High Expenditure Procedural Co	January 2012	000	1.68	3.53	1.00	0.18	6538	FALSE		FALSE					TRUE	Increase
11719	Trimming of r	Debridement of Nail	January 2012	32		APMA	0.17	Low Value-High Volume	October 2010	000	0.17	0.25	0.04	0.01	562353	FALSE		FALSE					TRUE	Maintain
11720	Debridemen	Debridement of Nail	September 2011	53		APMA	0.32 (Interim)	MPC List	Septemer 2011	000	0.32	0.64	0.08	0.03	1886100	FALSE		FALSE					TRUE	Maintain
11721	Debridemen	Debridement of Nail	September 2011	53		APMA	0.54 (Interim)	MPC List	October 2010	000	0.54	0.77	0.13	0.04	5416583	FALSE		FALSE					TRUE	Maintain
11730	Avulsion of n	Removal of Nail Plate	January 2016	56		APMA	1.10	CMS High Expenditure Procedural Co	July 2015	000	1.05	2.29	0.48	0.08	221857	FALSE		FALSE					TRUE	Maintain
11750	Excision of n	Excision of Nail Bed - HCP/	September 2014	26	RUC Review	work and di	1.99	010-Day Global Post-Operative Visits	January 2014	010	1.58	3.09	1.36	0.13	148449	FALSE		FALSE					TRUE	Decrease
11752	Excision of n	Excision of Nail Bed - HCP/	January 2015	28			Deleted from CPT	010-Day Global Post-Operative Visits	January 2014							FALSE		TRUE	The American	October 20:	09	Code Delete	TRUE	Deleted from CPT
11755	Biopsy of nai	Biopsy of Nail	April 2017	41i		APMA	1.25	CMS 000-Day Global Typically Report	July 2016	000	1.25	2.29	0.46	0.1	54948	FALSE		FALSE					TRUE	Decrease
11900	Injection, int	Skin Injection Services	April 2010	31		AAD	0.52	Harvard Valued - Utilization over 100,	October 2009	000	0.52	1.15	0.31	0.05	255998	FALSE		FALSE					TRUE	Maintain
11901	Injection, int	Skin Injection Services	April 2010	31		AAD	0.80	Harvard Valued - Utilization over 100,	February 2010	000	0.8	1.23	0.48	0.07	64313	FALSE		FALSE					TRUE	Maintain
11980	Subcutaneou	Drug Delivery Implant Proc	October 2018	05		AAOS, ACO	1.10	High Volume Growth2 / Different Perf	April 2013	000	1.1	1.58	0.40	0.15	26223	FALSE		TRUE	In January 201	May 2018	10	complete	TRUE	Decrease
11981	Insertion, dr	Drug Delivery Implant Proc	October 2018	05		AAOS, ACO	1.30	High Volume Growth1 / Different Perf	June 2008	000	1.14	1.68	0.54	0.21	7979	FALSE		TRUE	In January 201	May 2018	10	complete	TRUE	Decrease
11982	Removal, no	Drug Delivery Implant Proc	October 2018	05		AAOS, ACO	1.70	High Volume Growth1 / Different Perf	February 2008	000	1.34	1.74	0.61	0.23	1823	FALSE		TRUE	In January 201	May 2018	10	complete	TRUE	Decrease
11983	Removal with	Drug Delivery Implant Proc	October 2018	05		AAOS, ACO	2.10	High Volume Growth1	June 2008	000	1.91	2.00	0.85	0.34	970	FALSE		FALSE		May 2018	10	complete	TRUE	Decrease
12001	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	0.84	Harvard Valued - Utilization over 100,	October 2009	000	0.84	1.82	0.34	0.16	148478	FALSE		FALSE					TRUE	Decrease
12002	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	1.14	Harvard Valued - Utilization over 100,	October 2009	000	1.14	2.07	0.40	0.22	123416	FALSE		FALSE					TRUE	Decrease
12004	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	1.44	Harvard Valued - Utilization over 100,	April 2010	000	1.44	2.27	0.47	0.28	19335	FALSE		FALSE					TRUE	Decrease
12005	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	1.97	Harvard Valued - Utilization over 100,	April 2010	000	1.97	2.95	0.46	0.39	5269	FALSE		FALSE					TRUE	Decrease
12006	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	2.39	Harvard Valued - Utilization over 100,	April 2010	000	2.39	3.28	0.60	0.5	924	FALSE		FALSE					TRUE	Decrease
12007	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	2.90	Harvard Valued - Utilization over 100,	April 2010	000	2.9	3.39	0.84	0.59	345	FALSE		FALSE					TRUE	Decrease
12011	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	1.07	Harvard Valued - Utilization over 100,	April 2010	000	1.07	2.09	0.39	0.21	79735	FALSE		FALSE					TRUE	Decrease
12013	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	1.22	Harvard Valued - Utilization over 100,	April 2010	000	1.22	2.05	0.27	0.24	47327	FALSE		FALSE					TRUE	Decrease
12014	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	1.57	Harvard Valued - Utilization over 100,	April 2010	000	1.57	2.39	0.35	0.3	6449	FALSE		FALSE					TRUE	Decrease
12015	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	1.98	Harvard Valued - Utilization over 100,	April 2010	000	1.98	2.81	0.43	0.4	3092	FALSE		FALSE					TRUE	Decrease
12016	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	2.68	Harvard Valued - Utilization over 100,	April 2010	000	2.68	3.40	0.58	0.55	472	FALSE		FALSE					TRUE	Decrease
12017	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	3.18	Harvard Valued - Utilization over 100,	April 2010	000	3.18	NA	0.75	0.67	49	FALSE		FALSE					TRUE	Decrease
12018	Simple repai	Repair of Superficial Woun	April 2010	32		ACEP, AAFP	3.61	Harvard Valued - Utilization over 100,	April 2010	000	3.61	NA	0.83	0.77	21	FALSE		FALSE					TRUE	Decrease
12031	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	2.00	Harvard Valued - Utilization over 100,	February 2010	010	2	5.58	2.33	0.24	62162	FALSE		FALSE					TRUE	Decrease
12032	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	2.52	Harvard Valued - Utilization over 100,	October 2009	010	2.52	6.28	2.94	0.29	341859	FALSE		FALSE					TRUE	Maintain
12034	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	2.97	Harvard Valued - Utilization over 100,	February 2010	010	2.97	6.63	2.83	0.39	34157	FALSE		FALSE					TRUE	Maintain
12035	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	3.60	Harvard Valued - Utilization over 100,	February 2010	010	3.5	7.55	3.17	0.63	5583	FALSE		FALSE					TRUE	Increase
12036	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	4.50	Harvard Valued - Utilization over 100,	February 2010	010	4.23	7.98	3.45	0.86	1086	FALSE		FALSE					TRUE	Increase
12037	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	5.25	Harvard Valued - Utilization over 100,	February 2010	010	5	8.62	3.85	1.04	489	FALSE		FALSE					TRUE	Increase
12041	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	2.10	Harvard Valued - Utilization over 100,	February 2010	010	2.1	5.49	2.03	0.27	20316	FALSE		FALSE					TRUE	Decrease
12042	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	2.79	Harvard Valued - Utilization over 100,	February 2010	010	2.79	6.14	2.79	0.33	65352	FALSE		FALSE					TRUE	Maintain
12044	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	3.19	Harvard Valued - Utilization over 100,	February 2010	010	3.19	7.78	2.82	0.48	3182	FALSE		FALSE					TRUE	Maintain
12045	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	3.90	Harvard Valued - Utilization over 100,	February 2010	010	3.75	7.97	3.82	0.66	345	FALSE		FALSE					TRUE	Increase
12046	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	4.60	Harvard Valued - Utilization over 100,	February 2010	010	4.3	9.63	4.24	1.1	79	FALSE		FALSE					TRUE	Increase
12047	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	5.50	Harvard Valued - Utilization over 100,	February 2010	010	4.95	10.27	4.47	1.26	46	FALSE		FALSE					TRUE	Increase
12051	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	2.33	Harvard Valued - Utilization over 100,	February 2010	010	2.33	5.81	2.48	0.29	50441	FALSE		FALSE					TRUE	Decrease
12052	Repair, inter	Repair of Intermediate Wo	April 2010	45		AAO-HNS, A	Remove from screen	Harvard Valued - Utilization over 100,	February 2010	010	2.87	6.20	2.80	0.35	98459	FALSE		FALSE					TRUE	Remove from Screen
12053	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	3.17	Harvard Valued - Utilization over 100,	February 2010	010	3.17	7.27	2.93	0.39	15870	FALSE		FALSE					TRUE	Maintain
12054	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	3.50	Harvard Valued - Utilization over 100,	February 2010	010	3.5	7.39	2.62	0.51	3816	FALSE		FALSE					TRUE	Maintain
12055	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	4.65	Harvard Valued - Utilization over 100,	February 2010	010	4.5	9.69	3.77	0.82	287	FALSE		FALSE					TRUE	Increase
12056	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	5.50	Harvard Valued - Utilization over 100,	February 2010	010	5.3	11.10	5.36	0.98	31	FALSE		FALSE					TRUE	Increase
12057	Repair, inter	Repair of Intermediate Wo	October 2010	22		AAO-HNS, A	6.28	Harvard Valued - Utilization over 100,	February 2010	010	6	11.02	5.59	1.11	29	FALSE		FALSE					TRUE	Increase
13100	Repair, com	Complex Wound Repair	April 2012	37		AAD, AAO-H	3.00	CMS Request	July 2011	010	3	6.76	2.65	0.39	4904	FALSE		FALSE					TRUE	Decrease
13101	Repair, com	Complex Wound Repair	April 2012	37		AAD, AAO-H	3.50	CMS Request	July 2011	010	3.5	7.86	3.47	0.43	90990	FALSE		FALSE					TRUE	Decrease
13102	Repair, com	Complex Wound Repair	April 2012	37		AAD, AAO-H	1.24	CMS Request	July 2011	ZZZ	1.24	2.03	0.70	0.2	21515	FALSE		FALSE					TRUE	Maintain
13120	Repair, com	Complex Wound Repair	October 2017	19		AAD, AAO-H	3.23	CMS Fastest Growing / CPT Assistant	October 2008	010	3.23	6.94	3.30	0.4	11362	TRUE	1st article: I complete	FALSE		September	9	Complete	TRUE	Decrease
13121	Repair, com	Complex Wound Repair	October 2017	19		AAD, AAO-H	4.00	CMS Fastest Growing / CPT Assistant	October 2008	010	4	8.17	3.26	0.49	201068	TRUE	1st article: I complete	FALSE		September	9	Complete	TRUE	Decrease
13122	Repair, com	Complex Wound Repair	October 2017	19		AAD, AAO-H	1.44	CMS Fastest Growing / CPT Assistant	October 2008	ZZZ	1.44	2.12	0.80	0.21	27096	TRUE	1st article: I complete	FALSE		September	9	Complete	TRUE	Maintain
13131	Repair, com	Complex Wound Repair	April 2012	37		AAD, AAO-H	3.73	Harvard Valued - Utilization over 30,0	April 2011	010	3.73	7.37	3.07	0.48	34352	FALSE		FALSE					TRUE	Decrease
13132	Repair, com	Complex Wound Repair	April 2012	37		AAD, AAO-H	4.78	CMS Request	September 2011	010	4.78	8.69	3.73	0.55	268017	FALSE		FALSE					TRUE	Decrease
13133	Repair, com	Complex Wound Repair	April 2012	37		AAD, AAO-H	2.19	CMS Request	September 2011	ZZZ	2.19	2.56	1.26	0.28	13530	FALSE		FALSE					TRUE	Maintain
13150	Repair, com	Complex Wound Repair	April 2012	37		AAD, AAO-H	Deleted from CPT	CMS Request	September 2011							FALSE		TRUE	Specialties ar	October 20:	05	Deleted fror	TRUE	Deleted from CPT
13151	Repair, com	Complex Wound Repair	April 2012	37		AAD, AAO-H	4.34	CMS Request	September 2011	010	4.34	7.73	3.46	0.55	28639	FALSE		FALSE					TRUE	Decrease
13152	Repair, com	Complex Wound Repair	September 2025	29		AAD, AAO-H	5.34	Harvard Valued - Utilization over 30,0	April 2011	010	5.34	8.81	4.05	0.64	49576	FALSE		FALSE					TRUE	Decrease
13153	Repair, com	Complex Wound Repair	April 2012	37		AAD, AAO-H	2.38	CMS Request	July 2011	ZZZ	2.38	2.80	1.34	0.38	692	FALSE		FALSE					TRUE	Maintain
14000	Adjacent tiss	Skin Tissue Rearrangemen	October 2008	9		ACS, AAD, A	6.19	Site of Service Anomaly	April 2008	090	6.37	11.78	7.84	1.15	5485	FALSE		FALSE					TRUE	Decrease
14001	Adjacent tiss	Skin Tissue Rearrangemen	October 2008	9		ACS, AAD, A	8.58	Site of Service Anomaly	September 2007	090	8.78	14.14	9.39	1.65	7985	FALSE		FALSE					TRUE	Decrease
14020	Adjacent tiss	Skin Tissue Rearrangemen	October 2008	9		AAD, ASPS	7.02	Site of Service Anomaly	April 2008	090	7.22	13.05	8.96	1.03	15513	FALSE		FALSE					TRUE	Decrease
14021	Adjacent tiss	Skin Tissue Rearrangemen	October 2008	9		AAD, ASPS	9.52	Site of Service Anomaly / CMS Fastes	September 2007	090	9.72	15.22	10.39	1.37	18582	FALSE		FALSE					TRUE	Decrease
14040	Adjacent tiss	Skin Tissue Rearrangemen	October 2008	9		AAD, ASPS,	8.44	Site of Service Anomaly	April 2008	090	8.6	13.31	9.19	1.11	56749	FALSE		FALSE					TRUE	Maintain
14041	Adjacent tiss	Skin Tissue Rearrangemen	October 2008	9		AAD, ASPS,	10.63	Site of Service Anomaly	September 2007	090	10.83	15.80	10.88	1.35	44021	FALSE		FALSE					TRUE	Decrease
14060	Adjacent tiss	Skin Tissue Rearrangemen	October 2008	9		AAD, ASPS,	Maintain	Site of Service Anomaly	April 2008	090	9.23	12.89	9.77	1.12	78850	FALSE		FALSE					TRUE	Maintain
14061	Adjacent tiss	Skin Tissue Rearrangemen	October 2008	9		AAD, ASPS,	11.25	Site of Service Anomaly	September 2007	090	11.48	17.27	11.82	1.42	30201	FALSE		FALSE					TRUE	Decrease
14300	Deleted from	Adjacent Tissue Transfer	April 2009	04		ACS, AAD, A	Deleted from CPT	Site of Service Anomaly / CMS Fastes	September 2007							FALSE		TRUE	The specialty	February 20	09	Code Delete	TRUE	Deleted from CPT
14301	Adjacent tiss	Adjacent Tissue Transfer	April 2009	04		ACS, AAO-H	12.47	Site of Service Anomaly / CMS Fastes	September 2007	090	12.65	17.94	11.54	2.06	42545	FALSE		FALSE		February 20	09	complete	TRUE	Decrease
14302	Adjacent tiss	Adjacent Tissue Transfer	April 2009	04		ACS, AAO-H	3.73	Site of Service Anomaly / CMS Fastes	September 2007	ZZZ	3.73	2.04	2.04	0.66	55376	FALSE		FALSE		February 20	09	complete	TRUE	Decrease
15002	Surgical prep	RAW	September 2014	21		ASPS	Maintain work RVU and adjus	Pre-Time Analysis	January 2014	000	3.65	5.94	2.30	0.65	26604	FALSE		FALSE					TRUE	Maintain
15004	Surgical prep	RAW	September 2014	21		ASPS, APM/	Maintain work RVU and adjus	Pre-Time Analysis	January 2014	000	4.58	6.54	2.60	0.63	35593	FALSE		FALSE					TRUE	Maintain
15100	Split-thickne	RAW	September 2014	21		ASPS	Maintain work RVU and adjus	Pre-Time Analysis	January 2014	090	9.9	14.34	9.86	1.92	9709	FALSE		FALSE					TRUE	Maintain
15120	Split-thickne	Autograft	September 2007	16		AAO-HNS, A	Remove from screen	Site of Service Anomaly	September 2007	090	10.15	13.69	9.09	1.64	6734	FALSE		FALSE					TRUE	Remove from Screen
15170	Acellular der	Acellular Dermal Replacen	February 2010	31		APMA, ASPS	Deleted from CPT	Different Performing Specialty from S	February 2010							FALSE		FALSE		October 20:	07	Complete	TRUE	Deleted from CPT
15171	Acellular der	Acellular Dermal Replacen	February 2010	31		APMA, ASPS	Deleted from CPT	Different Performing Specialty from S	February 2010							FALSE		FALSE		October 20:	07	Complete	TRUE	Deleted from CPT
15175	Acellular der	Acellular Dermal Replacen	February 2010	31		APMA, ASPS	Deleted from CPT	Different Performing Specialty from S	October 2009							FALSE		TRUE	The specialty	October 20:	07	Complete	TRUE	Deleted from CPT
15176	Acellular der	Acellular Dermal Replacen	February 2010	31		APMA, ASPS	Deleted from CPT	Different Performing Specialty from S	February 2010							FALSE		FALSE		October 20:	07	Complete	TRUE	Deleted from CPT
15220	Full thicknes	Skin Graft	September 2007	16		AAO-HNS, A	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	8.09	13.98	9.21	1.15	8779	FALSE		FALSE					TRUE	PE Only
15240	Full thicknes	RAW	September 2014	21		ASPS, AAD	Maintain work RVU and adjus	Pre-Time Analysis	January 2014	090	10.41	16.25	12.27	1.41	11765	FALSE		FALSE					TRUE	Maintain
15271	Application c	Chronic Wound Dermal Su	April 2011	04		ACS, APMA,	1.50	Different Performing Specialty from S	April 2011	000	1.5	2.88	0.81	0.21	217251	FALSE		FALSE		February 20	05	Complete	TRUE	Decrease
15272	Application c	Chronic Wound Dermal Su	September 2024	14		ACS, APMA,	Remove from screen. 0.59	Different Performing Specialty from S	April 2011	ZZZ	0.33	0.36	0.13	0.04	38261	FALSE		FALSE		February 20	05	Complete	TRUE	Decrease
15273	Application c	Chronic Wound Dermal Su	April 2011	04		ACS, APMA,	3.50	Different Performing Specialty from S	April 2011	000	3.5	4.99	1.66	0.63	9471	FALSE		FALSE		February 20	05	Complete	TRUE	Decrease
15274	Application c	Chronic Wound Dermal Su	April 2011	04		ACS, APMA,	0.80	Different Performing Specialty from S	April 2011	ZZZ	0.8	1.42	0.35	0.16	33387	FALSE		FALSE		February 20	05	Complete	TRUE	Decrease

15275	Application c	Chronic Wound Dermal Su	April 2011	04		ACS, APMA,	1.83	Different Performing Specialty from S	April 2011	000	1.83	2.75	0.79	0.18	177533	FALSE			FALSE		February 20	05	Complete	TRUE	Decrease							
15276	Application c	Chronic Wound Dermal Su	April 2011	04		ACS, APMA,	0.59	Different Performing Specialty from S	April 2011	ZZZ	0.5	0.42	0.18	0.06	9104	FALSE			FALSE		February 20	05	Complete	TRUE	Decrease							
15277	Application c	Chronic Wound Dermal Su	April 2011	04		ACS, APMA,	4.00	Different Performing Specialty from S	April 2011	000	4	5.49	1.96	0.71	1615	FALSE			FALSE		February 20	05	Complete	TRUE	Decrease							
15278	Application c	Chronic Wound Dermal Su	April 2011	04		ACS, APMA,	1.00	Different Performing Specialty from S	April 2011	ZZZ	1	1.61	0.46	0.21	2818	FALSE			FALSE		February 20	05	Complete	TRUE	Decrease							
15320	Deleted from	Skin Allograft	February 2010	31		APMA, ASPS	Deleted from CPT	Different Performing Specialty from S	October 2009							FALSE			TRUE	The specialty	October 20	07	Complete	TRUE	Deleted from CPT							
15321	Deleted from	Skin Allograft	February 2010	31		APMA, ASPS	Deleted from CPT	Different Performing Specialty from S	February 2010							FALSE			FALSE		October 20	07	Complete	TRUE	Deleted from CPT							
15330	Acellular der	Allograft	February 2008	S		ASPS	Deleted from CPT	High IWPUT	February 2008							FALSE			FALSE		February 20	04	Complete	TRUE	Deleted from CPT							
15331	Deleted from	Acellular Dermal Allograft	February 2010	31		AAO-HNS, A	Deleted from CPT	Different Performing Specialty from S	February 2010							FALSE			FALSE		February 20	04	Complete	TRUE	Deleted from CPT							
15335	Deleted from	Acellular Dermal Allograft	February 2010	31		AAO-HNS, A	Deleted from CPT	Different Performing Specialty from S	October 2009							FALSE			TRUE	The specialty	October 20	07	Complete	TRUE	Deleted from CPT							
15336	Deleted from	Acellular Dermal Allograft	February 2010	31		AAO-HNS, A	Deleted from CPT	Different Performing Specialty from S	February 2010							FALSE			FALSE		February 20	04	Complete	TRUE	Deleted from CPT							
15360	Deleted from	Tissue Cultured Allogeneic	February 2010	31		APMA, ASPS	Deleted from CPT	Different Performing Specialty from S	February 2010							FALSE			FALSE		February 20	04	Complete	TRUE	Deleted from CPT							
15361	Deleted from	Tissue Cultured Allogeneic	February 2010	31		APMA, ASPS	Deleted from CPT	Different Performing Specialty from S	February 2010							FALSE			FALSE		February 20	04	Complete	TRUE	Deleted from CPT							
15365	Deleted from	Tissue Cultured Allogeneic	February 2010	31		APMA, ASPS	Deleted from CPT	Different Performing Specialty from S	October 2009							FALSE			TRUE	The specialty	October 20	07	Complete	TRUE	Deleted from CPT							
15366	Deleted from	Tissue Cultured Allogeneic	February 2010	31		APMA, ASPS	Deleted from CPT	Different Performing Specialty from S	February 2010							FALSE			FALSE		February 20	04	Complete	TRUE	Deleted from CPT							
15400	Deleted from	Xenograft	September 2007	16		APMA, AAO-	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			FALSE		February 20	04	Complete	TRUE	Deleted from CPT							
15401	Deleted from	Xenograft	February 2008	S		ACS, ASPS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			FALSE		February 20	04	Complete	TRUE	Deleted from CPT							
15420	Deleted from	Xenograft Skin	February 2010	31		APMA, ASPS	Deleted from CPT	Different Performing Specialty from S	October 2009							FALSE			TRUE	The specialty	October 20	07	Complete	TRUE	Deleted from CPT							
15421	Deleted from	Xenograft Skin	February 2010	31		APMA, ASPS	Deleted from CPT	Different Performing Specialty from S	February 2010							FALSE			FALSE		February 20	04	Complete	TRUE	Deleted from CPT							
15570	Formation of	Skin Pedicle Flaps	October 2008	10		ACS, ASPS,	10.00	Site of Service Anomaly	September 2007	090	10.21	15.18	9.87	1.97	197	FALSE			FALSE					TRUE	Maintain							
15572	Formation of	Skin Pedicle Flaps	October 2008	10		ACS, ASPS,	9.94	Site of Service Anomaly	April 2008	090	10.12	14.78	10.42	1.8	499	FALSE			FALSE					TRUE	Maintain							
15574	Formation of	Skin Pedicle Flaps	October 2008	10		ASPS, AAO-	10.52	Site of Service Anomaly	September 2007	090	10.7	13.69	9.60	1.57	2231	FALSE			FALSE					TRUE	Maintain							
15576	Formation of	Skin Pedicle Flaps	October 2008	10		ASPS, AAO-	9.24	Site of Service Anomaly	September 2007	090	9.37	13.13	9.11	1.15	4359	FALSE			FALSE					TRUE	Maintain							
15730	Midface flap	Muscle Flaps	January 2017	05		AAO	13.50	High Level E/M in Global Period	January 2017	090	13.5	26.99	12.42	1.53	1705	FALSE			FALSE		September	15	complete	TRUE	Decrease							
15732	Muscle, myo	Muscle Flaps	January 2017	05		ASPS	Deleted from CPT	Site of Service Anomaly / High Level E	September 2007							FALSE			TRUE	The specialty	September	15	complete	TRUE	Deleted from CPT							
15733	Muscle, myo	Muscle Flaps	January 2017	05		ASPS	15.68	High Level E/M in Global Period	January 2017	090	15.68	NA	12.79	2.56	4445	FALSE			FALSE		September	15	complete	TRUE	Decrease							
15734	Muscle, myo	Muscle Flaps	April 2016	14			23.00	High Level E/M in Global Period	October 2015	090	23	NA	17.39	4.94	22830	FALSE			FALSE		September	15	complete	TRUE	Increase							
15736	Muscle, myo	Muscle Flaps	April 2016	14		ASSH, ASPS	17.04	High Level E/M in Global Period	January 2016	090	17.04	NA	16.44	3.3	1399	FALSE			FALSE		September	15	complete	TRUE	Maintain							
15738	Muscle, myo	Muscle Flaps	April 2016	14		ASPS	19.04	High Level E/M in Global Period	January 2016	090	19.04	NA	15.43	3.65	5130	FALSE			FALSE		September	15	complete	TRUE	Maintain							
15740	Flap; island	Dermatology and Plastic S	April 2008	28		AAD, ASPS	11.57	Site of Service Anomaly / CMS Fastes	September 2007	090	11.8	17.05	11.85	1.87	1863	FALSE			TRUE	CPT code 157	February 20	11 & 07	Complete	TRUE	Maintain							
15769	Grafting of a	Tissue Grafting Procedures	September 2022	13		AAOHNS, A	6.68	Site of Service Anomaly - 2017	May 2018	090	6.68	NA	6.67	1.24	5088	TRUE	July 2023	complete	FALSE					TRUE	Increase							
15771	Grafting of a	Tissue Grafting Procedures	October 2018	04		ASPS	6.73	Site of Service Anomaly - 2017	May 2018	090	6.73	10.57	7.63	1.25	3321	FALSE			FALSE					TRUE	Increase							
15772	Grafting of a	Tissue Grafting Procedures	October 2018	04		ASPS	2.50	Site of Service Anomaly - 2017	May 2018	ZZZ	2.5	2.83	1.49	0.48	7642	FALSE			FALSE					TRUE	Increase							
15773	Grafting of a	Tissue Grafting Procedures	October 2018	04		ASPS	6.83	Site of Service Anomaly - 2017	May 2018	090	6.83	10.12	7.29	1.15	478	FALSE			FALSE					TRUE	Increase							
15774	Grafting of a	Tissue Grafting Procedures	October 2018	04		ASPS	2.41	Site of Service Anomaly - 2017	May 2018	ZZZ	2.41	2.79	1.45	0.47	99	FALSE			FALSE					TRUE	Increase							
15777	Implantation	Chronic Wound Dermal Su	April 2011	04		ACS, APMA,	3.65	Different Performing Specialty from S	April 2011	ZZZ	3.65	2.08	2.08	0.69	6711	FALSE			FALSE		February 20	04	complete	TRUE	Decrease							
15778	Implantation	Anterior Abdominal Hernia	April 2021	09		ACS, ASCRS	8.00	Site of Service Anomaly - 2019	February 2021	000	7.05	NA	2.99	1.72	352	FALSE			FALSE		February 20	18	complete	TRUE	Decrease							
15823	Blepharopla	Upper Eyelid Blepharoplas	April 2010	33		AAO	6.81	Harvard Valued - Utilization over 100,	October 2009	090	6.81	11.18	9.07	0.6	89497	FALSE			FALSE					TRUE	Decrease							
16020	Dressings an	Dressings/ Debridement o	September 2025	29		ASPS, AAFP	0.80	Different Performing Specialty from S	October 2009	000	0.71	1.74	0.85	0.13	10823	FALSE			FALSE					TRUE	Maintain							
16025	Dressings an	Dressings/ Debridement o	October 2010	08		ASPS, AAFP	1.85	Different Performing Specialty from S	October 2009	000	1.74	2.67	1.31	0.29	1601	FALSE			FALSE					TRUE	Maintain							
16030	Dressings an	Dressings/ Debridement o	April 2010	45		ACEP, ASPS	CPT Assistant article publishe	Different Performing Specialty from S	February 2010	000	2.08	3.44	1.45	0.47	891	TRUE	Oct 2012	complete	FALSE					TRUE	Maintain							
17000	Destruction (	Destruction of Premalignai	April 2013	17		AAD	0.61	MPC List	October 2010	010	0.61	1.39	1.00	0.05	6114060	FALSE			FALSE					TRUE	Decrease							
17003	Destruction (	Destruction of Premalignai	April 2013	17		AAD	0.04	Low Value-Billed in Multiple Units / CI	October 2010	ZZZ	0.04	0.16	0.02	0	19436161	FALSE			FALSE					TRUE	Decrease							
17004	Destruction (	Destruction of Premalignai	April 2013	17		AAD	Remove from Modifier -51 Exe	CMS High Expenditure Procedural Co	September 2011	010	1.37	3.47	1.45	0.16	845558	FALSE			FALSE					TRUE	Decrease							
17106	Destruction (	Destruction of Skin Lesion	October 2008	11		AAD	3.61	High IWPUT	February 2008	090	3.69	6.31	4.26	0.44	3535	FALSE			FALSE					TRUE	Decrease							
17107	Destruction (	Destruction of Skin Lesion	October 2008	11		AAD	4.68	High IWPUT	February 2008	090	4.79	8.25	5.62	0.53	2125	FALSE			FALSE					TRUE	Decrease							
17108	Destruction (	Destruction of Skin Lesion	October 2008	11		AAD	6.37	High IWPUT	February 2008	090	7.49	10.76	7.50	1	6107	FALSE			FALSE					TRUE	Decrease							
17110	Destruction (	RAW	October 2013	18	January 202	RAW	AADA, AAFP	Review action plan	High Volume Growth2 / RUC Reviewe	April 2013	010	0.7	2.64	1.33	0.06	3037430	FALSE			FALSE					FALSE	Remove from Screen							
17111	Destruction (	RAW	October 2013	18				Remove from screen	High Volume Growth2	April 2013	010	0.97	2.92	1.48	0.1	147647	FALSE			FALSE					TRUE	Remove from Screen							
17250	Chemical ca	Chemical Cauterization of	January 2025	27	January 202	RAW	AAFP, ACS,	Review in 2 years (Jan 2027).	High Volume Growth3	October 2015	000	0.5	1.97	0.56	0.07	227314	TRUE	Sep 2016	complete	TRUE	In January 201	September	17	complete	FALSE							
17261	Destruction,	Destruction of Malignant L	October 2010	26			AAD, AAFP	1.22	Harvard Valued - Utilization over 100,	October 2009	010	1.22	3.11	1.31	0.13	129978	FALSE			FALSE					TRUE	Maintain							
17262	Destruction,	Destruction of Malignant L	October 2010	26			AAD, AAFP	1.63	Harvard Valued - Utilization over 100,	February 2010	010	1.63	3.56	1.55	0.16	301342	FALSE			FALSE					TRUE	Maintain							
17271	Destruction,	Destruction of Malignant L	October 2010	26			AAD, AAFP	1.54	Harvard Valued - Utilization over 100,	February 2010	010	1.54	3.31	1.49	0.16	43715	FALSE			FALSE					TRUE	Maintain							
17272	Destruction,	Destruction of Malignant L	October 2010	26			AAD, AAFP	1.82	Harvard Valued - Utilization over 100,	February 2010	010	1.82	3.66	1.66	0.18	75364	FALSE			FALSE					TRUE	Maintain							
17281	Destruction,	Destruction of Malignant L	October 2010	26			AAD, AAFP	1.77	Harvard Valued - Utilization over 100,	February 2010	010	1.77	3.46	1.63	0.18	60552	FALSE			FALSE					TRUE	Maintain							
17282	Destruction,	Destruction of Malignant L	October 2010	26			AAD, AAFP	2.09	Harvard Valued - Utilization over 100,	October 2009	010	2.09	3.88	1.82	0.21	63118	FALSE			FALSE					TRUE	Maintain							
17311	Mohs microg	Mohs Surgery	September 2025	29			AAD	6.20	CMS High Expenditure Procedural Co	September 2011	000	6.2	13.60	3.76	0.64	893458	FALSE			FALSE					TRUE	Maintain							
17312	Mohs microg	Mohs Surgery	April 2013	18			AAD	3.30	CMS High Expenditure Procedural Co	September 2011	ZZZ	3.3	8.70	2.00	0.35	497539	FALSE			FALSE					TRUE	Maintain							
17313	Mohs microg	Mohs Surgery	April 2013	18			AAD	5.56	CMS High Expenditure Procedural Co	January 2012	000	5.56	13.06	3.37	0.59	187048	FALSE			FALSE					TRUE	Maintain							
17314	Mohs microg	Mohs Surgery	April 2013	18			AAD	3.06	CMS High Expenditure Procedural Co	January 2012	ZZZ	3.06	8.46	1.85	0.3	66589	FALSE			FALSE					TRUE	Maintain							
17315	Mohs microg	Mohs Surgery	April 2013	18			AAD	0.87	CMS High Expenditure Procedural Co	January 2012	ZZZ	0.87	1.47	0.53	0.08	19566	FALSE			FALSE					TRUE	Maintain							
19020	Mastotomy v	Mastotomy	September 2007	16			ACS	Reduce 99238 to 0.5, remove	Site of Service Anomaly	September 2007	090	3.83	9.11	4.83	0.89	935	FALSE			FALSE					TRUE	PE Only							
19081	Biopsy, brea	Breast Biopsy	April 2013	04			ACR, ACS, A	3.29	Codes Reported Together 75% or Mor	January 2012	000	3.29	10.94	1.20	0.33	56278	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19082	Biopsy, brea	Breast Biopsy	April 2013	04			ACR, ACS, A	1.65	Codes Reported Together 75% or Mor	January 2012	ZZZ	1.65	9.27	0.60	0.16	4273	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19083	Biopsy, brea	Breast Biopsy	April 2013	04			ACR, ACS, A	3.10	Codes Reported Together 75% or Mor	January 2012	000	3.1	11.00	1.13	0.3	108894	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19084	Biopsy, brea	Breast Biopsy	April 2013	04			ACR, ACS, A	1.55	Codes Reported Together 75% or Mor	January 2012	ZZZ	1.55	9.16	0.57	0.16	14173	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19085	Biopsy, brea	Breast Biopsy	April 2013	04			ACR, ACS, A	3.64	Codes Reported Together 75% or Mor	January 2012	000	3.64	18.04	1.33	0.33	7373	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19086	Biopsy, brea	Breast Biopsy	April 2013	04			ACR, ACS, A	1.82	Codes Reported Together 75% or Mor	January 2012	ZZZ	1.82	14.95	0.66	0.16	1562	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19102	Biopsy of bre	Breast Biopsy	April 2013	04			ACR, ACS, A	Deleted from CPT	Codes Reported Together 75% or Mor	January 2012						FALSE			FALSE		October 20	08	Complete	TRUE	Deleted from CPT							
19103	Biopsy of bre	Breast Biopsy	April 2013	04			ACR, ACS, A	Deleted from CPT	Codes Reported Together 75% or Mor	January 2012						FALSE			FALSE		October 20	08	Complete	TRUE	Deleted from CPT							
19281	Placement o	Breast Biopsy	April 2013	04			ACR, ACS, A	2.00	Codes Reported Together 75% or Mor	January 2012	000	2	5.00	0.73	0.17	22738	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19282	Placement o	Breast Biopsy	April 2013	04			ACR, ACS, A	1.00	Codes Reported Together 75% or Mor	January 2012	ZZZ	1	3.95	0.37	0.08	3362	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19283	Placement o	Breast Biopsy	April 2013	04			ACR, ACS, A	2.00	Codes Reported Together 75% or Mor	January 2012	000	2	5.44	0.73	0.2	3603	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19284	Placement o	Breast Biopsy	April 2013	04			ACR, ACS, A	1.00	Codes Reported Together 75% or Mor	January 2012	ZZZ	1	4.40	0.36	0.1	465	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19285	Placement o	Breast Biopsy	April 2013	04			ACR, ACS, A	1.70	Codes Reported Together 75% or Mor	January 2012	000	1.7	8.74	0.62	0.16	28449	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19286	Placement o	Breast Biopsy	April 2013	04			ACR, ACS, A	0.85	Codes Reported Together 75% or Mor	January 2012	ZZZ	0.85	7.67	0.31	0.08	2422	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19287	Placement o	Breast Biopsy	April 2013	04			ACR, ACS, A	3.02	Codes Reported Together 75% or Mor	January 2012	000	2.55	15.48	0.93	0.22	289	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19288	Placement o	Breast Biopsy	April 2013	04			ACR, ACS, A	1.51	Codes Reported Together 75% or Mor	January 2012	ZZZ	1.28	12.59	0.47	0.12	96	FALSE			FALSE		October 20	08	Complete	TRUE	Decrease							
19290	Preoperative	Breast Biopsy	April 2013	04			ACR, ACS, A	Deleted from CPT	Codes Reported Together 75% or Mor	January 2012						FALSE			FALSE		October 20	08	Complete	TRUE	Deleted from CPT							
19291	Preoperative	Breast Biopsy	April 2013	04			ACR, ACS, A	Deleted from CPT	Codes Reported Together 75% or Mor	January 2012						FALSE			FALSE		October 20	08	Complete	TRUE	Deleted from CPT							
19295	Image guidec	Breast Biopsy	April 2013	04			ACR, ACS, A	Deleted from CPT	CMS Fastest Growing / Codes Report	October 2008						FALSE			FALSE		October 20	08	Complete	TRUE	Deleted from CPT							
19303	Mastectomy,	Mastectomy	April 2016	15			ACS, ASBS	15.00	Site of Service Anomaly - 2015 / High I	October 2015	090	15	NA	10.33	3.74	22981	FALSE			FALSE					TRUE	Decrease							
19307	Mastectomy,	Modified Radical Mastecto	January 2020	22				17.99	Site of Service Anomaly - 2019	October 2019	090	17.99	NA	13.22	4.5	3391	FALSE			FALSE					TRUE	Decrease							
19318	Breast reduc	Mammaplasty	September 2007	16			ASPS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	16.03	NA	14.13	2.99	7306	FALSE			FALSE					TRUE	PE Only							
19340	Insertion of b	Breast Implant/Expander P	January 2020	05			ASPS	11.00	CMS Request / Site of Service Anoma	October 2009	090	10.48	NA	10.56	2.05	2243	FALSE			FALSE					TRUE	Decrease							
19357	Tissue expan	Breast Implant/Expander P	January 2020	05			ASPS	15.36	Site of Service Anomaly / 090-Day Glo	September 2007	090	14.84	NA	17.67	2.75	5304	FALSE			TRUE	Originally refe	October 20(	20	Complete	TRUE	Decrease							
20000	Deleted from	Incision of Abcess	September 2007	16		APMA, AAO:	Deleted from CPT	Site of Service Anomaly (99238-Only)	September 2007							FALSE			TRUE	This service w	June 2009	15	Code Delete	TRUE	Deleted from CPT							
20005	Incision and	Incision of Deep Abscess	October 2017	19		ACS, AAO-H	Deleted from CPT	Site of Service Anomaly / Negative IW	September 2007							FALSE			TRUE	A RUC membe	February 20	06	complete	TRUE	Deleted from CPT							
20220	Biopsy, bone	Bone Biopsy Trocar/Needl	January 2019	22			ACR, SIR	1.93	Different Performing Specialty from S	January 2018	000	1.65	4.99	0.78	0.16	11180	FALSE			FALSE					TRUE	Increase							
20225	Biopsy, bone	Bone Biopsy Trocar/Needl	January 2019	22			ACR, SIR	3.00	Different Performing Specialty from S	October 2017	000	2.45	8.38	1.15	0.25	11992	FALSE			FALSE					TRUE	Increase							
20240	Biopsy, bone	Bone Biopsy Excisional	January 2016	04			AAOS, APM/	3.73	010-Day Global Post-Operative Visits	April 2014	000	2.61	NA	1.30	0.29	6447	FALSE			FALSE					TRUE	Increase							
20245	Biopsy, bone	Bone Biopsy Excisional	January 2016	04			AAOS	6.50	010-Day Global Post-Operative Visits	January 2014	000	6	NA	3.28	1	4220	FALSE			TRUE	In April 2015, i	October 2015		revised	TRUE	Decrease							
20525	Removal of fo	Removal of Foreign Body	September 2007	16			ACS, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	010	3.54	9.79	3.37	0.65	1221	FALSE			FALSE					TRUE	PE Only							
20526	Injection, the	RAW	January 2017	30				Remove fromm screen	CMS 000-Day Global Typically Report	July 2016	000	0.94	1.40	0.61	0.16	99085	FALSE			FALSE					TRUE	Remove from Screen							
20550	Injection(s);	Injection of Tendon	January 2016	27		RUC	AAOS, AAPN	0.75	CMS Fastest Growing / CMS High Exp	October 2008	000	0.75	0.90	0.32	0.1	807717	FALSE			FALSE					TRUE	Maintain							
20551	Injection(s);	Therapeutic Injection Carp	April 2017	10			AAPMR, AA(	0.75	CMS Fastest Growing / CMS 000-Day	October 2008	000	0.75	0.90	0.32	0.08	121736	FALSE			FALSE					TRUE	Maintain							

20552	Injection(s); single or multiple trigger po	January 2016	28		RUC	AAPM&R, A(	0.66	CMS High Expenditure Procedural Co	July 2015	000	0.66	0.84	0.36	0.07	271998	FALSE			FALSE						TRUE	Maintain						
20553	Injection(s); single or multiple trigger po	January 2016	28		RUC	AAPM&R, A(	0.75	CMS High Expenditure Procedural Co	July 2015	000	0.75	0.98	0.41	0.08	354841	FALSE			FALSE						TRUE	Maintain						
20600	Arthrocentes Arthrocentesis	January 2014	04			AAFP, AAOS	0.66 and new PE inputs	Harvard Valued - Utilization over 100,	February 2010	000	0.66	0.88	0.33	0.08	465696	FALSE			TRUE	Ultrasound as	October 20:	06	Complete	TRUE	Maintain						
20604	Arthrocentes Arthrocentesis	January 2014	04			AAFP, AAOS	0.89	CMS Request - Final Rule for 2014	July 2013	000	0.89	1.49	0.38	0.12	60484	FALSE			FALSE		October 20:	06	complete	TRUE	Decrease						
20605	Arthrocentes Arthrocentesis	January 2014	04			AAFP, AAOS	0.68 and new PE inputs	Harvard Valued - Utilization over 100,	October 2009	000	0.68	0.89	0.34	0.08	389364	FALSE			TRUE	Ultrasound as	October 20:	06	Complete	TRUE	Maintain						
20606	Arthrocentes Arthrocentesis	January 2014	04			AAFP, AAOS	1.00	CMS Request - Final Rule for 2014	July 2013	000	1	1.57	0.43	0.13	61560	FALSE			FALSE		October 20:	06	complete	TRUE	Decrease						
20610	Arthrocentes Arthrocentesis	January 2014	04			AAFP, AAOS	0.79 and new PE inputs	Harvard Valued - Utilization over 100,	February 2010	000	0.79	1.04	0.44	0.13	5969253	FALSE			TRUE	Ultrasound as	October 20:	06	Complete	TRUE	Maintain						
20611	Arthrocentes Arthrocentesis	January 2014	04			AAFP, AAOS	1.10	CMS Request - Final Rule for 2014	July 2013	000	1.1	1.72	0.51	0.16	1200510	FALSE			FALSE		October 20:	06	complete	TRUE	Decrease						
20612	Aspiration ar RAW	January 2017	30				Remove from screen	CMS 000-Day Global Typically Report	July 2016	000	0.7	1.17	0.44	0.1	25738	FALSE			FALSE					TRUE	Remove from Screen						
20680	Removal of ir RAW	September 2014	21			AAOS, APM	5.96 and adjustments to pre-s	Pre-Time Analysis	January 2014	090	5.96	11.03	5.81	1.03	46117	FALSE			FALSE					TRUE	Maintain						
20692	Application c RAW	April 2014	52				Maintain	090-Day Global Post-Operative Visits	January 2014	090	16.27	NA	15.29	2.89	2834	FALSE			FALSE					TRUE	Maintain						
20694	Removal, un External Fixation	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	4.28	8.09	5.48	0.79	5191	FALSE			FALSE					TRUE	PE Only						
20700	Manual prep Drug Delivery Implant Proc	October 2018	05			AAOS, AUA	1.50	Different Performing Specialty from S	May 2018	ZZZ	1.5	0.73	0.73	0.28	1227	FALSE			FALSE					TRUE	Increase						
20701	Removal of d Drug Delivery Implant Proc	October 2018	05			AAOS, AUA	1.13	Different Performing Specialty from S	May 2018	ZZZ	1.13	0.57	0.57	0.21	164	FALSE			FALSE					TRUE	Increase						
20702	Manual prep Drug Delivery Implant Proc	October 2018	05			AAOS, AUA	2.50	Different Performing Specialty from S	May 2018	ZZZ	2.5	1.28	1.28	0.5	633	FALSE			FALSE					TRUE	Increase						
20703	Removal of d Drug Delivery Implant Proc	October 2018	05			AAOS, AUA	1.80	Different Performing Specialty from S	May 2018	ZZZ	1.8	0.96	0.96	0.38	41	FALSE			FALSE					TRUE	Increase						
20704	Manual prep Drug Delivery Implant Proc	October 2018	05			AAOS, AUA	2.60	Different Performing Specialty from S	May 2018	ZZZ	2.6	1.38	1.38	0.52	912	FALSE			FALSE					TRUE	Increase						
20705	Removal of d Drug Delivery Implant Proc	October 2018	05			AAOS, AUA	2.15	Different Performing Specialty from S	May 2018	ZZZ	2.15	1.13	1.13	0.44	226	FALSE			FALSE					TRUE	Increase						
20900	Bone graft, a Bone Graft Procedures	April 2008	29			AOFAS, AAC	3.00	Site of Service Anomaly	September 2007	000	3	7.90	1.92	0.5	5031	FALSE			FALSE					TRUE	Decrease						
20902	Bone graft, a Bone Graft Procedures	April 2008	29			AOFAS, AAC	4.58	Site of Service Anomaly	April 2008	000	4.58	NA	2.83	0.82	4446	FALSE			FALSE					TRUE	Decrease						
20926	Tissue grafts Tissue Grafting Procedures	October 2018	04			AAOS, ASPS	Deleted from CPT	CMS Fastest Growing / Site of Service	October 2008							TRUE	Deleted for :	N/A	TRUE	In October 20:	May 2018	12	complete	TRUE	Deleted from CPT						
20985	Computer-a Computer Assisted Surgic	September 2025	06			AAOS	2.50	High Volume Growth10	April 2024	ZZZ	2.5	NA	1.32	0.51	71832	FALSE			TRUE	In September	February 20	07	complete	TRUE	Maintain						
21015	Radical rese Radical Resection of Soft T	February 2009	6			ACS, AAOS,	9.71	Site of Service Anomaly	September 2007	090	9.89	NA	9.67	1.71	303	FALSE			TRUE	CPT develope	June 2008	06	New code s	TRUE	Increase						
21025	Excision of b Excision of Bone – Mandibl	October 2010	61			AAOMS	10.03	Site of Service Anomaly	September 2007	090	10.03	13.18	9.18	1.07	2506	FALSE			FALSE					TRUE	Decrease						
21495	Open treatm Laryngoplasty	January 2016	09		RUC		Deleted from CPT	090-Day Global Post-Operative Visits	October 2015							FALSE			FALSE				Complete	TRUE	Deleted from CPT						
21557	Radical rese Radical Resection of Soft T	February 2009	6			ACS, AAOS	14.57	Site of Service Anomaly	September 2007	090	14.75	NA	11.06	3.05	360	FALSE			TRUE	CPT develope	June 2008	06	New code s	TRUE	Decrease						
21800	Closed treat Internal Fixation of Rib Fra	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	Refer to CPT f	February 20	15	Complete	TRUE	Deleted from CPT						
21805	Open treatm Internal Fixation of Rib Fra	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Rule for 2014	January 2014							FALSE			TRUE	Referred to CI	October 20:	7	Complete	TRUE	Deleted from CPT						
21810	Treatment of Internal Fixation of Rib Fra	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Rule for 2014	January 2014							FALSE			FALSE		October 20:	07	Complete	TRUE	Deleted from CPT						
21811	Open treatm Internal Fixation of Rib Fra	April 2014	05			STS, ACS	19.55	CMS Request - Final Rule for 2014	January 2014	000	10.79	NA	4.36	2.55	504	FALSE			FALSE		October 20:	07	Complete	TRUE	Decrease						
21812	Open treatm Internal Fixation of Rib Fra	April 2014	05			STS, ACS	25.00	CMS Request - Final Rule for 2014	January 2014	000	13	NA	5.40	3.03	537	FALSE			FALSE		October 20:	07	Complete	TRUE	Decrease						
21813	Open treatm Internal Fixation of Rib Fra	April 2014	05			STS, ACS	35.00	CMS Request - Final Rule for 2014	January 2014	000	17.61	NA	7.26	4.49	85	FALSE			FALSE		October 20:	07	Complete	TRUE	Decrease						
21820	Closed treat Internal Fixation of Rib Fra	April 2016	46			AAOS, ACEF	PE Clinical staff pre-time revi	CMS Request - Final Rule for 2014 / Er	January 2014	090	1.36	3.11	3.07	0.28	120	TRUE	Jan 2018	complete	FALSE		October 20:	07	Complete	TRUE	PE Only						
21825	Open treatm Internal Fixation of Rib Fra	April 2014	05			STS, ACS	Unrelated to the family	CMS Request - Final Rule for 2014	January 2014	090	7.76	NA	7.25	1.8	434	FALSE			FALSE		October 20:	07	Complete	TRUE	Remove from Screen						
21935	Radical rese Radical Resection of Soft T	February 2009	6			ACS, AAOS	15.54	Site of Service Anomaly	September 2007	090	15.72	NA	11.46	3.65	166	FALSE			TRUE	CPT develope	June 2008	06	New code s	TRUE	Decrease						
22210	Osteotomy o Osteotomy of Spine	January 2025	21	January 202	RUC	AANS, AAOS	Refer to CPT	CMS Request - Final Rule for 2025	July 2024	090	25.38	NA	21.31	7.8	431	FALSE			TRUE	In the NPRM f	September	07	complete	FALSE							
22212	Osteotomy o Osteotomy of Spine	January 2025	21	January 202	RUC	AANS, AAOS	Refer to CPT	CMS Request - Final Rule for 2025	July 2024	090	20.99	NA	19.11	6.23	1463	FALSE			TRUE	In the NPRM f	September	07	complete	FALSE							
22214	Osteotomy o Osteotomy of Spine	January 2025	21	January 202	RUC	AANS, AAOS	Refer to CPT	CMS Fastest Growing / CMS Request	October 2008	090	21.02	NA	19.07	6.17	6962	FALSE			TRUE	In the NPRM f	September	07	complete	FALSE							
22216	Osteotomy o Osteotomy of Spine	January 2025	21	January 202	RUC	AANS, AAOS	Refer to CPT	CMS Request - Final Rule for 2025	July 2024	ZZZ	6.03	NA	3.09	1.78	11400	FALSE			TRUE	In the NPRM f	September	07	complete	FALSE							
22305	Closed treat Closed treatment of vertet	April 2015	23			AANS/CNS,	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	In October 20:	May 2016	13	Complete	TRUE	Deleted from CPT						
22310	Closed treat Closed Treatment Vertebr	September 2023	22	September	RAW	AANS, AAOS	CPT Assistant article publishe	Negative IWPUT / Site of Service Anon	April 2017	090	3.45	5.38	4.96	0.77	4970	TRUE	May 2024	complete	FALSE					TRUE	Decrease						
22510	Percutaneou Percutaneous Vertebropla	April 2014	06			AANS, CNS,	8.15	Codes Reported Together 75% or Mor	April 2014	010	7.9	42.85	3.89	1.13	1906	FALSE			FALSE		February 20	16	Complete	TRUE	Decrease						
22511	Percutaneou Percutaneous Vertebropla	April 2014	06			AANS, CNS,	8.05	Codes Reported Together 75% or Mor	April 2014	010	7.33	43.46	3.80	1.04	2438	FALSE			FALSE		February 20	16	Complete	TRUE	Decrease						
22512	Percutaneou Percutaneous Vertebropla	April 2014	06			AANS, CNS,	4.00	Codes Reported Together 75% or Mor	April 2014	ZZZ	4	16.37	1.45	0.71	1465	FALSE			FALSE		February 20	16	Complete	TRUE	Decrease						
22513	Percutaneou Percutaneous Vertebropla	April 2014	06			AANS, CNS,	8.90	Codes Reported Together 75% or Mor	April 2014	010	8.65	150.73	5.02	1.58	18935	FALSE			FALSE		February 20	16	Complete	TRUE	Decrease						
22514	Percutaneou Percutaneous Vertebropla	April 2014	06			AANS, CNS,	8.24	Codes Reported Together 75% or Mor	April 2014	010	7.99	150.75	4.79	1.47	21428	FALSE			FALSE		February 20	16	Complete	TRUE	Decrease						
22515	Percutaneou Percutaneous Vertebropla	April 2014	06			AANS, CNS,	4.00	Codes Reported Together 75% or Mor	April 2014	ZZZ	4	77.33	1.68	0.8	12989	FALSE			FALSE		February 20	16	Complete	TRUE	Decrease						
22520	Percutaneou Percutaneous Vertebropla	April 2014	06			AANS, CNS,	Deleted from CPT	CMS Request - Practice Expense Revi	February 2009							FALSE			TRUE	Joint Workgro	February 20	16	Complete	TRUE	Deleted from CPT						
22521	Percutaneou Percutaneous Vertebropla	April 2014	06			AANS, CNS,	Deleted from CPT	Site of Service Anomaly (99238-Only)	September 2007							FALSE			TRUE	Joint Workgro	February 20	16	Complete	TRUE	Deleted from CPT						
22522	Percutaneou Percutaneous Vertebropla	April 2014	06			AANS, CNS,	Deleted from CPT	Codes Reported Together 75% or Mor	April 2014							FALSE			FALSE		February 20	16	Complete	TRUE	Deleted from CPT						
22523	Percutaneou Percutaneous Vertebropla	April 2014	06			AANS, CNS,	Deleted from CPT	CMS Request: PE Review	September 2011							FALSE			FALSE		February 20	16	Complete	TRUE	Deleted from CPT						
22524	Percutaneou Percutaneous Vertebropla	April 2014	06			AANS, CNS,	Deleted from CPT	CMS Request: PE Review	September 2011							FALSE			FALSE		February 20	16	Complete	TRUE	Deleted from CPT						
22525	Percutaneou Percutaneous Vertebropla	April 2014	06			AANS, CNS,	Deleted from CPT	CMS Request: PE Review	September 2011							FALSE			FALSE		February 20	16	Complete	TRUE	Deleted from CPT						
22533	Arthrodesis, Arthrodesis	September 2011	51			AAOS, NASS	Remove from screen. CPT As	CMS Fastest Growing	October 2008	090	24.79	NA	19.31	6.42	519	TRUE	Oct 2009	complete	FALSE					TRUE	Remove from Screen						
22551	Arthrodesis, Arthrodesis	February 2010	05			NASS, AANS	24.50	Codes Reported Together 95% or Mor	February 2010	090	25	NA	18.55	8.19	31110	FALSE			FALSE		October 20(	21	complete	TRUE	Decrease						
22552	Arthrodesis, Arthrodesis	February 2010	05			NASS, AANS	6.50	Codes Reported Together 95% or Mor	February 2010	ZZZ	6.5	NA	3.29	2.12	28515	FALSE			FALSE		October 20(	21	complete	TRUE	Maintain						
22554	Arthrodesis, Arthrodesis	September 2022	13			AANS, AAOS	CPT Assistant article publishe	Codes Reported Together 95% or Mor	February 2008	090	17.69	NA	15.12	5.75	3039	TRUE	Aug 2023	complete	TRUE	Referred to th	October 20(	21	complete	TRUE	Maintain						
22558	Arthrodesis, Vertebral Corpectomy with	September 2022	13			AANS/CNS,	Maintain	High Volume Growth2 / Codes Report	April 2013	090	23.53	NA	16.33	6.44	20385	FALSE			TRUE	In January 201	September	20	complete	TRUE	Maintain						
22585	Arthrodesis, Arthrodesis	February 2010	05			NASS, AANS	Remove from screen	Codes Reported Together 95% or Mor	February 2010	ZZZ	5.52	NA	2.60	1.6	15250	FALSE			FALSE		October 20(	21	complete	TRUE	Maintain						
22600	Arthrodesis, RAW	September 2025	29	January 202	RAW	AANS, AAOS	Review action plan.	Codes Reported Together 75% or Mor	April 2025	090	17.4	NA	16.52	6.05	15208	FALSE			FALSE					FALSE						
22612	Arthrodesis, Lumbar Arthrodesis	October 2015	21			AANS/CNS,	Review utilization data Octob	Codes Reported Together 75% or Mor	February 2010	090	23.53	NA	17.86	6.64	41532	FALSE			TRUE	The Workgrou	October 20:	16	Complete	TRUE	Maintain						
22614	Arthrodesis, Lumbar Arthrodesis	February 2011	04			AANS/CNS,	6.43	Codes Reported Together 75% or Mor	February 2010	ZZZ	6.43	NA	3.26	2.07	144992	FALSE			FALSE					TRUE	Decrease						
22630	Arthrodesis, Lumbar Arthrodesis	February 2011	04			AANS/CNS,	22.09	Codes Reported Together 75% or Mor	February 2010	090	22.09	NA	17.80	7.85	4225	FALSE			TRUE	The Workgrou	October 20:	16	Complete	TRUE	Maintain						
22632	Arthrodesis, Lumbar Arthrodesis	February 2011	04			AANS/CNS,	5.22	Codes Reported Together 75% or Mor	February 2010	ZZZ	5.22	NA	2.62	1.8	1448	FALSE			FALSE					TRUE	Decrease						
22633	Arthrodesis, Lumbar Arthrodesis	February 2011	04			AANS/CNS,	27.75	Codes Reported Together 75% or Mor	February 2010	090	26.8	NA	19.88	8.38	34325	FALSE			TRUE		October 20:	16	Complete	TRUE	Decrease						
22634	Arthrodesis, Lumbar Arthrodesis	February 2011	04			AANS/CNS,	8.16	Codes Reported Together 75% or Mor	February 2010	ZZZ	7.96	NA	4.04	2.56	13538	FALSE			TRUE		October 20:	16	Complete	TRUE	Decrease						
22838	Revision (eg, Vertebral Body Tethering	January 2023	05	April 2028	RAW		Review action plan (April 202	Low Survey Response	January 2025	090	36	NA	17.83	3.65		FALSE			FALSE					FALSE						
22843	Posterior seg Spine Fixation Device	February 2009	38			AAOS, NASS	Remove from screen	CMS Fastest Growing	October 2008	ZZZ	13.44	NA	6.83	4.29	9396	FALSE			FALSE					TRUE	Remove from Screen						
22849	Reinsertion c RAW	September 2014	21			AAOS, NASS	Maintain	CMS Fastest Growing	October 2008	090	19.17	NA	14.88	5.73	3032	FALSE			TRUE	The Workgrou	June 2010	10	Complete Ir	TRUE	Maintain						
22851	Application c Biomechancial Device Inse	January 2016	06		RUC	AANS/CNS,	Deleted from CPT	CMS Fastest Growing / High Volume C	October 2008							FALSE			TRUE	While preparii	October 20:	14	Code Delete	TRUE	Deleted from CPT						
22859	Insertion of ii Biomechancial Device Inse	January 2016	06			AAOS, AANS	6.00	CMS High Expenditure Procedural Co	October 2015	ZZZ	5.5	NA	2.77	1.8	765	FALSE			FALSE					TRUE	Decrease						
22867	Insertion of ii Insertion of Interlaminar/Ir	January 2021	26			AAOS, AANS	15.00	CMS High Expenditure Procedural Co	October 2015	090	15	NA	12.93	4.39	869	FALSE			FALSE					TRUE	Increase						
22868	Insertion of ii Biomechancial Device Inse	January 2016	06			AAOS, AANS	5.50	CMS High Expenditure Procedural Co	October 2015	ZZZ	4	NA	2.00	1.26	130	FALSE			FALSE					TRUE	Decrease						
22900	Excision, tum Subfascial Excision of Soft	February 2009	5			ACS, AAOS	8.21	Site of Service Anomaly	September 2007	090	8.32	NA	7.07	1.91	395	FALSE			TRUE	CPT develope	June 2008	06	New code s	TRUE	Increase						
23076	Excision, tum Subfascial Excision of Soft	February 2009	5			ACS, AAOS	7.28	Site of Service Anomaly	September 2007	090	7.41	NA	7.70	1.61	563	FALSE			TRUE	CPT develope	June 2008	06	New code s	TRUE	Decrease						
23120	Claviculecto Claviculectomy	April 2008	30			AAOS	7.23	Site of Service Anomaly	September 2007	090	7.39	NA	9.26	1.47	3555	FALSE			FALSE					TRUE	Maintain						
23130	Acromioplas Removal of Bone	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	7.77	NA	9.72	1.57	754	FALSE			FALSE					TRUE	PE Only						
23350	Injection pro Injection for Shoulder X-Ra	September 2011	13			ACR, AAOS	1.00	Harvard Valued - Utilization over 30,0	April 2011	000	1	3.62	0.38	0.1	23565	FALSE			FALSE					TRUE	Maintain						
23405	Tenotomy, st Tenotomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	8.54	NA	8.74	1.53	2119	FALSE			FALSE					TRUE	PE Only						
23410	Repair of rup Rotator Cuff	February 2008	12			AAOS	11.23	Site of Service Anomaly	September 2007	090	11.39	NA	11.43	2.25	2064	FALSE			FALSE					TRUE	Decrease						
23412	Repair of rup Rotator Cuff	September 2014	21			AAOS	Maintain work RVU and adjus	Site of Service Anomaly / Pre-Time An	September 2007	090	11.93	NA	11.74	2.38	6144	FALSE			FALSE					TRUE	Decrease						
23415	Coracoacror Shoulder Ligament Releas	October 2010	62			AAOS	9.23	Site of Service Anomaly	September 2007	090	9.23	NA	10.41	1.89	209	FALSE			FALSE					TRUE	Decrease						
23420	Reconstructi Rotator Cuff	February 2008	12			AAOS	13.35	Site of Service Anomaly	September 2007	090	13.54	NA	13.52	2.75	853	FALSE			FALSE					TRUE	Decrease						
23430	Tenodesis of Tenodesis	October 2009	12			AAOS	10.17	CMS Fastest Growing / Site of Service	September 2007	090	10.17	NA	10.64	1.98	20753	FALSE			FALSE					TRUE	Maintain						
23440	Resection or Tendon Transfer	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	10.64	NA	10.37	2.14	948	FALSE			FALSE					TRUE	PE Only						
23470	Arthroplasty, Arthroplasty - Shoulder	September 2025	18			AAOS	16.00	Site of Service Anomaly - 2025	April 2025	090	17.89	NA	14.96	3.5	898	FALSE			FALSE					TRUE	Decrease						
23472	Arthroplasty, Arthroplasty - Shoulder	September 2025	18			AAOS	19.85	CMS Fastest Growing / High Volume C	October 2008	090	22.13	NA	17.27	4.34	76910	FALSE			FALSE					TRUE	Decrease						
23540	Closed treat PE Subcommittee	April 2016	46			AAOS, ACEF	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	2.36	4.69	4.64	0.49	236	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only						
23600	Closed treat Treatment of Humerus Fra	September 2011	14			AAOS	3.00	Harvard Valued - Utilization over 30,0	April 2011	090	3	6.99	6.44	0.6	25306	FALSE			FALSE					TRUE	Decrease						
23625	Closed treat PE Subcommittee	April 2016	46			AAOS, ACEF	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	4.1	7.10	6.07	0.81	117	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only						
23650	Closed treat PE Subcommittee	April 2016	46			AAOS, ACEF	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	3.53	6.30	5.26	0.72	11926	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only						
23655	Closed treat PE Subcommittee	April 2016	46			AAOS, ACEF	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	4.76	NA	6.96	0.97	2355	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only						
23665	Closed treat PE Subcommittee	April 2016	46			AAOS, ACEF	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	4.66	8.08	6.95	0.95	301	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only						
24505	Closed treat PE Subcommittee	April 2016	46			AAOS, ACEF	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	5.39	9.30	7.63	1.1	603	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only						
24600	Treatment of PE Subcommittee	April 2016	46			AAOS, ACEF	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	4.37	6.64	5.52	0.89	1010	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only						

24605	Treatment of	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	5.64	NA	8.02	1.15	289	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
25116	Radical excis	Forearm Excision	October 2010	63			ASSH, AAOS	7.56	Site of Service Anomaly	September 2007	090	7.56	NA	9.74	1.41	913	FALSE			FALSE					TRUE	Maintain		
25210	Carpectomy;	Carpectomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	6.12	NA	8.02	1.15	3475	FALSE			FALSE					TRUE	PE Only		
25260	Repair, tend	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	8.04	NA	10.05	1.54	788	FALSE			FALSE					TRUE	PE Only		
25280	Lengthening	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	7.39	NA	8.71	1.39	1727	FALSE			FALSE					TRUE	PE Only		
25310	Tendon trans	Hand, Wrist & Forearm Re	September 2023	04			AAOS, ASPS	9.50	Site of Service Anomaly / Codes Repo	September 2007	090	9	NA	11.26	1.69	6292	FALSE			FALSE					TRUE	Decrease		
25312	Tendon trans	Hand, Wrist & Forearm Re	September 2023	04	September	RAW	AAOS, ASPS	Review action plan	RUC Flag	September 2023	090	9.82	NA	10.37	1.89	320	FALSE			FALSE					FALSE			
25447	Arthroplasty,	Hand, Wrist & Forearm Re	September 2023	04			AAOS, ASPS	11.14	Codes Reported Together 75% or Mor	April 2022	090	10.5	NA	12.11	1.97	20989	FALSE			TRUE	In April 2022, t	May 2023	16	complete	TRUE	Decrease		
25448	Arthroplasty,	Hand, Wrist & Forearm Re	September 2023	04			AAOS, ASPS	13.90	Codes Reported Together 75% or Mor	April 2022							FALSE			FALSE					TRUE	Decrease		
25565	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	5.85	9.24	7.46	1.17	502	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
25605	Closed treati	Closed Treatment Distal R	September 2025	29	January 202	RAW	AAOS, ACEP	Review action plan. PE Clinica	Emergent Procedures / Different Perf	October 2015	090	6.25	9.37	8.41	1.27	17362	TRUE	Jan 2018	complete	FALSE					FALSE	PE Only		
25606	Percutaneou	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjus	Pre-Time Analysis	September 2014	090	8.31	NA	10.73	1.65	857	FALSE			FALSE					TRUE	Maintain		
25607	Open treatm	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjus	Pre-Time Analysis	September 2014	090	9.56	NA	11.42	1.89	6714	FALSE			FALSE					TRUE	Maintain		
25608	Open treatm	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjus	Pre-Time Analysis	September 2014	090	11.07	NA	12.26	2.14	5785	FALSE			FALSE					TRUE	Maintain		
25609	Open treatm	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjus	Pre-Time Analysis	January 2014	090	14.38	NA	15.14	2.76	17503	FALSE			FALSE					TRUE	Maintain		
25675	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	4.89	8.52	7.10	1.02	535	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
26020	Drainage of t	Tendon Sheath Procedures	April 2018	07			AAOS, ASPS	7.79	Negative IWPUT	April 2017	090	6.84	NA	9.05	1.3	2174	FALSE			FALSE					TRUE	Increase		
26055	Tendon shea	Tendon Sheath Procedures	April 2018	07			AAOS, ASPS	3.75	Negative IWPUT	April 2017	090	3.11	13.90	5.39	0.6	101295	FALSE			FALSE					TRUE	Increase		
26080	Arthrotomy,	RAW	October 2015	21		RAW	ASSH, AAOS	Action plan for RAW Oct 2015	Site of Service Anomaly / CPT Assista	September 2007	090	4.47	NA	7.11	0.84	1797	TRUE	Sep 2012	complete	FALSE					TRUE	Maintain		
26160	Excision of le	Tendon Sheath Procedures	April 2018	07			AAOS, ASPS	3.57	Negative IWPUT	April 2017	090	3.57	14.17	5.61	0.66	16711	FALSE			FALSE					TRUE	Maintain		
26356	Repair or adj	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASPS	10.03	Site of Service Anomaly (99238-Only)	September 2007	090	9.56	NA	13.11	1.8	905	FALSE			FALSE					TRUE	Decrease		
26357	Repair or adj	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASPS	11.50	090-Day Global Post-Operative Visits	April 2014	090	11	NA	14.09	2.24	69	FALSE			FALSE					TRUE	Increase		
26358	Repair or adj	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASPS	13.10	090-Day Global Post-Operative Visits	April 2014	090	12.6	NA	14.94	2.57	56	FALSE			FALSE					TRUE	Increase		
26480	Transfer or tr	Hand, Wrist & Forearm Re	September 2023	04			AAOS, ASPS	9.50	CMS Fastest Growing / Codes Report	October 2008	090	9	NA	11.28	1.69	11294	FALSE			TRUE	In April 2022, t	May 2023	16	complete	TRUE	Decrease		
26483	Transfer or tr	Hand, Wrist & Forearm Re	September 2023	04	September	RAW	AAOS, ASPS	Review action plan	RUC Flag	September 2023	090	8.48	NA	16.27	1.58	428	FALSE			FALSE					FALSE			
26700	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	3.83	6.18	5.33	0.76	405	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
26750	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	1.8	3.87	3.94	0.36	5317	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
26755	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	3.23	6.33	4.86	0.64	380	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
26770	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	3.15	5.41	4.58	0.63	5218	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27048	Excision, tur	Excision of Subfascial Soft	February 2009	05			ACS, AAOS	8.74	Site of Service Anomaly	September 2007	090	8.85	NA	7.97	1.95	278	FALSE			TRUE	CPT develope	June 2008	06	New code s	TRUE	Increase		
27062	Excision; tro	Trochanteric Bursa Excisio	April 2008	32			AAOS	5.66	Site of Service Anomaly	September 2007	090	5.75	NA	7.10	1.13	2186	FALSE			FALSE					TRUE	Maintain		
27096	Injection pro	Injection for Sacroiliac Join	April 2011	06			AAPM, AAPI	1.48	Different Performing Specialty from S	October 2009	000	1.48	3.29	0.87	0.15	438308	FALSE			TRUE	Refer to CPT E	February 20	76	Code Revise	TRUE	Decrease		
27130	Arthroplasty,	Arthroplasty - Hip	September 2025	19			AAOS	17.13	CMS High Expenditure Procedural Co	September 2011	090	19.6	NA	15.34	3.99	174976	FALSE			FALSE					TRUE	Decrease		
27134	Revision of tc	RAW	September 2014	21			AAOS, AAHI	Maintain work RVU and adjus	Pre-Time Analysis	January 2014	090	30.28	NA	21.01	6.17	9503	FALSE			FALSE					TRUE	Maintain		
27193	Closed treati	Closed Treatment of Pelvic	January 2016	07			AAOS	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	Refer to CPT fi	October 2015		Code Delete	TRUE	Deleted from CPT		
27194	Closed treati	Closed Treatment of Pelvic	January 2016	07			AAOS	Deleted from CPT	CMS Request - Final Rule for 2014	October 2015							FALSE			FALSE				Code Delete	TRUE	Deleted from CPT		
27197	Closed treati	Closed Treatment of Pelvic	January 2016	07			AAOS	5.50	CMS Request - Final Rule for 2014	October 2015	000	1.53	NA	2.21	0.29	7834	FALSE			FALSE					TRUE	Decrease		
27198	Closed treati	Closed Treatment of Pelvic	January 2016	07			AAOS	9.00	CMS Request - Final Rule for 2014	October 2015	000	4.75	NA	3.88	0.97	123	FALSE			FALSE					TRUE	Decrease		
27220	Closed treati	Closed Treatment Fracture	April 2018	08			AAOS	6.00	Negative IWPUT	April 2017	090	5.5	6.27	6.11	1.12	2143	FALSE			FALSE					TRUE	Decrease		
27230	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	5.81	8.10	7.84	1.17	1243	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27232	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	11.72	NA	8.10	2.41	157	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27236	Open treatm	Open Treatment of Femora	October 2012	16			AAOS	17.61	CMS High Expenditure Procedural Co	September 2011	090	17.61	NA	15.10	3.54	53729	FALSE			FALSE					TRUE	Maintain		
27240	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	13.81	NA	12.49	2.85	148	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27244	Treatment of	Treat Thigh Fracture	October 2008	12			AAOS	18.00	High IWPUT	April 2008	090	18.18	NA	15.44	3.68	3140	FALSE			FALSE					TRUE	Increase		
27245	Treatment of	Treat Thigh Fracture	October 2008	12			AAOS	18.00	High IWPUT / CMS Fastest Growing	February 2008	090	18.18	NA	15.41	3.66	73428	FALSE			FALSE					TRUE	Decrease		
27250	Closed treati	Closed Treatment of Hip D	February 2008	18			ACEP	3.82	Site of Service Anomaly	September 2007	000	3.82	NA	0.77	0.8	2843	FALSE			FALSE					TRUE	Decrease		
27252	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	11.03	NA	9.51	2.24	900	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27265	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	5.24	NA	6.67	1.1	6314	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27266	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	7.78	NA	8.52	1.57	4448	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27279	Arthrodesis,	Arthodesis - Sacroiliac Join	April 2018	09			AANS, AAOS	9.03	CMS Request - Final Rule for 2018	July 2017	090	12.13	NA	9.84	2.46	6299	FALSE			FALSE					TRUE	Maintain		
27324	Biopsy, soft t	Soft Tissue Biopsy	September 2007	16			ACS, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	5.04	NA	6.51	1.12	612	FALSE			FALSE					TRUE	PE Only		
27369	Injection pro	Knee Arthrography Injectio	April 2024	12	April 2028	RAW	AAOS, AAPM	CPT Assistant article publishe	Harvard Valued - Utilization Over 30,0	June 2017	000	0.77	4.28	0.33	0.1	18927	TRUE	Oct 2024	complete	TRUE	In June 2017, t	February 20	EC-O	complete	TRUE	Maintain		
27370	Injection of c	Knee Arthrography Injectio	October 2017	05			ACR	Deleted from CPT	High Volume Growth1 / CMS Fastest (	February 2008							TRUE	Clinical Exa	complete	TRUE	In October 20	June 2017	09	complete	TRUE	Deleted from CPT		
27446	Arthroplasty,	Arthroplasty - Knee	September 2025	20			AAOS	17.13	CMS High Expenditure Procedural Co	September 2011	090	17.13	NA	14.27	3.47	12117	FALSE			FALSE					TRUE	Decrease		
27447	Arthroplasty,	Arthroplasty - Knee	September 2025	20			AAOS	17.13	CMS High Expenditure Procedural Co	September 2011	090	19.6	NA	15.30	3.98	313723	FALSE			FALSE					TRUE	Decrease		
27502	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	11.36	NA	9.34	2.33	342	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27510	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	9.8	NA	9.03	2.02	274	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27550	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	5.98	8.76	7.43	1.23	258	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27552	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	8.18	NA	9.75	1.65	223	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27615	Radical rese	Radical Resecion of Soft Ti	February 2009	6			ACS, AAOS	15.54	Site of Service Anomaly	September 2007	090	15.72	NA	11.66	3.31	234	FALSE			TRUE	CPT develope	June 2008	06	New code s	TRUE	Increase		
27619	Excision, tur	Excision of Subfascial Soft	February 2009	5			ACS, AAOS	6.80	Site of Service Anomaly	September 2007	090	6.91	NA	6.18	1.16	640	FALSE			TRUE	CPT develope	June 2008	06	New code s	TRUE	Decrease		
27640	Partial excisi	Leg Bone Resection Partial	February 2008	19			AOFAS, AAC	12.10	Site of Service Anomaly	September 2007	090	12.24	NA	10.83	2.14	1502	FALSE			TRUE	CPT Editorial I	June 2008	07	Complete	TRUE	Maintain		
27641	Partial excisi	Leg Bone Resection Partial	February 2008	19			AOFAS, AAC	9.72	Site of Service Anomaly	February 2008	090	9.84	NA	8.64	1.56	850	FALSE			TRUE	CPT Editorial I	June 2008	07	Complete	TRUE	Decrease		
27650	Repair, prim	Achilles Tendon Repair	February 2008	20			AAOS, AOFA	9.00	Site of Service Anomaly	September 2007	090	9.21	NA	9.53	1.42	2197	FALSE			FALSE					TRUE	Decrease		
27654	Repair, seco	Achilles Tendon Repair	April 2008	33			AOFAS, APM	10.32	Site of Service Anomaly	September 2007	090	10.53	NA	9.84	1.56	3084	FALSE			FALSE					TRUE	Maintain		
27685	Lengthening	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	6.69	12.17	6.68	0.89	3890	FALSE			FALSE					TRUE	PE Only		
27687	Gastrocnem	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	6.41	NA	6.60	0.92	5894	FALSE			FALSE					TRUE	PE Only		
27690	Transfer or tr	Tendon Transfer	April 2008	34			AOFAS, APM	8.96	Site of Service Anomaly	September 2007	090	9.17	NA	9.08	1.31	1017	FALSE			FALSE					TRUE	Maintain		
27691	Transfer or tr	Tendon Transfer	April 2008	34			AOFAS, APM	10.28	Site of Service Anomaly	September 2007	090	10.49	NA	10.51	1.73	3972	FALSE			FALSE					TRUE	Maintain		
27752	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	6.27	9.11	7.66	1.27	945	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27762	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	5.47	8.57	7.09	1.1	286	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27792	Open treatm	Treatment of Ankle Fractur	February 2011	18			AAOS, AOFA	9.71	Site of Service Anomaly	June 2010	090	8.75	NA	9.38	1.58	5734	FALSE			FALSE					TRUE	Maintain		
27810	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	5.32	8.47	6.97	1.07	2347	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27814	Open treatm	RAW	September 2014	21			AAOS	Maintain work RVU and adjus	Pre-Time Analysis	January 2014	090	10.62	NA	10.71	2	7609	FALSE			FALSE					TRUE	Maintain		
27818	Closed treati	Treatment of Fracture	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Site of Service Anomaly (99238-Only)	September 2007	090	5.69	8.60	6.90	1.15	3311	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27825	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	6.69	9.01	7.30	1.34	590	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
27840	Closed treati	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	4.77	NA	6.35	0.97	1663	TRUE	Jan 2018	complete	FALSE					TRUE	PE Only		
28001	Incision and	Treatment of Foot Infectior	October 2020	14			AAOS, AOFA	2.00	010-Day Global Post-Operative Visits	April 2020	000	2	2.93	0.72	0.16	2121	FALSE			FALSE					TRUE	Decrease		
28002	Incision and	Treatment of Foot Infectior	October 2020	14			AAOS, AOFA	3.50	010-Day Global Post-Operative Visits	January 2014	000	2.79	4.26	1.18	0.24	4722	FALSE			FALSE					TRUE	Decrease		
28003	Incision and	Treatment of Foot Infectior	October 2020	14			AAOS, AOFA	5.28	010-Day Global Post-Operative Visits	April 2020	000	5.28	5.39	1.89	0.54	4247	FALSE			FALSE					TRUE	Decrease		
28111	Ostectomy, c	Ostectomy	September 2007	16			APMA, AAO	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	5.15	8.49	4.04	0.52	692	FALSE			FALSE					TRUE	PE Only		
28120	Partial excisi	Removal of Foot Bone	February 2011	19			AOFAS, APM	8.27	Site of Service Anomaly	September 2007	090	7.31	11.87	6.88	0.91	4538	FALSE			FALSE					TRUE	Increase		
28122	Partial excisi	Removal of Foot Bone	February 2011	19			AOFAS, APM	7.72	Site of Service Anomaly	September 2007	090	6.76	10.31	5.94	0.71	12887	FALSE			FALSE					TRUE	Maintain		
28124	Partial excisi	Toe Removal	September 2007	16			APMA, AAO	Remove 99238	Site of Service Anomaly (99238-Only)	September 2007	090	5	8.84	4.78	0.48	8275	FALSE			FALSE					TRUE	PE Only		
28285	Correction, h	Orthopaedic Surgery/Podia	October 2010	31			AAOS, AOFA	5.62	Harvard Valued - Utilization over 30,0	February 2010	090	5.62	10.02	5.66	0.6	55528	FALSE			FALSE					TRUE	Increase		
28289	Hallux rigidu	Bunionectomy	January 2016	08			AAOS, AOFA	6.90	090-Day Global Post-Operative Visits	October 2015	090	6.9	12.89	6.41	0.81	4118	FALSE			FALSE		October 20	19	Complete	TRUE	Decrease		
28290	Correction, h	Bunionectomy	January 2016	08			AAOS, AOFA	Deleted from CPT	090-Day Global Post-Operative Visits	October 2015							FALSE			FALSE		October 20	19	Complete	TRUE	Deleted from CPT		
28291	Hallux rigidu	Bunionectomy	January 2016	08			AAOS, AOFA	8.01	090-Day Global Post-Operative Visits	October 2015	090	8.01	11.67	5.79	0.71	1983	FALSE			FALSE		October 20	19	Complete	TRUE	Decrease		
28292	Correction, h	Bunionectomy	January 2016	08			AAOS, AOFA	7.44	090-Day Global Post-Operative Visits	October 2015	090	7.44	12.78	6.69	0.73	4184	FALSE			FALSE		October 20	19	Complete	TRUE	Decrease		
28293	Correction, h	Bunionectomy	January 2016	08			AAOS, AOFA	Deleted from CPT	090-Day Global Post-Operative Visits	January 2014							FALSE			TRUE	In January 201	October 20	19	Complete	TRUE	Deleted from CPT		
28294	Correction, h	Bunionectomy	January 2016	08			AAOS, AOFA	Deleted from CPT	090-Day Global Post-Operative Visits	October 2015							FALSE			FALSE		October 20	19	Complete	TRUE	Deleted from CPT		
28295	Correction, h	Bunionectomy	January 2016	08			AAOS, AOFA	8.57	090-Day Global Post-Operative Visits	October 2015	090	8.57	21.12	8.50	1.18	367	FALSE			FALSE		October 20	19	Complete	TRUE	Decrease		
28296	Correction, h	Bunionectomy	January 2016	08			AAOS, AOFA	8.25	Site of Service Anomaly	September 2007	090	8.25	17.27	6.67	0.79	5497	FALSE			FALSE		October 20	19	Complete	TRUE	Decrease		
28297	Correction, h	Bunionectomy	January 2016	08			AAOS, AOFA	9.29	090-Day Global Post-Operative Visits	October 2015	090	9.29	19.81	7.86	1.08	3468	FALSE			FALSE		October 20	19	Complete	TRUE	Decrease		
28298	Correction, h	Bunionectomy	January 2016	08			AAOS, AOFA	7.75	Site of Service Anomaly (99238-Only)	September 2007	090	7.75	16.14	6.80	0.9	2928	FALSE			FALSE		October 20	19	Complete	TRUE	Decrease		

28299	Correction, h	Bunionectomy	January 2016	08			AAOS, AOFA	9.29	090-Day Global Post-Operative Visits	October 2015	090	9.29	19.78	7.83	1.05	4770	FALSE			FALSE	October 20:	19	Complete	TRUE	Decrease						
28300	Osteotomy; c	Osteotomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	9.73	NA	8.59	1.56	2258	FALSE			FALSE				TRUE	PE Only						
28310	Osteotomy, s	Osteotomy	September 2007	16			APMA, AAO	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	5.57	10.29	5.00	0.64	1589	FALSE			FALSE				TRUE	PE Only						
28470	Closed treatı	Treatment of Metatarsal Fr	September 2011	15			AAOS, APM	2.03	Harvard Valued - Utilization over 30,0	April 2011	090	2.03	4.50	4.12	0.28	20966	FALSE			FALSE				TRUE	Maintain						
28660	Closed treatı	PE Subcommittee	April 2016	46			AAOS, ACEP	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	010	1.28	2.38	1.38	0.23	534	TRUE	Jan 2018	complete	FALSE				TRUE	PE Only						
28725	Arthrodesis;	Foot Arthrodesis	February 2011	20			AOFAS, APM	12.18	Site of Service Anomaly	September 2007	090	11.22	NA	10.70	1.81	4458	FALSE			FALSE				TRUE	Maintain						
28730	Arthrodesis,	Foot Arthrodesis	February 2011	20			AOFAS, APM	12.42	Site of Service Anomaly	September 2007	090	10.7	NA	9.80	1.58	3935	FALSE			FALSE				TRUE	Maintain						
28740	Arthrodesis,	Arthrodesis	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	9.29	14.20	8.19	1.26	3853	FALSE			FALSE				TRUE	PE Only						
28750	Arthrodesis,	Arthrodesis - Great Toe	January 2025	22			AAOS, AOFA	8.75	Different Performing Specialty from S	April 2024	090	8.57	13.63	7.80	1.13	13589	FALSE			FALSE				TRUE	Increase						
28755	Arthrodesis,	Arthrodesis - Great Toe	January 2025	22			AAOS, AOFA	7.50	Different Performing Specialty from S	September 2024	090	4.88	9.73	4.83	0.58	1924	FALSE			FALSE				TRUE	Increase						
28820	Amputation,	Toe Amputation	April 2019	11			AAOS, ACS,	4.10	Site of Service Anomaly - 2018	October 2018	000	3.51	4.91	1.42	0.4	24159	FALSE			FALSE				TRUE	Decrease						
28825	Amputation,	Toe Amputation	April 2019	11			AAOS, ACS,	4.00	Site of Service Anomaly	September 2007	000	3.41	4.85	1.40	0.39	12405	FALSE			FALSE				TRUE	Decrease						
29075	Application,	Application of Forearm Ca	September 2011	16			AAOS, ASSI	0.77	Harvard Valued - Utilization over 30,0	April 2011	000	0.77	1.82	1.00	0.16	52724	FALSE			FALSE				TRUE	Maintain						
29105	Application c	Application of Long Arm Sp	April 2017	11			AAOS, ACEP	0.80	CMS 000-Day Global Typically Report	July 2016	000	0.8	1.61	0.29	0.16	20770	FALSE			FALSE				TRUE	Decrease						
29200	Strapping; th	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.54	0.13	0.01	11698	FALSE			FALSE				TRUE	Decrease						
29220	Deleted from	Strapping; low back	April 2008	57			AAFP	Deleted from CPT	High Volume Growth1	February 2008							TRUE	Deleted fror	complete	TRUE	The specialty :	October 20(	10	Code Delete	TRUE	Deleted from CPT						
29240	Strapping; sh	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.48	0.13	0.01	17684	FALSE			FALSE				TRUE	Decrease						
29260	Strapping; el	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	October 2013	000	0.39	0.45	0.14	0.03	5358	FALSE			FALSE				TRUE	Decrease						
29280	Strapping; ha	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	October 2013	000	0.39	0.46	0.16	0.04	4701	FALSE			FALSE				TRUE	Decrease						
29445	Application c	Application of Rigid Leg Ca	April 2016	17			AAOS, AHKI	1.78	High Volume Growth3	October 2015	000	1.78	1.93	0.99	0.18	19318	FALSE			FALSE				TRUE	Maintain						
29520	Strapping; hi	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.62	0.14	0.02	17858	FALSE			FALSE				TRUE	Decrease						
29530	Strapping; kr	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.47	0.13	0.02	23102	FALSE			FALSE				TRUE	Decrease						
29540	Strapping; ar	Strapping Lower Extremity	April 2017	41ii			APMA	0.39	Harvard Valued - Utilization over 100,	October 2009	000	0.39	0.43	0.10	0.03	148963	FALSE			FALSE				TRUE	Decrease						
29550	Strapping; to	Strapping Lower Extremity	April 2017	41ii			APMA	0.25	Harvard Valued - Utilization over 100,	February 2010	000	0.25	0.32	0.06	0.02	42635	FALSE			FALSE				TRUE	Decrease						
29580	Strapping; Ul	Strapping Multi Layer Com	October 2016	13	RUC		ACS, APMA,	0.55	CMS High Expenditure Procedural Co	July 2015	000	0.55	1.28	0.17	0.06	186467	FALSE			FALSE				TRUE	Maintain						
29581	Application c	Strapping Multi Layer Com	October 2016	13			ACS, APMA,	0.60	CMS High Expenditure Procedural Co	July 2015	000	0.6	2.00	0.18	0.01	217551	FALSE			FALSE				TRUE	Maintain						
29582	Application c	New Technology Review	October 2015	21			APTA	Deleted from CPT	New Technology/New Services	October 2015							TRUE	Aug 2016	complete	FALSE		September	22	complete	TRUE	Deleted from CPT						
29583	Application c	New Technology Review	October 2015	21			APTA	Deleted from CPT	New Technology/New Services	October 2015							TRUE	Aug 2016	complete	FALSE		September	22	complete	TRUE	Deleted from CPT						
29584	Application c	New Technology Review	January 2022	20			APTA	Maintain	New Technology/New Services / CPT	October 2015	000	0.35	1.98	0.11	0.01	5828	TRUE	Aug 2016	complete	FALSE				TRUE	Maintain						
29590	Denis-Browne	Dennis-Browne splint revis	April 2012	07			APMA	Deleted from CPT	Harvard Valued - Utilization over 100,	February 2010							FALSE			TRUE	This service w	February 20	08	Code Delete	TRUE	Deleted from CPT						
29805	Arthroscopy,	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice Expense Revi	NA	090	6.03	NA	7.28	1.18	289	FALSE			FALSE				TRUE	PE Only						
29822	Arthroscopy,	Shoulder Debridement	January 2020	11				7.03	CMS Fastest Growing	October 2008	090	7.03	NA	8.24	1.39	5989	FALSE			TRUE	In October 20:	September	14	complete	TRUE	Decrease						
29823	Arthroscopy,	Shoulder Debridement	January 2020	11				7.98	Harvard-Valued Annual Allowed Char	October 2012	090	7.98	NA	8.64	1.55	36373	FALSE			TRUE	In October 20:	September	14	complete	TRUE	Decrease						
29824	Arthroscopy,	RAW	October 2015	21			AAOS	8.82	Codes Reported Together 75% or Mor	February 2010	090	8.98	NA	10.02	1.77	26644	FALSE			FALSE				TRUE	Maintain						
29826	Arthroscopy,	RAW	October 2015	21			AAOS	3.00	Codes Reported Together 75% or Mor	February 2010	ZZZ	3	NA	1.56	0.59	58521	FALSE			FALSE				TRUE	Decrease						
29827	Arthroscopy,	RAW	September 2022	13			AAOS	15.59. Maintain work RVU and	CMS Fastest Growing/ Codes Reporte	October 2008	090	15.59	NA	13.85	3.03	60271	FALSE			FALSE				TRUE	Maintain						
29828	Arthroscopy,	RAW	September 2022	13			AAOS	13.16	Codes Reported Together 75% or Mor	February 2010	090	13.16	NA	12.18	2.56	20066	FALSE			FALSE				TRUE	Maintain						
29830	Arthroscopy,	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice Expense Revi	NA	090	5.88	NA	7.05	1.21	78	FALSE			FALSE				TRUE	PE Only						
29840	Arthroscopy,	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice Expense Revi	NA	090	5.68	NA	7.24	1.16	68	FALSE			FALSE				TRUE	PE Only						
29870	Arthroscopy,	Arthroscopy	October 2009	13			AAOS	New PE non-facility inputs	CMS Request - Practice Expense Revi	NA	090	5.19	10.76	6.56	1.01	320	FALSE			FALSE				TRUE	PE Only						
29888	Arthroscopic	ACL Repair	April 2008	38			AAOS	14.14	Site of Service Anomaly	September 2007	090	14.3	NA	12.57	2.73	842	FALSE			FALSE				TRUE	Maintain						
29900	Arthroscopy,	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice Expense Revi	NA	090	5.88	NA	8.54	1.21	2	FALSE			FALSE				TRUE	PE Only						
30140	Submucous r	Resection of Inferior Turbir	October 2016	14	RUC		AAOHNS	3.00	Harvard Valued - Utilization over 30,0	October 2015	000	3	5.45	1.93	0.44	45395	FALSE			FALSE				TRUE	Decrease						
30465	Repair of nas	Repair Nasal Stenosis	September 2007	16			AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	12.36	NA	16.57	1.81	2836	FALSE			FALSE				TRUE	PE Only						
30901	Control nasa	Control Nasal Hemorrhage	April 2016	20			AAOHNS	1.10	Harvard Valued - Utilization over 100,	October 2009	000	1.1	3.39	0.41	0.18	58882	FALSE			FALSE				TRUE	Maintain						
30903	Control nasa	Control Nasal Hemorrhage	April 2016	20			AAOHNS	1.54	CMS Request - Final Rule for 2016	July 2015	000	1.54	5.41	0.51	0.27	32299	FALSE			FALSE				TRUE	Maintain						
30905	Control nasa	Control Nasal Hemorrhage	April 2016	20			AAOHNS	1.97	CMS Request - Final Rule for 2016	July 2015	000	1.97	8.03	0.86	0.36	3611	FALSE			FALSE				TRUE	Maintain						
30906	Control nasa	Control Nasal Hemorrhage	April 2016	20			AAOHNS	2.45	CMS Request - Final Rule for 2016	July 2015	000	2.45	8.40	1.08	0.43	702	FALSE			FALSE				TRUE	Maintain						
31231	Nasal endos	Nasal/Sinus Endoscopy	September 2024	14	September	RAW	AAO-HNS	Review in 3 years. 1.10	MPC List / Codes Reported Together 7	October 2010	000	1.1	4.43	0.67	0.16	688648	FALSE			FALSE				FALSE	Maintain						
31237	Nasal/sinus	Nasal/Sinus Endoscopy	April 2013	19			AAO-HNS	2.60	CMS High Expenditure Procedural Co	September 2011	000	2.6	4.97	1.84	0.39	129944	FALSE			FALSE				TRUE	Decrease						
31238	Nasal/sinus	Nasal/Sinus Endoscopy	April 2013	19			AAO-HNS	2.74	CMS High Expenditure Procedural Co	January 2012	000	2.74	4.60	1.90	0.39	22970	FALSE			FALSE				TRUE	Decrease						
31239	Nasal/sinus	Nasal/Sinus Endoscopy	April 2013	19			AAO-HNS	9.04	CMS High Expenditure Procedural Co	January 2012	010	9.04	NA	8.25	0.99	1264	FALSE			FALSE				TRUE	Decrease						
31240	Nasal/sinus	Nasal/Sinus Endoscopy	April 2013	19			AAO-HNS	2.61	CMS High Expenditure Procedural Co	January 2012	000	2.61	NA	1.79	0.39	3905	FALSE			FALSE				TRUE	Maintain						
31241	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	8.51	Codes Reported Together 75% or Mor	April 2015	000	8	NA	4.10	1.16	426	FALSE			FALSE		September	24	complete	TRUE	Decrease						
31253	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	9.00	Codes Reported Together 75% or Mor	April 2015	000	9	NA	4.62	1.3	6624	FALSE			FALSE		September	24	complete	TRUE	Decrease						
31254	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	4.27	CMS Request - Final Rule for 2016	July 2015	000	4.27	8.24	2.40	0.61	11549	FALSE			FALSE		September	24	complete	TRUE	Decrease						
31255	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	5.75	Codes Reported Together 75% or Mor	April 2015	000	5.75	NA	3.09	0.82	7454	FALSE			TRUE	In April 2015, t	September	24	complete	TRUE	Decrease						
31256	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	3.11	CMS Request - Final Rule for 2016	July 2015	000	3.11	NA	1.84	0.48	10830	FALSE			FALSE		September	24	complete	TRUE	Decrease						
31257	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	8.00	Codes Reported Together 75% or Mor	April 2015	000	8	NA	4.16	1.15	4859	FALSE			FALSE		September	24	complete	TRUE	Decrease						
31259	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	8.48	Codes Reported Together 75% or Mor	April 2015	000	8.48	NA	4.37	1.24	7325	FALSE			FALSE		September	24	complete	TRUE	Decrease						
31267	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	4.68	CMS Request - Final Rule for 2016	July 2015	000	4.68	NA	2.58	0.67	23833	FALSE			FALSE		September	24	complete	TRUE	Decrease						
31276	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	6.75	Codes Reported Together 75% or Mor	April 2015	000	6.75	NA	3.57	0.98	12370	FALSE			TRUE	In April 2015, t	September	24	complete	TRUE	Decrease						
31287	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	3.50	Codes Reported Together 75% or Mor	April 2015	000	3.5	NA	2.03	0.5	2293	FALSE			TRUE	In April 2015, t	September	24	complete	TRUE	Decrease						
31288	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	4.10	Codes Reported Together 75% or Mor	April 2015	000	4.1	NA	2.31	0.6	3367	FALSE			TRUE	In April 2015, t	September	24	complete	TRUE	Decrease						
31295	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	2.70	Codes Reported Together 75% or Mor	April 2015	000	2.7	43.96	1.65	0.39	22935	FALSE			FALSE				TRUE	Maintain						
31296	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	3.10	Codes Reported Together 75% or Mor	April 2015	000	3.1	44.27	1.84	0.47	6141	FALSE			TRUE	In April 2015, t	September	24	complete	TRUE	Decrease						
31297	Nasal/sinus	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	2.44	Codes Reported Together 75% or Mor	April 2015	000	2.44	43.82	1.52	0.36	1529	FALSE			TRUE	In April 2015, t	September	24	complete	TRUE	Decrease						
31298	Nasal/sinus	Nasal/Sinus Endoscopy	October 2020	24			AAOHNS	4.50	Codes Reported Together 75% or Mor	April 2015	000	4.5	83.19	2.50	0.64	16094	FALSE			FALSE		September	24	complete	TRUE	Decrease						
31500	Intubation, e	Endotracheal Intubation	October 2018	27			ACEP, ASA	3.00	CMS High Expenditure Procedural Co	July 2015	000	3	NA	0.76	0.47	193071	TRUE	Oct 2016	complete	FALSE				TRUE	Increase						
31525	Laryngoscop	RAW	September 2025	29	September	RAW	AAO-HNS	Review in 3 years (Sept 2027)	Codes Reported Together 75% or Mor	April 2024	000	2.63	4.47	1.79	0.39	40659	FALSE			FALSE				FALSE							
31551	Laryngoplast	Laryngoplasty	January 2016	09			AAOHNS	21.50	090-Day Global Post-Operative Visits	October 2015	090	21.5	NA	21.92	3.11		FALSE			FALSE		October 20:	13	Complete	TRUE	Decrease						
31552	Laryngoplast	Laryngoplasty	January 2016	09			AAOHNS	20.50	090-Day Global Post-Operative Visits	October 2015	090	20.5	NA	21.46	2.97	21	FALSE			FALSE		October 20:	13	Complete	TRUE	Decrease						
31553	Laryngoplast	Laryngoplasty	January 2016	09			AAOHNS	22.00	090-Day Global Post-Operative Visits	October 2015	090	22	NA	25.29	3.16		FALSE			FALSE		October 20:	13	Complete	TRUE	Decrease						
31554	Laryngoplast	Laryngoplasty	January 2016	09			AAOHNS	22.00	090-Day Global Post-Operative Visits	October 2015	090	22	NA	25.31	3.16	11	FALSE			FALSE		October 20:	13	Complete	TRUE	Decrease						
31571	Laryngoscop	Laryngoscopy	September 2007	16			AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	000	4.26	NA	2.56	0.63	5014	FALSE			FALSE				TRUE	PE Only						
31575	Laryngoscopy,	flexible; diagnostic	October 2015	08			AAO-HNS	1.00	MPC List / CMS High Expenditure Pro	October 2010	000	0.94	2.74	1.00	0.15	541259	FALSE			FALSE				TRUE	Decrease						
31579	Laryngoscop	Laryngoscopy	October 2015	08			AAO-HNS	1.94	CMS Fastest Growing / CMS High Exp	October 2008	000	1.88	3.76	1.48	0.25	88555	FALSE			FALSE				TRUE	Decrease						
31580	Laryngoplast	Laryngoplasty	January 2016	09			AAO-HNS	14.60	090-Day Global Post-Operative Visits	April 2014	090	14.6	NA	21.82	2.13	26	FALSE			TRUE	CPT code 315	October 20:	13	Complete	TRUE	Decrease						
31582	Laryngoplast	Laryngoplasty	January 2015	09			AAO-HNS	Deleted from CPT	090-Day Global Post-Operative Visits	April 2014							FALSE			TRUE	CPT code 315	October 20:	13	Deleted fror	TRUE	Deleted from CPT						
31584	Laryngoplast	Laryngoplasty	January 2016	09			AAO-HNS	20.00	090-Day Global Post-Operative Visits	April 2014	090	17.58	NA	22.21	2.53	14	FALSE			TRUE	CPT code 315	October 20:	13	Complete	TRUE	Decrease						
31587	Laryngoplast	Laryngoplasty	January 2016	09			AAO-HNS	15.27	090-Day Global Post-Operative Visits	April 2014	090	15.27	NA	19.00	2.21	5	FALSE			TRUE	CPT code 315	October 20:	13	Complete	TRUE	Decrease						
31588	Laryngoplast	Laryngoplasty	January 2016	09			AAO-HNS	Deleted from CPT	090-Day Global Post-Operative Visits	January 2014							FALSE			TRUE	CPT code 315	October 20:	13	Deleted fror	TRUE	Deleted from CPT						
31591	Laryngoplast	Laryngoplasty	January 2016	09			AAOHNS	15.60	090-Day Global Post-Operative Visits	October 2015	090	13.56	NA	17.76	1.97	1143	FALSE			FALSE		October 20:	13	Complete	TRUE	Decrease						
31592	Cricothyroic	Laryngoplasty	January 2016	09			AAOHNS	25.00	090-Day Global Post-Operative Visits	October 2015	090	25	NA	23.60	3.61	25	FALSE			FALSE		October 20:	13	Complete	TRUE	Decrease						
31600	Tracheostor	Tracheostomy	April 2016	21			AAOHNS	5.56	CMS High Expenditure Procedural Co	July 2015	000	5.56	NA	2.48	1.04	16852	FALSE			FALSE				TRUE	Increase						
31601	Tracheostor	Tracheostomy	April 2016	21			AAOHNS	8.00	CMS High Expenditure Procedural Co	July 2015	000	8	NA	4.28	1.16	5	FALSE			FALSE				TRUE	Increase						
31603	Tracheostor	Tracheostomy	April 2016	21			AAOHNS	6.00	CMS High Expenditure Procedural Co	July 2015	000	6	NA	2.46	1.05	482	FALSE			FALSE				TRUE	Increase						
31605	Tracheostor	Tracheostomy	April 2025	14			AAOHNS	6.45. Maintain DNU flag	CMS High Expenditure Procedural Co	July 2015	000	6.45	NA	2.15	1.27	200	FALSE			FALSE				TRUE	Increase						
31610	Tracheostor	Tracheostomy	April 2025	14			AAOHNS, A	12.00. Maintain DNU flag	CMS High Expenditure Procedural Co	July 2015	090	12	NA	14.80	1.88	799	FALSE			FALSE				TRUE	Increase						
31611	Construction	Speech Prosthesis	February 2008	S			AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly	September 2007	090	6	NA	9.29	0.87	612	FALSE			FALSE				TRUE	PE Only						
31620	Endobronchi	Endobronchial Ultrasound	January 2015	05			ACCP, ATS	Deleted from CPT	High Volume Growth2	April 2013							FALSE			TRUE	In January 201	October 20:	10	Complete	TRUE	Deleted from CPT						
31622	Bronchoscop	Bronchial Aspiration of Tra	January 2015	05			ACCP, ATS	2.78	High Volume Growth2	April 2013	000	2.53	4.70	1.08	0.29	31336	FALSE			FALSE		October 20:	10	Complete	TRUE	Maintain						
31623	Bronchoscop	Diagnostic Bronchoscopy	October 2017	09			ATS, CHEST	2.63	High Volume Growth4	October 2016	000	2.63	5.32	1.02	0.23	12536	FALSE			FALSE				TRUE	Maintain						
31624	Bronchoscop	Diagnostic Bronchoscopy	October 2017	09			ATS, CHEST	2.63	High Volume Growth4	October 2017	000	2.63	4.78	1.07	0.24	104850	FALSE			FALSE				TRUE	Maintain						
31625	Bronchoscop	Endobronchial Ultrasound	January 2015	05			ATS, CHEST	3.36	High Volume Growth2	April 2013	000	3.11	6.93	1.18	0.29	13056	FALSE			FALSE		October 20:	10	Complete	TRUE	Maintain						

31626	Bronchoscop	Endobronchial Ultrasound	January 2015	05			ACCP, ATS	4.16	High Volume Growth2	April 2013	000	3.91	18.46	1.45	0.48	2972	FALSE		FALSE		October 20:	10	Complete	TRUE	Maintain
31627	Bronchoscop	Bronchoscopy	September 2025	29	September	RUC	ATS, CHEST	Refer to CPT	High Volume Growth11	April 2025	ZZZ	2	28.04	0.62	0.2	24111	FALSE		TRUE	In April 2025, t	May 2026				FALSE				
31628	Bronchoscop	Endobronchial Ultrasound	January 2015	05			ACCP, ATS	3.80	High Volume Growth2	April 2013	000	3.55	7.14	1.31	0.29	35531	FALSE		FALSE		October 20:	10	Complete	TRUE	Maintain
31629	Bronchoscop	Endobronchial Ultrasound	January 2015	05			ACCP, ATS	4.00	High Volume Growth2	April 2013	000	3.75	9.19	1.38	0.36	23723	FALSE		FALSE		October 20:	10	Complete	TRUE	Decrease
31632	Bronchoscop	Endobronchial Ultrasound	January 2015	05			ACCP, ATS	1.03	High Volume Growth2	April 2013	ZZZ	1.03	0.81	0.31	0.08	4936	FALSE		FALSE					TRUE	Maintain
31633	Bronchoscop	Endobronchial Ultrasound	January 2015	05			ACCP, ATS	1.32	High Volume Growth2	April 2013	ZZZ	1.32	0.96	0.40	0.13	2028	FALSE		FALSE					TRUE	Maintain
31645	Bronchoscop	Bronchial Aspiration of Tra	October 2016	08		RUC	ATS, CHEST	2.88	Harvard Valued - Utilization over 30,0	October 2015	000	2.88	5.06	1.17	0.28	39041	FALSE		FALSE		May 2016	14	Complete	TRUE	Decrease
31646	Bronchoscop	Bronchial Aspiration of Tra	October 2016	08		RUC	ATS, CHEST	2.78	Harvard Valued - Utilization over 30,0	October 2015	000	2.78	NA	1.15	0.27	4254	FALSE		FALSE		May 2016	14	Complete	TRUE	Increase
31652	Bronchoscop	Endobronchial Ultrasound	January 2015	05			ATS, ACCP	5.00	High Volume Growth2	October 2014	000	4.46	30.82	1.59	0.43	25670	FALSE		FALSE		October 20:	10	Complete	TRUE	Decrease
31653	Bronchoscop	Endobronchial Ultrasound	January 2015	05			ATS, ACCP	5.50	High Volume Growth2	October 2014	000	4.96	31.57	1.73	0.49	17836	FALSE		FALSE		October 20:	10	Complete	TRUE	Decrease
31654	Bronchoscop	Bronchial Aspiration of Tra	January 2015	05			ATS, ACCP	1.70	High Volume Growth2	October 2014	ZZZ	1.4	2.04	0.43	0.13	19772	FALSE		FALSE		October 20:	10	Complete	TRUE	Decrease
32201	Pneumonost	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or Mor	January 2012							FALSE		FALSE		October 20:	06	Complete	TRUE	Deleted from CPT
32405	Biopsy, lung	Lung Biopsy-CT Guidance I	April 2019	05			ACR, SIR	Deleted from CPT	Codes Reported Together 75%or Mor	October 2017							FALSE		TRUE	In October 20:	February 20	11	complete	TRUE	Deleted from CPT
32408	Core needle	Lung Biopsy-CT Guidance I	April 2019	05			ACR, SIR	4.00	Codes Reported Together 75%or Mor	April 2019	000	3.18	21.02	0.99	0.3	49686	FALSE		FALSE					TRUE	Increase
32420	Pneumocent	Thoracentesis with Tube In	September 2011	17			ACCP, ACR,	Deleted from CPT	Harvard Valued - Utilization over 30,0	September 2011							FALSE		TRUE	In September	February 20	10	Complete	TRUE	Deleted from CPT
32421	Thoracentesi	Thoracentesis with Tube In	September 2011	17			ACCP, ACR,	Deleted from CPT	Harvard Valued - Utilization over 30,0	September 2011							FALSE		TRUE	In September	February 20	10	Complete	TRUE	Deleted from CPT
32422	Thoracentesi	Thoracentesis with Tube In	September 2011	17			ACCP, ACR,	Deleted from CPT	Harvard Valued - Utilization over 30,0	April 2011							FALSE		TRUE	In September	February 20	10	Complete	TRUE	Deleted from CPT
32440	Removal of l	RAW Review	January 2013	34			ACCP, ATS,	No reliable way to determine	CMS Request to Re-Review Families c	November 2011	090	27.28	NA	12.74	6.58	100	FALSE		FALSE					TRUE	Remove from Screen
32480	Removal of l	RAW Review	January 2013	34			ACCP, ATS,	No reliable way to determine	CMS Request to Re-Review Families c	November 2011	090	25.82	NA	11.87	6.23	2229	FALSE		FALSE					TRUE	Remove from Screen
32482	Removal of l	RAW Review	January 2013	34			ACCP, ATS,	No reliable way to determine	CMS Request to Re-Review Families c	November 2011	090	27.44	NA	12.92	6.65	146	FALSE		FALSE					TRUE	Remove from Screen
32491	Removal of l	RAW Review	January 2012	30			ACCP, ATS,	Request further information fr	CMS Request to Re-Review Families c	November 2011	090	25.24	NA	12.40	6.17	7	FALSE		FALSE					TRUE	Remove from Screen
32551	Tube thoracc	Chest Tube Thoracostomy	April 2012	10			ACCP, ATS,	3.50	Harvard Valued - Utilization over 30,0	April 2011	000	3.04	NA	1.04	0.53	26764	FALSE		TRUE	In September	February 20	09	Complete	TRUE	Increase
32554	Thoracentesi	Chest Tube Interventions	October 2012	04			ACCP, ACR,	1.82	Harvard Valued - Utilization over 30,0	October 2012	000	1.82	4.84	0.58	0.21	9903	FALSE		FALSE		February 20	10	Complete	TRUE	Decrease
32555	Thoracentesi	Chest Tube Interventions	October 2012	04			ACCP, ACR,	2.27	Harvard Valued - Utilization over 30,0	October 2012	000	2.27	6.71	0.73	0.21	214513	FALSE		FALSE		February 20	10	Complete	TRUE	Decrease
32556	Pleural drain	Chest Tube Interventions	October 2012	04			ACCP, ACR,	2.50	Harvard Valued - Utilization over 30,0	October 2012	000	2.5	18.49	0.81	0.38	4607	FALSE		FALSE		February 20	10	Complete	TRUE	Decrease
32557	Pleural drain	Chest Tube Interventions	October 2012	04			ACCP, ACR,	3.62	Harvard Valued - Utilization over 30,0	October 2012	000	3.12	15.71	0.97	0.29	33335	FALSE		FALSE		February 20	10	Complete	TRUE	Decrease
32663	Thoracoscop	RAW review	January 2013	34			STS	No reliable way to determine	CMS Fastest Growing	October 2008	090	24.64	NA	10.81	5.99	8333	FALSE		FALSE					TRUE	Remove from Screen
33010	Pericardioce	Pericardiocentesis and Pe	January 2019	04				Deleted from CPT	Negative IWPUT	September 2018							FALSE		FALSE		September	14	Complete	TRUE	Deleted from CPT
33011	Pericardioce	Pericardiocentesis and Pe	January 2019	04				Deleted from CPT	Negative IWPUT	September 2018							FALSE		FALSE		September	14	Complete	TRUE	Deleted from CPT
33015	Tube pericar	Pericardiocentesis and Pe	January 2019	04			ACC	Deleted from CPT	Negative IWPUT	April 2017							FALSE		TRUE	A RUC membe	September	14	Complete	TRUE	Deleted from CPT
33016	Pericardioce	Pericardiocentesis and Pe	January 2019	04				5.00	Negative IWPUT	September 2018	000	4.4	NA	1.52	0.97	3896	FALSE		FALSE		September	14	Complete	TRUE	Increase
33017	Pericardial d	Pericardiocentesis and Pe	January 2019	04				5.50	Negative IWPUT	September 2018	000	4.62	NA	1.61	1.02	3888	FALSE		FALSE		September	14	Complete	TRUE	Increase
33018	Pericardial d	Pericardiocentesis and Pe	January 2019	04				6.00	Negative IWPUT	September 2018	000	5.4	NA	1.86	1.25	6	FALSE		FALSE		September	14	Complete	TRUE	Increase
33019	Pericardial d	Pericardiocentesis and Pe	January 2019	04				5.00	Negative IWPUT	September 2018	000	4.29	NA	1.36	0.5	253	FALSE		FALSE		September	14	Complete	TRUE	Increase
33020	Pericardioto	Pericardiotomy	April 2018	10			AATS, STS	14.31	Negative IWPUT	April 2018	090	14.31	NA	6.93	3.39	119	FALSE		TRUE	In April 2018, t	May 2018	EC	complete	TRUE	Decrease
33025	Creation of p	Pericardiotomy	April 2018	10			AATS, STS	13.20	Negative IWPUT	April 2017	090	13.2	NA	6.59	3.14	3349	FALSE		TRUE	In April 2018, t	May 2018	EC	complete	TRUE	Decrease
33207	Insertion of n	Pacemaker or Pacing Cardi	April 2011	10			ACC	8.05	Codes Reported Together 75% or Mor	February 2010	090	7.8	NA	4.60	1.77	9151	FALSE		TRUE	33213 - This c	February 20	13	Complete	TRUE	Maintain
33208	Insertion of n	Pacemaker or Pacing Cardi	April 2011	10			ACC	8.77	Codes Reported Together 75% or Mor	February 2010	090	8.52	NA	4.87	1.91	89186	FALSE		TRUE	33213 - This c	February 20	13	Complete	TRUE	Maintain
33212	Insertion of p	Pacemaker or Pacing Cardi	September 2011	04			ACC	5.26	Codes Reported Together 75% or Mor	February 2010	090	5.01	NA	3.46	1.15	163	FALSE		TRUE	33213 - This c	February 20	13	Complete	TRUE	Decrease
33213	Insertion of p	Pacemaker or Pacing Cardi	September 2011	04			ACC	5.53	CMS Fastest Growing / Codes Report	October 2008	090	5.28	NA	3.55	1.18	817	FALSE		TRUE	33213 - This c	February 20	13	Complete	TRUE	Decrease
33221	Insertion of p	Pacemaker or Pacing Cardi	September 2011	04			ACC	5.80	Codes Reported Together 75% or Mor	April 2011	090	5.55	NA	3.77	1.26	207	FALSE		FALSE		February 20	13	complete	TRUE	Decrease
33227	Removal of p	Pacemaker or Pacing Cardi	September 2011	04			ACC	5.50	Codes Reported Together 75% or Mor	April 2011	090	5.25	NA	3.62	1.18	2154	FALSE		FALSE		February 20	13	complete	TRUE	Decrease
33228	Removal of p	Pacemaker or Pacing Cardi	September 2011	04			ACC	5.77	Codes Reported Together 75% or Mor	April 2011	090	5.52	NA	3.74	1.26	30320	FALSE		FALSE		February 20	13	complete	TRUE	Decrease
33229	Removal of p	Pacemaker or Pacing Cardi	September 2011	04			ACC	6.04	Codes Reported Together 75% or Mor	April 2011	090	5.79	NA	3.94	1.3	6482	FALSE		FALSE		February 20	13	complete	TRUE	Decrease
33230	Insertion of i	Pacemaker or Pacing Cardi	September 2011	04			ACC	6.32	Codes Reported Together 75% or Mor	April 2011	090	6.07	NA	3.61	1.39	75	FALSE		FALSE		February 20	13	complete	TRUE	Decrease
33231	Insertion of i	Pacemaker or Pacing Cardi	September 2011	04			ACC	6.59	Codes Reported Together 75% or Mor	April 2011	090	6.34	NA	4.10	1.42	114	FALSE		FALSE		February 20	13	complete	TRUE	Decrease
33233	Removal of p	Pacemaker or Pacing Cardi	April 2011	10			ACC	3.39	Codes Reported Together 75% or Mor	February 2010	090	3.14	NA	3.09	0.71	7138	FALSE		TRUE	33213 - This c	February 20	13	Complete	TRUE	Maintain
33240	Insertion of i	Pacemaker or Pacing Cardi	September 2011	04			ACC	6.06	Codes Reported Together 75% or Mor	February 2010	090	5.8	NA	3.52	1.34	60	FALSE		TRUE	33213 - This c	February 20	13	Complete	TRUE	Decrease
33241	Removal of i	Pacemaker or Pacing Cardi	April 2011	10			ACC	3.29	Codes Reported Together 75% or Mor	February 2010	090	3.04	NA	2.67	0.69	4408	FALSE		TRUE	33213 - This c	February 20	13	Complete	TRUE	Maintain
33249	Insertion or r	Pacemaker or Pacing Cardi	April 2011	10			ACC	15.17	Codes Reported Together 75% or Mor	February 2010	090	14.92	NA	8.64	3.36	29152	FALSE		TRUE	33213 - This c	February 20	13	Complete	TRUE	Maintain
33262	Removal of i	Pacemaker or Pacing Cardi	September 2011	04			ACC	6.06	Codes Reported Together 75% or Mor	April 2011	090	5.81	NA	3.91	1.3	1992	FALSE		FALSE		February 20	13	complete	TRUE	Decrease
33263	Removal of i	Pacemaker or Pacing Cardi	September 2011	04			ACC	6.33	Codes Reported Together 75% or Mor	April 2011	090	6.08	NA	4.00	1.38	4886	FALSE		FALSE		February 20	13	complete	TRUE	Decrease
33264	Removal of i	Pacemaker or Pacing Cardi	September 2011	04			ACC	6.60	Codes Reported Together 75% or Mor	April 2011	090	6.35	NA	4.14	1.45	12252	FALSE		FALSE		February 20	13	complete	TRUE	Decrease
33274	Transcathete	Transcatheter Insertion or	September 2023	12	September	RAW	ACC, HRS	Maintain and Review in 3 year	Site of Service Anomaly - 2023	April 2023	090	7.8	NA	4.56	1.75	14419	FALSE		FALSE					FALSE	
33275	Transcathete	Transcatheter Insertion or	September 2023	12	September	RAW	ACC, HRS	Maintain and Review in 3 year	Site of Service Anomaly - 2023	September 2023	090	8.59	NA	4.36	1.97	67	FALSE		FALSE					FALSE	
33276	Insertion of p	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	9.5	NA	5.53	2.13		FALSE		FALSE					FALSE	
33277	Insertion of p	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	ZZZ	5.43	NA	2.38	0.36		FALSE		FALSE					FALSE	
33278	Removal of p	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	9.55	NA	5.31	2.17		FALSE		FALSE					FALSE	
33279	Removal of p	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	5.42	NA	3.56	1.25		FALSE		FALSE					FALSE	
33280	Removal of p	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	3.04	NA	2.86	0.29		FALSE		FALSE					FALSE	
33281	Repositionin	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	6	NA	4.27	0.61		FALSE		FALSE					FALSE	
33282	Implantation	Implantation and Removal	April 2013	20				3.50	CMS Request - Final Rule for 2013	October 2012							FALSE		FALSE		February 20	12	complete	TRUE	Deleted from CPT
33284	Removal of a	Implantation and Removal	April 2013	20				3.00	CMS Request - Final Rule for 2013	October 2012							FALSE		FALSE		February 20	12	complete	TRUE	Deleted from CPT
33287	Removal and	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	6.05	NA	4.11	1.39		FALSE		FALSE					FALSE	
33288	Removal and	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	8.51	NA	5.26	0.86		FALSE		FALSE					FALSE	
33340	Percutaneou	RAW	September 2025	29	January 202	RUC	ACC, HRS, S	Survey January 2026	High Volume Growth11	April 2025	000	14	NA	5.73	3.14	48981	FALSE		FALSE					FALSE	
33361	Transcathete	Transcatheter Aortic Valve	September 2025	21	April 2026	RUC	AATS, ACC,	Refer to CPT	RAW Flag - Co-surgeon status / New T	April 2025	000	22.47	NA	7.85	5.19	49471	FALSE		TRUE	CPT codes 33:	February 2026			FALSE	
33362	Transcathete	Transcatheter Aortic Valve	September 2025	21	April 2026	RUC	AATS, ACC,	Refer to CPT	RAW Flag - Co-surgeon status / New T	April 2025	000	24.54	NA	8.49	5.72	1044	FALSE		TRUE	CPT codes 33:	February 2026			FALSE	
33363	Transcathete	Transcatheter Aortic Valve	September 2025	21	April 2026	RUC	AATS, ACC,	Refer to CPT	RAW Flag - Co-surgeon status / New T	April 2025	000	25.47	NA	8.74	5.92	495	FALSE		TRUE	CPT codes 33:	February 2026			FALSE	
33364	Transcathete	Transcatheter Aortic Valve	September 2025	21	April 2026	RUC	AATS, ACC,	Refer to CPT	RAW Flag Service with Less than 30 Se	April 2018	000	25.97	NA	8.12	5.94	11	FALSE		TRUE	CPT codes 33:	February 2026			FALSE	
33365	Transcathete	Transcatheter Aortic Valve	September 2025	21	April 2026	RUC	AATS, ACC,	Refer to CPT	RAW Flag - Co-surgeon status / New T	April 2025	000	26.59	NA	9.06	6.15	107	FALSE		TRUE	CPT codes 33:	February 2026			FALSE	
33366	Transcathete	Transcatheter Aortic Valve	September 2025	21	April 2026	RUC	AATS, ACC,	Refer to CPT	RAW Flag - Co-surgeon status / New T	April 2025	000	29.35	NA	9.99	6.77	56	FALSE		TRUE	CPT codes 33:	February 2026			FALSE	
33405	Replacemen	Valve Replacement and C/	April 2012	40			STS	41.32	CMS High Expenditure Procedural Co	September 2011	090	41.32	NA	15.88	9.78	11835	FALSE		FALSE					TRUE	Maintain
33430	Replacemen	Valve Replacement and C/	April 2012	40			STS	50.93	High IWPUT / CMS High Expenditure P	February 2008	090	50.93	NA	19.69	12.04	6044	FALSE		FALSE					TRUE	Maintain
33533	Coronary art	Valve Replacement and C/	April 2012	40			STS	34.98	CMS High Expenditure Procedural Co	September 2011	090	33.75	NA	13.54	8.02	43401	FALSE		FALSE					TRUE	Increase
33620	Application c	New Technology Review	January 2019	37			STS	CPT Article published July 201	New Technology/New Services / CPT /	January 2015	090	30	NA	11.33	7.34	67	TRUE	July 2016	complete	FALSE				TRUE	Maintain
33621	Transthoraci	New Technology Review	January 2019	37			STS	CPT Article published July 201	New Technology/New Services / CPT /	January 2015	090	16.18	NA	7.46	3.95	1	TRUE	July 2016	complete	FALSE				TRUE	Maintain
33622	Reconstructi	New Technology Review	January 2019	37			STS	CPT Article published July 201	New Technology/New Services / CPT /	January 2015	090	64	NA	21.26	15.66	2	TRUE	July 2016	complete	FALSE				TRUE	Maintain
33741	Transcathete	Atrial Septostomy	January 2020	13				14.00	CMS Request - Final Rule for 2019	September 2019	000	14	NA	4.82	3.2	68	FALSE		FALSE		September	16	complete	TRUE	Maintain
33745	Transcathete	Atrial Septostomy	January 2020	13				20.00	CMS Request - Final Rule for 2019	September 2019	000	20	NA	6.90	4.56	8	FALSE		FALSE		September	16	complete	TRUE	Maintain
33746	Transcathete	Atrial Septostomy	January 2020	13				10.50	CMS Request - Final Rule for 2019	September 2019	ZZZ	8	NA	2.76	1.81	2	FALSE		FALSE		September	16	complete	TRUE	Maintain
33863	Ascending a	Aortic Graft	February 2008	S			STS, AATS	Remove from screen	High IWPUT	February 2008	090	58.79	NA	19.77	13.91	2008	FALSE		FALSE					TRUE	Remove from Screen
33945	Heart transp	ECMO-ECLS	April 2014	11			STS, AAP, A	16.00	CMS Request - Final Rule for 2014	November 2014	090	89.5	NA	32.42	21.29	656	FALSE		FALSE		February 20	23	Complete	TRUE	Maintain
33946	Extracorpore	ECMO-ECLS	April 2014	11			STS, AAP, A	6.00	CMS Request - Final Rule for 2014	November 2014	XXX	6	NA	1.83	1.27	447	FALSE		FALSE		February 20	23	Complete	TRUE	Maintain
33947	Extracorpore	ECMO-ECLS	April 2014	11			STS, AAP, A	6.63	CMS Request - Final Rule for 2014	November 2013	XXX	6.63	NA	2.01	1.45	1454	FALSE		FALSE		February 20	23	Complete	TRUE	Maintain
33948	Extracorpore	ECMO-ECLS	April 2014	11			STS, AAP, A	4.73	CMS Request - Final Rule for 2014	November 2013	XXX	4.73	NA	1.48	0.83	5508	FALSE		FALSE		February 20	23	Complete	TRUE	Maintain
33949	Extracorpore	ECMO-ECLS	April 2014	11			STS, AAP, A	4.60	CMS Request - Final Rule for 2014	November 2013	XXX	4.6	NA	1.46	0.81	5915	FALSE		FALSE		February 20	23	Complete	TRUE	Maintain
33951	Extracorpore	ECMO-ECLS	April 2014	11			STS, AAP, A	8.15	CMS Request - Final Rule for 2014	November 2013	000	8.15	NA	2.35	1.89		FALSE		FALSE		February 20	23	Complete	TRUE	Maintain
33952	Extracorpore	ECMO-ECLS	April 2014	11			STS, AAP, A	8.43	CMS Request - Final Rule for 2014	November 2013	000	8.15	NA	2.56	1.8	1467	FALSE		FALSE		February 20	23	Complete	TRUE	Maintain
33953	Extracorpore	ECMO-ECLS	April 2014	11			STS, AAP, A	9.83	CMS Request - Final Rule for 2014	November 2013	000	9.11	NA	2.61	2.1		FALSE		FALSE		February 20	23	Complete	TRUE	Maintain
33954	Extracorpore	ECMO-ECLS	April 2014	11			STS, AAP, A	9.43	CMS Request - Final Rule for 2014	November 2014	000	9.11	NA	2.74	2.13	277	FALSE		FALSE		February 20	23	Complete	TRUE	Maintain
33956	Extracorpore	ECMO-ECLS	April 2014	11			STS, AAP, A	16.00	CMS Request - Final Rule for 2014	November 2014	000	16	NA	4.70	3.76	364	FALSE		FALSE		February 20	23	Complete	TRUE	Maintain
33957	Extracorpore	ECMO-ECLS	April 2014	11			STS, AAP, A	4.00	CMS Request - Final Rule for 2014	November 2014	000	3.51	NA	1.08	0.81		FALSE		FALSE		February 20	23	Complete	TRUE	Maintain
33958	Extracorpore	ECMO-ECLS	April 2014	11			STS, AAP, A	4.05	CMS Request - Final Rule for 2014	November 2014	000	3.51	NA	1.08	0.81	51	FALSE		FALSE		February 20	23	Complete	TRUE	Maintain
33959	Extracorpore	ECMO-ECLS	April 2014	11			STS, AAP, A	4.69	CMS Request - Final Rule for 2014	November 2014	000	4.47	NA	1.35	1.03	1	FALSE		FALSE		February 20	23	Complete	TRUE	Maintain

33960	Prolonged ex	ECMO-ECLS	April 2014	11		STS, AAP, A	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013								FALSE		TRUE	October 2013	February 20 23	Complete	TRUE	Deleted from CPT
33961	Prolonged ex	ECMO-ECLS	April 2014	11		STS, AAP, A	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013								FALSE		TRUE	October 2013	February 20 23	Complete	TRUE	Deleted from CPT
33962	Extracorpore	ECMO-ECLS	April 2014	11		STS, AAP, A	4.73	CMS Request - Final Rule for 2014	November 2014	000	4.47	NA	1.35	1.03	25	FALSE		FALSE		February 20 23	Complete	TRUE	Maintain
33963	Extracorpore	ECMO-ECLS	April 2014	11		STS, AAP, A	9.00	CMS Request - Final Rule for 2014	November 2014	000	9	NA	2.58	2.06		FALSE		FALSE		February 20 23	Complete	TRUE	Maintain
33964	Extracorpore	ECMO-ECLS	April 2014	11		STS, AAP, A	9.50	CMS Request - Final Rule for 2014	November 2014	000	9.5	NA	2.72	2.16	4	FALSE		FALSE		February 20 23	Complete	TRUE	Maintain
33965	Extracorpore	ECMO-ECLS	April 2014	11		STS, AAP, A	3.51	CMS Request - Final Rule for 2014	November 2014	000	3.51	NA	1.08	0.81		FALSE		FALSE		February 20 23	Complete	TRUE	Maintain
33966	Extracorpore	ECMO-ECLS	April 2014	11		STS, AAP, A	4.50	CMS Request - Final Rule for 2014	November 2014	000	4.5	NA	1.44	1.01	462	FALSE		FALSE		February 20 23	Complete	TRUE	Maintain
33969	Extracorpore	ECMO-ECLS	April 2014	11		STS, AAP, A	6.00	CMS Request - Final Rule for 2014	November 2014	000	5.22	NA	1.54	1.18		FALSE		FALSE		February 20 23	Complete	TRUE	Maintain
33984	Extracorpore	ECMO-ECLS	April 2014	11		STS, AAP, A	6.38	CMS Request - Final Rule for 2014	November 2014	000	5.46	NA	1.57	1.3	493	FALSE		FALSE		February 20 23	Complete	TRUE	Maintain
33985	Extracorpore	ECMO-ECLS	April 2014	11		STS, AAP, A	9.89	CMS Request - Final Rule for 2014	November 2014	000	9.89	NA	2.83	2.25	1	FALSE		FALSE		February 20 23	Complete	TRUE	Maintain
33986	Extracorpore	ECMO-ECLS	April 2014	11		STS, AAP, A	10.00	CMS Request - Final Rule for 2014	November 2014	000	10	NA	3.05	2.36	197	FALSE		FALSE		February 20 23	Complete	TRUE	Maintain
33987	Arterial expo	ECMO-ECLS	April 2014	11		STS, AAP, A	4.08	CMS Request - Final Rule for 2014	November 2014	ZZZ	4.04	NA	1.11	0.91	43	FALSE		FALSE		February 20 23	Complete	TRUE	Maintain
33988	Insertion of l	ECMO-ECLS	April 2014	11		STS, AAP, A	15.00	CMS Request - Final Rule for 2014	November 2014	000	15	NA	4.23	3.44	35	FALSE		FALSE		February 20 23	Complete	TRUE	Maintain
33989	Removal of l	ECMO-ECLS	April 2014	11		STS, AAP, A	9.50	CMS Request - Final Rule for 2014	November 2013	000	9.5	NA	2.72	2.16	10	FALSE		FALSE		February 20 23	Complete	TRUE	Maintain
34701	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	23.71	Codes Reported Together 75%or Mor	January 2017	090	23.71	NA	6.82	5.72	546	FALSE		FALSE				TRUE	Decrease
34702	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	36.00	Codes Reported Together 75%or Mor	January 2017	090	36	NA	7.69	8.87	82	FALSE		FALSE				TRUE	Decrease
34703	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	26.52	Codes Reported Together 75%or Mor	January 2017	090	26.52	NA	7.22	6.43	530	FALSE		FALSE				TRUE	Decrease
34704	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	45.00	Codes Reported Together 75%or Mor	January 2017	090	45	NA	10.98	10.76	68	FALSE		FALSE				TRUE	Decrease
34705	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	29.58	Codes Reported Together 75%or Mor	January 2017	090	29.58	NA	7.96	7.1	9669	FALSE		FALSE				TRUE	Decrease
34706	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	45.00	Codes Reported Together 75%or Mor	January 2017	090	45	NA	10.77	10.88	515	FALSE		FALSE				TRUE	Decrease
34707	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	22.28	Codes Reported Together 75%or Mor	January 2017	090	22.28	NA	6.46	5.32	434	FALSE		FALSE				TRUE	Decrease
34708	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	36.50	Codes Reported Together 75%or Mor	January 2017	090	36.5	NA	7.77	8.99	90	FALSE		FALSE				TRUE	Decrease
34709	Placement o	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	6.50	Codes Reported Together 75%or Mor	January 2017	ZZZ	6.5	NA	1.34	1.56	1854	FALSE		FALSE				TRUE	Decrease
34710	Delayed plac	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	15.00	Codes Reported Together 75%or Mor	January 2017	090	15	NA	4.74	3.6	911	FALSE		FALSE				TRUE	Decrease
34711	Delayed plac	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	6.00	Codes Reported Together 75%or Mor	January 2017	ZZZ	6	NA	1.15	1.46	263	FALSE		FALSE				TRUE	Decrease
34712	Transcathete	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	12.00	Codes Reported Together 75%or Mor	January 2017	090	12	NA	4.36	2.87	803	FALSE		FALSE				TRUE	Decrease
34713	Percutaneou	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	2.50	Codes Reported Together 75%or Mor	January 2017	ZZZ	2.5	NA	0.50	0.6	16269	FALSE		FALSE				TRUE	Decrease
34714	Open femora	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	5.25	Codes Reported Together 75%or Mor	January 2017	ZZZ	5.25	NA	1.38	1.26	376	FALSE		FALSE				TRUE	Decrease
34715	Open axillary	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	6.00	Codes Reported Together 75%or Mor	January 2017	ZZZ	6	NA	1.24	1.47	168	FALSE		FALSE				TRUE	Decrease
34716	Open axillary	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	7.19	Codes Reported Together 75%or Mor	January 2017	ZZZ	7.19	NA	2.01	1.72	1501	FALSE		FALSE				TRUE	Decrease
34800	Endovascula	Endovascular Repair Proce	January 2017	10		AAOHNS	Deleted from CPT	Codes Reported Together 75%or Mor	October 2015							FALSE		FALSE			Complete	TRUE	Deleted from CPT
34802	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	Deleted from CPT	Pre-Time Analysis / Codes Reported T	January 2014							FALSE		TRUE	Referred to CI	September 2016	complete	TRUE	Deleted from CPT
34803	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%or Mor	October 2015							FALSE		FALSE			Complete	TRUE	Deleted from CPT
34804	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%or Mor	October 2015							FALSE		FALSE			Complete	TRUE	Deleted from CPT
34805	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%or Mor	January 2017							FALSE		FALSE			Complete	TRUE	Deleted from CPT
34806	Transcathete	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%or Mor	January 2017							FALSE		FALSE			Complete	TRUE	Deleted from CPT
34812	Open femora	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	4.13	Pre-Time Analysis	January 2014	ZZZ	4.13	NA	0.86	1.02	4251	FALSE		TRUE	Referred to CI	September 27	complete	TRUE	Decrease
34820	Open iliac ar	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	7.00	Codes Reported Together 75%or Mor	January 2017	ZZZ	7	NA	1.13	1.72	66	FALSE		FALSE				TRUE	Decrease
34825	Placement o	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	Deleted from CPT	Pre-Time Analysis / Codes Reported T	January 2014							FALSE		TRUE	Referred to CI	September 27	complete	TRUE	Deleted from CPT
34826	Placement o	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%or Mor	January 2017							FALSE		FALSE			Complete	TRUE	Deleted from CPT
34833	Open iliac ar	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	8.16	Codes Reported Together 75%or Mor	January 2017	ZZZ	8.16	NA	1.32	2	29	FALSE		FALSE				TRUE	Decrease
34834	Open brachi	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	2.65	Codes Reported Together 75%or Mor	January 2017	ZZZ	2.65	NA	0.48	0.64	339	FALSE		FALSE				TRUE	Decrease
34900	Endovascula	Endovascular Repair Proce	January 2017	10		SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%or Mor	January 2017							FALSE		FALSE			Complete	TRUE	Deleted from CPT
35301	Thromboend	Thromboendarterectomy	January 2013	21		SVS	21.16	CMS High Expenditure Procedural Co	September 2011	090	21.16	NA	6.66	5.3	22058	FALSE		FALSE				TRUE	Increase
35450	Translumina	Open and Percutaneous Tr	January 2016	15	RUC	ACR, SIR, S	Deleted from CPT	Codes Reported Together 75% or Mor	October 2015							FALSE		FALSE			Complete	TRUE	Deleted from CPT
35452	Translumina	Open and Percutaneous Tr	January 2016	15	RUC	ACR, SIR, S	Deleted from CPT	Codes Reported Together 75% or Mor	October 2015							FALSE		FALSE			Complete	TRUE	Deleted from CPT
35454	Deleted from	Endovascular Revasculariz	April 2010	07		ACC, ACR, /	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE		FALSE		February 20 07	Complete	TRUE	Deleted from CPT
35456	Deleted from	Endovascular Revasculariz	April 2010	07		ACC, ACR, /	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE		FALSE		February 20 07	Complete	TRUE	Deleted from CPT
35458	Translumina	Open and Percutaneous Tr	January 2016	15	RUC	ACR, SIR, S	Deleted from CPT	Codes Reported Together 75% or Mor	October 2015							FALSE		FALSE			Complete	TRUE	Deleted from CPT
35459	Deleted from	Endovascular Revasculariz	April 2010	07		ACC, ACR, /	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE		FALSE		February 20 07	Complete	TRUE	Deleted from CPT
35460	Translumina	Open and Percutaneous Tr	January 2016	15	RUC	ACR, SIR, S	Deleted from CPT	Codes Reported Together 75% or Mor	October 2015							FALSE		FALSE			Complete	TRUE	Deleted from CPT
35470	Deleted from	Endovascular Revasculariz	April 2010	07		ACC, ACR, /	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE		TRUE	The code is pa	February 20 07	Deleted- Ne	TRUE	Deleted from CPT
35471	Translumina	Open and Percutaneous Tr	January 2016	15	RUC	ACR, SIR, S	Deleted from CPT	CMS Fastest Growing / Codes Reporte	October 2009							FALSE		TRUE	In January 201	October 2015	Deleted fror	TRUE	Deleted from CPT
35472	Translumina	Open and Percutaneous Tr	January 2016	15	RUC	ACR, SIR, S	Deleted from CPT	CMS Fastest Growing / Codes Reporte	October 2009							FALSE		TRUE	The code is pa	Removed from CPT refer	Complete	TRUE	Deleted from CPT
35473	Deleted from	Endovascular Revasculariz	April 2010	07		ACC, ACR, /	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE		TRUE	The code is pa	February 20 07	Deleted- Ne	TRUE	Deleted from CPT
35474	Deleted from	Endovascular Revasculariz	April 2010	07		ACC, ACR, /	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE		TRUE	The code is pa	February 20 07	Deleted- Ne	TRUE	Deleted from CPT
35475	Translumina	Open and Percutaneous Tr	January 2016	15		ACR, SIR, S	Deleted from CPT	CMS Fastest Growing / CMS High Exp	September 2011							FALSE		TRUE	In January 201	October 2015	Deleted fror	TRUE	Deleted from CPT
35476	Translumina	Open and Percutaneous Tr	January 2016	15	RUC	ACR, SIR, S	Deleted from CPT	CMS Fastest Growing / CMS High Exp	September 2011							FALSE		TRUE	In January 201	October 2015	Deleted fror	TRUE	Deleted from CPT
35490	Deleted from	Endovascular Revasculariz	April 2010	07		ACC, ACR, /	Deleted from CPT	High Volume Growth1	April 2008							FALSE		TRUE	The RUC reco	February 20 07	Deleted- Ne	TRUE	Deleted from CPT
35491	Deleted from	Endovascular Revasculariz	April 2010	07		ACC, ACR, /	Deleted from CPT	High Volume Growth1	April 2008							FALSE		TRUE	The RUC reco	February 20 07	Deleted- Ne	TRUE	Deleted from CPT
35492	Deleted from	Endovascular Revasculariz	April 2010	07		ACC, ACR, /	Deleted from CPT	High Volume Growth1	April 2008							FALSE		TRUE	The RUC reco	February 20 07	Deleted- Ne	TRUE	Deleted from CPT
35493	Deleted from	Endovascular Revasculariz	April 2010	07		SIR, ACR, S	Deleted from CPT	High Volume Growth1	February 2008							FALSE		TRUE	The RUC reco	February 20 07	Deleted- Ne	TRUE	Deleted from CPT
35494	Deleted from	Endovascular Revasculariz	April 2010	07		SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008							FALSE		TRUE	The RUC reco	February 20 07	Deleted- Ne	TRUE	Deleted from CPT
35495	Deleted from	Endovascular Revasculariz	April 2010	07		SIR, ACR, S	Deleted from CPT	High Volume Growth1	February 2008							FALSE		TRUE	The RUC reco	February 20 07	Deleted- Ne	TRUE	Deleted from CPT
35701	Exploration n	Exploration of Artery	January 2019	06		ACS, SVS	7.50	Negative IWPUT	January 2018	090	7.5	NA	4.27	1.34	729	FALSE		TRUE	The RUC ident	September 17	Complete	TRUE	Decrease
35702	Exploration n	Exploration of Artery	January 2019	06			7.12	Negative IWPUT	September 2018	090	7.12	NA	3.39	1.67	350	FALSE		FALSE		September 17	Complete	TRUE	Decrease
35703	Exploration n	Exploration of Artery	January 2019	06			7.50	Negative IWPUT	September 2018	090	7.5	NA	3.08	1.78	522	FALSE		FALSE		September 17	Complete	TRUE	Decrease
35721	Exploration (	Exploration of Artery	January 2019	06		ACS, SVS	Deleted from CPT	Negative IWPUT	January 2018							FALSE		TRUE	The RUC ident	September 17	Complete	TRUE	Deleted from CPT
35741	Exploration (	Exploration of Artery	January 2019	06		ACS, SVS	Deleted from CPT	Negative IWPUT	January 2018							FALSE		TRUE	The RUC ident	September 17	Complete	TRUE	Deleted from CPT
35761	Exploration (	Exploration of Artery	January 2019	06		ACS, SVS	Deleted from CPT	Negative IWPUT	April 2017							FALSE		TRUE	The RUC ident	September 17	Complete	TRUE	Deleted from CPT
36000	Introduction	Introduction of Needle or Ir	April 2010	45		ACC, AUR, /	CMS consider a bundled stat	Harvard Valued - Utilization over 100,	October 2009	XXX	0.18	0.73	0.07	0.02		FALSE		TRUE	The specialty societies indicated they c		Complete	TRUE	Maintain
36010	Introduction	Introduction of Catheter	October 2013	18		ACR, SIR, S	Remove from re-review.	Codes Reported Together 75% or Mor	February 2010	XXX	2.18	12.63	0.59	0.39	10931	FALSE		FALSE		February 20 15	complete	TRUE	Remove from Screen
36140	Introduction	Introduction of Needle or Ir	October 2013	18		SVS, SIR, AC	Remove from re-review	Harvard Valued - Utilization over 30,0	April 2011	XXX	1.76	12.37	0.48	0.36	15126	FALSE		FALSE				TRUE	Remove from Screen
36145	Deleted from	Arteriovenous Shunt Imagi	April 2009	9			Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE		TRUE	Referred to th	February 20 31	Code Delete	TRUE	Deleted from CPT
36147	Introduction	Dialysis Circuit -1	January 2016	14		ACR, RPA, S	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE		FALSE		October 20(27	Complete	TRUE	Deleted from CPT
36148	Introduction	Dialysis Circuit -1	January 2016	14		ACR, RPA, S	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE		FALSE		October 20(27	Complete	TRUE	Deleted from CPT
36215	Selective cat	Selective Catheter Placem	April 2016	23		ACR, RPA, S	4.17	Codes Reported Together 75% or Mor	February 2010	000	4.17	25.01	1.48	0.63	28718	FALSE		TRUE	The Workgroup recommends the speci		Complete	TRUE	Decrease
36216	Selective cat	Selective Catheter Placem	April 2016	23		ACR, SIR, S	5.27	Codes Reported Together 75% or Mor	February 2010	000	5.27	24.40	1.67	1.08	2779	FALSE		TRUE	The Workgroup recommends the speci		Complete	TRUE	Maintain
36217	Selective cat	Selective Catheter Placem	April 2016	23		ACR, SIR, S	6.29	Harvard Valued - Utilization over 30,0	April 2011	000	6.29	45.95	2.18	1.5	3593	FALSE		TRUE	In September 2011, the specialty socie		Complete	TRUE	Maintain
36218	Selective cat	Selective Catheter Placem	April 2016	23		ACR, SIR, S	1.01	CMS High Expenditure Procedural Co	July 2015	ZZZ	1.01	4.91	0.33	0.21	2043	FALSE		FALSE				TRUE	Maintain
36221	Non-selectiv	Cervicocerebral Angiograp	April 2012	14		AAN, AANS,	4.51	Codes Reported Together 75% or Mor	February 2010	000	3.92	23.31	1.08	0.87	1141	FALSE		TRUE	The Workgrou	February 20 12	Complete	TRUE	Decrease
36222	Selective cat	Cervicocerebral Angiograp	April 2012	14		AAN, AANS,	6.00	Codes Reported Together 75% or Mor	February 2010	000	5.28	29.10	1.87	1.3	4880	FALSE		TRUE	The Workgrou	February 20 12	Complete	TRUE	Decrease
36223	Selective cat	Cervicocerebral Angiograp	October 2020	24		AAN, AANS,	6.50	Codes Reported Together 75% or Mor	February 2010	000	5.75	42.11	2.43	1.65	25049	FALSE		TRUE	The Workgrou	February 20 12	Complete	TRUE	Decrease
36224	Selective cat	Cervicocerebral Angiograp	October 2020	24		AAN, AANS,	7.55	Codes Reported Together 75% or Mor	February 2010	000	6.25	52.14	2.86	1.93	34713	FALSE		TRUE	The Workgrou	February 20 12	Complete	TRUE	Decrease
36225	Selective cat	Cervicocerebral Angiograp	April 2012	14		AAN, AANS,	6.50	Codes Reported Together 75% or Mor	February 2010	000	5.75	39.58	2.35	1.67	9374	FALSE		TRUE	The Workgrou	February 20 12	Complete	TRUE	Decrease
36226	Selective cat	Cervicocerebral Angiograp	April 2012	14		AAN, AANS,	7.55	Codes Reported Together 75% or Mor	February 2010	000	6.25	50.66	2.81	1.9	29161	FALSE		TRUE	The Workgrou	February 20 12	Complete	TRUE	Decrease
36227	Selective cat	Cervicocerebral Angiograp	April 2012	14		AAN, AANS,	2.32	Codes Reported Together 75% or Mor	February 2010	ZZZ	2.09	4.56	0.89	0.63	17722	FALSE		TRUE	The Workgrou	February 20 12	Complete	TRUE	Decrease
36228	Selective cat	Cervicocerebral Angiograp	April 2012	14		AAN, AANS,	4.25	Codes Reported Together 75% or Mor	February 2010	ZZZ	4.25	33.01	1.84	1.39	1927	FALSE		TRUE	The Workgrou	February 20 12	Complete	TRUE	Decrease
36245	Selective cat	Selective Catheter Placem	January 2013	22		ACC, ACR, S	4.90	Harvard Valued - Utilization over 100,	October 2009	XXX	4.65	29.89	1.45	0.83	29685	FALSE		TRUE	An extensive l	February 20 07 & 06	New code s	TRUE	Decrease
36246	Selective cat	Vascular Injection Proced	October 2012	27		SVS, SIR, AC	5.27	Harvard Valued - Utilization over 100,	February 2010	000	5.02	17.75	1.34	1.02	26539	FALSE		FALSE				TRUE	Maintain
36247	Selective cat	Vascular Injection Proced	October 2012	27		SVS, SIR, AC	7.00	Harvard Valued - Utilization over 100,	February 2010	000	6.04	33.46	1.68	0.99	63809	FALSE		FALSE				TRUE	Increase
36248	Selective cat	Catheter Placement	September 2025	29		ACR, OEIS,	Refer to CPT Assistant	CMS Fastest Growing / Harvard Value	October 2008	ZZZ	1.01	2.25	0.28	0.13	34377	TRUE		TRUE	The code is pa	February 20 07	New code s	FALSE	Remove from Screen
36251	Selective cat	Renal Angiography	April 2011	11		ACR, SIR	5.45	Codes Reported Together 75% or Mor	February 2011	000	5.1	30.56	1.46	0.9	2488	FALSE		FALSE				TRUE	Decrease
36252	Selective cat	Renal Angiography	April 2011	11		ACR, SIR	7.38	Codes Reported Together 75% or Mor	February 2011	000	6.74	31.54	2.24	1.47	4143	FALSE		FALSE				TRUE	Decrease
36253	Superselecti	Renal Angiography	April 2011	11		ACR, SIR	7.55	Codes Reported Together 75% or Mor	February 2011	000	7.3	49.30	2.20	0.85	1751	FALSE		FALSE				TRUE	Decrease

36254	Superselecti	Renal Angiography	April 2011	11			ACR, SIR	8.15	Codes Reported Together 75% or Mor	February 2011	000	7.9	46.15	2.60	1.72	143	FALSE			FALSE					TRUE	Decrease				
36410	Venipunctur	Venipunture	April 2010	36			ACP	0.18	Harvard Valued - Utilization over 100,	October 2009	XXX	0.18	0.34	0.07	0.02	118105	FALSE			FALSE					TRUE	Maintain				
36465	Injection of n	Treatment of Incompetent	September 2025	29	January 202	RUC	ACC, ACR, /	Survey January 2026	High Volume Growth11	April 2025	000	2.35	33.74	0.70	0.49	84875	FALSE			FALSE					FALSE						
36466	Injection of n	Treatment of Incompetent	September 2025	29	January 202	RUC	ACC, ACR, /	Survey January 2026	High Volume Growth11	September 2025	000	3	34.79	0.87	0.6	18147	FALSE			FALSE					FALSE						
36470	Injection of s	Treatment of Incompetent	September 2025	29	January 202	RUC	ACC, ACR, /	Survey January 2026	High Volume Growth11	September 2025	000	0.75	2.55	0.23	0.16	11156	FALSE			FALSE					FALSE						
36471	Injection of s	Treatment of Incompetent	September 2025	29	January 202	RUC	ACC, ACR, /	Survey January 2026	High Volume Growth11	September 2025	000	1.5	4.14	0.44	0.29	94018	FALSE			FALSE					FALSE						
36473	Endovenous	Treatment of Incompetent	September 2025	29	January 202	RUC	ACC, ACR, /	Survey January 2026	High Volume Growth11	September 2025	000	3.5	29.69	1.11	0.71	1771	FALSE			FALSE					FALSE						
36474	Endovenous	Treatment of Incompetent	September 2025	29	January 202	RUC	ACC, ACR, /	Survey January 2026	High Volume Growth11	September 2025	ZZZ	1.75	5.22	0.53	0.36	76	FALSE			FALSE					FALSE						
36475	Endovenous	Endovenous Ablation	April 2014	38			ACC, ACR, /	5.30	High Volume Growth2	April 2013	000	5.3	24.15	1.71	1.15	80613	FALSE			FALSE					TRUE	Decrease				
36476	Endovenous	Endovenous Ablation	April 2014	38			ACC, ACR, /	2.65	High Volume Growth2	October 2013	ZZZ	2.65	4.98	0.70	0.58	4362	FALSE			FALSE					TRUE	Decrease				
36478	Endovenous	Endovenous Ablation	April 2014	38			ACC, ACR, /	5.30	High Volume Growth2	April 2013	000	5.3	21.84	1.81	1.07	32298	FALSE			FALSE					TRUE	Decrease				
36479	Endovenous	Endovenous Ablation	April 2014	38			ACC, ACR, /	2.65	High Volume Growth2	April 2013	ZZZ	2.65	5.71	0.80	0.54	3810	FALSE			FALSE					TRUE	Decrease				
36481	Percutaneou	Interventional Radiology Pr	February 2009	21			ACR, SIR	New PE Inputs	CMS Request - Practice Expense Revi	NA	000	6.73	42.09	2.08	0.71	592	FALSE			FALSE					TRUE	PE Only				
36511	Therapeutic /	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 2016	January 2017	000	2	NA	1.18	0.13	309	TRUE	May 2018	complete	FALSE		September	30	complete	TRUE	Increase				
36512	Therapeutic /	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 2016	January 2017	000	2	NA	1.01	0.13	2526	TRUE	May 2018	complete	FALSE		September	30	complete	TRUE	Increase				
36513	Therapeutic /	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 2016	January 2017	000	2	NA	1.01	0.2	206	TRUE	May 2018	complete	FALSE		September	30	complete	TRUE	Increase				
36514	Therapeutic /	Therapeutic Apheresis and	January 2024	11			AAFP, ASCC	PE Only. 1.81. CPT Assistant a	CMS Request - Final Rule for 2016 / C	January 2017	000	1.81	18.54	0.80	0.16	20710	TRUE	May 2018	complete	FALSE		September	30	complete	TRUE	Increase				
36515	Therapeutic /	Therapeutic Apheresis	January 2017	12			CAP, RPA	Deleted from CPT	CMS Request - Final Rule for 2016	January 2017							TRUE	May 2018	complete	FALSE		September	30	complete	TRUE	Deleted from CPT				
36516	Therapeutic /	Therapeutic Apheresis and	January 2024	11			AAFP, ASCC	PE Only. 1.56. CPT Assistant a	CMS Fastest Growing / CMS Request	October 2008	000	1.56	62.15	0.68	0.38	1074	TRUE	Sep 2009	complete	TRUE	CPT code 365	September	30	complete	TRUE	Increase				
36522	Photopheres	Therapeutic Apheresis and	January 2024	11			AAFP, ASCC	PE Only. 1.75. CPT Assistant a	CMS Request - Final Rule for 2016 / C	January 2017	000	1.75	37.38	0.96	0.15	6375	TRUE	May 2018	complete	FALSE		September	30	complete	TRUE	Increase				
36555	Insertion of n	Insertion of Catheter	October 2016	16		RUC	ACR, ASA	1.93	CMS High Expenditure Procedural Co	July 2015	000	1.93	3.42	0.40	0.16	26	FALSE			FALSE					TRUE	Decrease				
36556	Insertion of n	Insertion of Catheter	October 2016	16		RUC	ACR, ASA	1.75	CMS High Expenditure Procedural Co	July 2015	000	1.75	4.25	0.52	0.22	308226	FALSE			FALSE					TRUE	Decrease				
36557	Insertion of t	Insertion of Tunneled Cent	January 2024	12	September	RUC	ACR, ACS, /	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	4.89	26.95	3.53	1.26	26	FALSE			TRUE	In April 2023, I	May 2026			FALSE						
36558	Insertion of t	Insertion of Tunneled Cent	January 2024	12	September	RUC	ACR, ACS, /	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	4.59	18.36	2.46	0.63	90021	FALSE			TRUE	In April 2023, I	May 2026			FALSE						
36560	Insertion of t	Insertion of Tunneled Cent	January 2024	12	September	RUC	ACR, ACS, /	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	6.04	27.78	3.96	1.55	7	FALSE			TRUE	In April 2023, I	May 2026			FALSE						
36561	Insertion of t	Insertion of Tunneled Cent	January 2024	12	September	RUC	ACR, ACS, /	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	5.79	21.11	3.13	0.92	110592	FALSE			TRUE	In April 2023, I	May 2026			FALSE						
36563	Insertion of t	Insertion of Tunneled Cent	January 2024	12	September	RUC	ACR, ACS, (	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	5.99	23.92	3.53	1.29	110	FALSE			TRUE	In April 2023, I	May 2026			FALSE						
36565	Insertion of t	Insertion of Tunneled Cent	January 2024	12	September	RUC	ACR, ACS, (	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	5.79	16.76	2.99	1.25	523	FALSE			TRUE	In April 2023, I	May 2026			FALSE						
36566	Insertion of t	Insertion of Tunneled Cent	January 2024	12	September	RUC	OEIS, SIR, S	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	6.29	108.68	3.19	1.11	192	FALSE			TRUE	In April 2023, I	May 2026			FALSE						
36568	Insertion of p	PICC Line Procedures	September 2022	13			ACR, SIR	2.11	Identified in RUC review of other servi	October 2016	000	2.11	NA	0.38	0.25	1	FALSE			TRUE	In October 20:	September	16	Complete	TRUE	Decrease				
36569	Insertion of p	PICC Line Procedures	September 2022	13			ACR, SIR	1.90.	CMS High Expenditure Procedural Co	July 2015	000	1.9	NA	0.62	0.29	7562	FALSE			TRUE	In October 20:	September	16	Complete	TRUE	Decrease				
36572	Insertion of p	PICC Line Procedures	September 2022	13			ACR, SIR, S\	2.00	CMS High Expenditure Procedural Co	September 2017	000	1.82	8.90	0.36	0.22	14	FALSE			FALSE					TRUE	Decrease				
36573	Insertion of p	PICC Line Procedures	September 2022	13			ACR, SIR, S\	1.90	CMS High Expenditure Procedural Co	September 2017	000	1.7	9.11	0.59	0.17	48999	FALSE			FALSE					TRUE	Decrease				
36584	Replacemen	PICC Line Procedures	September 2022	13			ACR, SIR	1.47	Identified in RUC review of other servi	October 2016	000	1.2	8.01	0.41	0.13	2380	FALSE			TRUE	In October 20:	September	16	Complete	TRUE	Decrease				
36620	Arterial cath	Insertion of Catheter	April 2018	33			ACR, ASA	1.00	CMS High Expenditure Procedural Co	July 2015	000	1	NA	0.21	0.08	506301	FALSE			FALSE					TRUE	Decrease				
36818	Arteriovenou	Arteriovenous Anastomosi	October 2013	10			ACS, SVS	13.00	CMS Request - Final Rule for 2013	November 2012	090	12.39	NA	4.87	3.01	2456	FALSE			FALSE					TRUE	Increase				
36819	Arteriovenou	Arteriovenous Anastomosi	October 2013	10			ACS, SVS	15.00	CMS Request - Final Rule for 2013	November 2012	090	13.29	NA	4.89	3.25	3765	FALSE			FALSE					TRUE	Increase				
36820	Arteriovenou	Arteriovenous Anastomosi	October 2013	10			ACS, SVS	13.99	Site of Service Anomaly / CMS Reque	September 2007	090	13.07	NA	5.20	3.2	806	FALSE			FALSE					TRUE	Decrease				
36821	Arteriovenou	Arteriovenous Anastomosi	October 2013	10			ACS, SVS	11.90	Site of Service Anomaly / CMS Reque	September 2007	090	11.9	NA	4.61	2.9	19939	FALSE			FALSE					TRUE	Decrease				
36822	Insertion of c	ECMO-ECLS	April 2014	11			STS, AAP, A	Deleted from CPT	CMS Request - Final Rule for 2014	February 2011							FALSE			TRUE	Added as part	February 20	23	Complete	TRUE	Deleted from CPT				
36825	Creation of a	Arteriovenous Anastomosi	October 2013	10			ACS, SVS	15.93	Site of Service Anomaly / CMS Reque	September 2007	090	14.17	NA	5.65	3.49	958	FALSE			FALSE					TRUE	Increase				
36830	Creation of a	Arteriovenous Anastomosi	October 2013	10			ACS, SVS	11.90	CMS Request - Final Rule for 2013	November 2012	090	12.03	NA	4.63	2.97	10999	FALSE			FALSE					TRUE	Decrease				
36834	Deleted from	Aneurysm Repair	September 2007	16			AVA, ACS	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	The RUC refer	February 20	18	Code Delete	TRUE	Deleted from CPT				
36870	Thrombector	Dialysis Circuit -1	January 2016	14		RUC	ACR, SIR, S\	Deleted from CPT	Site of Service Anomaly (99238-Only)	September 2007							FALSE			TRUE	The RUC revie	October 20:	27	Complete	TRUE	Deleted from CPT				
36901	Introduction	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, S	3.36	Codes Reported Together 75% or Mor	October 2015	000	3.36	16.33	1.06	0.52	35573	FALSE			FALSE		October 20:	27	Complete	TRUE	Decrease				
36902	Introduction	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, S	4.83	Codes Reported Together 75% or Mor	October 2015	000	4.83	28.87	1.47	0.71	108780	FALSE			FALSE		October 20:	27	Complete	TRUE	Decrease				
36903	Introduction	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, S	6.39	Codes Reported Together 75% or Mor	October 2015	000	6.39	111.45	1.81	1.02	11758	FALSE			FALSE		October 20:	27	Complete	TRUE	Decrease				
36904	Percutaneou	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, S	7.50	Codes Reported Together 75% or Mor	October 2015	000	7.5	42.93	2.16	1.1	1968	FALSE			FALSE		October 20:	27	Complete	TRUE	Decrease				
36905	Percutaneou	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, S	9.00	Codes Reported Together 75% or Mor	October 2015	000	9	54.27	2.69	1.26	19261	FALSE			FALSE		October 20:	27	Complete	TRUE	Decrease				
36906	Percutaneou	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, S	10.42	Codes Reported Together 75% or Mor	October 2015	000	10.42	139.71	2.99	1.5	7339	FALSE			FALSE		October 20:	27	Complete	TRUE	Decrease				
36907	Translumina	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, S	3.00	Codes Reported Together 75% or Mor	October 2015	ZZZ	3	13.37	0.82	0.48	40996	FALSE			FALSE		October 20:	27	Complete	TRUE	Decrease				
36908	Transcathete	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, S	4.25	Codes Reported Together 75% or Mor	October 2015	ZZZ	4.25	35.17	1.11	0.71	2895	FALSE			FALSE		October 20:	27	Complete	TRUE	Decrease				
36909	Dialysis circ	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, S	4.12	Codes Reported Together 75% or Mor	October 2015	ZZZ	4.12	48.36	1.08	0.66	3385	FALSE			FALSE		October 20:	27	Complete	TRUE	Decrease				
37183	Revision of tr	Interventional Radiology Pr	February 2009	21			ACR, SIR	New PE inputs	CMS Request - Practice Expense Revi	NA	000	7.74	155.15	2.37	0.81	752	FALSE			FALSE					TRUE	PE Only				
37191	Insertion of a	IVC Transcatheter Proced	April 2011	12			ACR, SIR, S\	4.71	Codes Reported Together 75% or Mor	February 2011	000	4.46	51.91	1.37	0.63	19043	FALSE			FALSE		February 20	15	complete	TRUE	Decrease				
37192	Repositionin	IVC Transcatheter Proced	April 2011	12			ACR, SIR, S\	8.00	Codes Reported Together 75% or Mor	February 2011	000	7.1	27.73	1.24	1.75	27	FALSE			FALSE		February 20	15	complete	TRUE	Decrease				
37193	Retrieval (rer	IVC Transcatheter Proced	April 2011	12			ACR, SIR, S\	8.00	Codes Reported Together 75% or Mor	February 2011	000	7.1	34.67	2.01	1.03	5460	FALSE			FALSE		February 20	15	complete	TRUE	Decrease				
37201	Transcathete	Bundle Thrombolysis	April 2012	15			ACR, SIR, S\	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	The Workgrou	October 20:	18	Complete	TRUE	Deleted from CPT				
37203	Transcathete	Transcatheter Procedures	September 2011	07			ACC, ACR, S	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	The Workgrou	June 2011		Complete	TRUE	Deleted from CPT				
37204	Transcathete	Embolization and Occlusio	April 2013	08			ACC, ACR, S	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	In February 20	February 20	09	Complete	TRUE	Deleted from CPT				
37205	Transcathete	Endovascular Revasculariz	April 2010	07			SVS, ACS, S	Deleted from CPT	High Volume Growth1 / Codes Report	February 2010							FALSE			TRUE	In February 20	February 20	10	Complete	TRUE	Deleted from CPT				
37206	Transcathete	Endovascular Revasculariz	April 2010	07			SVS, ACS, S	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 20	February 20	10	Complete	TRUE	Deleted from CPT				
37207	Transcathete	Endovascular Revasculariz	April 2010	07			SVS, ACS, S	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 20	February 20	10	Complete	TRUE	Deleted from CPT				
37208	Transcathete	Endovascular Revasculariz	April 2010	07			SVS, ACS, S	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 20	February 20	10	Complete	TRUE	Deleted from CPT				
37209	Exchange of /	Bundle Thrombolysis	April 2012	15			ACR, SIR, S\	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	The Workgrou	October 20:	18	Complete	TRUE	Deleted from CPT				
37210	Uterine fibro	Embolization and Occlusio	April 2013	08			ACR, SIR, S\	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE		February 20	09	Complete	TRUE	Deleted from CPT				
37211	Transcathete	Bundle Thrombolysis	April 2012	15			ACR, SIR, S\	8.00	Codes Reported Together 75% or Mor	February 2010	000	7.75	NA	2.10	1.47	6202	FALSE			FALSE					TRUE	Decrease				
37212	Transcathete	Bundle Thrombolysis	April 2012	15			ACR, SIR, S\	7.06	Codes Reported Together 75% or Mor	February 2010	000	6.81	NA	1.91	1.17	1019	FALSE			FALSE					TRUE	Decrease				
37213	Transcathete	Bundle Thrombolysis	April 2012	15			ACR, SIR, S\	5.00	Codes Reported Together 75% or Mor	February 2010	000	4.75	NA	1.18	0.83	983	FALSE			FALSE					TRUE	Decrease				
37214	Transcathete	Bundle Thrombolysis	April 2012	15			ACR, SIR, S\	3.04	Codes Reported Together 75% or Mor	February 2010	000	2.49	NA	0.62	0.48	2950	FALSE			FALSE					TRUE	Decrease				
37220	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	000	7.9	61.11	2.04	1.73	10301	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37221	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	000	9.75	74.63	2.41	2.21	23950	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37222	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	ZZZ	3.73	13.16	0.87	0.82	2728	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37223	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	ZZZ	4.25	30.50	0.95	0.98	3476	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37224	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	000	8.75	71.29	2.23	1.98	26393	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37225	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1 / PE Screen - Hi	February 2010	000	11.75	230.03	3.16	2.48	38122	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37226	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	000	10.24	213.49	2.56	2.33	16061	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37227	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1 / PE Screen - Hi	February 2010	000	14.25	294.67	3.57	3.04	18199	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37228	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	000	10.75	102.86	2.64	2.39	26878	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37229	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1 / PE Screen - Hi	February 2010	000	13.8	232.95	3.64	2.75	37066	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37230	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	000	13.55	233.13	3.73	2.99	1838	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37231	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	000	14.75	310.05	4.07	2.78	2625	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37232	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	ZZZ	4	18.41	0.98	0.82	11143	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37233	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	ZZZ	6.5	22.52	1.65	1.24	7277	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37234	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	ZZZ	5.5	94.85	1.55	1.16	229	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37235	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR, /	Deleted from CPT	High Volume Growth1	February 2010	ZZZ	7.8	103.54	1.94	1.15	101	FALSE			TRUE	In October 20:	September	30	Deleted	TRUE	Deleted from CPT				
37236	Transcathete	Transcatheter Placement (	April 2013	09			SVS, ACS, S	9.00	Codes Reported Together 75% or Mor	February 2013	000	8.75	66.79	2.21	1.92	10422	FALSE			FALSE		February 20	10	Complete	TRUE	Decrease				
37237	Transcathete	Transcatheter Placement (	April 2013	09			SVS, ACS, S	4.25	Codes Reported Together 75% or Mor	February 2013	ZZZ	4.25	31.39	0.97	0.95	1161	FALSE			FALSE		February 20	10	Complete	TRUE	Decrease				
37238	Transcathete	Transcatheter Placement (	April 2013	09			SVS, ACS, S	6.29	Codes Reported Together 75% or Mor	February 2013	000	6.04	89.76	1.76	1.18	10065	FALSE			FALSE		February 20	10	Complete	TRUE	Decrease				
37239	Transcathete	Transcatheter Placement (	April 2013	09			SVS, ACS, S	3.34	Codes Reported Together 75% or Mor	February 2013	ZZZ	2.97	44.98	0.85	0.6	3479	FALSE			FALSE		February 20	10	Complete	TRUE	Decrease				
37241	Vascular em	Embolization and Occlusio	April 2013	08			SVS, ACS, S	9.00	Codes Reported Together 75% or Mor	February 2010	000	8.75	119.77	2.47	1.26	1382	FALSE			FALSE		February 20	09	complete	TRUE	Decrease				
37242	Vascular em	Embolization and Occlusio	April 2013	08			SVS, ACS, S	11.98	Codes Reported Together 75% or Mor	February 2010	000	9.8	188.61	2.59	1.5	10066	FALSE			FALSE		February 20	09	complete	TRUE	Decrease				
37243	Vascular em	Embolization and Occlusio	April 2013	08			SVS, ACS, S	14.00	Codes Reported Together 75% or Mor	February 2010	000	11.74	229.43	3.42	1.24	15872	FALSE			FALSE		February 20	09	complete	TRUE	Decrease				
37244	Vascular em	Embolization and Occlusio	April 2013	08			SVS, ACS, S	14.00	Codes Reported Together 75% or Mor	February 2010	000	13.75	170.05	4.07	1.47	13935	FALSE			FALSE		February 20	09	complete	TRUE	Decrease				
37246	Translumina	Open and Percutaneous Tr	January 2016	15		RUC	ACR, SIR, S\	7.00	Codes Reported Together 75% or Mor	October 2015	000	7	42.89	1.86	1.34	5848	FALSE			FALSE		October 20:	24	Complete	TRUE	Decrease				

37247	Translumina	Open and Percutaneous Tr	January 2016	15		RUC	ACR, SIR, S	3.50	Codes Reported Together 75% or Mor	October 2015	ZZZ	3.5	13.28	0.96	0.63	686	FALSE		FALSE		October 20	24	Complete	TRUE	Decrease					
37248	Translumina	Open and Percutaneous Tr	January 2016	15		RUC	ACR, SIR, S	6.00	Codes Reported Together 75% or Mor	October 2015	000	6	31.45	1.78	0.9	11948	FALSE		FALSE		October 20	24	Complete	TRUE	Decrease					
37249	Translumina	Open and Percutaneous Tr	January 2016	15		RUC	ACR, SIR, S	2.97	Codes Reported Together 75% or Mor	October 2015	ZZZ	2.97	9.23	0.78	0.54	3906	FALSE		FALSE		October 20	24	Complete	TRUE	Decrease					
37250	Intravascula	Intravascular Ultrasound	January 2015	07			ACC, SCAI,	Deleted from CPT	Final Rule for 2015	July 2014							FALSE		TRUE	A CCP was su	October 20	13	Complete	TRUE	Deleted from CPT					
37251	Intravascula	Intravascular Ultrasound	January 2015	07			ACC,SCAI,	Deleted from CPT	Final Rule for 2015	July 2014							FALSE		TRUE	A CCP was su	October 20	13	Complete	TRUE	Deleted from CPT					
37252	Intravascula	Intravascular Ultrasound	October 2018	14			ACC,SCAI,	1.80	Final Rule for 2015 / Work Neutrality (	July 2014	ZZZ	1.8	24.44	0.45	0.36	71765	FALSE		FALSE		October 20	13	Complete	TRUE	Decrease					
37253	Intravascula	Intravascular Ultrasound	October 2018	14			ACC,SCAI,	1.44	Final Rule for 2015 / Work Neutrality (	July 2014	ZZZ	1.44	3.36	0.36	0.28	108933	FALSE		FALSE		October 20	13	Complete	TRUE	Decrease					
37254	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	7.30	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37255	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	3.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37256	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	10.75	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37257	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	3.89	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37258	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	8.75	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37259	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	4.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37260	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	12.69	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37261	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	4.25	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37262	Intravascula	Lower Extremity Revascula	January 2025	06			ACC, ACR,	3.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37263	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	7.75	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37264	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	3.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37265	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	10.50	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37266	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	4.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37267	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	8.75	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37268	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	3.73	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37269	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	14.75	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37270	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	5.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37271	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	9.00	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37272	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	4.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37273	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	12.63	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37274	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	5.50	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37275	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	11.00	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37276	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	4.25	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37277	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	15.00	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37278	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	6.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37279	Intravascula	Lower Extremity Revascula	January 2025	06			ACC, ACR,	4.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37280	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	9.80	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37281	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	3.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37282	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	12.31	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37283	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	4.26	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37284	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	10.00	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37285	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	3.34	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37286	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	13.46	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37287	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	5.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37288	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	13.50	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37289	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	4.75	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37290	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	17.00	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37291	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	6.50	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37292	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	15.00	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37293	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	6.50	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37294	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	18.00	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37295	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	8.16	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37296	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	11.00	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37297	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	4.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37298	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	13.70	High Volume Growth5 / PE Screen - Hi	September 2024	000						FALSE		FALSE					TRUE	Maintain					
37299	Revasculariz	Lower Extremity Revascula	January 2025	06			ACC, ACR,	5.00	High Volume Growth5 / PE Screen - Hi	September 2024	ZZZ						FALSE		FALSE					TRUE	Maintain					
37609	Ligation or bi	Ligation	September 2007	16			SVS, ACS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	010	3.05	5.48	2.41	0.64	9622	FALSE		FALSE					TRUE	PE Only					
37619	Ligation of in	Ligation of Inferior Vena Ca	April 2011	13			ACS, SVS	37.60	Codes Reported Together 75% or Mor	February 2011	090	30	NA	14.11	7.65	29	FALSE		FALSE		February 20	15	complete	TRUE	Increase					
37620	Interruption,	Major Vein Revision	April 2010	45			ACR, SIR, S	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE		TRUE	The Workgrou	February 20	15	Code Delete	TRUE	Deleted from CPT					
37760	Ligation of pe	Perorator Vein Ligation	April 2009	10			SVS, ACS	10.69	Site of Service Anomaly	September 2007	090	10.78	NA	3.62	2.65	54	FALSE		TRUE	The RUC refer	February 20	19	Complete	TRUE	Maintain					
37761	Ligation of pe	Perforator Vein Ligation	April 2009	10			SVS, ACS	9.00	Site of Service Anomaly	April 2009	090	9.13	NA	4.43	2.22	202	FALSE		FALSE					TRUE	Increase					
37765	Stab phlebec	Stab Phlebectomy of Varic	April 2018	12			ACS, SIR, S	4.80	High Volume Growth1 / CMS Fastest (	February 2008	010	4.8	6.42	2.09	1.07	10420	FALSE		FALSE					TRUE	Decrease					
37766	Stab phlebec	Stab Phlebectomy of Varic	April 2018	12			ACS, SIR, S	6.00	High Volume Growth1 / CMS Fastest (	February 2008	010	6	7.21	2.45	1.37	7200	FALSE		FALSE					TRUE	Decrease					
37785	Ligation, divi	Ligation	September 2007	16			APMA, SVS,	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	3.93	5.31	2.62	0.95	745	FALSE		FALSE					TRUE	PE Only					
38220	Diagnostic bi	Diagnostic Bone Marrow A	April 2016	06			ASCO, ASH,	1.20	CMS High Expenditure Procedural Co	February 2016	XXX	1.2	3.42	0.71	0.1	3673	FALSE		FALSE		February 20	16	Complete	TRUE	Decrease					
38221	Diagnostic bi	Diagnostic Bone Marrow A	April 2016	06			ASCO, ASH,	1.28	CMS High Expenditure Procedural Co	July 2015	XXX	1.28	3.44	0.69	0.1	5922	FALSE		TRUE	Prior to the Ja	February 20	16	Complete	TRUE	Decrease					
38222	Diagnostic bi	Diagnostic Bone Marrow A	September 2023	22			ASCO, ASH,	1.44	CMS High Expenditure Procedural Co	February 2016	XXX	1.44	3.66	0.65	0.13	119842	FALSE		FALSE		February 20	16	Complete	TRUE	Decrease					
38505	Biopsy or exc	Needle Biopsy of Lymph N	October 2020	15			ACR, SIR	1.59	Harvard Valued - Utilization over 30,0	October 2019	000	1.59	3.40	0.80	0.16	36152	FALSE		FALSE					TRUE	Increase					
38542	Dissection, c	Jugular Node Dissection	April 2008	40			ACS, AAO-H	7.85	Site of Service Anomaly	September 2007	090	7.95	NA	6.54	1.37	490	FALSE		FALSE					TRUE	Increase					
38570	Laparoscopy	Laparoscopic Prostatector	September 2024	06	April 2028	RAW	ACOG, AUA	Review at RAW in 3 years. 9.3	010-Day Global Post-Operative Visits	January 2014	010	8.49	NA	5.63	1.47	7737	FALSE		FALSE		May 2024	12	complete	FALSE	Maintain					
38571	Laparoscopy	Laparoscopic Prostatector	September 2024	06	April 2028	RAW	ACOG, AUA	Review at RAW in 3 years.12.(	CMS Fastest Growing / 010-Day Globa	October 2008	010	12	NA	6.33	1.56	16367	FALSE		TRUE	In April 2023,	May 2024	12	complete	FALSE	Decrease					
38572	Laparoscopy	Laparoscopic Prostatector	September 2024	06	April 2028	RAW	ACOG, AUA	Review at RAW in 3 years.15.(	010-Day Global Post-Operative Visits	January 2014	010	15.6	NA	8.97	2.42	1244	FALSE		FALSE		May 2024	12	complete	FALSE	Decrease					
38573	Laparoscopy	Laparoscopic Prostatector	September 2024	06	April 2028	RAW	ACOG, AUA	Review at RAW in 3 years.	Codes Reported Together 75% or Mor	May 2024	010	20	NA	12.06	3.43	278	FALSE		FALSE		May 2024	12	complete	FALSE						
38792	Injection pro	Radioactive Tracer	January 2018	23				0.65	Negative IWPUT	April 2017	000	0.65	1.74	0.23	0.07	26724	FALSE		FALSE					TRUE	Increase					
39400	Mediastinos	Mediastinoscopy with Biop	January 2015	08			STS	Deleted from CPT	Pre-Time Analysis	January 2014							FALSE		TRUE	Referred to CI	October 20	14	Complete	TRUE	Deleted from CPT					
39401	Mediastinos	Mediastinoscopy with Biop	January 2015	08			STS	5.44	Pre-Time Analysis	October 2014	000	5.44	NA	2.44	1.3	219	FALSE		FALSE		October 20	14	Complete	TRUE	Decrease					
39402	Mediastinos	Mediastinoscopy with Biop	January 2015	08			STS	7.50	Pre-Time Analysis	October 2014	000	7.25	NA	2.95	1.77	1760	FALSE		FALSE		October 20	14	Complete	TRUE	Increase					
40490	Biopsy of lip	Biopsy of Lip	September 2011	21			AAO-HNS, A	1.22	Harvard Valued - Utilization over 30,0	April 2011	000	1.22	2.31	0.73	0.13	27618	FALSE		FALSE					TRUE	Maintain					
40650	Repair lip, ful	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revi	Emergent Procedures	October 2015	090	3.78	10.03	5.21	0.74	396	TRUE	Nov 2016	complete	FALSE				TRUE	PE Only					
40800	Drainage of a	RAW	April 2014	52				Maintain	010-Day Global Post-Operative Visits	January 2014	010	1.23	4.76	2.29	0.13	2126	FALSE		FALSE					TRUE	Maintain					
40801	Drainage of a	Ostectomy	January 2020	37			APMA, AAO	Maintain. Reduced 99238 to (	Site of Service Anomaly (99238-Only)	September 2007	010	2.63	5.97	3.21	0.28	815	FALSE		FALSE					TRUE	PE Only					
40808	Biopsy, vesti	Biopsy of Mouth Lesion	April 2018	13			AAOHNS, A	1.05	Negative IWPUT	April 2017	010	1.05	3.87	1.55	0.13	9007	FALSE		FALSE					TRUE	Increase					
40812	Excision of le	RAW	April 2014	52				Maintain	010-Day Global Post-Operative Visits	January 2014	010	2.37	5.66	2.89	0.25	6470	FALSE		FALSE					TRUE	Maintain					
40820	Destruction (	RAW	April 2014	52				Maintain	010-Day Global Post-Operative Visits	January 2014	010	1.34	6.14	3.48	0.15	1550	FALSE		FALSE					TRUE	Maintain					
41530	Submucosal	Submucosal ablation of to	April 2015	26		RUC	AAO-HNS	3.50	Final Rule for 2015	July 2014	000	3.5	22.64	7.36	0.5	80	FALSE		FALSE					TRUE	Decrease					
42145	Palatopharyr	Palatopharyngoplasty	April 2008	41			AAO-HNS	9.63	Site of Service Anomaly	September 2007	090	9.78	NA	9.59	1.42	358	FALSE		FALSE					TRUE	Maintain					
42415	Excision of pa	Excise Parotid Gland/Lesic	February 2011	27			ACS, AAO-H	18.12	Site of Service Anomaly	September 2007	090	17.16	NA	12.30	2.53	4507	FALSE		FALSE					TRUE	Maintain					
42420	Excision of pa	Excise Parotid Gland/Lesic	February 2011	27			ACS, AAO-H	21.00	Site of Service Anomaly	September 2007	090	19.53	NA	13.40	2.87	1187	FALSE		FALSE					TRUE	Maintain					
42440	Excision of st	Submandibular Gland Exci	October 2010	64			AAO-HNS, A	7.13	Site of Service Anomaly	September 2007	090	6.14	NA	5.61	0.88	1439	FALSE		FALSE					TRUE	Maintain					
43191	Esophagosc	Esophagoscopy	October 2012	10			AAO-HNS, A	2.78	MPC List	September 2011	000	2.49	NA	1.82	0.39	2139	FALSE		FALSE					TRUE	Increase					
43192	Esophagosc	Esophagoscopy	October 2012	10			AAO-HNS, A	3.21	MPC List	September 2011	000	2.79	NA	1.92	0.4	250	FALSE		FALSE					TRUE	Increase					
43193	Esophagosc	Esophagoscopy	October 2012	10			AAO-HNS, A	3.36	MPC List	September 2011	000	2.79	NA	1.91	0.42	167	FALSE		FALSE					TRUE	Increase					
43194	Esophagosc	Esophagoscopy	October 2012	10			AAO-HNS, A	3.99	MPC List	September 2011	000	3.51	NA	1.76	0.51	85	FALSE		FALSE					TRUE	Increase					
43195	Esophagosc	Esophagoscopy	October 2012	10			AAO-HNS, A	3.21	MPC List	September 2011	000	3.07	NA	2.05	0.47	625	FALSE		FALSE					TRUE	Increase					
43196	Esophagosc	Esophagoscopy	October 2012	10			AAO-HNS, A	3.36	MPC List	September 2011	000	3.31	NA	2.13	0.47	310	FALSE		FALSE					TRUE	Increase					
43197	Esophagosc	Esophagoscopy	October 2012	10			AAO-HNS, A	1.59	MPC List	September 2011	000	1.52	4.02	0.70	0.23	1068	FALSE		FALSE					TRUE	Maintain					
43198	Esophagosc	Esophagoscopy	October 2012	10			AAO-HNS, A	1.89	MPC List	September 2011	000	1.82	4.33	0.86	0.25	233	FALSE		FALSE					TRUE	Maintain					
43200	Esophagosc	Esophagoscopy	October 2012	10			AAO-HNS, A	1.59	MPC List	September 2011	000	1.42	6.16	0.99	0.21	3227	FALSE		FALSE		May 2012		complete	TRUE	Maintain					

43201	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	1.90	MPC List	September 2011	000	1.72	5.77	1.14	0.23	197	FALSE			FALSE		May 2012	complete	TRUE	Decrease
43202	Esophagosc	Esophagoscopy	October 2012	10		AAO-HNS, A	1.89	MPC List	September 2011	000	1.72	8.46	1.12	0.22	1638	FALSE			FALSE		May 2012	complete	TRUE	Maintain
43204	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	2.89	MPC List	September 2011	000	2.33	NA	1.41	0.28	4	FALSE			FALSE		May 2012	complete	TRUE	Decrease
43205	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	3.00	MPC List	September 2011	000	2.44	NA	1.45	0.28	65	FALSE			FALSE		May 2012	complete	TRUE	Decrease
43206	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	2.39	MPC List	September 2011	000	2.29	6.45	1.40	0.27	6	FALSE			FALSE				TRUE	Decrease
43211	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	4.58	MPC List	September 2011	000	4.2	NA	2.24	0.5	83	FALSE			FALSE				TRUE	Decrease
43212	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	3.73	MPC List	September 2011	000	3.4	NA	1.65	0.58	487	FALSE			FALSE				TRUE	Decrease
43213	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	5.00	MPC List	September 2011	000	4.63	29.65	2.37	0.69	102	FALSE			FALSE				TRUE	Decrease
43214	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	3.78	MPC List	September 2011	000	3.4	NA	1.88	0.54	157	FALSE			FALSE				TRUE	Decrease
43215	Esophagosc	Esophagoscopy	October 2012	10		AAO-HNS, A	2.60	MPC List	September 2011	000	2.44	8.71	1.39	0.39	666	FALSE			FALSE		May 2012	complete	TRUE	Maintain
43216	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	2.40	MPC List	September 2011	000	2.3	9.36	1.40	0.28	137	FALSE			FALSE		May 2012	complete	TRUE	Maintain
43217	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	2.90	MPC List	September 2011	000	2.8	9.20	1.61	0.34	32	FALSE			FALSE		May 2012	complete	TRUE	Maintain
43219	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2012	Complete	TRUE	Deleted from CPT
43220	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	2.10	MPC List	September 2011	000	2	23.32	1.25	0.28	1625	FALSE			FALSE		May 2012	complete	TRUE	Maintain
43226	Esophagosc	Esophagoscopy	October 2012	10		AAO-HNS, A	2.34	MPC List	September 2011	000	2.24	8.75	1.29	0.38	1195	FALSE			FALSE		May 2012	complete	TRUE	Maintain
43227	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	3.26	MPC List	September 2011	000	2.89	13.98	1.64	0.36	103	FALSE			FALSE		May 2012	complete	TRUE	Decrease
43228	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2012	Complete	TRUE	Deleted from CPT
43229	Esophagosc	Esophagoscopy	October 2012	10		AGA, ASGE,	3.72	MPC List	September 2011	000	3.49	16.55	1.89	0.44	1164	FALSE			FALSE				TRUE	Decrease
43231	Esophagosc	Esophagoscopy	April 2013	10		AGA, ASGE,	3.19	MPC List	September 2011	000	2.8	NA	1.52	0.29	457	FALSE			FALSE		May 2012	complete	TRUE	Maintain
43232	Esophagosc	Esophagoscopy	April 2013	10		AGA, ASGE,	3.83	MPC List	September 2011	000	3.59	NA	1.88	0.39	289	FALSE			FALSE		May 2012	complete	TRUE	Decrease
43233	Esophagoga	EGD	January 2013	08		AGA, ASGE,	4.45	MPC List	October 2012	000	4.07	NA	2.08	0.64	1060	FALSE			FALSE		October 20:	14 Complete	TRUE	Decrease
43234	Upper gastro	Esophagoscopy	April 2013	10		AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specif	February 20	11 Complete	TRUE	Deleted from CPT
43235	Esophagoga	EGD	January 2013	08		AGA, ASGE,	2.26	MPC List / CMS High Expenditure Pro	October 2010	000	2.09	6.18	1.29	0.27	231264	FALSE			FALSE		October 20:	14 Complete	TRUE	Decrease
43236	Esophagoga	EGD	January 2013	08		AGA, ASGE,	2.57	CMS Fastest Growing / MPC List	October 2008	000	2.39	9.06	1.42	0.29	13112	TRUE	Apr 2009	an complete	FALSE		October 20:	14 Complete	TRUE	Decrease
43237	Esophagoga	EGD	April 2013	11		AGA, ASGE,	3.85	MPC List	September 2011	000	3.47	NA	1.91	0.4	19537	FALSE			TRUE	In the Panel A	February 20	12 Complete	TRUE	Decrease
43238	Esophagoga	EGD	April 2013	11		AGA, ASGE,	4.50	MPC List	September 2011	000	4.16	NA	2.22	0.5	16192	FALSE			TRUE	In the Panel A	February 20	12 Complete	TRUE	Decrease
43239	Esophagoga	EGD with Biopsy	April 2019	12		ACG, ACS, A	2.39	MPC List / CMS Request - Final Rule f	October 2010	000	2.39	8.36	1.42	0.29	1166120	FALSE			FALSE				TRUE	Maintain
43240	Esophagoga	EGD	April 2013	11		AGA, ASGE,	7.25	MPC List	September 2011	000	7.15	NA	3.56	0.83	1272	FALSE			TRUE	In the Panel A	February 20	12 Complete	TRUE	Increase
43241	Esophagoga	EGD	January 2013	08		AGA, ASGE,	2.59	MPC List	September 2011	000	2.49	NA	1.41	0.33	4168	FALSE			FALSE		October 2012	complete	TRUE	Maintain
43242	Esophagoga	EGD	April 2013	11		AGA, ASGE,	5.39	CMS Fastest Growing / MPC List	October 2008	000	4.73	NA	2.47	0.55	24366	TRUE	Mar 2009	complete	TRUE	In the Panel A	February 20	12 Complete	TRUE	Decrease
43243	Esophagoga	EGD	January 2013	08		AGA, ASGE,	4.37	MPC List	September 2011	000	4.27	NA	2.18	0.59	310	FALSE			FALSE		October 2012	complete	TRUE	Decrease
43244	Esophagoga	EGD	January 2013	08		AGA, ASGE,	4.50	MPC List	September 2011	000	4.4	NA	2.32	0.51	17137	FALSE			FALSE		October 2012	complete	TRUE	Decrease
43245	Esophagoga	EGD	January 2013	08		AGA, ASGE,	3.18	MPC List	September 2011	000	3.08	13.69	1.69	0.47	11985	FALSE			FALSE		October 2012	complete	TRUE	Maintain
43246	Esophagoga	EGD	April 2013	11		AGA, ASGE,	4.32	MPC List	September 2011	000	3.56	NA	1.83	0.55	47724	FALSE			FALSE		October 2012	complete	TRUE	Maintain
43247	Esophagoga	EGD	January 2013	08		AGA, ASGE,	3.27	MPC List	September 2011	000	3.11	7.82	1.72	0.4	22139	FALSE			FALSE		October 2012	complete	TRUE	Decrease
43248	Esophagoga	EGD	January 2013	08		AGA, ASGE,	3.01	MPC List	September 2011	000	2.91	8.88	1.65	0.36	85103	FALSE			FALSE		October 2012	complete	TRUE	Decrease
43249	Esophagoga	EGD	January 2013	08		AGA, ASGE,	2.77	MPC List	September 2011	000	2.67	27.63	1.54	0.34	119490	FALSE			FALSE		October 2012	complete	TRUE	Decrease
43250	Esophagoga	EGD	January 2013	08		AGA, ASGE,	3.07	MPC List	September 2011	000	2.97	9.79	1.65	0.44	2527	FALSE			FALSE		October 2012	complete	TRUE	Decrease
43251	Esophagoga	EGD	April 2013	11		AGA, ASGE,	3.57	MPC List	September 2011	000	3.47	10.57	1.90	0.43	42905	FALSE			FALSE		October 2012	complete	TRUE	Decrease
43253	Esophagoga	EGD	April 2013	11		AGA, ASGE,	5.39	MPC List	February 2012	000	4.73	NA	2.47	0.56	1710	FALSE			TRUE	In the Panel A	February 20	12 Complete	TRUE	Decrease
43254	Esophagoga	EGD	January 2013	08		AGA, ASGE,	5.25	MPC List	October 2012	000	4.87	NA	2.53	0.58	6053	FALSE			FALSE		October 20:	14 Complete	TRUE	Decrease
43255	Esophagoga	EGD	January 2013	08		AGA, ASGE,	4.20	MPC List	September 2011	000	3.56	14.17	1.95	0.42	51562	FALSE			FALSE		October 2012	complete	TRUE	Decrease
43256	Upper gastro	EGD	January 2013	08		AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012	Complete	TRUE	Deleted from CPT
43257	Esophagoga	EGD	January 2013	08		AGA, ASGE,	4.25	MPC List	September 2011	000	4.15	NA	2.22	0.5	72	FALSE			FALSE		October 2012	complete	TRUE	Decrease
43258	Upper gastro	EGD	January 2013	08		AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 20:	14 Complete	TRUE	Deleted from CPT
43259	Esophagoga	EGD	April 2013	11		AGA, ASGE,	4.74	CMS Fastest Growing	October 2008	000	4.04	NA	2.17	0.48	29545	TRUE	Mar 2009	complete	TRUE	In the Panel A	February 20	12 Complete	TRUE	Decrease
43260	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	5.95	MPC List	September 2011	000	5.85	NA	2.97	0.69	3203	FALSE			TRUE	Several specif	February 20	13 Complete	TRUE	Maintain
43261	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	6.25	MPC List	September 2011	000	6.15	NA	3.10	0.72	6210	FALSE			FALSE		January 201	13 complete	TRUE	Decrease
43262	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	6.60	MPC List	September 2011	000	6.5	NA	3.26	0.76	23667	FALSE			FALSE		January 201	13 complete	TRUE	Decrease
43263	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	7.28	MPC List	September 2011	000	6.5	NA	3.27	0.77	9	FALSE			FALSE		February 20	13 complete	TRUE	Maintain
43264	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	6.73	Harvard Valued - Utilization over 30,0	April 2011	000	6.63	NA	3.32	0.79	53092	FALSE			FALSE		February 20	13 complete	TRUE	Decrease
43265	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	8.03	MPC List	September 2011	000	7.93	NA	3.89	0.91	2151	FALSE			FALSE		February 20	13 complete	TRUE	Decrease
43266	Esophagoga	EGD	January 2013	08		AGA, ASGE,	4.40	MPC List	October 2012	000	3.92	NA	2.00	0.52	5886	FALSE			FALSE		October 20:	14 Complete	TRUE	Decrease
43267	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 20	13 Complete	TRUE	Deleted from CPT
43268	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	Deleted from CPT	Harvard Valued - Utilization over 30,0	April 2011							FALSE			FALSE		February 20	13 Complete	TRUE	Deleted from CPT
43269	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 20	13 Complete	TRUE	Deleted from CPT
43270	Esophagoga	EGD	January 2013	08		AGA, ASGE,	4.39	MPC List	October 2012	000	4.01	16.63	2.14	0.5	17070	FALSE			FALSE		October 20:	14 Complete	TRUE	Decrease
43271	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 20	13 Complete	TRUE	Deleted from CPT
43272	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 20	13 Complete	TRUE	Deleted from CPT
43273	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	2.24	MPC List	September 2011	ZZZ	2.24	NA	1.00	0.27	7532	FALSE			FALSE		February 20	13 complete	TRUE	Maintain
43274	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	8.74	MPC List	September 2011	000	8.48	NA	4.14	1	39292	FALSE			FALSE		February 20	13 complete	TRUE	Decrease
43275	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	6.96	MPC List	September 2011	000	6.86	NA	3.42	0.81	13108	FALSE			FALSE		February 20	13 complete	TRUE	Decrease
43276	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	9.10	MPC List	September 2011	000	8.84	NA	4.30	1.03	16091	FALSE			FALSE		February 20	13 complete	TRUE	Decrease
43277	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	7.11	MPC List	September 2011	000	6.9	NA	3.44	0.81	5426	FALSE			FALSE		February 20	13 complete	TRUE	Decrease
43278	Endoscopic r	ERCP	April 2013	12		AGA, ASGE,	8.08	MPC List	September 2011	000	7.92	NA	3.89	0.94	454	FALSE			FALSE		February 20	13 complete	TRUE	Decrease
43450	Dilation of es	Dilation of Esophagus	October 2012	17		AGA, ASGE,	1.30	MPC List	September 2011	000	1.28	4.16	0.94	0.16	52545	FALSE			FALSE				TRUE	Decrease
43453	Dilation of es	Dilation of Esophagus	October 2012	17		AGA, ASGE,	1.51	MPC List	September 2011	000	1.41	21.20	1.00	0.18	1003	FALSE			FALSE		May 2012	complete	TRUE	Maintain
43456	Dilation of es	Dilation of Esophagus	October 2012	17		AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 20:	14 Complete	TRUE	Deleted from CPT
43458	Dilation of es	Dilation of Esophagus	October 2012	17		AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 20:	14 Complete	TRUE	Deleted from CPT
43760	Change of ga	Gastrostomy Tube Replace	January 2018	11		ACEP, ACG,	Deleted from CPT	CMS 000-Day Global Typically Report	July 2016							FALSE			TRUE	In April 2017,	September	18 Complete	TRUE	Deleted from CPT
43762	Replacemen	Gastrostomy Tube Replace	September 2025	29	September	RAW	ACEP, ACG, Review action plan. 0.75. CPT	CMS 000-Day Global Typically Report	September 2017	000	0.75	5.67	0.22	0.15	45121	TRUE	June 2022	complete	FALSE				FALSE	Decrease
43763	Replacemen	Gastrostomy Tube Replace	September 2025	29	September	RAW	ACEP, ACG, Review action plan. 1.41. CPT	CMS 000-Day Global Typically Report	September 2017	000	1.41	8.01	0.94	0.28	2112	TRUE	June 2022	complete	FALSE				FALSE	Decrease
44143	Colectomy, p	RAW	January 2016	54			99214 visit appropriate. Rem	High Level E/M in Global Period	October 2015	090	27.79	NA	15.23	6.48	7777	FALSE			FALSE				TRUE	Remove from Screen
44205	Laparoscopy	Laproscopic Procedures	October 2008	26		ACS, ASCRS	Remove from screen	CMS Fastest Growing	October 2008	090	22.95	NA	12.26	4.74	10527	FALSE			FALSE				TRUE	Remove from Screen
44207	Laparoscopy	Laproscopic Procedures	October 2008	26		ACS, ASCRS	Remove from screen	CMS Fastest Growing	February 2008	090	31.92	NA	15.85	6.26	8896	FALSE			FALSE				TRUE	Remove from Screen
44380	Ileoscopy, th	Ileoscopylleoscopy	October 2013	04		AGA, ASGE,	0.97	MPC List	September 2011	000	0.87	4.89	0.74	0.12	1386	FALSE			FALSE		May 2013	Complete	TRUE	Decrease
44381	Ileoscopy, th	Ileoscopy	October 2013	04		AGA, ASGE,	1.48	MPC List	May 2013	000	1.38	26.08	0.96	0.17	127	FALSE			FALSE		May 2013	Complete	TRUE	Decrease
44382	Ileoscopy, th	IleoscopylleoscopylleoscoIleoscopylleoscopylleoscopyl

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49420	Deleted from	Insertion of Intraperitoneal	October 2009	40			ACS	Deleted from CPT	Site of Service Anomaly	April 2008									FALSE				TRUE	At the April 20	February 20	30	Deleted	TRUE	Deleted from CPT
49421	Insertion of t	Intraperitoneal Catheter C	April 2010	11			ACS, ACR, S	4.21	Site of Service Anomaly	September 2007	000	4.21	NA	1.55	1	1061	FALSE				TRUE	At the April 20	February 20	30	Revised	TRUE	Decrease
49422	Removal of t	Removal of Intraperitoneal	April 2017	14			ACS, SVS	4.00	Site of Service Anomaly - 2016	October 2016	000	4	NA	1.67	0.92	9754	FALSE				FALSE					TRUE	Decrease
49436	Delayed crea	Delayed Creation of Exit Si	January 2022	16	January 202	RAW	ACS	PE Inputs	CMS Request - Final Rule for 2022	November 2021	010	2.72	12.29	2.25	0.67	224	FALSE				FALSE					TRUE	PE Only
49505	Repair initial	RAW review	January 2012	30			ACS	Reaffirmed	CMS High Expenditure Procedural Co	September 2011	090	7.96	NA	5.99	1.99	35000	FALSE				FALSE					TRUE	Maintain
49507	Repair initial	Hernia Repair	February 2011	29			ACS	10.05	Site of Service Anomaly	September 2007	090	9.09	NA	6.55	2.25	8300	FALSE				FALSE					TRUE	Maintain
49521	Repair recurr	Hernia Repair	February 2011	29			ACS	12.44	Site of Service Anomaly	September 2007	090	11.48	NA	7.45	2.87	1627	FALSE				FALSE					TRUE	Maintain
49560	Repair initial	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49561	Repair initial	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49565	Repair recurr	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	October 2019	090						FALSE				TRUE	In October 20	February 20	18	complete	TRUE	Deleted from CPT
49566	Repair recurr	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49568	Implantation	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	ZZZ						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49570	Repair epiga	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49572	Repair epiga	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49580	Repair umbil	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49582	Repair umbil	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49585	Repair umbil	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49587	Repair umbil	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly	September 2007	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49590	Repair spigel	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49591	Repair of ant	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	6.27	Site of Service Anomaly - 2019	February 2021	000	5.96	NA	2.88	1.47	18181	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49592	Repair of ant	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	9.00	Site of Service Anomaly - 2019	February 2021	000	8.46	NA	3.75	2.13	9916	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49593	Repair of ant	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	10.80	Site of Service Anomaly - 2019	February 2021	000	10.26	NA	4.44	2.55	14858	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49594	Repair of ant	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	14.00	Site of Service Anomaly - 2019	February 2021	000	13.46	NA	5.62	3.36	14836	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49595	Repair of ant	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	14.88	Site of Service Anomaly - 2019	February 2021	000	13.94	NA	5.90	3.42	4409	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49596	Repair of ant	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	20.00	Site of Service Anomaly - 2019	February 2021	000	18.67	NA	7.60	4.61	4152	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49613	Repair of ant	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	7.75	Site of Service Anomaly - 2019	February 2021	000	7.42	NA	3.46	1.8	1044	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49614	Repair of ant	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	10.79	Site of Service Anomaly - 2019	February 2021	000	10.25	NA	4.42	2.53	784	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49615	Repair of ant	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	12.00	Site of Service Anomaly - 2019	February 2021	000	11.46	NA	4.95	2.82	2480	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49616	Repair of ant	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	16.50	Site of Service Anomaly - 2019	February 2021	000	15.55	NA	6.41	3.86	2685	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49617	Repair of ant	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	16.97	Site of Service Anomaly - 2019	February 2021	000	16.03	NA	6.80	3.89	1468	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49618	Repair of ant	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	24.00	Site of Service Anomaly - 2019	February 2021	000	22.67	NA	9.15	5.61	2378	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49621	Repair of par	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	14.24	Site of Service Anomaly - 2019	February 2021	000	13.7	NA	5.78	3.16	1430	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49622	Repair of par	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	18.00	Site of Service Anomaly - 2019	February 2021	000	17.06	NA	7.01	4.09	1076	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49623	Removal of t	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	5.00	Site of Service Anomaly - 2019	February 2021	ZZZ	3.75	NA	1.42	0.91	1583	FALSE				FALSE		February 20	18	complete	TRUE	Decrease
49652	Laparoscopy	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly	June 2010	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49653	Laparoscopy	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly	June 2010	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49654	Laparoscopy	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly	June 2010	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49655	Laparoscopy	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly	June 2010	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49656	Laparoscopy	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
49657	Laparoscopy	Anterior Abdominal Hernia	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090						FALSE				FALSE		February 20	18	complete	TRUE	Deleted from CPT
50021	Drainage of p	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or Mor	January 2012							FALSE				FALSE		October 20	06	Complete	TRUE	Deleted from CPT
50080	Percutaneou	Percutaneous Nephrostoli	September 2025	29	September	RAW	AUA	Review action plan. 13.50	Site of Service Anomaly - 2019 / Work	October 2019	090	12.41	NA	7.01	1.51	1678	FALSE				TRUE	In January 202	September	22	complete	FALSE	Decrease
50081	Percutaneou	Percutaneous Nephrostoli	September 2025	29	September	RAW	AUA	Review action plan. 22.00	Site of Service Anomaly - 2019 / Work	October 2019	090	20.91	NA	10.20	2.51	6711	FALSE				TRUE	In January 202	September	22	complete	FALSE	Decrease
50200	Renal biopsy	Interventional Radiology Pr	October 2008	13			ACR, SIR	New PE Inputs	CMS Request - Practice Expense Revi	NA	000	2.38	12.23	1.13	0.23	31242	FALSE				FALSE					TRUE	PE Only
50360	Renal allotra	Renal Allotransplantation	April 2013	21			ACR, SIR	40.90	Harvard-Valued Annual Allowed Char	July 2012	090	39.88	NA	23.99	9.74	9890	FALSE				FALSE					TRUE	Maintain
50387	Removal and	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	2.00	Codes Reported Together 75% or Mor	October 2012	000	1.75	13.81	0.51	0.18	7609	FALSE				FALSE		October 20	18	Complete	TRUE	Maintain
50392	Introduction	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE				TRUE	The Joint Work	October 20	18	Complete	TRUE	Deleted from CPT
50393	Introduction	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE				TRUE	The Joint Work	October 20	18	Complete	TRUE	Deleted from CPT
50394	Injection pro	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE				TRUE	The Joint Work	October 20	18	Complete	TRUE	Deleted from CPT
50395	Introduction	Dilation of Urinary Tract	January 2018	12			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or Mor	October 2014							FALSE				TRUE	In January 201	September	19	complete	TRUE	Deleted from CPT
50398	Change of ne	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE				TRUE	The Joint Work	October 20	18	Complete	TRUE	Deleted from CPT
50430	Injection pro	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	3.15	Codes Reported Together 75% or Mor	October 2014	000	2.9	15.10	1.34	0.3	798	FALSE				FALSE		October 20	18	Complete	TRUE	Increase
50431	Injection pro	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	1.42	Codes Reported Together 75% or Mor	October 2014	000	1.1	8.05	0.75	0.13	6374	FALSE				FALSE		October 20	18	Complete	TRUE	Increase
50432	Placement o	Dilation of Urinary Tract	September 2025	29	September	RAW	ACR, SIR	Review action plan. 4.00	Codes Reported Together 75% or Mor	October 2014	000	4	21.69	1.61	0.4	27669	FALSE				FALSE		October 20	18	Complete	FALSE	Maintain
50433	Placement o	Dilation of Urinary Tract	January 2018	12				5.05	Codes Reported Together 75% or Mor	September 2017	000	5.05	26.93	1.91	0.51	5165	FALSE				FALSE					TRUE	Maintain
50434	Convert nepl	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	4.20	Codes Reported Together 75% or Mor	October 2014	000	3.75	21.94	1.47	0.39	2065	FALSE				FALSE		October 20	18	Complete	TRUE	Increase
50435	Exchange ne	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	2.00	Codes Reported Together 75% or Mor	October 2014	000	1.82	15.09	0.94	0.18	48604	FALSE				FALSE		October 20	18	Complete	TRUE	Increase
50436	Dilation of ex	Dilation of Urinary Tract	January 2018	12				3.37	Codes Reported Together 75% or Mor	September 2017	000	2.78	NA	1.42	0.29	1320	FALSE				FALSE					TRUE	Decrease
50437	Dilation of ex	Dilation of Urinary Tract	January 2018	12				5.44	Codes Reported Together 75% or Mor	September 2017	000	4.85	NA	2.09	0.52	2250	FALSE				FALSE					TRUE	Decrease
50542	Laparoscopy	Laproscopic Procedures	October 2008	26			AUA	Remove from screen	CMS Fastest Growing	October 2008	090	21.36	NA	10.92	2.6	80	FALSE				FALSE					TRUE	Remove from Screen
50548	Laparoscopy	Laproscopic Procedures	October 2008	26			AUA	Remove from screen	CMS Fastest Growing	October 2008	090	25.36	NA	11.57	3.11	2016	FALSE				FALSE					TRUE	Remove from Screen
50590	Lithotripsy, e	Lithotripsy	April 2012	42			AUA	9.77	CMS High Expenditure Procedural Co	September 2011	090	9.77	11.22	6.31	1.17	38936	FALSE				FALSE					TRUE	Maintain
50605	Ureterotomy	Ureterotomy	October 2015	21		RAW	AUA, SIR	Review action plan at the RAV	CMS Fastest Growing / CPT Assistant	October 2008	090	16.79	NA	9.76	3.78	1893	TRUE	Dec 2009	complete	FALSE					TRUE	Maintain
50606	Endoluminal	Genitourinary Catheter Pro	April 2015	08			ACR, SIR	3.16	Codes Reported Together 75% or Mor	October 2014	ZZZ	3.16	10.65	0.56	0.39	67	FALSE				TRUE		October 20	18	Complete	TRUE	Increase
50693	Placement o	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	4.60	Codes Reported Together 75% or Mor	October 2014	000	3.96	24.14	1.62	0.4	3176	FALSE				FALSE		October 20	18	Complete	TRUE	Increase
50694	Placement o	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	6.00	Codes Reported Together 75% or Mor	October 2014	000	5.25	26.31	2.04	0.52	689	FALSE				FALSE		October 20	18	Complete	TRUE	Increase
50695	Placement o	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	7.55	Codes Reported Together 75% or Mor	October 2014	000	6.8	31.02	2.54	0.67	845	FALSE				FALSE		October 20	18	Complete	TRUE	Increase
50705	Ureteral emt	Genitourinary Catheter Pro	April 2015	08			ACR, SIR	4.03	Codes Reported Together 75% or Mor	October 2014	ZZZ	4.03	48.27	0.72	0.5	61	FALSE				TRUE		October 20	18	Complete	TRUE	Increase
50706	Balloon dilati	Genitourinary Catheter Pro	April 2015	08			ACR, SIR	3.80	Codes Reported Together 75% or Mor	October 2014	ZZZ	3.8	19.84	1.10	0.39	1125	FALSE				TRUE		October 20	18	Complete	TRUE	Increase
51040	Cystostomy,	Cystostomy	September 2007	16			AUA	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	4.49	NA	3.82	0.55	4026	FALSE				FALSE					TRUE	PE Only
51102	Aspiration of	Urological Procedures	April 2008	45			AUA	2.70	Site of Service Anomaly	September 2007	000	2.7	4.08	1.22	0.29	13204	FALSE				FALSE					TRUE	Decrease
51700	Bladder irrig	Bladder Catheter	January 2016	32			AUA	0.60	CMS High Expenditure Procedural Co	July 2015	000	0.6	1.60	0.22	0.07	170149	FALSE				FALSE					TRUE	Decrease
51701	Insertion of n	Bladder Catheter	January 2016	32			AUA	0.50	CMS High Expenditure Procedural Co	July 2015	000	0.5	0.76	0.19	0.06	138903	FALSE				FALSE					TRUE	Maintain
51702	Insertion of t	Bladder Catheter	January 2016	32			AUA	0.50	CMS High Expenditure Procedural Co	July 2015	000	0.5	1.30	0.19	0.05	224191	FALSE				FALSE					TRUE	Maintain
51703	Insertion of t	Bladder Catheter	January 2016	32			AUA	1.47	CMS High Expenditure Procedural Co	July 2015	000	1.47	2.79	0.63	0.17	49438	FALSE				FALSE					TRUE	Maintain
51720	Bladder insti	Treatment of Bladder Lesic	January 2016	33			AUA	0.87	CMS High Expenditure Procedural Co	July 2015	000	0.87	1.68	0.32	0.12	158561	FALSE				FALSE					TRUE	Decrease
51726	Complex cys	Urodynamic Studies	April 2009	16			AUA, ACOG	1.71	Codes Reported Together 95% or Mor	February 2008	000	1.71	6.43	NA	0.18	2772	FALSE				TRUE	Referred to th	February 20	24	Complete	TRUE	Maintain
51727	Complex cys	Urodynamic Studies	April 2009	16			AUA, ACOG	2.11	Codes Reported Together 95% or Mor	February 2009	000	2.11	7.86	NA	0.24	1582	FALSE				FALSE					TRUE	Decrease
51728	Complex cys	Urodynamic Studies	September 2022	13			AUA, ACOG	CPT Assistant article publishe	Codes Reported Together 95% or Mor	February 2009	000	2.11	7.85	NA	0.2	77213	TRUE	Aug 2024	complete	FALSE					TRUE	Decrease
51729	Complex cys	Urodynamic Studies	September 2022	13			AUA, ACOG	CPT Assistant article publishe	Codes Reported Together 95% or Mor	February 2009	000	2.51	7.94	NA	0.31	48493	TRUE	Aug 2024	complete	FALSE					TRUE	Decrease
51736	Simple urofl	Uroflowmetry	October 2010	11			AUA	0.17	Harvard Valued - Utilization over 100,	February 2010	XXX	0.17	0.22	NA	0.02	8544	FALSE				FALSE					TRUE	Decrease
51741	Complex uro	Uroflowmetry	September 2022	13			AUA	CPT Assistant article publishe	Harvard Valued - Utilization over 100,	October 2009	XXX	0.17	0.23	NA	0.03	316816	TRUE	Aug 2024	complete	FALSE					TRUE	Decrease
51772	Deleted from	Urodynamic Studies	April 2009	16			AUA	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE				TRUE	Referred to th	February 20	24	Code Delete	TRUE	Deleted from CPT
51784	Electromyog	Electromyography Studies	September 2022	13			AUA	CPT Assistant article publishe	Codes Reported Together 75% or Mor	October 2012	XXX	0.75	1.10	NA	0.07	123557	TRUE	Aug 2024	complete	TRUE	The Joint Work	February 20	34	complete	TRUE	Decrease
51792	Stimulus evo	Urinary Reflex Studies with	January 2019	37			AUA	CPT edits and CPT Assistant a	Codes Reported Together 75% or Mor	October 2012	000	1.1	6.28	NA	0.19	4517	TRUE	Feb 2014	complete	TRUE	The Joint Work	February 20	34	Complete	TRUE	Maintain
51795	Deleted from	Urology Studies	February 2008	S				Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE				TRUE	Referred to th	February 20	24	Code Delete	TRUE	Deleted from CPT
51797	Voiding pres	Urology Studies	February 2008	S				0.80	Codes Reported Together 95% or Mor	February 2008	ZZZ	0.8	4.11	NA	0.07	92695	FALSE				TRUE	Referred to th	February 20	24	Code Revise	TRUE	Maintain
51798	Measuremer	Voiding Pressure Studies	April 2016	25			AUA	PE Only	CMS High Expenditure Procedural Co	July 2015	XXX	0	0.33	NA	0.02	1904870	FALSE				FALSE					TRUE	PE Only
52000	Cystourethrc	Cystourethroscopy	January 2016	35			AUA, ACOG	1.75	MPC List / CMS High Expenditure Pro	October 2010	000	1.53	4.88	0.68	0.18	759838	FALSE				FALSE					TRUE	Decrease
52214	Cystourethrc	Cystourethroscopy	October 2017	19			AUA	3.50	High Volume Growth1 / CPT Assistant	June 2008	000	3.5	17.28	1.27	0.43	13941	TRUE	Aug 2009 ar	complete	FALSE					TRUE	Decrease
52224	Cystourethrc	Cystourethroscopy	October 2017	19			AUA	4.05	High Volume Growth1 / CPT Assistant	February 2008	000	4.05	17.65	1.46	0.5	25795	TRUE	Aug 2009 ar	complete	FALSE					TRUE	Increase
52234	Cystourethrc	Cystourethroscopy and Ur	January 2021	29			AUA	4.62	Harvard Valued - Utilization over 30,0	September 2011	000	4.62	NA	2.12	0.56	23933	TRUE	May 2016	complete	FALSE					TRUE	Maintain
52235	Cystourethrc	Cystourethroscopy and Ur	October 2017	19			AUA	5.44	Harvard Valued - Utilization over 30,0	April 2011	000	5.44	NA	2.46	0.65	31463	TRUE	May 2016	complete	FALSE					TRUE	Maintain
52240	Cystourethrc	Cystourethroscopy and Ur	January 2021	29			AUA	8.75	Harvard Valued - Utilization over 30,0	September 2011	000	7.5	NA	3.21	0.89	19275	TRUE	May 2016	complete	FALSE					TRUE	Decrease
52281	Cystourethrc	Cystourethroscopy	April 2010	38			AUA	2.80	Harvard Valued - Utilization over 100,	October 2009	000	2.75	6.09	1.45	0.34	46029	FALSE				FALSE					TRUE	Maintain

52287	Cystourethroscopy, with injection(s) for	January 2020	37				Remove from Screen	High Volume Growth6	October 2019	000	3.2	7.35	1.42	0.42	66989	FALSE		FALSE								TRUE	Remove from Screen
52332	Cystourethrc Cystourethroscopy	April 2013	13			AUA	2.82	Harvard Valued - Utilization over 100,	October 2009	000	2.82	8.04	1.47	0.35	135104	FALSE	TRUE	The Joint Work	February 20	15		Complete	TRUE	Maintain
52334	Cystourethrc Dilation of Urinary Tract	January 2018	12				3.37	Codes Reported Together 75% or Mor	September 2017	000	3.37	NA	1.67	0.42	243	FALSE		FALSE								TRUE	Decrease
52341	Cystourethrc Urological Procedures	October 2010	65			AUA	5.35	Site of Service Anomaly	April 2008	000	5.35	NA	2.43	0.64	1723	FALSE		FALSE								TRUE	Decrease
52342	Cystourethrc Urological Procedures	October 2010	65			AUA	5.85	Site of Service Anomaly	April 2008	000	5.85	NA	2.61	0.71	152	FALSE		FALSE								TRUE	Decrease
52343	Cystourethrc Urological Procedures	October 2010	65			AUA	6.55	Site of Service Anomaly	April 2008	000	6.55	NA	2.86	0.8	20	FALSE		FALSE								TRUE	Decrease
52344	Cystourethrc Urological Procedures	October 2010	65			AUA	7.05	Site of Service Anomaly	September 2007	000	7.05	NA	3.05	0.85	2924	FALSE		FALSE								TRUE	Decrease
52345	Cystourethrc Urological Procedures	October 2010	65			AUA	7.55	Site of Service Anomaly	April 2008	000	7.55	NA	3.23	0.9	431	FALSE		FALSE								TRUE	Decrease
52346	Cystourethrc Urological Procedures	October 2010	65			AUA	8.58	Site of Service Anomaly	April 2008	000	8.58	NA	3.60	1.03	469	FALSE		FALSE								TRUE	Decrease
52351	Cystourethrc Cystourethroscopy and Ur	September 2011	23			AUA	5.75	Harvard Valued - Utilization over 30,0	September 2011	000	5.75	NA	2.53	0.71	21148	FALSE		FALSE								TRUE	Decrease
52352	Cystourethrc Cystourethroscopy and Ur	September 2011	23			AUA	6.75	Harvard Valued - Utilization over 30,0	September 2011	000	6.75	NA	2.94	0.82	18945	FALSE		FALSE								TRUE	Decrease
52353	Cystourethrc Cystourethroscopy	April 2013	13			AUA	7.50	Harvard Valued - Utilization over 30,0	April 2011	000	7.5	NA	3.21	0.89	10348	FALSE	TRUE	The Joint Work	February 20	15		Complete	TRUE	Decrease
52354	Cystourethrc Cystourethroscopy and Ur	September 2011	23			AUA	8.58	Harvard Valued - Utilization over 30,0	September 2011	000	8	NA	3.39	0.98	8143	FALSE		FALSE								TRUE	Increase
52355	Cystourethrc Cystourethroscopy and Ur	September 2011	23			AUA	10.00	Harvard Valued - Utilization over 30,0	September 2011	000	9	NA	3.76	1.1	681	FALSE		FALSE								TRUE	Increase
52356	Cystourethrc Cystourethroscopy	April 2013	13			AUA	8.00	Codes Reported Together 75% or Mor	January 2013	000	8	NA	3.35	0.97	87085	FALSE		FALSE								TRUE	Decrease
52400	Cystourethrc Urological Procedures	October 2010	65			AUA	8.69	Site of Service Anomaly	September 2007	090	8.69	NA	4.57	1.04	54	FALSE		FALSE								TRUE	Decrease
52442	Cystourethrc PE Subcommittee	October 2020	24			AUA, AACU	Maintain	PE Units Screen	April 2020	ZZZ	1.01	23.35	0.37	0.13	77714	FALSE		FALSE								TRUE	Maintain
52500	Transurethra Transurethral Robotic-assi	September 2024	07			AUA	6.00	Site of Service Anomaly	September 2007	090	8.14	NA	5.80	0.99	2072	FALSE		FALSE		May 2024	08		Complete	TRUE	Decrease
52597	Transurethra Transurethral Robotic-assi	September 2024	07			AUA	10.25	High Volume Category III Codes 2023	May 2024	090						FALSE		FALSE		May 2024	08		Complete	TRUE	Decrease
52601	Transurethra Transurethral Robotic-assi	September 2024	07			AUA	10.00	Site of Service Anomaly - 2015	October 2015	090	13.16	NA	7.11	1.59	38400	FALSE		FALSE		May 2024	08		Complete	TRUE	Decrease
52630	Transurethra Transurethral Robotic-assi	September 2024	07			AUA	6.55	High Volume Category III Codes 2023	May 2024	090	6.55	NA	4.96	0.8	5113	FALSE		FALSE		May 2024	08		Complete	TRUE	Maintain
52640	Transurethra Urological Procedures	April 2008	45			AUA	4.79	Site of Service Anomaly	September 2007	090	4.79	NA	4.46	0.59	1164	FALSE		FALSE								TRUE	Decrease
52647	Laser coagul Transurethral Robotic-assi	September 2024	07			AUA	Deleted from CPT	High Volume Category III Codes 2023	May 2024	090	11.3	32.55	6.95	1.37	79	FALSE		FALSE		September 2024			Complete	TRUE	Deleted from CPT
52648	Laser vaporiz Transurethral Robotic-assi	September 2024	07			AUA	10.05	High Volume Growth1	February 2008	090	12.15	33.09	7.24	1.47	13621	FALSE		FALSE		May 2024	08		Complete	TRUE	Decrease
52649	Laser enucle Transurethral Robotic-assi	September 2024	07			AUA	14.56	High Volume Category III Codes 2023	May 2024	090	14.56	NA	8.46	1.77	8670	FALSE		FALSE		May 2024	08		Complete	TRUE	Maintain
53445	Insertion of ir Urological Procedures	February 2011	31			AUA	13.00	Site of Service Anomaly	September 2007	090	13	NA	8.24	1.57	2023	FALSE		FALSE								TRUE	Decrease
53850	Transurethra Transurethral Destruction	April 2012	43			AUA	10.08	CMS High Expenditure Procedural Co	September 2011	090	5.42	34.70	4.74	0.65	745	FALSE		FALSE								TRUE	Maintain
54405	Insertion of n Urological Procedures	April 2008	45			AUA	14.39	Site of Service Anomaly	September 2007	090	14.52	NA	8.01	1.77	4598	FALSE		FALSE								TRUE	Maintain
54410	Removal and Urological Procedures	February 2011	31			AUA	15.18	Site of Service Anomaly	September 2007	090	15.18	NA	8.96	1.84	1159	FALSE		FALSE								TRUE	Decrease
54520	Orchiectomy Removal of Testical	September 2007	16			AUA	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	5.3	NA	3.94	0.71	1746	FALSE		FALSE								TRUE	PE Only
54530	Orchiectomy Urological Procedures	October 2010	65			AUA	8.46	Site of Service Anomaly	September 2007	090	8.46	NA	5.88	1.07	957	FALSE		FALSE								TRUE	Decrease
55700	Biopsy, prost Prostate Biopsy Services	September 2024	08	January 202	RUC	ACR, AUA	Deleted for CPT 2026	CMS High Expenditure Procedural Co	July 2015	000	2.5	4.42	1.07	0.29	138394	FALSE	TRUE	In April 2022, I	May 2024	15		Deleted	TRUE	Deleted from CPT
55705	Biopsy, prost Prostate Biopsy Services	September 2024	08	January 202	RUC	AUA, OEIS	1.93. Refer to CPT	Codes Reported Together 75% or Mor	May 2024	000	4.61	NA	2.81	0.56	60	FALSE	TRUE	In September	September	29		complete	FALSE	Decrease
55706	Biopsies, prc Prostate Biopsy Services	September 2024	08	January 202	RUC	AUA, OEIS	Deleted for CPT 2027	010-Day Global Post-Operative Visits	January 2014	000	6.28	NA	4.32	0.76	4115	FALSE	TRUE	In September	September	29		Deleted	FALSE	Deleted from CPT
55707	Biopsy, prost Prostate Biopsy Services	September 2024	08	January 202	RUC	AUA, OEIS	2.63. Refer to CPT	Codes Reported Together 75% or Mor	May 2024	000						FALSE	TRUE	In September	September	29		complete	FALSE	Decrease
55708	Biopsy, prost Prostate Biopsy Services	September 2024	08	January 202	RUC	AUA, OEIS	3.39. Refer to CPT	Codes Reported Together 75% or Mor	May 2024	000						FALSE	TRUE	In September	September	29		complete	FALSE	Decrease
55709	Biopsy, prost Prostate Biopsy Services	September 2024	08	January 202	RUC	AUA, OEIS	3.23. Refer to CPT	Codes Reported Together 75% or Mor	May 2024	000						FALSE	TRUE	In September	September	29		complete	FALSE	Decrease
55710	Biopsy, prost Prostate Biopsy Services	September 2024	08	January 202	RUC	AUA, OEIS	3.81. Refer to CPT	Codes Reported Together 75% or Mor	May 2024	000						FALSE	TRUE	In September	September	29		complete	FALSE	Decrease
55711	Biopsy, prost Prostate Biopsy Services	September 2024	08	January 202	RUC	AUA, OEIS	2.61. Refer to CPT	Codes Reported Together 75% or Mor	May 2024	000						FALSE	TRUE	In September	September	29		complete	FALSE	Decrease
55712	Biopsy, prost Prostate Biopsy Services	September 2024	08	January 202	RUC	AUA, OEIS	3.10. Refer to CPT	Codes Reported Together 75% or Mor	May 2024	000						FALSE	TRUE	In September	September	29		complete	FALSE	Decrease
55713	Biopsy, prost Prostate Biopsy Services	September 2024	08	January 202	RUC	AUA, OEIS	Deleted for CPT 2027	Codes Reported Together 75% or Mor	May 2024	000						FALSE	TRUE	In September	September	29		Deleted	FALSE	Deleted from CPT
55714	Biopsy, prost Prostate Biopsy Services	September 2024	08	January 202	RUC	ACR, AUA, C	3.62. Refer to CPT	Codes Reported Together 75% or Mor	May 2024	000						FALSE	TRUE	In September	September	29		complete	FALSE	Decrease
55715	Biopsy, prost Prostate Biopsy Services	September 2024	08	January 202	RUC	ACR, AUA, C	1.05. Refer to CPT	Codes Reported Together 75% or Mor	May 2024	ZZZ						FALSE	TRUE	In September	September	29		complete	FALSE	Decrease
55840	Prostatecton Laparoscopic Prostatector	September 2024	06			AUA	21.36	CMS Request - Final Rule for 2014 / C	October 2013	090	21.36	NA	11.07	2.63	1014	FALSE	FALSE		May 2024	12		complete	TRUE	Decrease
55842	Prostatecton Laparoscopic Prostatector	September 2024	06			AUA	21.36	CMS Request - Final Rule for 2014 / C	October 2013	090	21.36	NA	11.05	2.57	47	FALSE	FALSE		May 2024	12		complete	TRUE	Decrease
55845	Prostatecton Laparoscopic Prostatector	September 2024	06			AUA	25.18	CMS Request - Final Rule for 2014 / C	July 2013	090	25.18	NA	12.44	3.09	398	FALSE	FALSE		May 2024	12		complete	TRUE	Decrease
55866	Laparoscopy Laparoscopic Prostatector	September 2024	06			AUA	22.46	New Technology / CMS Fastest Growi	September 2007	090	22.46	NA	10.56	2.74	18044	FALSE	TRUE	In April 2023, I	May 2024	12		complete	TRUE	Decrease
55867	Laparoscopy Laparoscopic Prostatector	September 2024	06			AUA	19.53	Codes Reported Together 75% or Mor	May 2024	090	19.53	NA	9.52	2.37	3448	FALSE	FALSE		May 2024	12		complete	TRUE	Maintain
55868	Laparoscopy Laparoscopic Prostatector	September 2024	06			AUA	22.46	Codes Reported Together 75% or Mor	May 2024	090						FALSE	FALSE		May 2024	12		complete	TRUE	Decrease
55869	Laparoscopy Laparoscopic Prostatector	September 2024	06			AUA	29.35	Codes Reported Together 75% or Mor	May 2024	090						FALSE	FALSE		May 2024	12		complete	TRUE	Decrease
55873	Cryosurgical Cryoablation of Prostate	February 2009	25			AUA	13.45	CMS Request - Practice Expense Revi	September 2007	090	13.6	147.79	7.77	1.64	1056	FALSE	FALSE						TRUE	Decrease
55874	Transperinea RAW	September 2025	29	September	RUC	AUA, ASTRC	Refer to CPT for code bundlin	Codes Reported Together 75% or Mor	April 2025	000	3.03	78.46	1.58	0.3	20020	FALSE	TRUE	In April 2025, I	May 2026				FALSE	
55876	Placement o RAW	September 2025	29	September	RUC	AUA, ASTRC	Refer to CPT for code bundlin	Codes Reported Together 75% or Mor	April 2025	000	1.73	2.57	1.17	0.17	22040	FALSE	TRUE	In April 2025, I	May 2026				FALSE	
56515	Destruction (Destruction of Lesions	September 2007	16			ACOG	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	010	3.08	4.72	2.84	0.5	2456	FALSE	FALSE						TRUE	PE Only
56620	Vulvectomy s Partial Removal of Vulva	February 2008	D			ACOG	7.35	Site of Service Anomaly	September 2007	090	7.53	NA	8.94	1.27	2948	FALSE	FALSE						TRUE	Decrease
57150	Irrigation of v Vaginal Treatments	April 2017	15			ACOG	0.50	CMS 000-Day Global Typically Report	July 2016	000	0.5	1.12	0.19	0.07	17277	FALSE	FALSE						TRUE	Decrease
57155	Insertion of u RAW	January 2017	30			ACOG, ASTI	5.40	Site of Service Anomaly / Different Pe	September 2007	000	5.15	6.52	3.02	0.48	2265	FALSE	TRUE	ACOG conduc	October 20(	33		Complete	TRUE	Decrease
57156	Insertion of a RAW	January 2017	30			ACOG, ASTI	2.69	Site of Service Anomaly	September 2007	000	2.69	4.05	1.69	0.21	15452	FALSE	FALSE		October 20(	33		complete	TRUE	Decrease
57160	Fitting and in Vaginal Treatments	April 2017	15			ACOG	0.89	CMS 000-Day Global Typically Report	July 2016	000	0.89	1.19	0.34	0.15	74285	FALSE	FALSE						TRUE	Maintain
57240	Anterior colp Colporrhaphy with Cystour	January 2017	14			ACOG	10.08	Site of Service Anomaly - 2015	October 2015	090	10.08	NA	6.86	1.56	6765	FALSE	TRUE	In October 20:	September	35		complete	TRUE	Decrease
57250	Posterior col Colporrhaphy with Cystour	January 2017	14			ACOG	10.08	Site of Service Anomaly - 2015	April 2016	090	10.08	NA	6.87	1.61	8885	FALSE	TRUE	In October 20:	September	35		complete	TRUE	Decrease
57260	Combined ar Colporrhaphy with Cystour	January 2017	14			ACOG	13.25	Site of Service Anomaly - 2015	April 2016	090	13.25	NA	8.06	2.13	8696	FALSE	TRUE	In October 20:	September	35		complete	TRUE	Decrease
57265	Combined ar Colporrhaphy with Cystour	January 2017	14			ACOG	15.00	Site of Service Anomaly - 2015	April 2016	090	15	NA	8.79	2.42	3701	FALSE	TRUE	In October 20:	September	35		complete	TRUE	Decrease
57282	Colpopexy, v Colpopexy	January 2020	26				13.48	Site of Service Anomaly - 2019	October 2019	090	11.63	NA	7.46	1.8	6846	FALSE	FALSE						TRUE	Increase
57283	Colpopexy, v Colpopexy	January 2020	26				13.51	Site of Service Anomaly - 2019	October 2019	090	11.66	NA	7.50	1.9	5068	FALSE	FALSE						TRUE	Increase
57287	Removal or r Urological Procedures	February 2008	C			AUA	10.97	Site of Service Anomaly	September 2007	090	11.15	NA	9.52	1.67	1361	FALSE	FALSE						TRUE	Decrease
57288	Sling operati Sling Operation for Stress I	February 2008	O			ACOG, AUA	12.00	New Technology	September 2007	090	12.13	NA	8.44	1.87	20097	FALSE	FALSE						TRUE	Decrease
57425	Laparoscopy Laparoscopic Colopexy	January 2020	27				18.02	Site of Service Anomaly - 2019	October 2019	090	17.03	NA	9.58	2.64	11234	FALSE	FALSE						TRUE	Increase
58100	Endometrial Biopsy of Uterus Lining	April 2017	16			ACOG	1.21	CMS 000-Day Global Typically Report	July 2016	000	1.21	1.60	0.48	0.2	57051	FALSE	FALSE						TRUE	Decrease
58110	Endometrial Biopsy of Uterus Lining	April 2017	16			ACOG	0.77	CMS 000-Day Global Typically Report	April 2017	ZZZ	0.77	0.60	0.31	0.13	624	FALSE	FALSE						TRUE	Maintain
58555	Hysteroscop Hysteroscopy	January 2016	37			ACOG	3.07	CMS Request - Practice Expense Revi	NA	000	2.65	7.05	1.45	0.47	1171	FALSE	FALSE						TRUE	Decrease
58558	Hysteroscop Hysteroscopy	January 2016	37			ACOG	4.37	CMS Request - Practice Expense Revi	NA	000	4.17	32.44	2.06	0.71	43717	FALSE	FALSE						TRUE	Decrease
58559	Hysteroscop Hysteroscopy	January 2016	37			ACOG	5.54	CMS High Expenditure Procedural Co	July 2015	000	5.2	NA	2.42	0.87	87	FALSE	FALSE						TRUE	Decrease
58560	Hysteroscop Hysteroscopy	January 2016	37			ACOG	6.15	CMS High Expenditure Procedural Co	July 2015	000	5.75	NA	2.63	0.97	22	FALSE	FALSE						TRUE	Decrease
58561	Hysteroscop Hysteroscopy	January 2016	37			ACOG	7.00	CMS High Expenditure Procedural Co	July 2015	000	6.6	NA	2.99	1.11	2162	FALSE	FALSE						TRUE	Decrease
58562	Hysteroscop Hysteroscopy	January 2016	37			ACOG	4.17	CMS Request - Practice Expense Revi	NA	000	4	7.57	1.97	0.66	181	FALSE	FALSE						TRUE	Decrease
58563	Hysteroscop Hysteroscopy	January 2016	37			ACOG	4.62	CMS Request - Practice Expense Revi	NA	000	4.47	53.82	2.15	0.74	1307	FALSE	FALSE						TRUE	Decrease
58660	Laparoscopy Laproscopic Procedures	September 2007	16			AUA, ACOG	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	11.59	NA	6.86	2.25	507	FALSE	FALSE						TRUE	PE Only
58661	Laparoscopy Laproscopic Procedures	September 2007	16			ACOG	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	010	11.35	NA	6.39	1.91	12383	FALSE	FALSE						TRUE	PE Only
58823	Drainage of p Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or Mor	January 2012							FALSE	FALSE		October 20:	06		Complete	TRUE	Deleted from CPT
59200	Insertion of c Insertion of Cervical Dilato	January 2024	13			ACOG	1.20	CMS Request - Final Rule for 2024	November 2023	000	1.2	2.43	0.47	0.35	192	FALSE	FALSE						TRUE	Increase
59400	Routine obst Obstetrical Care	October 2009	15			ACOG, AAFI	32.69	High IWPUT	February 2008	MMM	37	NA	25.76	10.06	1347	FALSE	FALSE						TRUE	Increase
59409	Vaginal deliv Obstetrical Care	October 2009	15			ACOG, AAFI	14.37	High IWPUT	February 2008	MMM	14.37	NA	5.76	3.86	765	FALSE	FALSE						TRUE	Increase
59410	Vaginal deliv Obstetrical Care	October 2009	15			ACOG, AAFI	18.54	High IWPUT	February 2008	MMM	18.76	NA	8.61	5.12	427	FALSE	FALSE						TRUE	Increase
59412	External cepl Obstetrical Care	October 2009	15			ACOG, AAFI	1.71	High IWPUT	April 2008	MMM	1.71	NA	0.86	0.52	17	FALSE	FALSE						TRUE	Maintain
59414	Delivery of pl Obstetrical Care	October 2009	15			ACOG, AAFI	1.61	High IWPUT	April 2008	MMM	1.61	NA	0.62	0.5	35	FALSE	FALSE						TRUE	Maintain
59425	Antepartum (Obstetrical Care	October 2009	15			ACOG, AAFI	6.31	High IWPUT	April 2008	MMM	7.8	7.04	3.10	2.12	383	FALSE	FALSE						TRUE	Decrease
59426	Antepartum (Obstetrical Care	October 2009	15			ACOG, AAFI	11.16	High IWPUT	April 2008	MMM	14.3	12.78	5.64	3.97	419	FALSE	FALSE						TRUE	Decrease
59430	Postpartum (Obstetrical Care	October 2009	15			ACOG, AAFI	2.47	High IWPUT	April 2008	MMM	3.22	3.82	1.28	0.86	503	FALSE	FALSE						TRUE	Increase
59510	Routine obst Obstetrical Care	October 2009	15			ACOG, AAFI	36.17	High IWPUT	February 2008	MMM	41.05	NA	27.54	12.3	1173	FALSE	FALSE						TRUE	Increase
59514	Cesarean de Obstetrical Care	October 2009	15			ACOG, AAFI	16.13	High IWPUT	October 2008	MMM	16.13	NA	6.33	4.75	665	FALSE	FALSE						TRUE	Increase
59515	Cesarean de Obstetrical Care	October 2009	15			ACOG, AAFI	22.00	High IWPUT	April 2008	MMM	22.79	NA	10.67	6.84	400	FALSE	FALSE						TRUE	Increase
59610	Routine obst Obstetrical Care	October 2009	15			ACOG, AAFI	34.40	High IWPUT	April 2008	MMM	38.71	NA	25.83	11.74	64	FALSE	FALSE						TRUE	Increase
59612	Vaginal deliv Obstetrical Care	October 2009	15			ACOG, AAFI	16.09	High IWPUT	April 2008	MMM	16.09	NA	6.21	4.89	47	FALSE	FALSE						TRUE	Increase
59614	Vaginal deliv Obstetrical Care	October 2009	15			ACOG, AAFI	20.26	High IWPUT	April 2008	MMM	20.48	NA	8.43	6.23	30	FALSE	FALSE						TRUE	Increase

59618	Routine obst	Obstetrical Care	October 2009	15			ACOG, AAFI	36.69	High IWPUT	April 2008	MMM	41.57	NA	27.59	12.59	18	FALSE			FALSE							TRUE	Increase
59620	Cesarean de	Obstetrical Care	October 2009	15			ACOG, AAFI	16.66	High IWPUT	April 2008	MMM	16.66	NA	6.43	5.06	10	FALSE			FALSE							TRUE	Decrease
59622	Cesarean de	Obstetrical Care	October 2009	15			ACOG, AAFI	22.53	High IWPUT	April 2008	MMM	23.32	NA	11.32	7.06	3	FALSE			FALSE							TRUE	Increase
60220	Total thyroid	Total Thyroid Lobectomy	April 2008	46			ACS, AAO-H	12.29	Site of Service Anomaly	September 2007	090	11.19	NA	8.08	2.13	6777	FALSE			FALSE							TRUE	Maintain
60225	Total thyroid	Total Thyroid Lobectomy	April 2008	46			ACS, AAO-H	14.67	Site of Service Anomaly	September 2007	090	14.79	NA	10.70	2.92	156	FALSE			FALSE							TRUE	Maintain
60240	Thyroidecton	Thyroidectomy	January 2025	27	RAW		AAO-HNS, A	Refer to CPT Assistant	CPT Referral to the RUC	September 2024	090	15.04	NA	9.65	3.01	4921	TRUE	August 2025	complete	FALSE							FALSE	
60260	Thyroidecton	Thyroidectomy	January 2025	27	RAW		AAO-HNS, A	Refer to CPT Assistant	CPT Referral to the RUC	September 2024	090	18.26	NA	11.10	3.44	1040	TRUE	August 2025	complete	FALSE							FALSE	
60520	Thymectomy	RAW Review	January 2013	34				No reliable way to determine	CMS Request to Re-Review Families (	November 2011	090	17.16	NA	10.43	4.09	329	FALSE			FALSE							TRUE	Remove from Screen
60521	Thymectomy	RAW Review	January 2013	34				No reliable way to determine	CMS Request to Re-Review Families (	November 2011	090	19.18	NA	9.87	4.58	182	FALSE			FALSE							TRUE	Remove from Screen
60522	Thymectomy	RAW Review	January 2013	34				No reliable way to determine	CMS Request to Re-Review Families (	November 2011	090	23.48	NA	11.53	5.66	75	FALSE			FALSE							TRUE	Remove from Screen
61055	Cisternal or l	Myelography	April 2014	17				Editorial change	Codes Reported Together 75% or Mor	January 2014	000	2.1	NA	1.07	0.29	94	FALSE			TRUE	This code cha	October 20:	21	Complete	TRUE	Remove from Screen
61624	Transcathete	Endovascular Therapy with	April 2024	04	RUC		AANS, ACR,	20.00	Codes Reported Together 75% or Mor	April 2022	000	20.12	NA	8.59	6.28	11728	FALSE			TRUE	In April 2022,	February 20	09	Complete	TRUE	Decrease
61626	Transcathete	Endovascular Therapy with	April 2024	04	RUC		AANS, ACR,	15.31	Codes Reported Together 75% or Mor	February 2024	000	16.6	NA	6.45	4.09	1298	FALSE			FALSE		February 20	09	Complete	TRUE	Decrease
61781	Stereotactic	Stereotactic Computer-As	September 2025	23			AANS/CNS	3.75	CMS Fastest Growing	October 2009	ZZZ	3.75	NA	1.83	1.53	15686	FALSE			FALSE		October 20(	34	complete	TRUE	Decrease
61782	Stereotactic	Stereotactic Computer-As	September 2025	23			AAO-HNS	2.11	CMS Fastest Growing	October 2009	ZZZ	3.18	NA	1.50	0.49	19013	FALSE			FALSE		October 20(	34	complete	TRUE	Decrease
61783	Stereotactic	Stereotactic Computer-As	September 2025	23			AAOS, AANS	3.75	CMS Fastest Growing / High Volume (	October 2009	ZZZ	3.75	NA	1.88	1.34	29281	FALSE			FALSE		October 20(	34	complete	TRUE	Maintain
61793	Deleted from	Stereotactic Radiosurgery	October 2008	26			AANS	Deleted from CPT	CMS Fastest Growing / Site of Service	September 2007							FALSE			FALSE		February 2008		Complete	TRUE	Deleted from CPT
61795	Deleted from	Stereotactic Radiosurgery	February 2009	38			NASS, AAO-	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The specialty (	October 20(	34	Code Delete	TRUE	Deleted from CPT
61796	Stereotactic	Stereotactic Radiosurgery	February 2009	38				15.50	CMS Request - 2009 Final Rule	NA	090	13.93	NA	11.74	5.69	5624	FALSE			FALSE					TRUE	Decrease
61797	Stereotactic	Stereotactic Radiosurgery	February 2009	38				3.48	CMS Request - 2009 Final Rule	NA	ZZZ	3.48	NA	1.70	1.43	7879	FALSE			FALSE					TRUE	Decrease
61798	Stereotactic	Stereotactic Radiosurgery	February 2009	38				19.75	CMS Request - 2009 Final Rule	NA	090	19.85	NA	14.50	7.94	3018	FALSE			FALSE					TRUE	Decrease
61799	Stereotactic	Stereotactic Radiosurgery	February 2009	38				4.81	CMS Request - 2009 Final Rule	NA	ZZZ	4.81	NA	2.35	1.96	654	FALSE			FALSE					TRUE	Decrease
61800	Application c	Stereotactic Radiosurgery	April 2008	16				2.25	CMS Fastest Growing / Site of Service	February 2008	ZZZ	2.25	NA	1.37	0.9	3685	FALSE			FALSE					TRUE	Decrease
61885	Insertion or r	Vagal Nerve Stimulator	February 2010	14			AANS/CNS	6.44	Site of Service Anomaly	September 2007	090	6.05	NA	7.89	2.37	3783	FALSE			TRUE	In Feb 2009, t	October 20(	35	Complete	TRUE	Decrease
62263	Percutaneou	Epidual Lysis	October 2010	66			AAPM, AANS	6.54	Site of Service Anomaly	September 2007	010	5	13.46	4.28	0.5	208	FALSE			FALSE					TRUE	Maintain
62270	Spinal punct	Lumbar Puncture	January 2019	09			ACR, ASNR,	1.44	Different Performing Specialty from S	October 2017	000	1.22	2.88	0.43	0.28	22332	FALSE			TRUE	In January 201	September	24	Complete	TRUE	Increase
62272	Spinal punct	Lumbar Puncture	January 2019	09				1.80	Different Performing Specialty from S	September 2018	000	1.58	3.54	0.73	0.5	2975	FALSE			FALSE		September	24	Complete	TRUE	Increase
62281	Injection/infu	Injection of Neurolytic Age	September 2007	16			ASA	Remove 99238	Site of Service Anomaly (99238-Only)	September 2007	010	2.66	4.23	1.79	0.25	68	TRUE	Q&A May 20	complete	FALSE							TRUE	PE Only
62284	Injection pro	Myelography	April 2014	17			ACR, ASNR	1.54	Codes Reported Together 75% or Mor	October 2012	000	1.54	3.80	0.77	0.16	12800	FALSE			TRUE	Joint Workgro	October 20:	21	Complete	TRUE	Maintain
62287	Decompress	Percutaneous Diskectomy	September 2007	16			ASA	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	9.03	NA	8.17	0.94	100	FALSE			FALSE					TRUE	PE Only
62290	Injection pro	Injection for discography	April 2010	45			ASA, AAPM,	3.00, CPT Assistant article pu	Different Performing Specialty from S	October 2009	000	3	6.84	1.40	0.28	4260	TRUE	Mar 2011	complete	FALSE							TRUE	Maintain
62302	Myelography	Myelography	April 2014	17			ACR, ASNR	2.29	Codes Reported Together 75% or Mor	October 2012	000	2.29	4.97	1.03	0.21	1837	FALSE			TRUE	Joint Workgro	October 20:	21	Complete	TRUE	Decrease
62303	Myelography	Myelography	April 2014	17			ACR, ASNR	2.29	Codes Reported Together 75% or Mor	October 2012	000	2.29	5.10	1.03	0.21	256	FALSE			TRUE	Joint Workgro	October 20:	21	Complete	TRUE	Decrease
62304	Myelography	Myelography	April 2014	17			ACR, ASNR	2.25	Codes Reported Together 75% or Mor	October 2012	000	2.25	4.96	1.02	0.21	7511	FALSE			TRUE	Joint Workgro	October 20:	21	Complete	TRUE	Decrease
62305	Myelography	Myelography	April 2014	17			ACR, ASNR	2.35	Codes Reported Together 75% or Mor	October 2012	000	2.35	5.53	1.06	0.22	3777	FALSE			TRUE	Joint Workgro	October 20:	21	Complete	TRUE	Decrease
62310	Injection(s),	Epidural Injections	October 2015	10	RUC		AAPM, AAPI	Deleted from CPT	CMS High Expenditure Procedural Co	January 2012							FALSE			TRUE	In the NPRM f	May 2015	15	Complete	TRUE	Deleted from CPT
62311	Injection(s),	Epidural Injections	October 2015	10	RUC		AAPM, AAPI	Deleted from CPT	CMS High Expenditure Procedural Co	September 2011							FALSE			TRUE	In the NPRM f	May 2015	15	Complete	TRUE	Deleted from CPT
62318	Injection(s),	Epidural Injections	October 2015	10	RUC		AAPM, AAPI	Deleted from CPT	CMS High Expenditure Procedural Co	January 2012							FALSE			TRUE	In the NPRM f	May 2015	15	Complete	TRUE	Deleted from CPT
62319	Injection(s),	Epidural Injections	October 2015	10	RUC		AAPM, AAPI	Deleted from CPT	CMS High Expenditure Procedural Co	January 2012							FALSE			TRUE	In the NPRM f	May 2015	15	Complete	TRUE	Deleted from CPT
62320	Injection(s),	Epidural Injections	October 2015	10	RUC		AANS, AANS	1.80	Final Rule for 2015	May 2015	000	1.8	2.71	0.91	0.25	1154	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62321	Injection(s),	Epidural Injections	October 2015	10	RUC		AANS, AANS	1.95	Final Rule for 2015	May 2015	000	1.95	5.63	1.08	0.18	172493	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62322	Injection(s),	Epidural Injections	October 2015	10	RUC		AANS, AANS	1.55	Final Rule for 2015	May 2015	000	1.55	2.24	0.63	0.16	20500	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62323	Injection(s),	Epidural Injections	October 2015	10	RUC		AANS, AANS	1.80	Final Rule for 2015	May 2015	000	1.8	5.66	1.00	0.17	528640	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62324	Injection(s),	Epidural Injections	October 2015	10	RUC		AANS, AANS	1.89	Final Rule for 2015	May 2015	000	1.89	2.04	0.62	0.16	9080	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62325	Injection(s),	Epidural Injections	October 2015	10	RUC		AANS, AANS	2.20	Final Rule for 2015	May 2015	000	2.2	4.88	0.87	0.18	608	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62326	Injection(s),	Epidural Injections	October 2015	10	RUC		AANS, AANS	1.78	Final Rule for 2015	May 2015	000	1.78	2.15	0.61	0.16	1497	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62327	Injection(s),	Epidural Injections	October 2015	10	RUC		AANS, AANS	1.90	Final Rule for 2015	May 2015	000	1.9	5.81	1.09	0.2	1006	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62328	Spinal punct	Lumbar Puncture	January 2019	09				1.95	Different Performing Specialty from S	September 2018	000	1.73	4.67	0.64	0.16	40638	FALSE			FALSE		September	24	Complete	TRUE	Increase
62329	Spinal punct	Lumbar Puncture	January 2019	09				2.25	Different Performing Specialty from S	September 2018	000	2.03	5.47	0.79	0.29	2269	FALSE			FALSE		September	24	Complete	TRUE	Increase
62350	Implantation	Intrathecal Epidural Cathe	October 2010	67			AAPM, AANS	6.05	Site of Service Anomaly	September 2007	010	6.05	NA	4.86	1.23	3564	FALSE			FALSE					TRUE	Decrease
62355	Removal of p	Intrathecal Epidural Cathe	October 2010	67			AAPM, AANS	4.35	Site of Service Anomaly	September 2007	010	3.55	NA	4.13	0.88	715	FALSE			FALSE					TRUE	Decrease
62360	Implantation	Intrathecal Epidural Cathe	October 2010	67			AAPMR, AS/	4.33	Site of Service Anomaly	April 2008	010	4.33	NA	4.20	1.02	174	FALSE			FALSE					TRUE	Decrease
62361	Implantation	Intrathecal Epidural Cathe	October 2010	67			AAPM, AANS	5.65	Site of Service Anomaly	April 2008	010	5	NA	6.40	2.06	32	FALSE			FALSE					TRUE	Decrease
62362	Implantation	Intrathecal Epidural Cathe	October 2010	67			AAPM, AANS	6.10	Site of Service Anomaly	September 2007	010	5.6	NA	4.84	1.3	5362	FALSE			FALSE					TRUE	Decrease
62365	Removal of s	Intrathecal Epidural Cathe	October 2010	67			AAPMR, AS/	4.65	Site of Service Anomaly	September 2007	010	3.93	NA	4.20	0.98	904	FALSE			FALSE					TRUE	Decrease
62367	Electronic ar	Electronic Analysis Implan	April 2018	14			AAPM, AAPI	New PE inputs. 0.48	Different Performing Specialty from S	October 2009	XXX	0.48	0.43	0.20	0.05	6379	FALSE			TRUE	Identified thro	October 20:	49	Complete	TRUE	Maintain
62368	Electronic ar	Electronic Analysis Implan	September 2025	29			AAPM, AAPI	New PE inputs 0.67	Different Performing Specialty from S	October 2009	XXX	0.67	0.60	0.28	0.07	27855	FALSE			TRUE	Identified thro	October 20:	49	Complete	TRUE	Decrease
62369	Electronic ar	Electronic Analysis Implan	April 2018	14			AAPM, AAPI	New PE inputs. 0.67	Codes Reported Together 75% or Mor	October 2010	XXX	0.67	2.00	0.29	0.07	19131	FALSE			TRUE		October 20:	49	Complete	TRUE	Decrease
62370	Electronic ar	Electronic Analysis Implan	April 2018	14			AAPM, AAPI	New PE inputs. 1.10	Codes Reported Together 75% or Mor	October 2010	XXX	0.9	1.75	0.37	0.1	79419	FALSE			TRUE		October 20:	49	Complete	TRUE	Decrease
63015	Laminectom	RAW	September 2025	29	January 202	RAW	AANS, AAOS	Review action plan.	Codes Reported Together 75% or Mor	April 2025	090	17.33	NA	15.00	6.54	3307	FALSE			FALSE					FALSE		
63020	Laminotomy	Lumbar Laminotomy with I	January 2022	17			AANS, AAOS	15.95	Site of Service Anomaly - 2018	January 2022	090	14.91	NA	13.92	4.91	702	FALSE			FALSE					TRUE	Decrease
63030	Laminotomy	Lumbar Laminotomy with I	January 2022	17			AANS, AAOS	13.18	Pre-Time Analysis / Site of Service An	January 2014	090	12	NA	12.21	3.85	17304	FALSE			TRUE	In October 20:	September 2021		CCA rejecte	TRUE	Maintain
63035	Laminotomy	Lumbar Laminotomy with I	January 2022	17			AANS, AAOS	4.00	Site of Service Anomaly - 2018	January 2022	ZZZ	3.86	NA	1.95	1.17	3481	FALSE			FALSE					TRUE	Increase
63042	Laminotomy	RAW	September 2014	21			AANS, AAOS	Maintain work RVU and adjus	Pre-Time Analysis	January 2014	090	18.76	NA	15.22	5.48	5912	FALSE			FALSE					TRUE	Maintain
63045	Laminectom	Laminectomy	September 2025	24			AANS, AAOS	17.69	CMS Request - Final Rule for 2014 / Si	November 2013	090	17.95	NA	15.13	6.32	10499	FALSE			FALSE					TRUE	Decrease
63046	Laminectom	Laminectomy	September 2025	24			AANS, AAOS	17.14	CMS Request - Final Rule for 2014 / Si	November 2013	090	17.25	NA	14.65	5.73	4210	FALSE			FALSE					TRUE	Decrease
63047	Laminectom	Laminectomy	September 2025	24			AANS, AAOS	15.37	CMS High Expenditure Procedural Co	September 2011	090	15.37	NA	13.61	4.87	77826	FALSE			FALSE					TRUE	Maintain
63048	Laminectom	Laminectomy	September 2025	24			AANS, AAOS	3.47	CMS High Expenditure Procedural Co	January 2012	ZZZ	3.47	NA	1.76	1.1	99663	FALSE			FALSE					TRUE	Maintain
63056	Transpedicul	RAW	October 2015	21		RAW	NASS, AANS	Review action plan at RAW Oc	CMS Fastest Growing / CPT Assistant	October 2008	090	21.86	NA	16.37	7.1	3844	TRUE	Oct 2009	complete	TRUE	The specialty (	February 2010		Complete	TRUE	Maintain
63075	Discectomy,	Arthrodesis Including Disc	February 2010	5			NASS, AANS	19.60	Codes Reported Together 95% or Mor	February 2008	090	19.6	NA	15.27	6.44	178	FALSE			TRUE	Referred to th	October 20(	21	Complete	TRUE	Maintain
63076	Discectomy,	Arthrodesis Including Disc	February 2010	5			NASS, AANS	4.04	Codes Reported Together 95% or More		ZZZ	4.04	NA	2.03	1.26	121	FALSE			FALSE		October 20(	21	complete	TRUE	Maintain
63081	Vertebral cor	RAW	September 2022	13			AANS, AAOS	CPT Assistant article publishe	Codes Reported Together 75% or Mor	April 2022	090	26.1	NA	18.96	8.61	3272	TRUE	Aug 2023	complete	FALSE							TRUE	Maintain
63090	Vertebral cor	Vertebral Corpectomy with	September 2022	13			AAOS, AANS	Maintain	Codes Reported Together 75% or Mor	January 2015	090	30.93	NA	19.76	8.15	533	FALSE			TRUE	In January 201	September	20	complete	TRUE	Maintain
63620	Stereotactic	Stereotactic Radiosurgery	February 2009	38				15.50	CMS Request - 2009 Final Rule	NA	090	15.6	NA	12.60	6.42	493	FALSE			FALSE					TRUE	Decrease
63621	Stereotactic	Stereotactic Radiosurgery	February 2009	38				4.00	CMS Request - 2009 Final Rule	NA	ZZZ	4	NA	1.96	1.64	171	FALSE			FALSE					TRUE	Decrease
63650	Percutaneou	Percutaneous implantatio	October 2020	24			AAPM, AANS	7.20. New PE Inputs	Site of Service Anomaly / CMS Fastes	September 2007	010	7.15	57.79	4.51	0.82	82989	FALSE			FALSE					TRUE	Decrease
63655	Laminectom	Neurostimulator (Spinal)	April 2009	17			NASS, AANS	11.43	CMS Fastest Growing	October 2008	090	10.92	NA	11.09	3.8	6336	FALSE			FALSE					TRUE	Maintain
63660	Deleted from	Neurostimulator (Spinal)	April 2009	17			AAPM, AANS	Deleted from CPT	Site of Service Anomaly / CMS Fastes	September 2007							FALSE			TRUE	The RUC reco	October 20(	19	Code Delete	TRUE	Deleted from CPT
63661	Removal of s	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS,	5.03	Site of Service Anomaly / CMS Fastes	April 2008	010	5.08	14.25	3.92	1.01	3917	FALSE			FALSE					TRUE	Decrease
63662	Removal of s	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS,	10.87	Site of Service Anomaly / CMS Fastes	April 2008	090	11	NA	11.27	3.86	1977	FALSE			FALSE					TRUE	Decrease
63663	Revision incl	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS,	70	Site of Service Anomaly / CMS Fastes	April 2008	010	7.75	17.71	4.71	1.12	1623	FALSE			FALSE					TRUE	Decrease
63664	Revision incl	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS,	11.39	Site of Service Anomaly / CMS Fastes	April 2008	090	11.52	NA	11.62	4.1	520	FALSE			FALSE					TRUE	Decrease
63685	Insertion or r	Spinal Neurostimulator	September 2022	04			AANS, AAPI	5.19	Site of Service Anomaly / CMS Fastes	September 2007	010	5.19	NA	4.04	1.05	27004	FALSE			FALSE					TRUE	Decrease
63688	Revision or r	Spinal Neurostimulator	September 2022	04			AANS, AAPI	4.35	Site of Service Anomaly	September 2007	010	4.35	NA	3.77	0.98	7196	FALSE			FALSE					TRUE	Decrease
64400	Injection(s),	Somatic Nerve Injections	October 2021	05			AAN, AAPM	1.00	Added as part of family	October 2021	000	0.75	2.41	0.61	0.21	37602	FALSE			FALSE					TRUE	Decrease
64405	Injection(s),	Somatic Nerve Injections	October 2021	05			AAN, AAPM,	0.94	CMS 000-Day Global Typically Report	July 2016	000	0.94	1.11	0.43	0.22	121675	FALSE			FALSE					TRUE	Maintain
64408	Injection(s),	Somatic Nerve Injections	October 2021	05			AAPM, NAN	0.90	Added as part of family	October 2021	000	0.75	1.56	0.49	0.12	2533	FALSE			FALSE					TRUE	Decrease
64412	Injection, an	Anesthetic Injection – Spin	April 2014	36			AAN, ASA, A	Deleted from CPT	High Volume Growth2	April 2013							TRUE	FAQ Sept 2(	complete	TRUE	In April 2013, (	October 20:	21	Complete	TRUE	Deleted from CPT
64415	Injection(s),	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.50	CMS Fastest Growing	October 2008	000	1.5	2.36	0.45	0.13	197583	TRUE	Dec 2011 &	complete	TRUE	During the Oc	May 2021	14	complete	TRUE	Increase
64416	Injection(s),	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.80	Site of Service Anomaly / High Volume	September 2007	000	1.8	NA	0.34	0.16	12966	FALSE			TRUE	During the Oc	May 2021	14	complete	TRUE	Decrease
64417	Injection(s),	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.31	part of New/Revised Review	October 2018	000	1.31	3.35	0.49	0.13	15822	FALSE			TRUE	During the Oc	May 2021	14	complete	TRUE	Decrease
64418	Injection(s),	Somatic Nerve Injections	October 2021	05			AAPM, SIS	1.10	Harvard Valued - Utilization over 30,0	October 2015	000	1.1	1.35	0.43	0.13	28155	FALSE			FALSE					TRUE	Decrease
64420	Injection(s),	Somatic Nerve Injections	October 2021	05			AAPM, AAPI	1.18	Added as part of family	October 2021	000	1.08	1.75	0.56	0.12	23559	FALSE			FALSE					TRUE	Maintain
64421	Injection(s),	Somatic Nerve Injections	October 2021	05			AAPM, AAPI	0.60	Added as part of family	October 2021	ZZZ	0.5	0.46	0.19	0.04	17748	FALSE			FALSE					TRUE	Decrease
64425	Injection(s),	Somatic Nerve Injections	October 2021	05			AAPM, AAPI	1.19	Added as part of family	October 2021	000	1	2.18	0.53	0.1	6903	FALSE			FALSE					TRUE	Decrease

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67101	Repair of reti	Retinal Detachment Repai	October 2015	11		RUC	AAO, ASRS	3.50	090-Day Global Post-Operative Visits	April 2015	010	3.5	6.16	4.68	0.28	252	FALSE				TRUE	In April 2015, t	May 2015	21		Complete	TRUE	Decrease			
67105	Repair of reti	Retinal Detachment Repai	October 2015	11		RUC	AAO, ASRS	3.84	090-Day Global Post-Operative Visits	April 2015	010	3.39	5.14	4.50	0.27	3617	FALSE				TRUE	In April 2015, t	May 2015	21		Complete	TRUE	Decrease			
67107	Repair of reti	Retinal Detachment Repai	April 2015	12			AAO	16.00. Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	16	NA	15.97	1.26	325	FALSE				FALSE		October 20:	23		complete	TRUE	Decrease			
67108	Repair of reti	Retinal Detachment Repai	April 2015	12		RUC	AAO	17.13	Site of Service Anomaly (99238-Only)	September 2007	090	17.13	NA	16.70	1.35	15381	FALSE				FALSE		October 20:	23		complete	TRUE	Decrease			
67110	Repair of reti	Retinal Detachment Repai	April 2015	12			AAO	10.25. Remove 99238	Site of Service Anomaly (99238-Only)	September 2007	090	10.25	15.27	13.04	0.8	2301	FALSE				FALSE		October 20:	23		complete	TRUE	Maintain			
67112	Repair of reti	Retinal Detachment Repai	April 2015	12			AAO	Deleted from CPT	090-Day Global Post-Operative Visits	April 2014							FALSE				TRUE	Added as part	October 20:	23		Complete	TRUE	Deleted from CPT			
67113	Repair of cor	Retinal Detachment Repai	April 2015	12		RUC	AAO	19.00	090-Day Global Post-Operative Visits	January 2014	090	19	NA	18.80	1.47	9774	FALSE				FALSE		October 20:	23		Complete	TRUE	Decrease			
67141	Prophylaxis (	Retinal Detachment Proph	October 2020	08			AAO, ASRS	2.53	Harvard Valued - Utilization over 30,0	January 2020	010	2.53	5.26	3.69	0.2	1128	FALSE				TRUE	CPT code 671	May 2020			complete	TRUE	Decrease			
67145	Prophylaxis (	Retinal Detachment Proph	October 2020	08			AAO, ASRS	2.53	Harvard Valued - Utilization over 30,0	October 2019	010	2.53	4.49	3.69	0.2	30390	FALSE				TRUE	CPT code 671	May 2020			Complete	TRUE	Decrease			
67210	Destruction (	Treatment of Retinal Lesio	October 2010	13			AAO	6.36	High IWPUT	February 2008	090	6.36	8.41	7.92	0.51	34505	FALSE				TRUE	Code originally	referred to CPT with rec			Complete	TRUE	Decrease			
67220	Destruction (	Treatment of Retinal Lesio	October 2010	13			AAO	6.36	High IWPUT	February 2008	090	6.36	8.85	7.94	0.5	1562	FALSE				TRUE	Code originally	referred to CPT with rec			Complete	TRUE	Decrease			
67225	Destruction (	Photodynamic Therapy of t	February 2008	P			AAO	0.47	New Technology	September 2007	ZZZ	0.47	0.36	0.30	0.04	88	FALSE				FALSE						TRUE	Maintain			
67228	Treatment of	Treatment of Retinal Lesio	October 2009	40			AAO	Remove from screen	High IWPUT	February 2008	010	4.39	5.33	4.26	0.35	37625	FALSE				FALSE						TRUE	Remove from Screen			
67255	Scleral reinfo	Aqueous Shunt	April 2025	14	April 2028	RAW	AAO	Review action plan. 10.17	Harvard-Valued Annual Allowed Char	January 2014	090	8.38	NA	11.42	0.64	518	FALSE				TRUE		October 20:	24		Complete	FALSE	Maintain			
67311	Strabismus s	Strabismus Surgery	October 2020	18			AAO, AAP	5.93	ZZZ Global Post-Operative Visits	April 2020	090	5.93	NA	7.17	0.48	4931	FALSE				FALSE						TRUE	Decrease			
67312	Strabismus s	Strabismus Surgery	October 2020	18			AAO, AAP	9.50	ZZZ Global Post-Operative Visits	April 2020	090	9.5	NA	9.50	0.73	1385	FALSE				FALSE						TRUE	Decrease			
67314	Strabismus s	Strabismus Surgery	October 2020	18			AAO, AAP	5.93	ZZZ Global Post-Operative Visits	April 2020	090	5.93	NA	7.17	0.48	2461	FALSE				FALSE						TRUE	Decrease			
67316	Strabismus s	Strabismus Surgery	October 2020	18			AAO, AAP	10.31	ZZZ Global Post-Operative Visits	April 2020	090	10.31	NA	9.95	0.81	148	FALSE				FALSE						TRUE	Decrease			
67318	Strabismus s	Strabismus Surgery	October 2020	18			AAO, AAP	9.80	ZZZ Global Post-Operative Visits	April 2020	090	9.8	NA	9.83	0.76	161	FALSE				FALSE						TRUE	Decrease			
67320	Transpositior	Strabismus Surgery	October 2020	18			AAO, AAP	3.00	ZZZ Global Post-Operative Visits	October 2019	ZZZ	3	NA	1.92	0.23	340	FALSE				FALSE						TRUE	Decrease			
67331	Strabismus s	Strabismus Surgery	October 2020	18			AAO, AAP	2.00	ZZZ Global Post-Operative Visits	October 2019	ZZZ	2	NA	1.57	0.16	1077	FALSE				FALSE						TRUE	Decrease			
67332	Strabismus s	Strabismus Surgery	October 2020	18			AAO, AAP	3.50	ZZZ Global Post-Operative Visits	October 2019	ZZZ	3.5	NA	2.24	0.28	1537	FALSE				FALSE						TRUE	Decrease			
67334	Strabismus s	Strabismus Surgery	October 2020	18			AAO, AAP	2.06	ZZZ Global Post-Operative Visits	October 2019	ZZZ	2.06	NA	1.46	0.16	98	FALSE				FALSE						TRUE	Decrease			
67335	Placement o	Strabismus Surgery	October 2020	18			AAO, AAP	3.23	ZZZ Global Post-Operative Visits	October 2019	ZZZ	3.23	NA	2.05	0.25	1489	FALSE				FALSE						TRUE	Increase			
67340	Strabismus s	Strabismus Surgery	October 2020	18			AAO, AAP	5.00	ZZZ Global Post-Operative Visits	October 2019	ZZZ	5	NA	3.23	0.39	58	FALSE				FALSE						TRUE	Decrease			
67500	Retrobulbar i	Injection – Eye	October 2017	11			AAO, ASRS	1.18	CMS 000-Day Global Typically Report	October 2017	000	1.18	1.02	0.65	0.1	6201	FALSE				FALSE						TRUE	Decrease			
67505	Retrobulbar i	Injection – Eye	April 2025	14	April 2028	RAW	AAO, ASRS	Review action plan. 1.18	CMS 000-Day Global Typically Report	October 2017	000	1.18	1.27	0.87	0.08	72	FALSE				FALSE						FALSE	Decrease			
67515	Injection of n	Injection – Eye	October 2017	11			AAO, ASRS	0.84	CMS 000-Day Global Typically Report	July 2016	000	0.75	0.72	0.59	0.05	19240	FALSE				FALSE						TRUE	Decrease			
67820	Correction o	Correction of Trichiasis	April 2016	29			AOA, AOA (c	0.32	CMS High Expenditure Procedural Co	July 2015	000	0.32	0.22	0.32	0.02	168878	FALSE				FALSE						TRUE	Decrease			
67914	Repair of ect	Repair of Eyelid	April 2013	24			AAO	3.75	Harvard-Valued Annual Allowed Char	October 2012	090	3.75	10.30	5.76	0.33	1398	FALSE				FALSE						TRUE	Maintain			
67915	Repair of ect	Repair of Eyelid	April 2013	24			AAO	2.03	Harvard-Valued Annual Allowed Char	October 2012	090	2.03	7.00	3.75	0.16	225	FALSE				FALSE						TRUE	Decrease			
67916	Repair of ect	Repair of Eyelid	April 2013	24			AAO	5.48	Harvard-Valued Annual Allowed Char	October 2012	090	5.48	12.03	6.88	0.48	1116	FALSE				FALSE						TRUE	Maintain			
67917	Repair of ect	Repair of Eyelid	April 2013	24			AAO	5.93	Harvard-Valued Annual Allowed Char	October 2012	090	5.93	11.99	7.16	0.5	20278	FALSE				FALSE						TRUE	Decrease			
67921	Repair of ent	Repair of Eyelid	April 2013	24			AAO	3.47	Harvard-Valued Annual Allowed Char	October 2012	090	3.47	10.29	5.59	0.28	2591	FALSE				FALSE						TRUE	Maintain			
67922	Repair of ent	Repair of Eyelid	April 2013	24			AAO	2.03	Harvard-Valued Annual Allowed Char	October 2012	090	2.03	6.85	3.80	0.16	77	FALSE				FALSE						TRUE	Decrease			
67923	Repair of ent	Repair of Eyelid	April 2013	24			AAO	5.48	Harvard-Valued Annual Allowed Char	October 2012	090	5.48	12.05	6.89	0.47	662	FALSE				FALSE						TRUE	Decrease			
67924	Repair of ent	Repair of Eyelid	April 2013	24			AAO	5.93	Harvard-Valued Annual Allowed Char	October 2012	090	5.93	12.73	7.18	0.5	8953	FALSE				FALSE						TRUE	Maintain			
68040	Expression o	Treatment of Eyelid Lesion	September 2011	51			AAO	Revised parenthetical	High Volume Growth1	February 2008	000	0.85	0.98	0.54	0.04	5878	FALSE				TRUE	AAO to develc	February 20	18		Complete	TRUE	Maintain			
68200	Subconjunct	Subconjunctival Injection	October 2013	18			AAO	0.49	Harvard Valued - Utilization over 30,0	April 2011	000	0.49	0.71	0.49	0.04	4563	FALSE				FALSE						TRUE	Maintain			
68801	Dilation of la	Dilation and Probing of Lac	January 2015	23			AAO, AOA (c	1.00	010-Day Global Post-Operative Visits	January 2014	010	0.82	1.98	1.51	0.04	22553	FALSE				FALSE						TRUE	Maintain			
68810	Probing of na	Dilation and Probing of Lac	January 2015	23			AAO, AOA (c	1.54	Site of Service Anomaly / 010-Day Glo	September 2007	010	1.54	3.11	2.16	0.13	21742	FALSE				FALSE						TRUE	Decrease			
68811	Probing of nasolacrimal duct, with or wit		January 2015	23			AAO, AOA (c	2.03	010-Day Global Post-Operative Visits	September 2014	010	1.74	NA	2.15	0.16	416	FALSE				FALSE						TRUE	Decrease			
68815	Probing of na	Dilation and Probing of Lac	January 2015	23			AAO, AOA (c	3.00	010-Day Global Post-Operative Visits	January 2014	010	2.7	8.07	3.71	0.21	6684	FALSE				FALSE						TRUE	Decrease			
68816	Probing of nasolacrimal duct, with or wit		January 2015	23			AAO, AOA (c	2.35	010-Day Global Post-Operative Visits	September 2014	010	2.1	21.88	2.41	0.16	170	FALSE				FALSE						TRUE	Decrease			
69100	Biopsy exter	Biopsy of Ear	April 2009	28			AAD	0.81	CMS Fastest Growing	October 2008	000	0.81	1.94	0.49	0.08	169589	FALSE				FALSE						TRUE	Maintain			
69200	Removal fore	Removal of Foreign Body	September 2011	29			AAO-HNS	0.77	Harvard Valued - Utilization over 30,0	April 2011	000	0.77	1.53	0.55	0.12	49190	FALSE				FALSE						TRUE	Maintain			
69210	Removal imp	Removal of Cerumen	September 2024	14	September	RAW	AAFP, AAO-I	Review in 3 years. 0.58.	CMS High Expenditure Procedural Co	September 2011	000	0.61	0.76	0.28	0.07	1468055	FALSE				TRUE	In January 201	October 20:	19		complete	FALSE	Decrease			
69400	Eustachian tu	Eustachian Tube Procedur	October 2013	18			AAO-HNS	Deleted from CPT	High Volume Growth2	October 2013							FALSE				TRUE	October 2013	February 20	41		Complete	TRUE	Deleted from CPT			
69401	Eustachian tu	Eustachian Tube Procedur	October 2013	18			AAO-HNS	Deleted from CPT	High Volume Growth2	April 2013							FALSE				TRUE	October 2013	February 20	41		Complete	TRUE	Deleted from CPT			
69405	Eustachian tu	Eustachian Tube Procedur	October 2013	18			AAO-HNS	Deleted from CPT	High Volume Growth2	October 2013							FALSE				TRUE	October 2013	February 20	41		Complete	TRUE	Deleted from CPT			
69433	Tympanostor	Tympanostomy	September 2011	30	January 202	RUC	AAO-HNS	1.57	Harvard Valued - Utilization over 30,0	April 2011	010	1.57	4.25	2.24	0.22	41581	FALSE				FALSE						TRUE	Maintain			
69801	Labyrinthoto	Labyrinthotomy	October 2015	21			AAO-HNS	Review action plan at RAW Oc	CMS Fastest Growing / Site of Service	September 2007	000	2.06	4.43	1.40	0.29	23850	TRUE	May 2011	complete	TRUE	The Workgrou	Feb 2010	34		Revised	TRUE	Decrease			
69802	Labyrinthoto	Labyrinthotomy	April 2010	16			AAO-HNS	Deleted from CPT	CMS Fastest Growing / Site of Service	Anomaly (99238-Only)							FALSE				TRUE	Prior to survey	Feburary 20	25		Code Delete	TRUE	Deleted from CPT			
69930	Cochlear dev	Cochlear Device Implantat	February 2008	M			AAO-HNS	17.60	Site of Service Anomaly	September 2007	090	17.73	NA	16.08	2.57	4812	FALSE				FALSE						TRUE	Maintain			
70030	Radiologic ex	X-Ray of Eye	January 2020	28				0.18	CMS-Other - Utilization over 20,000 P	January 2019	XXX	0.18	0.79	NA	0.02	18577	FALSE				FALSE						TRUE	Increase			
70100	Radiologic ex	RAW	October 2013	18				RUC to submit letter to CMS s	High Volume Growth2	April 2013	XXX	0.18	0.96	NA	0.02	17919	FALSE				FALSE						TRUE	Maintain			
70210	Radiologic ex	X-Ray Exam - Sinuses	January 2019	24			AAFP, ACP,	0.20	CMS-Other - Utilization over 30,000	October 2017	XXX	0.17	0.78	NA	0.02	13632	FALSE				FALSE						TRUE	Increase			
70220	Radiologic ex	X-Ray Exam - Sinuses	January 2019	24			AAFP, ACP,	0.22	CMS-Other - Utilization over 30,000	October 2017	XXX	0.22	0.89	NA	0.02	33465	FALSE				FALSE						TRUE	Decrease			
70250	Radiologic ex	X-Ray Exam – Skull	January 2019	25			ACR, ASNR	0.20	CMS-Other - Utilization over 30,000	October 2017	XXX	0.18	0.88	NA	0.02	40837	FALSE				FALSE						TRUE	Decrease			
70260	Radiologic ex	X-Ray Exam – Skull	January 2019	25			ACR, ASNR	0.29	CMS-Other - Utilization over 30,000	October 2017	XXX	0.28	1.04	NA	0.02	7497	FALSE				FALSE						TRUE	Decrease			
70310	Radiologic ex	RAW	October 2013	18				RUC to submit letter to CMS s	High Volume Growth2	April 2013	XXX	0.16	1.04	NA	0.02	825	FALSE				FALSE						TRUE	Maintain			
70360	Radiologic ex	X-Ray Exam – Neck	January 2019	26			AAFP, ACP,	0.20	CMS-Other - Utilization over 30,000	October 2017	XXX	0.18	0.74	NA	0.02	37702	FALSE				FALSE						TRUE	Increase			
70371	Complex dyn	Laryngography	January 2019	37			ACR, AAFP	CPT Assistant article publishe	Codes Reported Together 75% or Mor	October 2012	XXX	0.84	2.47	NA	0.04	766	TRUE	July 2014	complete	FALSE						TRUE	Maintain			
70373	Laryngograpl	Laryngography	October 2012				ACR, AAFP	CPT Assistant article publishe	Codes Reported Together 75% or Mor	October 2012							TRUE	July 2014	complete	FALSE					Complete	TRUE	Deleted from CPT			
70450	Computed to	CT Head/Brain	April 2019	15			ACR, ASNR	0.85	CMS-Other - Utilization over 500,000	April 2011	XXX	0.85	2.35	NA	0.05	4937479	FALSE				FALSE						TRUE	Maintain			
70460	Computed to	CT Head/Brain	April 2019	15			ACR, ASNR	1.13	CMS High Expenditure Procedural Co	April 2013	XXX	1.13	3.32	NA	0.07	18522	FALSE				FALSE						TRUE	Maintain			
70470	Computed to	CT Head/Brain	April 2019	15			ACR, ASNR	1.27	Harvard Valued - Utilization over 100,	October 2009	XXX	1.27	3.93	NA	0.08	59117	FALSE				FALSE						TRUE	Maintain			
70471	Computed to	Cerebral Perfusion & CT Ar	September 2024	09			ACR, ASNR	2.50	Codes Reported Together 75% or Mor	May 2024	XXX						FALSE				FALSE		May 2024	17		Complete	TRUE	Decrease			
70472	Computed to	Cerebral Perfusion & CT Ar	September 2024	09			ACR, ASNR	0.77	Codes Reported Together 75% or Mor	May 2024	XXX						FALSE				FALSE		May 2024	17		Complete	TRUE	Decrease			
70473	Computed to	Cerebral Perfusion & CT Ar	September 2024	09			ACR, ASNR	1.00	Codes Reported Together 75% or Mor	May 2024	XXX						FALSE				FALSE		May 2024	17		Complete	TRUE	Decrease			
70480	Computed to	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.28	CMS-Other - Utilization over 30,000	October 2017	XXX	1.28	3.48	NA	0.08	53239	FALSE				FALSE						TRUE	Maintain			
70481	Computed to	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.13	CMS-Other - Utilization over 30,000	October 2017	XXX	1.13	4.29	NA	0.07	11061	FALSE				FALSE						TRUE	Decrease			
70482	Computed to	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.27	CMS-Other - Utilization over 30,000	October 2017	XXX	1.27	5.04	NA	0.08	4320	FALSE				FALSE						TRUE	Decrease			
70486	Computed to	CT – Maxillofacial	April 2014	41			ACR, ASNR	0.85	CMS-Other - Utilization over 250,000	April 2013	XXX	0.85	3.00	NA	0.05	496826	FALSE				FALSE						TRUE	Decrease			
70487	Computed to	CT – Maxillofacial	April 2014	41			ACR, ASNR	1.17	CMS-Other - Utilization over 250,000	April 2014	XXX	1.13	3.43	NA	0.07	31695	FALSE				FALSE						TRUE	Decrease			
70488	Computed to	CT – Maxillofacial	April 2014	41			ACR, ASNR	1.30	CMS-Other - Utilization over 250,000	April 2014	XXX	1.27	4.25	NA	0.08	3523	FALSE				FALSE						TRUE	Decrease			
70490	Computed to	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.28	CMS High Expenditure Procedural Co	July 2015	XXX	1.28	3.22	NA	0.07	56043	FALSE				FALSE						TRUE	Maintain			
70491	Computed to	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.38	CMS High Expenditure Procedural Co	July 2015	XXX	1.38	4.14	NA	0.08	267867	FALSE				FALSE						TRUE	Maintain			
70492	Computed to	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.62	CMS High Expenditure Procedural Co	July 2015	XXX	1.62	5.01	NA	0.09	22471	FALSE				FALSE						TRUE	Increase			
70496	Computed to	Cerebral Perfusion & CT Ar	September 2024	09			ACR, ASNR	1.75	High Volume Growth1 / CMS Fastest (	February 2008	XXX	1.75	6.56	NA	0.11	715741	FALSE				TRUE	In April 2022, t	May 2024	17		Complete	TRUE	Maintain			
70498	Computed to	Cerebral Perfusion & CT Ar	September 2024	09			ACR, ASNR	1.75	High Volume Growth1 / CMS Fastest (	February 2008	XXX	1.75	6.55	NA	0.11	742445	FALSE				TRUE	In April 2022, t	May 2024	17		Complete	TRUE	Maintain			
70540	Magnetic res	MRI Face and Neck	January 2016	39			ACR, ASNR	1.35	CMS High Expenditure Procedural Co	July 2015	XXX	1.35	5.44	NA	0.08	9100	FALSE				FALSE						TRUE	Maintain			
70542	Magnetic res	MRI Face and Neck	January 2016	39			ACR, ASNR	1.62	CMS High Expenditure Procedural Co	July 2015	XXX	1.62	6.41	NA	0.1	763	FALSE				FALSE						TRUE	Maintain			
70543	Magnetic res	MRI Face and Neck	January 2016	39			ACR, ASNR	2.15	CMS High Expenditure Procedural Co	July 2015	XXX	2.15	8.01	NA	0.15	68249	FALSE				FALSE						TRUE	Maintain			
70544	Magnetic res	Magnetic Resonance Angic	April 2024	12	January 202	RUC	ACR, ASNR	Refer to CPT for code bundle s	CMS High Expenditure Procedural Co	July 2015	XXX	1.2	5.28	NA	0.08	171262	FALSE				TRUE	In April 2022, t	September	38		Complete	FALSE	Maintain			
70545	Magnetic res	Magnetic Resonance Angic	October 2016	18	January 202	RUC	ACR, ASNR	1.20	CMS High Expenditure Procedural Co	July 2015	XXX	1.2	5.65	NA	0.08	2713	FALSE				FALSE						FALSE	Maintain			
70546	Magnetic res	Magnetic Resonance Angic	October 2016	18	January 202	RUC	ACR, ASNR	1.48	CMS High Expenditure Procedural Co	July 2015	XXX	1.48	8.45	NA	0.11	20970	FALSE				FALSE						FALSE	Decrease			
70547	Magnetic res	Magnetic Resonance Angic	April 2024	12	January 202	RUC	ACR, ASNR	Refer to CPT for code bundle s	CMS High Expenditure Procedural Co	July 2015	XXX	1.2	5.30	NA	0.08	58446	FALSE				TRUE	In April 2022, t	September	38		Complete	FALSE	Maintain			
70548	Magnetic res	Magnetic Resonance Angic	October 2016	19	January 202	RUC	ACR, ASNR	1.50	CMS High Expenditure Procedural Co	July 2015	XXX	1.5	5.90	NA	0.1	11334	FALSE				FALSE						FALSE	Increase			
70549	Magnetic res	Magnetic Resonance Angic	October 2016	19	January 202	RUC	ACR, ASNR	1.80	CMS High Expenditure Procedural Co	July 2015	XXX	1.8	8.60	NA	0.12	39633	FALSE				FALSE						FALSE	Maintain			
70551	Magnetic res	MRI-Brain	January 2013	26			ACR, ASNR	1.48	CMS High Expenditure Procedural Co	September 2011	XXX	1.48	4.41	NA	0.09	1071507	FALSE				FALSE						TRUE	Maintain			
70552	Magnetic res	MRI-Brain	January 2013	26			ACR, ASNR	1.78	CMS High Expenditure Procedural Co	September 2011	XXX	1.78	6.35	NA	0.11	17700	FALSE				FALSE						TRUE	Maintain			
70553	Magnetic res	MRI-Brain	January 2013	26			ACR, ASNR	2.36	CMS-Other - Utilization over 500,000	April 2011	XXX	2.29	7.26	NA	0.16	968572	FALSE				FALSE						TRUE	Maintain			
70XX4		Magnetic Resonance Angiography (MRA) Head/Neck			January 202	RUC	ACR, ASNR		Codes Reported Together 75% or Mor	January 2026							FALSE				FALSE						FALSE				
70XX5		Magnetic Resonance Angiography (MRA) Head/Neck			January 202	RUC	ACR, ASNR		Codes Reported Together 75% or Mor	January 2026							FALSE				FALSE						FALSE				

70XX6	Magnetic Resonance Angiography (MRA) Head/Neck			January 202 RUC		ACR, ASNR		Codes Reported Together 75% or Mor	January 2026								FALSE			FALSE					FALSE		
71010	Radiologic ex Chest X-Rays	April 2016	07			ACR	Deleted from CPT	Low Value-High Volume / CMS High E	October 2010								FALSE			FALSE		February 20 20	Complete	TRUE	Deleted from CPT					
71015	Radiologic ex Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015								FALSE			FALSE		February 20 20	Complete	TRUE	Deleted from CPT					
71020	Radiologic ex Chest X-Rays	April 2016	07			ACR	Deleted from CPT	MPC List / CMS High Expenditure Proc	October 2010								FALSE			FALSE		February 20 20	Complete	TRUE	Deleted from CPT					
71021	Radiologic ex Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015								FALSE			FALSE		February 20 20	Complete	TRUE	Deleted from CPT					
71022	Radiologic ex Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015								FALSE			FALSE		February 20 20	Complete	TRUE	Deleted from CPT					
71023	Radiologic ex Chest X-Ray	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015								FALSE			FALSE		February 20 20	Complete	TRUE	Deleted from CPT					
71030	Radiologic ex Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015								FALSE			FALSE		February 20 20	Complete	TRUE	Deleted from CPT					
71034	Radiologic ex Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015								FALSE			FALSE		February 20 20	Complete	TRUE	Deleted from CPT					
71035	Radiologic ex Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015								FALSE			FALSE		February 20 20	Complete	TRUE	Deleted from CPT					
71045	Radiologic ex Chest X-Ray	April 2016	07			ACR	0.18	CMS High Expenditure Procedural Co	February 2016	XXX	0.18	0.58	NA	0.02	12830852	FALSE			FALSE		February 20 20	Complete	TRUE	Decrease					
71046	Radiologic ex Chest X-Ray	April 2016	07			ACR	0.22	CMS High Expenditure Procedural Co	February 2016	XXX	0.22	0.77	NA	0.02	6114523	FALSE			FALSE		February 20 20	Complete	TRUE	Decrease					
71047	Radiologic ex Chest X-Ray	April 2016	07			ACR	0.27	CMS High Expenditure Procedural Co	February 2016	XXX	0.27	0.97	NA	0.02	13169	FALSE			FALSE		February 20 20	Complete	TRUE	Decrease					
71048	Radiologic ex Chest X-Ray	April 2016	07			ACR	0.31	CMS High Expenditure Procedural Co	February 2016	XXX	0.31	1.04	NA	0.02	7371	FALSE			FALSE		February 20 20	Complete	TRUE	Decrease					
71090	Insertion pac Insertion/Removal of Pace	April 2011	10			ACC	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010								FALSE			TRUE	33213 - This c	February 20 13	Complete	TRUE	Deleted from CPT					
71100	Radiologic ex X-Ray of Ribs	April 2016	30			ACR	0.22	CMS-Other - Utilization over 250,000	April 2013	XXX	0.22	0.86	NA	0.02	118781	FALSE			FALSE				TRUE	Maintain					
71101	Radiologic ex X-Ray of Ribs	April 2016	30			ACR	0.27	CMS-Other - Utilization over 250,000	October 2015	XXX	0.27	0.97	NA	0.02	241355	FALSE			FALSE				TRUE	Maintain					
71110	Radiologic ex X-Ray of Ribs	April 2016	30			ACR	0.29	CMS-Other - Utilization over 250,000	October 2015	XXX	0.29	1.00	NA	0.02	19332	FALSE			FALSE				TRUE	Maintain					
71111	Radiologic ex X-Ray of Ribs	April 2016	30			ACR	0.32	CMS-Other - Utilization over 250,000	October 2015	XXX	0.32	1.22	NA	0.03	26668	FALSE			FALSE				TRUE	Maintain					
71250	Computed tc Screening CT of Thorax	October 2019	07			ACR	1.16	CMS Fastest Growing / CMS High Exp	October 2008	XXX	1.08	2.91	NA	0.06	2310876	FALSE			FALSE				TRUE	Increase					
71260	Computed tc Screening CT of Thorax	October 2019	07			ACR	1.38	CMS High Expenditure Procedural Co	July 2015	XXX	1.16	3.85	NA	0.07	1705072	FALSE			FALSE				TRUE	Maintain					
71270	Computed tc Screening CT of Thorax	October 2019	07			ACR	1.24	CMS High Expenditure Procedural Co	July 2015	XXX	1.25	4.64	NA	0.08	55650	FALSE			FALSE				TRUE	Maintain					
71271	Computed tc Screening CT of Thorax	October 2019	07				1.16	CMS-Other - Utilization over 30,000-P	May 2019	XXX	1.08	3.04	NA	0.07	407419	FALSE			FALSE				TRUE	Increase					
71275	Computed tc CT Angiography-Chest	January 2014	27			ACR, SIR	1.82	CMS Fastest Growing / MPC List	October 2008	XXX	1.82	6.64	NA	0.13	1475644	TRUE	Jun 2009	complete	FALSE				TRUE	Decrease					
72020	Radiologic ex X-Ray Spine	January 2019	27			AAOS, ACR,	0.16	CMS-Other - Utilization over 100,000	April 2016	XXX	0.16	0.55	NA	0.02	82560	FALSE			FALSE				TRUE	Increase					
72040	Radiologic ex X-Ray Spine	January 2019	27			AAOS, ACR,	0.22	Low Value-High Volume / CMS-Other	October 2010	XXX	0.22	0.95	NA	0.02	560009	FALSE			TRUE	The RUC reco	October 20: 17	Complete	TRUE	Maintain					
72050	Radiologic ex X-Ray Spine	January 2019	27			AAOS, ACR,	0.27	Low Value-High Volume / CMS-Other	October 2010	XXX	0.27	1.33	NA	0.02	321240	FALSE			TRUE	The RUC reco	October 20: 17	Complete	TRUE	Decrease					
72052	Radiologic ex X-Ray Spine	January 2019	27			AAOS, ACR,	0.30	Low Value-High Volume / CMS-Other	October 2010	XXX	0.3	1.53	NA	0.03	55860	FALSE			TRUE	The RUC reco	October 20: 17	Complete	TRUE	Decrease					
72070	Radiologic ex X-Ray Spine	January 2019	27			AAOS, ACR,	0.20	CMS-Other - Utilization over 250,000	April 2013	XXX	0.2	0.77	NA	0.02	264764	FALSE			FALSE				TRUE	Decrease					
72072	Radiologic ex X-Ray Spine	January 2019	27			AAOS, ACR,	0.23	CMS-Other - Utilization over 100,000	April 2016	XXX	0.23	0.93	NA	0.02	135303	FALSE			FALSE				TRUE	Increase					
72074	Radiologic ex X-Ray Spine	January 2019	27			AAOS, ACR,	0.25	CMS-Other - Utilization over 100,000	October 2016	XXX	0.25	1.07	NA	0.02	10838	FALSE			FALSE				TRUE	Increase					
72080	Radiologic ex X-Ray Spine	January 2019	27			AAOS, ACR,	0.21	CMS-Other - Utilization over 100,000	October 2016	XXX	0.21	0.81	NA	0.02	43064	FALSE			FALSE				TRUE	Decrease					
72100	Radiologic ex X-Ray Spine	January 2019	27			AAOS, ACR,	0.22	Harvard Valued - Utilization over 100,	February 2010	XXX	0.22	0.95	NA	0.02	1513682	FALSE			TRUE	This service w	October 20: 18	Complete	TRUE	Maintain					
72110	Radiologic ex X-Ray Spine	January 2019	27			AAOS, ACR,	0.26	Harvard Valued - Utilization over 100,	October 2009	XXX	0.26	1.28	NA	0.02	721892	FALSE			TRUE	April 2010, ref	October 20: 18	Complete	TRUE	Decrease					
72114	Radiologic ex X-Ray Spine	January 2019	27			AAOS, ACR,	0.30	Harvard Valued - Utilization over 100,	February 2010	XXX	0.3	1.51	NA	0.03	82383	FALSE			TRUE	This service w	October 20: 18	Complete	TRUE	Decrease					
72120	Radiologic ex X-Ray Spine	January 2019	27			AAOS, ACR,	0.22	Harvard Valued - Utilization over 100,	February 2010	XXX	0.22	0.98	NA	0.02	41373	FALSE			TRUE	Code 72110 w	October 20: 18	Complete	TRUE	Maintain					
72125	Computed tc CT Spine	April 2018	18			ACR, ASNR	1.07	CMS Fastest Growing	October 2008	XXX	1	2.91	NA	0.05	1456236	FALSE			FALSE				TRUE	Maintain					
72126	Computed tc CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest Growing	February 2009	XXX	1.22	3.84	NA	0.07	16804	FALSE			FALSE				TRUE	Maintain					
72127	Computed tc CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest Growing	February 2009	XXX	1.27	4.63	NA	0.08	1853	FALSE			FALSE				TRUE	Maintain					
72128	Computed tc CT Spine	April 2018	18			ACR, ASNR	1.00	CMS Fastest Growing	October 2008	XXX	1	2.90	NA	0.05	227277	FALSE			FALSE				TRUE	Maintain					
72129	Computed tc CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest Growing	February 2009	XXX	1.22	3.88	NA	0.08	39752	FALSE			FALSE				TRUE	Maintain					
72130	Computed tc CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest Growing	February 2009	XXX	1.27	4.70	NA	0.08	1518	FALSE			FALSE				TRUE	Maintain					
72131	Computed tc CT Spine	April 2018	18			ACR, ASNR	1.00	CMS Fastest Growing / CMS-Other - U	February 2009	XXX	1	2.89	NA	0.05	526477	FALSE			FALSE				TRUE	Maintain					
72132	Computed tc CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest Growing / CMS-Other - U	February 2009	XXX	1.22	3.86	NA	0.07	62667	FALSE			FALSE				TRUE	Maintain					
72133	Computed tc CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest Growing / CMS-Other - U	February 2009	XXX	1.27	4.64	NA	0.08	3730	FALSE			FALSE				TRUE	Maintain					
72141	Magnetic res MRI Neck and Lumbar Spir	April 2013	25			ACR	1.48	CMS High Expenditure Procedural Co	September 2011	XXX	1.48	4.23	NA	0.09	551282	FALSE			FALSE				TRUE	Decrease					
72142	Magnetic res MRI Neck and Lumbar Spir	April 2013	25			ACR	1.78	CMS High Expenditure Procedural Co	April 2013	XXX	1.78	6.47	NA	0.13	2552	FALSE			FALSE				TRUE	Decrease					
72146	Magnetic res MRI Neck and Lumbar Spir	April 2013	25			ACR	1.48	CMS High Expenditure Procedural Co	April 2013	XXX	1.48	4.24	NA	0.09	220544	FALSE			FALSE				TRUE	Decrease					
72147	Magnetic res MRI Neck and Lumbar Spir	April 2013	25			ACR	1.78	CMS High Expenditure Procedural Co	April 2013	XXX	1.78	6.40	NA	0.11	2394	FALSE			FALSE				TRUE	Decrease					
72148	Magnetic res MRI Neck and Lumbar Spir	April 2013	25			AAOS, AUR,	1.48	CMS-Other - Utilization over 500,000	April 2011	XXX	1.48	4.25	NA	0.09	1243683	FALSE			FALSE				TRUE	Maintain					
72149	Magnetic res MRI Neck and Lumbar Spir	April 2013	25				1.78	CMS High Expenditure Procedural Co	April 2013	XXX	1.78	6.32	NA	0.13	4357	FALSE			FALSE				TRUE	Maintain					
72156	Magnetic res MRI Neck and Lumbar Spir	April 2013	25				2.29	CMS High Expenditure Procedural Co	April 2013	XXX	2.29	7.29	NA	0.16	114278	FALSE			FALSE				TRUE	Decrease					
72157	Magnetic res MRI Neck and Lumbar Spir	April 2013	25				2.29	CMS High Expenditure Procedural Co	April 2013	XXX	2.29	7.31	NA	0.16	101689	FALSE			FALSE				TRUE	Decrease					
72158	Magnetic res MRI Neck and Lumbar Spir	April 2013	25				2.29	CMS High Expenditure Procedural Co	April 2013	XXX	2.29	7.27	NA	0.16	207560	FALSE			FALSE				TRUE	Decrease					
72170	Radiologic ex X-Ray Exam – Pelvis	January 2019	28			AAOS, ACR	0.17	Low Value-High Volume / Codes Repo	October 2010	XXX	0.17	0.65	NA	0.02	708889	FALSE			TRUE	The Joint Work	October 20: 27	Complete	TRUE	Maintain					
72190	Radiologic ex X-Ray Exam – Pelvis	January 2019	28			AAOS, ACR	0.25	CMS-Other - Utilization over 30,000	October 2017	XXX	0.25	0.99	NA	0.02	60853	FALSE			FALSE				TRUE	Increase					
72191	Computed tc CT Angiography	October 2013	12			ACR, SIR	1.81	High Volume Growth1 / CMS Fastest (	February 2008	XXX	1.81	7.33	NA	0.13	2881	FALSE			TRUE	The Workgrou	October 20: 19	Complete	TRUE	Maintain					
72192	Computed tc CT Pelvis	October 2008	26			ACR	1.09	Codes Reported Together 95% or Mor	October 2008	XXX	1.09	2.90	NA	0.06	186824	FALSE			TRUE	The specialty :	October 20(37	Complete	TRUE	Maintain					
72193	Computed tc CT Pelvis	October 2008	26			ACR	1.16	Codes Reported Together 95% or Mor	October 2008	XXX	1.16	5.67	NA	0.07	32542	FALSE			TRUE	The specialty :	October 20(37	Complete	TRUE	Maintain					
72194	Computed tc CT Abdomen and Pelvis	April 2014	44			ACR	1.22	Codes Reported Together 95% or Mor	February 2008	XXX	1.22	6.33	NA	0.07	5036	FALSE			TRUE	Referred to th	October 20(37	Complete	TRUE	Maintain					
72195	Magnetic res MRI Pelvis	October 2016	21		RUC	ACR	1.46	CMS High Expenditure Procedural Co	July 2015	XXX	1.46	5.39	NA	0.09	84364	FALSE			FALSE				TRUE	Maintain					
72196	Magnetic res MRI Pelvis	October 2016	21		RUC	ACR	1.73	CMS High Expenditure Procedural Co	July 2015	XXX	1.73	6.33	NA	0.11	2417	FALSE			FALSE				TRUE	Maintain					
72197	Magnetic res MRI Pelvis	October 2016	21		RUC	ACR	2.20	CMS High Expenditure Procedural Co	July 2015	XXX	2.2	7.89	NA	0.15	310961	FALSE			FALSE				TRUE	Decrease					
72200	Radiologic ex X-Ray Sacrum	January 2019	29			AAOS, ACR	0.20	CMS-Other - Utilization over 100,000	October 2016	XXX	0.17	0.82	NA	0.02	13677	FALSE			FALSE				TRUE	Increase					
72202	Radiologic ex X-Ray Sacrum	January 2019	29			AAOS, ACR	0.26	CMS-Other - Utilization over 100,000	October 2016	XXX	0.23	0.93	NA	0.02	39820	FALSE			FALSE				TRUE	Increase					
72220	Radiologic ex X-Ray Sacrum	January 2019	29			AAOS, ACR	0.20	CMS-Other - Utilization over 100,000	April 2016	XXX	0.17	0.79	NA	0.02	99797	FALSE			FALSE				TRUE	Increase					
72240	Myelography Myelography	April 2014	17			ACR, ASNR	0.91	Codes Reported Together 75% or Mor	October 2012	XXX	0.91	2.36	NA	0.06	364	FALSE			TRUE	Joint Workgrou	October 20: 21	Complete	TRUE	Maintain					
72255	Myelography Myelography	April 2014	17			ACR, ASNR	0.91	Codes Reported Together 75% or Mor	October 2013	XXX	0.91	2.22	NA	0.05	92	FALSE			TRUE	This code cha	October 20: 21	Complete	TRUE	Maintain					
72265	Myelography Myelography	April 2014	17			ACR, ASNR	0.83	Codes Reported Together 75% or Mor	October 2012	XXX	0.83	2.36	NA	0.05	1951	FALSE			TRUE	Joint Workgrou	October 20: 21	Complete	TRUE	Maintain					
72270	Myelography Myelography	April 2014	17			ACR, ASNR	1.33	Codes Reported Together 75% or Mor	October 2012	XXX	1.33	3.09	NA	0.13	269	FALSE			TRUE	Joint Workgrou	October 20: 21	Complete	TRUE	Maintain					
72275	Epidurograpl Epidurography	January 2020	37			ASA, AAPM,	Deleted from CPT	Different Performing Specialty from S	October 2009	XXX						TRUE	Oct 2009 an	complete	TRUE	In October 20:	October 20(40	complete	TRUE	Deleted from CPT					
72291	Radiological Percutaneous Vertebropla	April 2014	06				Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE			TRUE	Joint Workgrou	February 20 16	Complete	TRUE	Deleted from CPT					
72292	Radiological Percutaneous Vertebropla	April 2014	06				Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE			TRUE	Joint Workgrou	February 20 16	Complete	TRUE	Deleted from CPT					
73000	Radiologic ex X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.16	CMS-Other - Utilization over 30,000	October 2017	XXX	0.16	0.80	NA	0.02	91107	FALSE			FALSE				TRUE	Maintain					
73010	Radiologic ex X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.17	CMS-Other - Utilization over 30,000	October 2017	XXX	0.17	0.53	NA	0.02	42233	FALSE			FALSE				TRUE	Maintain					
73020	Radiologic ex X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.15	CMS-Other - Utilization over 30,000	October 2017	XXX	0.15	0.48	NA	0.02	102344	FALSE			FALSE				TRUE	Maintain					
73030	Radiologic ex X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.18	Low Value-High Volume / CMS-Other	October 2010	XXX	0.18	0.84	NA	0.02	2622735	FALSE			FALSE				TRUE	Maintain					
73050	Radiologic ex X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.18	CMS-Other - Utilization over 30,000	October 2017	XXX	0.18	0.67	NA	0.02	5655	FALSE			FALSE				TRUE	Decrease					
73060	Radiologic ex X-Ray Exams	September 2014	17			AAOS, ACR	0.16	CMS-Other - Utilization over 250,000	April 2013	XXX	0.16	0.78	NA	0.02	296502	FALSE			FALSE				TRUE	Decrease					
73070	Radiologic ex X-Ray Elbow/Forearm	January 2019	30			AAOS, ACR,	0.16	CMS-Other - Utilization over 100,000	April 2016	XXX	0.16	0.70	NA	0.02	185459	FALSE			FALSE				TRUE	Increase					
73080	Radiologic ex X-Ray Elbow/Forearm	January 2019	30			AAOS, ACR,	0.17	Harvard Valued - Utilization over 100,	October 2009	XXX	0.17	0.79	NA	0.02	387981	FALSE			FALSE				TRUE	Maintain					
73090	Radiologic ex X-Ray Elbow/Forearm	January 2019	30			AAOS, ACR,	0.16	CMS-Other - Utilization over 100,000	April 2016	XXX	0.16	0.70	NA	0.02	211651	FALSE			FALSE				TRUE	Maintain					
73100	Radiologic ex X-Ray Wrist	April 2016	32			ACR	0.16	CMS High Expenditure Procedural Co	July 2015	XXX	0.16	0.83	NA	0.02	202638	FALSE			FALSE				TRUE	Maintain					
73110	Radiologic ex X-Ray Wrist	April 2016	32			ACR	0.17	Low Value-High Volume / CMS High E	October 2010	XXX	0.17	1.05	NA	0.02	984155	FALSE			FALSE				TRUE	Maintain					
73120	Radiologic ex X-Ray of Hand/Fingers	April 2016	33			ACR	0.16	CMS High Expenditure Procedural Co	July 2015	XXX	0.16	0.76	NA	0.02	226183	FALSE			FALSE				TRUE	Maintain					
73130	Radiologic ex X-Ray of Hand/Fingers	April 2016	33			ACR	0.17	Low Value-High Volume / CMS High E	October 2010	XXX	0.17	0.93	NA	0.02	1259249	FALSE			FALSE				TRUE	Maintain					
73140	Radiologic ex X-Ray of Hand/Fingers	April 2016	33			ACR	0.13	CMS High Expenditure Procedural Co	July 2015	XXX	0.13	1.00	NA	0.02	342464	FALSE			FALSE				TRUE	Maintain					
73200	Computed tc CT Upper Extremity	October 2009	29	January 202 RUC		ACR	Survey for January 2026.	CMS Fastest Growing /CMS-Other Uti	October 2008	XXX	1	3.83	NA	0.06	147780	FALSE			FALSE				FALSE	Maintain					
73201	Computed tc CT Upper Extremity	September 2025	29	January 202 RUC		ACR	Survey for January 2026.	CMS Fastest Growing / CMS-Other Ut	February 2009	XXX	1.16	4.85	NA	0.07	21330	FALSE			FALSE				FALSE	Remove from Screen					
73202	Computed tc CT Upper Extremity	January 2026	29	January 202 RUC		ACR	Survey for January 2026.	CMS Fastest Growing / CMS-Other Ut	February 2009	XXX	1.22	6.19	NA	0.08	2033	FALSE			FALSE				FALSE	Remove from Screen					
73206	Computed tc CT Angiography	October 2013	12			ACR, SIR	Survey with all CTA codes for	CMS Request - Final Rule for 2013	May 2013	XXX	1.81	7.10	NA	0.14	8029	FALSE			FALSE				TRUE	Remove from Screen					
73218	Magnetic res MRI	October 2013	18			ACR	CPT Assistant published.	CMS Fastest Growing	October 2008	XXX	1.35	7.72	NA	0.09	33063	TRUE	Feb 2011	complete	FALSE				TRUE	Maintain					
73221	Magnetic res MRI	January 2012	20			ACR	1.35	CMS Fastest Growing / CMS High Exp	October 2008	XXX	1.35	4.76	NA	0.09	442176	FALSE			FALSE				TRUE	Maintain					
73500	Radiologic ex Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	Deleted from CPT	CMS-Other - Utilization over 500,000	April 2011							FALSE			TRUE	In Jan 2012, th	October 20: 27	Complete	TRUE	Deleted from CPT					
73501	Radiologic ex Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	0.17	Codes Reported Together 75% or Mor	October 2014	XXX	0.18	0.80	NA	0.02	203505	FALSE			FALSE		October 20: 27	Complete	TRUE	Decrease					

73502	Radiologic ex	Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	0.22	Codes Reported Together 75% or Mor	October 2014	XXX	0.22	1.19	NA	0.02	2429077	FALSE			FALSE		October 20: 27	Complete	TRUE	Decrease
73503	Radiologic ex	Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	0.27	Codes Reported Together 75% or Mor	October 2014	XXX	0.27	1.52	NA	0.03	51144	FALSE			FALSE		October 20: 27	Complete	TRUE	Decrease
73510	Radiologic ex	Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	Deleted from CPT	Havard Valued - Utilization over 1 Mill	October 2008							FALSE			FALSE		October 20: 27	Complete	TRUE	Deleted from CPT
73520	Radiologic ex	Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	Deleted from CPT	CMS-Other - Utilization over 250,000	April 2013							FALSE			TRUE	CPT code 735	October 20: 27	Complete	TRUE	Deleted from CPT
73521	Radiologic ex	Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	0.22	Codes Reported Together 75% or Mor	October 2014	XXX	0.22	1.00	NA	0.02	138374	FALSE			FALSE		October 20: 27	Complete	TRUE	Decrease
73522	Radiologic ex	Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	0.29	Codes Reported Together 75% or Mor	October 2014	XXX	0.29	1.31	NA	0.02	171828	FALSE			FALSE		October 20: 27	Complete	TRUE	Decrease
73523	Radiologic ex	Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	0.31	Codes Reported Together 75% or Mor	October 2014	XXX	0.31	1.52	NA	0.03	101552	FALSE			FALSE		October 20: 27	Complete	TRUE	Decrease
73540	Radiologic ex	Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	Deleted from CPT	Codes Reported Together 75% or Mor	October 2014							FALSE			FALSE		October 20: 27	Complete	TRUE	Deleted from CPT
73542	Radiological	Sacroiliac Joint Arthrograp	April 2010	45			ASA, AAPM,	Deleted from CPT	Different Performing Specialty from S	October 2009							TRUE	Deleted fror	complete	TRUE	The RUC reco	February 20 76	Code Delete	TRUE	Deleted from CPT
73550	Radiologic ex	Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	Deleted from CPT	CMS-Other - Utilization over 500,000	April 2011							FALSE			TRUE	In Jan 2012, th	October 20: 27	Complete	TRUE	Deleted from CPT
73551	Radiologic ex	Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	0.16	Codes Reported Together 75% or Mor	October 2014	XXX	0.16	0.71	NA	0.02	29489	FALSE			FALSE		October 20: 27	Complete	TRUE	Decrease
73552	Radiologic ex	Radiologic Exam-Hip and P	April 2015	14			AAOS, ACR	0.18	Codes Reported Together 75% or Mor	October 2014	XXX	0.18	0.87	NA	0.02	505595	FALSE			FALSE		October 20: 27	Complete	TRUE	Decrease
73560	Radiologic ex	X-Ray Exams	September 2014	17			AAOS, ACR	0.16	Low Value-High Volume	October 2010	XXX	0.16	0.84	NA	0.02	1379033	FALSE			FALSE				TRUE	Decrease
73562	Radiologic ex	X-Ray Exams	September 2014	17			AAOS, ACR	0.18	Low Value-High Volume	October 2010	XXX	0.18	1.02	NA	0.02	2307698	FALSE			FALSE				TRUE	Maintain
73564	Radiologic ex	X-Ray Exams	September 2014	17			AAOS, ACR	0.22	Low Value-High Volume	October 2010	XXX	0.22	1.18	NA	0.02	1782295	FALSE			FALSE				TRUE	Maintain
73565	Radiologic ex	X-Ray Exams	September 2014	17			AAOS, ACR	0.16	CMS-Other - Utilization over 250,000	April 2013	XXX	0.16	1.02	NA	0.02	94415	FALSE			FALSE				TRUE	Decrease
73580	Radiologic ex	Contrast X-Ray of Knee Joi	September 2025	29			ACR	0.59	High Volume Growth1 / CMS Fastest (	February 2008	XXX	0.59	2.57	NA	0.07	15423	TRUE	Jun 2012	complete	FALSE	These procedures were referred to CPT for possible			TRUE	Increase
73590	Radiologic ex	X-Ray Exams	September 2014	17			AAOS, ACR	0.16	CMS-Other - Utilization over 250,000	April 2013	XXX	0.16	0.77	NA	0.02	438885	FALSE			FALSE				TRUE	Decrease
73600	Radiologic ex	X-Ray Exams	September 2014	17			AAOS, ACR,	0.16	CMS-Other - Utilization over 250,000	April 2013	XXX	0.16	0.78	NA	0.02	189296	FALSE			FALSE				TRUE	Maintain
73610	Radiologic ex	Radiologic Examination	October 2009	24			ACR, AAOS,	0.17	Havard Valued - Utilization over 1 Mill	October 2008	XXX	0.17	0.90	NA	0.02	1110016	FALSE			FALSE				TRUE	Maintain
73620	Radiologic ex	X-Ray Exam of Foot	April 2011	27			ACR, AAOS,	0.16	Low Value-High Volume	October 2010	XXX	0.16	0.67	NA	0.02	391217	FALSE			FALSE				TRUE	Maintain
73630	Radiologic ex	Radiologic Examination	October 2009	24			ACR, AAOS,	0.17	Havard Valued - Utilization over 1 Mill	October 2008	XXX	0.17	0.83	NA	0.02	2572705	FALSE			FALSE				TRUE	Maintain
73650	Radiologic ex	X-Ray Heel	January 2019	31			AAOS, ACR,	0.16	CMS-Other - Utilization over 100,000	April 2016	XXX	0.16	0.67	NA	0.02	59629	FALSE			FALSE				TRUE	Maintain
73660	Radiologic ex	X-Ray Toe	January 2019	32			AAOS, ACR,	0.13	CMS-Other - Utilization over 100,000	April 2016	XXX	0.13	0.72	NA	0.02	97038	FALSE			FALSE				TRUE	Maintain
73700	Computed tc	CT Lower Extremity	April 2018	21			ACR	1.00	CMS Fastest Growing	October 2008	XXX	1	2.90	NA	0.05	377987	FALSE			FALSE				TRUE	Maintain
73701	Computed tc	CT Lower Extremity	April 2018	21			ACR	1.16	High Volume Growth1 / CMS-Other - L	February 2009	XXX	1.16	3.84	NA	0.07	57466	FALSE			FALSE				TRUE	Maintain
73702	Computed tc	CT Lower Extremity	April 2018	21			ACR	1.22	High Volume Growth1	February 2009	XXX	1.22	4.65	NA	0.07	5197	FALSE			FALSE				TRUE	Maintain
73706	Computed tc	CT Angiography	October 2013	12			ACR, SIR	Survey for October 2013. Rem	High Volume Growth1	February 2008	XXX	1.9	7.79	NA	0.14	20796	FALSE			FALSE				TRUE	Remove from Screen
73718	Magnetic res	MRI Lower Extremity	October 2016	20	RUC		ACR	1.35	CMS High Expenditure Procedural Co	July 2015	XXX	1.35	5.34	NA	0.08	134623	FALSE			FALSE				TRUE	Maintain
73719	Magnetic res	MRI Lower Extremity	October 2016	20	RUC		ACR	1.62	CMS High Expenditure Procedural Co	July 2015	XXX	1.62	6.27	NA	0.1	971	FALSE			FALSE				TRUE	Maintain
73720	Magnetic res	MRI Lower Extremity	October 2016	20	RUC		ACR	2.15	CMS High Expenditure Procedural Co	July 2015	XXX	2.15	7.95	NA	0.15	63110	FALSE			FALSE				TRUE	Maintain
73721	Magnetic res	MRI of Lower Extremity Join	January 2012	20			ACR	1.35	MPC List	October 2010	XXX	1.35	4.75	NA	0.09	614643	FALSE			FALSE				TRUE	Maintain
74000	Radiologic ex	Abdominal X-Ray	April 2016	08			ACR	Deleted from CPT	Low Value-High Volume / CMS High E	October 2010							FALSE			FALSE		February 20 21	Complete	TRUE	Deleted from CPT
74010	Radiologic ex	Abdominal X-Ray	April 2016	08			ACR	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015							FALSE			FALSE		February 20 21	Complete	TRUE	Deleted from CPT
74018	Radiologic ex	Abdominal X-Ray	April 2016	08			ACR	0.18	CMS High Expenditure Procedural Co	February 2016	XXX	0.18	0.70	NA	0.02	1833928	FALSE			FALSE		February 20 21	Complete	TRUE	Decrease
74019	Radiologic ex	Abdominal X-Ray	April 2016	08			ACR	0.23	CMS High Expenditure Procedural Co	February 2016	XXX	0.23	0.86	NA	0.02	255359	FALSE			FALSE		February 20 21	Complete	TRUE	Decrease
74020	Radiologic ex	Abdominal X-Ray	April 2016	08			ACR	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015							FALSE			FALSE		February 20 21	Complete	TRUE	Deleted from CPT
74021	Radiologic ex	Abdominal X-Ray	April 2016	08			ACR	0.27	CMS High Expenditure Procedural Co	February 2016	XXX	0.27	0.99	NA	0.02	33817	FALSE			FALSE		February 20 21	Complete	TRUE	Decrease
74022	Radiologic ex	Abdominal X-Ray	April 2016	08			ACR	0.32	CMS High Expenditure Procedural Co	July 2015	XXX	0.32	1.15	NA	0.03	102128	FALSE			FALSE		February 20 21	Complete	TRUE	Maintain
74150	Computed tc	CT Abdomen	February 2008	S			ACR	Review PE. 0.35	Codes Reported Together 95% or Mor	February 2008	XXX	1.19	2.90	NA	0.06	53767	FALSE			TRUE	Referred to th	October 20(37	Complete	TRUE	Maintain
74160	Computed tc	CT Abdomen and Pelvis	April 2014	44			ACR	0.42	Codes Reported Together 95% or Mor	February 2008	XXX	1.27	5.67	NA	0.08	71208	FALSE			TRUE	Referred to th	October 20(37	Complete	TRUE	Maintain
74170	Computed tc	CT Abdomen	April 2012	34			ACR	1.40	Codes Reported Together 95% or Mor	February 2008	XXX	1.4	6.41	NA	0.08	96525	FALSE			TRUE	Referred to th	October 20(37	Complete	TRUE	Maintain
74174	Computed tc	CT Angiography	October 2013	12			ACR, SIR	2.20	Codes Reported Together 75% or More-Part1 / CMS Requ		XXX	2.2	9.20	NA	0.17	388453	FALSE			FALSE				TRUE	Decrease
74175	Computed tc	CT Angiography	October 2013	12			ACR, SIR	1.82	CMS Fastest Growing / Codes Report	October 2008	XXX	1.82	7.36	NA	0.13	27692	FALSE			TRUE	The ACR subm	October 20: 19	Complete	TRUE	Decrease
74176	Computed tc	CT Abdomen/CT Pelvis	February 2010	16			ACR	1.74	CMS Fastest Growing	October 2009	XXX	1.74	3.75	NA	0.1	1979153	FALSE			FALSE		October 20(37	complete	TRUE	Decrease
74177	Computed tc	CT Abdomen and Pelvis	April 2014	44			ACR	1.82	CMS Fastest Growing / CMS Request	October 2009	XXX	1.82	7.25	NA	0.12	3381644	FALSE			FALSE		October 20(37	complete	TRUE	Decrease
74178	Computed tc	CT Abdomen/CT Pelvis	February 2010	16			ACR	2.01	CMS Fastest Growing	October 2009	XXX	2.01	8.15	NA	0.13	472046	FALSE			FALSE		October 20(37	complete	TRUE	Decrease
74181	Magnetic res	MRI of Abdomen	October 2016	21	RUC		ACR	1.46	CMS High Expenditure Procedural Co	July 2015	XXX	1.46	4.40	NA	0.09	101267	FALSE			FALSE				TRUE	Maintain
74182	Magnetic res	MRI of Abdomen	October 2016	21	RUC		ACR	1.73	CMS High Expenditure Procedural Co	July 2015	XXX	1.73	7.35	NA	0.11	3724	FALSE			FALSE				TRUE	Maintain
74183	Magnetic res	MRI of Abdomen	October 2016	21	RUC		ACR	2.20	CMS High Expenditure Procedural Co	July 2015	XXX	2.2	7.93	NA	0.15	458181	FALSE			FALSE				TRUE	Decrease
74210	Radiologic ex	X-Ray Exam – Upper GI	January 2019	12			ACR	0.59	CMS-Other - Utilization over 100,000	October 2016	XXX	0.59	2.15	NA	0.04	845	FALSE			FALSE				TRUE	Maintain
74220	Radiologic ex	X-Ray Exam – Upper GI	January 2019	12			ACR	0.60	CMS-Other - Utilization over 100,000	April 2016	XXX	0.6	2.24	NA	0.04	88237	FALSE			FALSE				TRUE	Decrease
74221	Radiologic ex	X-Ray Exam – Upper GI	January 2019	12				0.70	CMS-Other - Utilization over 30,000-P	October 2018	XXX	0.7	2.49	NA	0.05	69443	FALSE			FALSE				TRUE	Increase
74230	Radiologic ex	X-Ray Esophagus	April 2017	25			ACR	0.53	CMS-Other - Utilization over 250,000	April 2013	XXX	0.53	3.08	NA	0.04	310233	FALSE			FALSE				TRUE	Maintain
74240	Radiologic ex	X-Ray Exam – Upper GI	January 2019	12			ACR	0.80	CMS-Other - Utilization over 30,000	October 2017	XXX	0.8	2.77	NA	0.05	60977	FALSE			TRUE	In January 201	May 2018	27	complete	TRUE	Increase
74241	Radiologic ex	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In January 201	May 2018	27	complete	TRUE	Deleted from CPT
74245	Radiologic ex	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In January 201	May 2018	27	complete	TRUE	Deleted from CPT
74246	Radiologic ex	X-Ray Exam – Upper GI	January 2019	12			ACR	0.90	CMS-Other - Utilization over 30,000	October 2017	XXX	0.9	3.14	NA	0.05	43307	FALSE			TRUE	In January 201	May 2018	27	complete	TRUE	Increase
74247	Radiological	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT	Harvard Valued - Utilization over 30,0	April 2011							FALSE			TRUE	In January 201	May 2018	27	complete	TRUE	Deleted from CPT
74248	Radiologic sr	X-Ray Exam – Upper GI	January 2019	12				0.70	CMS-Other - Utilization over 30,000-P	October 2018	ZZZ	0.7	1.69	NA	0.05	12616	FALSE			TRUE	In January 201	February 20	EC-T Issue 1	complete	TRUE	Increase
74249	Radiological	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In January 201	May 2018	27	complete	TRUE	Deleted from CPT
74250	Radiologic ex	Lower Gastroinetstinal Tra	October 2018	11			ACR	0.81	CMS-Other - Utilization over 30,000	October 2017	XXX	0.81	2.74	NA	0.05	43382	FALSE			TRUE	In January 201	May 2018	27	complete	TRUE	Increase
74251	Radiologic ex	Lower Gastroinetstinal Tra	October 2018	11			ACR	1.17	CMS-Other - Utilization over 30,000	October 2017	XXX	1.17	9.26	NA	0.06	322	FALSE			TRUE	In January 201	May 2018	27	complete	TRUE	Increase
74260	Duodenograp	X-Ray Exam – Small Intesti	October 2018	11			ACR	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In January 201	May 2018	27	complete	TRUE	Deleted from CPT
74270	Radiologic ex	Lower Gastroinetstinal Tra	October 2018	11			ACR	1.04	CMS-Other - Utilization over 30,000	October 2017	XXX	1.04	3.43	NA	0.05	16898	FALSE			TRUE	In January 201	May 2018	27	complete	TRUE	Increase
74280	Radiologic ex	Lower Gastroinetstinal Tra	October 2018	11			ACR	1.26	Harvard Valued - Utilization over 30,0	April 2011	XXX	1.26	5.11	NA	0.08	4372	FALSE			TRUE	In January 201	May 2018	27	complete	TRUE	Increase
74300	Cholangiogr	X-Rays at Surgery Add-On	April 2019	19			ACR, SAGES	0.32	CMS-Other - Utilization over 30,000-P	October 2018	XXX	0	0.00	NA	0	16766	FALSE			FALSE				TRUE	Decrease
74301	Cholangiogr	X-Rays at Surgery Add-On	October 2020	19			ACR, ACS, S	0.21	CMS-Other - Utilization over 30,000-P	October 2018	ZZZ	0	0.00	NA	0	81	FALSE			FALSE	This service was identified with 74300. In January 2(			TRUE	Maintain
74305	Deleted from	Percutaneous Biliary Proce	October 2015	06	RUC		ACR, SIR	Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE			TRUE	The Joint Work	February 20 16	Complete	TRUE	Deleted from CPT
74320	Cholangiogr	Percutaneous Biliary Proce	October 2015	06	RUC		ACR, SIR	Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE			TRUE	The Joint Work	February 20 16	Complete	TRUE	Deleted from CPT
74327	Postoperativ	Percutaneous Biliary Proce	October 2015	06	RUC		ACR, SIR	Deleted from CPT	Codes Reported Together 75% or Mor	February 2015							FALSE			FALSE		February 20 16	Complete	TRUE	Deleted from CPT
74328	Endoscopic c	X-Rays at Surgery Add-On	April 2019	19			ACR, SAGES	0.47	CMS-Other - Utilization over 30,000-P	October 2018	XXX	0	0.00	NA	0	58126	FALSE			FALSE				TRUE	Decrease
74329	Endoscopic c	X-Rays at Surgery Add-On	April 2019	19			ACR, SAGES	0.50	CMS-Other - Utilization over 30,000-P	October 2018	XXX	0	0.00	NA	0	2454	FALSE			FALSE				TRUE	Decrease
74330	Combined er	X-Rays at Surgery Add-On	April 2019	19			ACR, SAGES	0.70	CMS-Other - Utilization over 30,000-P	October 2018	XXX	0	0.00	NA	0	7779	FALSE			FALSE				TRUE	Decrease
74400	Urography (p	Contrast X-Ray Exams	September 2011	31			ACR	0.49	Harvard Valued - Utilization over 30,0	April 2011	XXX	0.49	3.44	NA	0.04	2715	FALSE			FALSE				TRUE	Maintain
74420	Urography, r	X-Ray Urinary Tract	April 2017	26			ACR, AUA	0.52	CMS-Other - Utilization over 100,000	April 2016	XXX	0.52	1.79	NA	0.03	142618	FALSE			FALSE				TRUE	Increase
74425	Urography, a	Urography	October 2018	18			ACR, AUA, S	0.51, editorially revised	Codes Reported Together 75% or Mor	October 2012	XXX	0.51	3.45	NA	0.04	985	FALSE			TRUE	CPT code 744	September	27	complete	TRUE	Increase
74475	Introduction	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE			TRUE	The Joint Work	October 20: 18	Complete	TRUE	Deleted from CPT
74480	Introduction	Genitourinary Catheter Pro	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE			TRUE	The Joint Work	October 20: 18	Complete	TRUE	Deleted from CPT
74485	Dilation of ur	Dilation of Urinary Tract	January 2018	12				0.83	Codes Reported Together 75% or Mor	September 2017	XXX	0.83	2.66	NA	0.04	1129	FALSE			FALSE				TRUE	Increase
75561	Cardiac magnetic resonance imaging fo		January 2021	29				Maintain	High Volume Growth7	October 2020	XXX	2.6	8.22	NA	0.15	46362	FALSE			FALSE				TRUE	Remove from Screen
75571	Computed tc	RAW	September 2022	13			ACC, ACR, S	Maintain	High Volume Growth8	April 2022	XXX	0.58	2.43	NA	0.05	85757	FALSE			FALSE				TRUE	Maintain
75572	Computed tomography, heart, with cont		January 2021	29				Maintain	High Volume Growth7	October 2020	XXX	1.75	5.09	NA	0.1	54313	FALSE			FALSE				TRUE	Remove from Screen
75574	Computed tomographic angiography, he		January 2021	29			ACR, SIR, A	Maintain	CMS Request - Final Rule for 2013 / H	May 2013	XXX	2.4	7.28	NA	0.16	165576	FALSE			FALSE				TRUE	Remove from Screen
75625	Aortography,	Abdominal Aortography	October 2018	19			ACC, SCAI,	1.75	CMS-Other - Utilization over 30,000	October 2017	XXX	1.44	2.10	NA	0.22	67600	FALSE			FALSE				TRUE	Increase
75630	Aortography,	Abdominal Aortography	October 2018	19			ACC, SCAI,	2.00	CMS-Other - Utilization over 30,000	October 2017	XXX	2	2.45	NA	0.23	14380	FALSE			FALSE				TRUE	Increase
75635	Computed tc	CT Angiography of Abdomi	April 2016	34			ACR	2.40	High Volume Growth1 / CMS High Exp	February 2008	XXX	2.4	9.94	NA	0.17	104589	FALSE			FALSE				TRUE	Maintain
75650	Angiography,	Carotid Angiography	April 2010	45			ACC, ACR, A	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	The Workgrou	February 20 12	Complete	TRUE	Deleted from CPT
75671	Angiography,	Carotid Angiography	April 2010	45			AANS/CNS,	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	The Workgrou	February 20 12	Complete	TRUE	Deleted from CPT
75680	Angiography,	Carotid Angiography	April 2010	45			AANS/CNS,	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	The Workgrou	February 20 12	Complete	TRUE	Deleted from CPT
75710	Angiography,	Angiography of Extremities	January 2025	27			ACR, ACC, I	Remove from screen	CMS High Expenditure Procedural Co	July 2015	XXX	1.75	2.45	NA	0.24	117596	TRUE	July 2021	complete	FALSE				TRUE	Maintain
75716	Angiography,	Angiography of Extremities	October 2016	22	RUC		ACR, ACC, I	1.97	CMS High Expenditure Procedural Co	July 2015	XXX	1.97	2.67	NA	0.23	45975	FALSE			FALSE				TRUE	Increase
75722	Angiography,	Renal Angiography	April 2010	45			ACC, ACR, A	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	The Workgrou	February 20 06	Code Delete	TRUE	Deleted from CPT
75724	Angiography,	Renal Angiography	April 2010	45			ACC, ACR, A	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	The Workgrou	February 20 06	Code Delete	TRUE	Deleted from CPT
75726	Angiography,	Angiography	October 2018	20			SCAI, SIR, S	2.05	CMS-Other - Utilization over 30,000	October 2017	XXX	2.05	2.89	NA	0.18	35144	FALSE			FALSE				TRUE	Increase

75774	Angiography, Angiography	October 2018	20			SCAI, SIR, S	1.01		CMS-Other - Utilization over 500,000	January 2014	XXX	0.73	2.28	NA	0.05	679681	FALSE			FALSE					TRUE	Increase
75790	Deleted from	Arteriovenous Shunt Imagi	April 2009	9			SVS, SIR, AC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	February 20	31	Deleted	TRUE	Deleted from CPT
75791	Angiography, Dialysis Circuit -1	January 2016	14			ACR, RPA, S	Deleted from CPT		Codes Reported Together 95% or More								FALSE			FALSE		October 20	24	Complete	TRUE	Deleted from CPT
75820	Venography, Venography	January 2020	29				1.05		CMS-Other - Utilization over 20,000 P	January 2019	XXX	1.05	2.05	NA	0.08	19209	FALSE			FALSE					TRUE	Increase
75822	Venography, Venography	January 2020	29				1.48		CMS-Other - Utilization over 20,000 P	October 2019	XXX	1.48	2.36	NA	0.14	9448	FALSE			FALSE					TRUE	Increase
75885	Percutaneou	Interventional Radiology Pr	February 2009	21			ACR, SIR	New PE inputs	CMS Request - Practice Expense Revi	NA	XXX	1.44	2.56	NA	0.12	214	FALSE			FALSE					TRUE	PE Only
75887	Percutaneou	Interventional Radiology Pr	February 2009	21			ACR, SIR	New PE inputs	CMS Request - Practice Expense Revi	NA	XXX	1.44	2.58	NA	0.12	418	FALSE			FALSE					TRUE	PE Only
75894	Transcathete	Endovascular Therapy with	April 2024	04		RUC	AANS, ACR,	2.24	Codes Reported Together 75% or Mor	February 2010	XXX	0	0.00	NA	0	12131	FALSE			TRUE	In April 2022, t	February 20	09	Complete	TRUE	Increase
75896	Transcathete	Intracranial Endovascular I	April 2015	09			AANS/CNS,	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	AANS indicate	February 20	21 & 14	Complete	TRUE	Deleted from CPT
75898	Angiography	Endovascular Therapy Bun	April 2024	04		RUC	AANS, ACR,	1.85	Codes Reported Together 75% or Mor	February 2010	XXX	0	0.00	NA	0	16235	TRUE	Sep 2019	complete	TRUE	In April 2022, t	February 20	09	Complete	TRUE	Increase
75940	Percutaneou	Major Vein Revision	April 2010	45			ACR, SIR, S	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	The Workgrou	February 20	14	Code Delete	TRUE	Deleted from CPT
75945	Intravascula	Intravascular Ultrasound	January 2015	07			ACC,SCAI, S	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was su	October 20	13	Complete	TRUE	Deleted from CPT
75946	Intravascula	Intravascular Ultrasound	January 2015	07			ACC,SCAI, S	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was su	October 20	13	Complete	TRUE	Deleted from CPT
75952	Endovascula	Endovascular Repair Proce	January 2017	10			SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%or Mor	October 2015							FALSE			FALSE				Complete	TRUE	Deleted from CPT
75953	Placement o	Endovascular Repair Proce	January 2017	10			SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%or Mor	October 2015							FALSE			FALSE				Complete	TRUE	Deleted from CPT
75954	Endovascula	Endovascular Repair Proce	January 2017	10			SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%or Mor	January 2017							FALSE			FALSE				Complete	TRUE	Deleted from CPT
75960	Transcathete	RAW	October 2012	27			ACC, ACR, S	Deleted from CPT	High Volume Growth1 / Codes Reported Together 75% or More-Part1								FALSE			TRUE	In February 20	February 20	10	Code Delete	TRUE	Deleted from CPT
75961	Transcathete	Transcatheter Procedures	April 2010	45			ACC, ACR, S	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	The Workgrou	June 2011		Code Delete	TRUE	Deleted from CPT
75962	Translumina	Open and Percutaneous Tr	January 2016	15			ACR, SIR, S	Deleted from CPT	High Volume Growth1 / Codes Report	April 2010							FALSE			TRUE	The Workgrou	October 20	24	Complete	TRUE	Deleted from CPT
75964	Translumina	Open and Percutaneous Tr	January 2016	15			ACR, SIR, S	Deleted from CPT	High Volume Growth1								FALSE			TRUE	In February 20	October 20	24	Complete	TRUE	Deleted from CPT
75966	Translumina	Open and Percutaneous Tr	January 2016	15			ACR, SIR, S	Deleted from CPT	Codes Reported Together 75% or Mor	January 2015							FALSE			TRUE	In January 201	October 20	24	Complete	TRUE	Deleted from CPT
75968	Translumina	Open and Percutaneous Tr	January 2016	15			ACR, SIR, S	Deleted from CPT	Codes Reported Together 75% or Mor	January 2015							FALSE			TRUE	In January 201	October 20	24	Complete	TRUE	Deleted from CPT
75978	Translumina	Open and Percutaneous Tr	January 2016	15			ACR, SIR, S	Deleted from CPT	CMS-Other - Utilization over 250,000	April 2013							FALSE			TRUE	CPT code 759	October 20	24	Complete	TRUE	Deleted from CPT
75980	Percutaneou	Percutaneous Biliary Proce	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE			TRUE	The Joint Worl	February 20	16	Complete	TRUE	Deleted from CPT
75982	Percutaneou	Percutaneous Biliary Proce	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE			TRUE	The Joint Worl	February 20	16	Complete	TRUE	Deleted from CPT
75984	Change of pe	Introduction of Catheter or	April 2019	17			ACR, SIR	0.83	Codes Reported Together 75% or Mor	October 2012	XXX	0.83	1.94	NA	0.06	20412	FALSE			FALSE		RAW will assess	Oct 2018		TRUE	Increase
75992	Deleted from	Transluminal Arthrectomy	April 2008	57			SIR, ACR, S	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC reco	February 20	07	Deleted-nev	TRUE	Deleted from CPT
75993	Deleted from	Transluminal Arthrectomy	April 2008	57			SIR, ACR, S	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC reco	February 20	07	Deleted-nev	TRUE	Deleted from CPT
75994	Revised to C	Transluminal Arthrectomy	April 2008	57			SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC reco	February 20	07	Category III	TRUE	Deleted from CPT
75995	Revised to C	Transluminal Arthrectomy	April 2008	57			SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC reco	February 20	07	Category III	TRUE	Deleted from CPT
75996	Revised to C	Transluminal Arthrectomy	April 2008	57			SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC reco	February 20	07	Category III	TRUE	Deleted from CPT
76000	Fluoroscopy	Fluoroscopy	April 2017	27			ACR, APMA	0.30	Low Value-Billed in Multiple Units / CF	October 2010	XXX	0.3	0.95	NA	0.04	91328	FALSE			FALSE					TRUE	Increase
76001	Fluoroscopy,	Fluoroscopy	April 2017	27			ACR	Deleted from CPT	CMS-Other - Utilization over 100,000	October 2016							FALSE			TRUE	In April 2017 t	September	27	complete	TRUE	Deleted from CPT
76098	Radiological	X-Ray Exam Specimen	October 2018	21			ACR	0.31	CMS-Other - Utilization over 30,000	October 2017	XXX	0.31	0.95	NA	0.03	71578	FALSE			FALSE					TRUE	Increase
76100	Radiologic e	Fluroscopy	April 2009	27			ACR, ISIS	New PE inputs	CMS Request - Practice Expense Revi	April 2009	XXX	0.58	2.01	NA	0.05	8652	FALSE			FALSE					TRUE	PE Only
76101	Radiologic e	Fluroscopy	April 2009	27			ACR, ISIS	New PE inputs. Deleted from (	CMS Request - Practice Expense Revi	April 2009	XXX						FALSE			FALSE					TRUE	PE Only
76102	Radiologic e	Fluroscopy	April 2009	27			ACR, ISIS	New PE inputs. Deleted from (	CMS Request - Practice Expense Revi	April 2009	XXX						FALSE			FALSE					TRUE	PE Only
76376	3D rendering	3D Rendering	April 2018	23			ACR, ASNR	0.20	Negative IWPUT	April 2017	XXX	0.2	0.55	NA	0.02	329368	FALSE			FALSE					TRUE	Maintain
76377	3D rendering	3D Rendering with Interpre	October 2021	17			ACR, ASNR	0.79	CMS Request - Final Rule for 2020	July 2019	XXX	0.79	1.53	NA	0.06	194943	FALSE			FALSE					TRUE	Maintain
76510	Ophthalmic	Opthalmic Ultrasound	October 2016	23		RUC	AAO, ASRS,	0.70	CMS High Expenditure Procedural Co	April 2016	XXX	0.7	1.31	NA	0.02	13065	FALSE			FALSE					TRUE	Decrease
76511	Ophthalmic	Opthalmic Ultrasound	October 2016	23		RUC	AAO, ASRS,	0.64	CMS High Expenditure Procedural Co	April 2016	XXX	0.64	1.03	NA	0.02	4313	FALSE			FALSE					TRUE	Decrease
76512	Ophthalmic	Opthalmic Ultrasound	October 2016	23		RUC	AAO, ASRS,	0.56	CMS High Expenditure Procedural Co	July 2015	XXX	0.56	0.85	NA	0.02	221873	FALSE			FALSE					TRUE	Decrease
76513	Ophthalmic	Ophthalmic Ultrasound An	January 2020	17			AAO, AOA ((	0.60 and CPT Assistant article	High Volume Growth1 / CPT Assistant	February 2008	XXX	0.6	1.61	NA	0.02	13820	TRUE	Apr 2013	complete	TRUE	At the April 20	September	28	complete	TRUE	Decrease
76514	Ophthalmic	Echo Exam of Eye Thicknes	October 2017	12			AAO, AOA ((	0.17	Negative IWPUT	April 2017	XXX	0.14	0.18	NA	0.02	426372	FALSE			FALSE					TRUE	Maintain
76516	Ophthalmic I	Opthalmic Biometry	April 2016	36			AAO, AOA ((	0.40	CMS High Expenditure Procedural Co	April 2016	XXX	0.4	0.98	NA	0.02	1849	FALSE			FALSE					TRUE	Decrease
76519	Ophthalmic I	Opthalmic Biometry	April 2016	36			AAO, AOA ((	0.54	CMS High Expenditure Procedural Co	July 2015	XXX	0.54	1.48	NA	0.02	107065	FALSE			FALSE					TRUE	Maintain
76536	Ultrasound,	Soft Tissue Ultrasound	April 2009	29			ACR, ASNR,	0.56	CMS Fastest Growing	October 2008	XXX	0.56	2.67	NA	0.05	902754	FALSE			FALSE					TRUE	Maintain
76604	Ultrasound,	Ultrasound Exam - Chest	April 2018	24			ACR	0.59	CMS-Other - Utilization over 30,000	October 2017	XXX	0.59	1.11	NA	0.04	118852	FALSE			FALSE					TRUE	Increase
76641	Ultrasound, I	Breast Ultrasound	January 2014	13			ACR	0.73	CMS-Other - Utilization over 500,000	January 2014	XXX	0.73	2.28	NA	0.05	679681	FALSE			FALSE		October 20	26	Complete	TRUE	Increase
76642	Ultrasound, I	Breast Ultrasound	January 2014	13			ACR	0.68	CMS-Other - Utilization over 500,000	January 2014	XXX	0.68	1.81	NA	0.05	717334	FALSE			FALSE		October 20	26	Complete	TRUE	Increase
76645	Ultrasound, I	Breast Ultrasound	January 2014	13			ACR	Deleted from CPT	CMS-Other - Utilization over 500,000	April 2011							FALSE			TRUE	Code 76645, I	October 20	26	Complete	TRUE	Deleted from CPT
76700	Ultrasound,	Ultrasound	October 2013	13			ACR	0.81	MPC List	October 2010	XXX	0.81	2.59	NA	0.06	680635	FALSE			FALSE					TRUE	Maintain
76705	Ultrasound,	Ultrasound	October 2013	13			ACR, ASBS	0.59	CMS-Other - Utilization over 500,000	April 2011	XXX	0.59	1.97	NA	0.04	984573	FALSE			FALSE					TRUE	Maintain
76706	Ultrasound,	Abdominal Aorta Ultrasour	October 2015	12			ACR, SIR, S	0.55	Final Rule for 2015	May 2015	XXX	0.55	2.61	NA	0.04	145634	TRUE	Jan 2017	complete	FALSE		May 2015	23	Complete	TRUE	Decrease
76770	Ultrasound,	Ultrasound	October 2013	13			ACR	0.74	CMS-Other - Utilization over 500,000	April 2011	XXX	0.74	2.43	NA	0.06	1190647	FALSE			FALSE					TRUE	Maintain
76775	Ultrasound,	Ultrasound	October 2013	13			ACR	0.58	CMS-Other - Utilization over 500,000	April 2011	XXX	0.58	1.20	NA	0.04	395902	FALSE			FALSE					TRUE	Maintain
76819	Fetal biophy	RAW	October 2013	18				Remove from screen	High Volume Growth2	April 2013	XXX	0.77	1.76	NA	0.04	7127	FALSE			FALSE					TRUE	Remove from Screen
76830	Ultrasound, t	Transvaginal and Transrec	April 2012	44			ACOG, ACR	0.69	CMS High Expenditure Procedural Co	September 2011	XXX	0.69	2.79	NA	0.05	369833	FALSE			FALSE					TRUE	Maintain
76856	Ultrasound,	Ultrasound	October 2013	13			ACR	0.69	CMS-Other - Utilization over 500,000	April 2011	XXX	0.69	2.40	NA	0.05	340665	FALSE			FALSE					TRUE	Maintain
76857	Ultrasound,	Ultrasound	October 2013	13			ACR	0.50	CMS-Other - Utilization over 250,000	April 2013	XXX	0.5	0.97	NA	0.03	198809	FALSE			FALSE					TRUE	Decrease
76870	Ultrasound,	Ultrasound Exam - Scrotun	April 2017	28			ACR, AUA	0.64	CMS-Other - Utilization over 100,000	April 2016	XXX	0.64	2.30	NA	0.05	128464	FALSE			FALSE					TRUE	Maintain
76872	Ultrasound, t	Prostate Biopsy Services	September 2024	08	January 202	RUC	ACR, AUA, (	0.67	CMS High Expenditure Procedural Co	September 2011	XXX	0.69	5.16	NA	0.04	193444	FALSE			TRUE	In April 2022, t	May 2024	15	Complete	TRUE	Decrease
76880	Deleted from	Lower Extremity Ultrasoun	October 2009	26			APMA, ACR	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The RUC reco	February 20	37	Deleted	TRUE	Deleted from CPT
76881	Ultrasound, (	Neuromuscular Ultrasoun	September 2025	29	September	RAW	AAN, AANE	Review action plan. New PE Ir	CMS Fastest Growing / New Technolo	April 2010	XXX	0.9	0.65	NA	0.05	173075	TRUE	Clinical Exa	complete	TRUE	In February 20	June 2017	13	complete	FALSE	Decrease
76882	Ultrasound, I	Neuromuscular Ultrasoun	September 2025	29	September	RAW	AAN, AANE	Review action plan. New PE Ir	CMS Fastest Growing / New Technolo	April 2010	XXX	0.69	1.19	NA	0.05	314905	TRUE	Clinical Exa	complete	TRUE	In February 20	June 2017	13	complete	FALSE	Decrease
76883	Ultrasound, I	Neuromuscular Ultrasoun	September 2025	29	September	RAW	AAN, AANE	Review action plan. New PE Ir	New Technology/New Services / CMS	October 2021	XXX	1.21	0.90	NA	0.06	2244	FALSE			FALSE					FALSE	Increase
76930	Ultrasonic gu	Pericardiocentesis and Pe	January 2019	04			ACC	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			FALSE		September	14	Complete	TRUE	Deleted from CPT
76932	Ultrasonic gu	Ultrasound Guidance	April 2014	34			ACC	0.67	CMS Request - Final Rule for 2014	July 2013	YYY	0	0.00	NA	0	951	FALSE			FALSE					TRUE	Maintain
76936	Ultrasound g	RAW	October 2013	18				Maintain	CMS Request - Final Rule for 2014	July 2013	XXX	1.99	5.49	NA	0.24	657	FALSE			FALSE					TRUE	Maintain
76937	Ultrasound g	Ultrasound Guidance for V	September 2022	07			ACR, SIR, S	0.30	Identified in RUC review of other servi	January 2018	ZZZ	0.3	0.82	NA	0.03	615284	FALSE			FALSE					TRUE	Maintain
76940	Ultrasound g	Ultrasound Guidance	January 2015	29			ACS, ACR, S	2.00	CMS Request - Final Rule for 2014	July 2013	YYY	0	0.00	NA	0	1014	FALSE			FALSE					TRUE	Maintain
76942	Ultrasonic gu	Somatic Nerve Injections	October 2021	05			AAPM, AAPI	0.67	CMS-Other - Utilization over 500,000	April 2011	XXX	0.67	1.06	NA	0.04	690567	FALSE			TRUE	During the Oc	May 2021	14	complete	TRUE	Maintain
76948	Ultrasonic gu	Echo Guidance for Ova Asp	January 2015	25			ACOG	0.85	CMS Request - Final Rule for 2014	July 2013	XXX	0.67	1.70	NA	0.02	7	FALSE			FALSE					TRUE	Increase
76950	Ultrasonic gu	Ultrasound Guidance	April 2014	34				Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	At the April 20	October 20	28	Complete	TRUE	Deleted from CPT
76965	Ultrasonic gu	Ultrasound Guidance	September 2014	21			NO INTERES	Maintain	CMS Request - Final Rule for 2014	July 2013	XXX	1.34	1.47	NA	0.05	4867	FALSE			FALSE					TRUE	Maintain
76970	Ultrasound s	IMRT with Ultrasound Guid	October 2019	17			ACS, ACR, A	Deleted from CPT	High Volume Growth1 / CMS-Other - L	February 2008							FALSE			TRUE	In October 20	February 20	9	Complete	TRUE	Deleted from CPT
76978	Ultrasound, t	RAW	April 2023	15				CPT Assistant article publishe	New Technology/New Services List	January 2018	XXX	1.62	4.11	NA	0.09	901	TRUE	Aug 2023	complete	FALSE					TRUE	Maintain
76979	Ultrasound, t	RAW	April 2023	15				CPT Assistant article publishe	New Technology/New Services List	January 2018	ZZZ	0.85	2.80	NA	0.05	47	TRUE	Aug 2023	complete	FALSE					TRUE	Maintain
76984	Ultrasound, i	Intraoperative Ultrasound	September 2022	05			AATS, ACC,	0.60	CMS-Other - Utilization over 20,000 P	May 2022	XXX	0	0.00	NA	0		FALSE			FALSE					TRUE	Decrease
76987	Intraoperativ	Intraoperative Ultrasound	September 2022	05			AATS, ACC,	1.90	CMS-Other - Utilization over 20,000 P	May 2022	XXX	0	0.00	NA	0		FALSE			FALSE					TRUE	Decrease
76988	Intraoperativ	Intraoperative Ultrasound	September 2022	05			AATS, ACC,	1.20	CMS-Other - Utilization over 20,000 P	May 2022	XXX	0	0.00	NA	0		FALSE			FALSE					TRUE	Decrease
76989	Intraoperativ	Intraoperative Ultrasound	September 2022	05			AATS, ACC,	1.55	CMS-Other - Utilization over 20,000 P	May 2022	XXX	0	0.00	NA	0		FALSE			FALSE					TRUE	Decrease
76998	Ultrasonic gu	Intraoperative Ultrasound	September 2022	05			AATS, ACC,	1.20	CMS-Other - Utilization over 20,000 P	January 2019	XXX	0	0.00	NA	0	28979	FALSE			TRUE	In October 20	May 2022	20	complete	TRUE	Maintain
77001	Fluoroscopic	PICC Line Procedures	January 2018	09		RUC	AANS, AANE	0.38	MPC List / CMS Request - Final Rule f	January 2012	ZZZ	0.38	2.48	NA	0.05	233736	FALSE			TRUE	In the NPRM f	October 2015		Complete	TRUE	Maintain
77002	Fluoroscopic	Somatic Nerve Injections	October 2021	05			AAPM, AAPI	0.54	MPC List / CMS Request - Final Rule f	January 2012	ZZZ	0.54	2.83	NA	0.04	546397	FALSE			TRUE	In the NPRM f	October 2015		Complete	TRUE	Maintain
77003	Fluoroscopic	Somatic Nerve Injections	October 2021	05			AAPM, AAPI	0.60	MPC List / CMS Request - Final Rule f	October 2010	ZZZ	0.6	2.44	NA	0.04	23715	FALSE			TRUE	In the NPRM f	October 2015		Complete	TRUE	Maintain
77011	Computed to	IMRT with CT Guidance	October 2010	15			ASTRO, ACF	New PE inputs	CMS Request - Practice Expense Review		XXX	1.21	5.25	NA	0.08	4209	FALSE			FALSE					TRUE	PE Only
77012	Computed to	CT Guidance Needle Place	September 2023	14			ACR, SIR	1.50	CMS-Other - Utilization over 100,000	April 2016	XXX	1.5	2.19	NA	0.09	136965	FALSE			TRUE	In October 20	February 20	11	complete	TRUE	Maintain
77014	Computed to	Radiation Oncology Treatm	September 2023	22			ASTRO, ACF	Deleted at CPT	CMS Request - Practice Expense Revi	October 2010	XXX	0.85	2.68	NA	0.05	2618399	FALSE			TRUE	In October 20	September	40	Deleted	TRUE	Deleted from CPT
77031	Stereotactic	Breast Biopsy	April 2013	04				Deleted from CPT	Codes Reported Together 75% or Mor	January 2012							FALSE			FALSE		October 20	08	Complete	TRUE	Deleted from CPT
77032	Mammograp	Breast Biopsy	April 2013	04				Deleted from CPT	Codes Reported Together 75% or Mor	January 2012							FALSE			FALSE		October 20	08	Complete	TRUE	Deleted from CPT
77046	Magnetic res	Breast MRI with Computer	October 2017	06			ACR	1.45	CMS High Expenditure Procedural Co	June 2017	XXX	1.45	4.92	NA	0.08	235	FALSE			FALSE		June 2017	14	complete	TRUE	Decrease
77047	Magnetic res	Breast MRI with Computer	October 2017	06			ACR	1.60	CMS High Expenditure Procedural Co	June 2017	XXX	1.6	4.96	NA	0.09	3360	FALSE			FALSE		June 2017	14	complete	TRUE	Decrease
77048	Magnetic res	Breast MRI with Computer	October 2017	06			ACR	2.10	CMS High Expenditure Procedural Co	June 2017	XXX	2.1	7.97	NA	0.15	901	FALSE			FALSE		June 2017	14	complete	TRUE	Increase
77049	Magnetic res	Breast MRI with Computer	October 2017	06			ACR	2.30	CMS High Expenditure Procedural Co	June 2017	XXX	2.3	7.95	NA	0.16	118969	FALSE			FALSE		June 2017	14	complete	TRUE	Increase

77051	Computer-ai	Mammography-Computer	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over 250,000	/ Final Rule for 2015										FALSE			FALSE		October 20:	38	Complete	TRUE	Deleted from CPT
77052	Computer-ai	Mammography-Computer	January 2016	20			ACR	Deleted from CPT	Low Value-High Volume	October 2010										FALSE			FALSE		October 20:	38	Complete	TRUE	Deleted from CPT
77055	Mammograp	Mammography-Computer	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over 250,000	January 2014										FALSE			TRUE	In the NPRM f	October 20:	38	Complete	TRUE	Deleted from CPT
77056	Mammograp	Mammography-Computer	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over 250,000	January 2014										FALSE			TRUE	In the NPRM f	October 20:	38	Complete	TRUE	Deleted from CPT
77057	Screening m	Mammography-Computer	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over 250,000	January 2014										FALSE			TRUE	In the NPRM f	October 20:	38	Complete	TRUE	Deleted from CPT
77058	Magnetic res	Breast MRI with Computer	October 2017	06			ACR	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015										FALSE			TRUE	In preparation	June 2017	14	complete	TRUE	Deleted from CPT
77059	Magnetic res	Breast MRI with Computer	October 2017	06			ACR	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015										FALSE			TRUE	In preparation	June 2017	14	complete	TRUE	Deleted from CPT
77065	Diagnostic m	Mammography-Computer	January 2016	20			ACR	0.81	Final Rule for 2015	October 2015	XXX	0.81	2.90	NA	0.06	684661	FALSE			FALSE		October 20:	38	Complete	TRUE	Increase
77066	Diagnostic m	Mammography-Computer	January 2016	20			ACR	1.00	Final Rule for 2015	October 2015	XXX	1	3.69	NA	0.06	549552	FALSE			FALSE		October 20:	38	Complete	TRUE	Increase
77067	Screening m	Mammography-Computer	January 2016	20			ACR	0.76	Final Rule for 2015	October 2015	XXX	0.76	3.04	NA	0.05	5667727	FALSE			FALSE		October 20:	38	Complete	TRUE	Maintain
77073	Bone length s	X-Ray Exam - Bone	April 2018	25			AAOS, ACR	0.26	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	1.07	NA	0.03	69355	FALSE			FALSE						TRUE	Decrease
77074	Radiologic e	X-Ray Exam - Bone	April 2018	25			ACR	0.44	CMS-Other - Utilization over 30,000	October 2017	XXX	0.44	1.49	NA	0.03	2333	FALSE			FALSE						TRUE	Decrease
77075	Radiologic e	X-Ray Exam - Bone	April 2018	25			ACR	0.55	CMS-Other - Utilization over 30,000	October 2017	XXX	0.55	2.37	NA	0.05	25091	FALSE			FALSE						TRUE	Increase
77076	Radiologic e	X-Ray Exam - Bone	April 2018	25			ACR	0.70	CMS-Other - Utilization over 30,000	October 2017	XXX	0.7	2.45	NA	0.06	17	FALSE			FALSE						TRUE	Maintain
77077	Joint survey,	X-Ray Exam - Bone	April 2018	25			ACR	0.33	CMS-Other - Utilization over 30,000	October 2017	XXX	0.33	1.03	NA	0.03	35269	FALSE			FALSE						TRUE	Increase
77079	Computed tc	CT Bone Density Study	February 2010	31			ACR, AAFP,	Deleted from CPT	Different Performing Specialty from S	October 2009							FALSE			TRUE	The Workgrou	October 20:	22	Complete	TRUE	Deleted from CPT
77080	Dual-energy	Dual Energy X-Ray	October 2013	07			AACE, ACNI	0.20	CMS Request - Final Rule for 2012 / C	September 2011	XXX	0.2	0.96	NA	0.02	2669696	FALSE			TRUE	In Oct 2012, tl	May 2013		Complete	TRUE	Maintain
77081	Dual-energy	Dual-energy X-Ray Absorpt	January 2018	25				0.20	Negative IWPUT	April 2017	XXX	0.2	0.74	NA	0.02	103996	FALSE			FALSE						TRUE	Decrease
77082	Dual-energy	Dual Energy X-Ray	October 2013	07			AACE, ACNI	Deleted from CPT	CMS Request - Final Rule for 2012 / C	September 2011							FALSE			TRUE	In Oct 2012, tl	May 2013		Complete	TRUE	Deleted from CPT
77083	Radiographic	Radiographic Absorptiome	February 2010	31			ACR, ACP	Deleted from CPT	Different Performing Specialty from S	October 2009							FALSE			TRUE	The Workgrou	October 20:	22	Complete	TRUE	Deleted from CPT
77085	Dual-energy	Dual Energy X-Ray	October 2013	07			AACE, ACNI	0.30	Codes Reported Together 75% or More-Part2		XXX	0.3	1.29	NA	0.03	105283	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
77086	Vertebral fra	Dual Energy X-Ray	October 2013	07			AACE, ACNI	0.17	Codes Reported Together 75% or More-Part2		XXX	0.17	0.84	NA	0.02	1282	FALSE			FALSE		May 2013		Complete	TRUE	Maintain
77261	Therapeutic i	Radiation Therapy Planning	September 2025	29	September	RAW	ASTRO	Review actiom plan (Sept 202	CMS High Expenditure Procedural Co	July 2015	XXX	1.3	0.76	0.76	0.06	11946	FALSE			FALSE						FALSE	Decrease
77262	Therapeutic i	Radiation Therapy Planning	April 2016	37			ASTRO	2.00	CMS High Expenditure Procedural Co	July 2015	XXX	2	1.15	1.15	0.13	3087	FALSE			FALSE						TRUE	Decrease
77263	Therapeutic i	Radiation Therapy Planning	April 2016	37			ASTRO	3.14	CMS High Expenditure Procedural Co	July 2015	XXX	3.14	1.72	1.72	0.24	286115	FALSE			FALSE						TRUE	Maintain
77280	Therapeutic i	Set Radiation Therapy Fiel	September 2024	14			ASTRO	0.70	Harvard Valued - Utilization over 30,0	April 2011	XXX	0.7	7.29	NA	0.05	451327	FALSE			TRUE	ASTRO review	October 20:	22	Complete	TRUE	Maintain
77285	Therapeutic i	Respiratory Motion Manag	January 2013	14			ASTRO	1.05	Harvard Valued - Utilization over 30,0	September 2011	XXX	1.05	12.23	NA	0.06	6698	FALSE			TRUE	ASTRO review	October 20:	22	Complete	TRUE	Maintain
77290	Therapeutic i	Respiratory Motion Manag	January 2013	14			ASTRO	1.56	MPC List / Harvard Valued - Utilizatior	October 2010	XXX	1.56	11.57	NA	0.09	162009	FALSE			TRUE	ASTRO review	October 20:	22	Complete	TRUE	Maintain
77293	Respiratory r	Respiratory Motion Manag	January 2013	14			ASTRO	2.00	Harvard Valued - Utilization over 30,000		ZZZ	2	9.98	NA	0.1	35923	FALSE			FALSE		October 20:	22	Complete	TRUE	Decrease
77295	3-dimension	Surface Radionuclide High	January 2013	14			ASTRO	4.29	Harvard Valued - Utilization over 30,0	September 2011	XXX	4.29	10.06	NA	0.24	104889	FALSE			TRUE	ASTRO review	October 20:	22, 28/29	Complete	TRUE	Decrease
77300	Basic radiati	Surface Radionuclide High	September 2024	14			ASTRO	Maintain. 0.62	MPC List / Codes Reported Together 7	October 2010	XXX	0.62	1.36	NA	0.04	1170024	FALSE			TRUE	On 8-21-12, tl	February 20	44, 28/29	complete	TRUE	Maintain
77301	Intensity mo	IMRT - PE Only	September 2024	14			ASTRO	Maintain. New PE Inputs. 7.9	CMS Fastest Growing / CMS Request	October 2008	XXX	7.99	46.89	NA	0.7	177572	TRUE	Nov 2009	complete	FALSE						TRUE	Maintain
77305	Teletherapy,	Isodose Calculation with Is	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Together 75% or Mor	October 2010							FALSE			TRUE	On 8-21-12, tl	February 20	44	Complete	TRUE	Deleted from CPT
77306	Teletherapy i	Isodose Calculation with Is	April 2014	20				1.40	Codes Reported Together 75% or Mor	October 2010	XXX	1.4	3.03	NA	0.07	796	FALSE			FALSE						TRUE	Decrease
77307	Teletherapy i	Isodose Calculation with Is	April 2014	20				2.90	Codes Reported Together 75% or Mor	October 2010	XXX	2.9	5.69	NA	0.17	22821	FALSE			FALSE						TRUE	Decrease
77310	Teletherapy,	Isodose Calculation with Is	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Together 75% or Mor	October 2010							FALSE			TRUE	On 8-21-12, tl	February 20	44	Complete	TRUE	Deleted from CPT
77315	Teletherapy,	Isodose Calculation with Is	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Together 75% or Mor	October 2010							FALSE			TRUE	On 8-21-12, tl	February 20	44	Complete	TRUE	Deleted from CPT
77316	Brachythera	Isodose Calculation with Is	April 2014	20				1.50	Codes Reported Together 75% or Mor	October 2012	XXX	1.4	5.95	NA	0.09	4093	FALSE			FALSE						TRUE	Decrease
77317	Brachythera	Isodose Calculation with Is	April 2014	20				1.83	Codes Reported Together 75% or Mor	October 2012	XXX	1.83	7.84	NA	0.12	1884	FALSE			FALSE						TRUE	Decrease
77318	Brachythera	Isodose Calculation with Is	October 2015	21				2.90	Codes Reported Together 75% or Mor	October 2012	XXX	2.9	10.81	NA	0.21	4301	FALSE			TRUE	On 8-21-12, tl	February 20	44	Complete	TRUE	Decrease
77326	Brachythera	Isodose Calculation with Is	April 2014	20				Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE			TRUE	On 8-21-12, tl	February 20	44	Complete	TRUE	Deleted from CPT
77327	Brachythera	Isodose Calculation with Is	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Together 75% or Mor	October 2010							FALSE			TRUE	On 8-21-12, tl	February 20	44	Complete	TRUE	Deleted from CPT
77328	Brachythera	Isodose Calculation with Is	April 2014	20				Deleted from CPT	Codes Reported Together 75% or Mor	October 2012							FALSE			TRUE	On 8-21-12, tl	February 20	44	Complete	TRUE	Deleted from CPT
77332	Treatment de	RAW	January 2016	40		RUC	ASTRO	0.54	CMS High Expenditure Procedural Co	April 2015	XXX	0.45	0.75	NA	0.03	72051	FALSE			FALSE						TRUE	Maintain
77333	Treatment de	RAW	January 2016	40		RUC	ASTRO	0.84	CMS High Expenditure Procedural Co	April 2015	XXX	0.75	3.32	NA	0.04	12465	FALSE			FALSE						TRUE	Maintain
77334	Treatment devices, design and construc		January 2016	40		RUC	ASTRO	1.24	MPC List / RUC request / CMS High Ex	October 2010	XXX	1.15	2.60	NA	0.05	667608	FALSE			FALSE						TRUE	Maintain
77336	Continuing m	Continuing Medical Physic	April 2013	31			ASTRO	New PE Inputs	CMS Request - Final Rule for 2013	October 2012	XXX	0	2.67	NA	0.07	347118	FALSE			FALSE						TRUE	PE Only
77338	Multi-leaf co	IMRT - PE Only	September 2024	14			ACRO, ASTF	Maintain. New PE Inputs	Services with Stand-Alone PE Proced	October 2012	XXX	4.29	9.73	NA	0.25	195127	FALSE			FALSE						TRUE	PE Only
77371	Radiation tre	Radiation Treatment Deliv	April 2009	30			ASTRO	New PE inputs	CMS Request - Practice Expense Revi	NA	XXX	0	0.00	0.00	0	96	FALSE			FALSE						TRUE	PE Only
77372	Radiation tre	Radiation Treatment Deliv	October 2013	18				New PE Inputs	Services with Stand-Alone PE Proced	October 2012	XXX	0	27.74	NA	0.21	575	FALSE			FALSE						TRUE	PE Only
77373	Stereotactic	Radiation Treatment Deliv	October 2013	18			ACR, ASTRO	New PE inputs	Services with Stand-Alone PE Proced	July 2012	XXX	0	29.08	NA	0.27	43336	FALSE			FALSE						TRUE	PE Only
77385	Intensity mo	Radiation Oncology Treatr	January 2025	16			ACRO, ASTF	Deleted at CPT	Services with Stand-Alone PE Proced	January 2014	XXX	0	0.00	0.00	0		FALSE			TRUE	In October 20:	September	40	Deleted	TRUE	Deleted from CPT
77386	Intensity mo	Radiation Oncology Treatr	January 2025	16			ACRO, ASTF	Deleted at CPT	Services with Stand-Alone PE Proced	January 2014	XXX	0	0.00	0.00	0		FALSE			TRUE	In October 20:	September	40	Deleted	TRUE	Deleted from CPT
77387	Guidance for	Radiation Oncology Treatr	January 2025	16			ACRO, ASTF	0.70	Services with Stand-Alone PE Proced	January 2014	XXX	0	0.00	0.00	0		FALSE			TRUE	In October 20:	September	40	complete	TRUE	Increase
77401	Radiation tre	Superficial Radiation Ther	January 2025	17			AADA, ACR	Deleted at CPT	High Volume Growth5 / Codes Report	October 2018	XXX	0	1.22	NA	0.01	337457	FALSE			TRUE	In October 20:	May 2019	08	Deleted fror	TRUE	Deleted from CPT
77402	Radiation tre	Radiation Oncology Treatr	January 2025	16			ACRO, ASTF	PE Only	Services with Stand-Alone PE Proced	October 2012	XXX	0	0.00	0.00	0		FALSE			TRUE	At the April 20	September	40	complete	TRUE	PE Only
77403	Radiation tre	Radiation Treatment Deliv	January 2014	14			ACRO, ASTF	Deleted from CPT	Services with Stand-Alone PE Proced	October 2012							FALSE			TRUE	At the April 20	October 20:	28	Complete	TRUE	Deleted from CPT
77404	Radiation tre	Radiation Treatment Deliv	January 2014	14			ACRO, ASTF	Deleted from CPT	Services with Stand-Alone PE Proced	October 2012							FALSE			TRUE	At the April 20	October 20:	28	Complete	TRUE	Deleted from CPT
77406	Radiation tre	Radiation Treatment Deliv	January 2014	14			ACRO, ASTF	Deleted from CPT	Services with Stand-Alone PE Proced	October 2012							FALSE			TRUE	At the April 20	October 20:	28	Complete	TRUE	Deleted from CPT
77407	Radiation tre	Radiation Oncology Treatr	January 2025	16			ACRO, ASTF	PE Only	Services with Stand-Alone PE Proced	October 2012	XXX	0	0.00	0.00	0		FALSE			TRUE	At the April 20	September	40	complete	TRUE	PE Only
77408	Radiation tre	Radiation Treatment Deliv	January 2014	14			ACRO, ASTF	Deleted from CPT	Services with Stand-Alone PE Proced	October 2012							FALSE			TRUE	At the April 20	October 20:	28	Complete	TRUE	Deleted from CPT
77409	Radiation tre	Radiation Treatment Deliv	January 2014	14			ACRO, ASTF	Deleted from CPT	Services with Stand-Alone PE Proced	October 2012							FALSE			TRUE	At the April 20	October 20:	28	Complete	TRUE	Deleted from CPT
77411	Radiation tre	Radiation Treatment Deliv	January 2014	14			ACRO, ASTF	Deleted from CPT	Services with Stand-Alone PE Proced	October 2012							FALSE			TRUE	At the April 20	October 20:	28	Complete	TRUE	Deleted from CPT
77412	Radiation tre	Radiation Oncology Treatr	January 2025	16			ACRO, ASTF	PE Only	Services with Stand-Alone PE Proced	October 2012	XXX	0	0.00	0.00	0		FALSE			TRUE	At the April 20	September	40	complete	TRUE	PE Only
77413	Radiation tre	Radiation Treatment Deliv	January 2014	14			ACRO, ASTF	Deleted from CPT	Services with Stand-Alone PE Proced	October 2012							FALSE			TRUE	At the April 20	October 20:	28	Complete	TRUE	Deleted from CPT
77414	Radiation tre	Radiation Treatment Deliv	January 2014	14			ACRO, ASTF	Deleted from CPT	Services with Stand-Alone PE Proced	October 2012							FALSE			TRUE	At the April 20	October 20:	28	Complete	TRUE	Deleted from CPT
77416	Radiation tre	Radiation Treatment Deliv	January 2014	14			ACRO, ASTF	Deleted from CPT	Services with Stand-Alone PE Proced	October 2012							FALSE			TRUE	At the April 20	October 20:	28	Complete	TRUE	Deleted from CPT
77417	Therapeutic i	Radiation Oncology Treatr	January 2025	16			ACRO, ASTF	PE Only	CMS-Other - Utilization over 20,000 P	October 2012	XXX	0	0.47	NA	0.02	23258	FALSE			FALSE				Complete	TRUE	PE Only
77418	Intensity mo	Radiation Treatment Deliv	January 2014	14			ACRO, ASTF	Deleted from CPT	CMS Fastest Growing / Services with (	October 2008							TRUE	Nov 2009 ar	complete	TRUE		October 20:	28	Complete	TRUE	Deleted from CPT
77421	Stereoscopic	Radiation Treatment Deliv	January 2014	14			ACRO, ASTF	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	In Jan 2012, th	October 20:	28	Complete	TRUE	Deleted from CPT
77422	High energy r	High Energy Neutron Radia	April 2015	35		RUC	AAOS, ASPS	Contractor Price	CMS Request - Final Rule for 2015	November 2014							FALSE			FALSE				Complete	TRUE	Deleted from CPT
77423	High energy r	High Energy Neutron Radia	April 2015	35		RUC	AAOS, ASPS	Contractor Price	CMS Request - Final Rule for 2015	November 2014	XXX	0	0.00	0.00	0		FALSE			FALSE					TRUE	Maintain
77427	Radiation tre	Radiation Treatment Mana	January 2016	54			ASTRO	3.45. Remove from high E/M s	Site of Service Anomaly / High Level E	September 2007	XXX	3.37	2.17	2.17	0.27	900476	FALSE			TRUE	In October 20(	June 2009	21	Complete	TRUE	Decrease
77435	Stereotactic	RAW	January 2017	30				Remove from screen	High Volume Growth4	October 2016	XXX	11.87	6.67	6.67	0.92	48445	FALSE			FALSE						TRUE	Remove from Screen
77436	Surface radia	Superficial Radiation Ther	January 2025	17			AADA, ACR	0.77	Codes Reported Together 75% or Mor	September 2024							FALSE			FALSE						TRUE	Decrease
77437	Surface radia	Superficial Radiation Ther	January 2025	17			AADA, ACR	PE Only	Codes Reported Together 75% or Mor	September 2024							FALSE			FALSE						TRUE	PE Only
77438	Surface radia	Superficial Radiation Ther	January 2025	17			AADA, ACR	PE Only	Codes Reported Together 75% or Mor	September 2024							FALSE			FALSE						TRUE	PE Only
77439	Surface radia	Superficial Radiation Ther	January 2025	17			AADA, ACR	0.30	Codes Reported Together 75% or Mor	September 2024							FALSE			FALSE						TRUE	Decrease
77470	Special treat	Special Radiation Treatme	January 2016	41			ASTRO	2.03	CMS High Expenditure Procedural Co	July 2015	XXX	2.03	2.27	NA	0.1	81139	FALSE			FALSE						TRUE	Decrease
77520	Proton treatr	Proton Beam Treatment De	April 2019	19			ASTRO	New PE Inputs	Contractor Priced High Volume1	October 2018	XXX	0	0.00	0.00	0	96	FALSE			FALSE						TRUE	PE Only
77522	Proton treatr	Proton Beam Treatment De	April 2019	19			ASTRO	New PE Inputs	Contractor Priced High Volume1	January 2018	XXX	0	0.00	0.00	0	7240	FALSE			FALSE						TRUE	PE Only
77523	Proton treatr	Proton Beam Treatment De	April 2019	19			ASTRO	New PE Inputs	High Volume Growth4 / Contractor Pr	October 2016	XXX	0	0.00	0.00	0	59938	FALSE			FALSE						TRUE	PE Only
77525	Proton treatr	Proton Beam Treatment De	April 2019	19			ASTRO	New PE Inputs	Contractor Priced High Volume1	October 2018	XXX	0	0.00	0.00	0	13585	FALSE			FALSE						TRUE	PE Only
77600	Hyperthermi	Hyperthermia - PE Only	September 2024	14			AADA, ACR	Maintain. New PE Inputs	Services with Stand-Alone PE Proced	October 2012	XXX	1.31	14.90	NA	0.11	13129	FALSE			FALSE						TRUE	PE Only
77767	Remote after	Surface Radionuclide High	January 2015	16			ASTRO, ACF	1.05	Codes Reported Together 75% or Mor	October 2014	XXX	1.05	6.39	NA	0.08	4841	FALSE			FALSE		October 20:	28/29	Complete	TRUE	Decrease
77768	Remote after	Surface Radionuclide High	January 2015	16			ASTRO, ACF	1.40	Codes Reported Together 75% or Mor	October 2014	XXX	1.4	9.53	NA	0.12	5761	FALSE			FALSE		October 20:	28/29	Complete	TRUE	Decrease
77770	Remote after	Surface Radionuclide High	January 2015	16			ASTRO, ACF	1.95	Codes Reported Together 75% or Mor	October 2014	XXX	1.95	8.42	NA	0.12	15023	FALSE			FALSE		October 20:	28/29	Complete	TRUE	Decrease
77771	Remote after	Surface Radionuclide High	January 2015	16			ASTRO, ACF	3.80	Codes Reported Together 75% or Mor	October 2014	XXX	3.8	14.29	NA	0.28	8778	FALSE			FALSE		October 20:	28/29	Complete	TRUE	Decrease
77772	Remote after	Surface Radionuclide High	January 2015	16			ASTRO, ACF	5.40	Codes Reported Together 75% or Mor	October 2014	XXX	5.4	21.66	NA	0.39	2971	FALSE			FALSE		October 20:	28/29	Complete	TRUE	Decrease
77776	Interstitial ra	Interstitial Radiation Sourc	April 2015	17			ACR, ASTRO	Deleted from CPT	Codes Reported Together 75% or Mor	February 2015							FALSE			FALSE		February 20	35	Complete	TRUE	Deleted from CPT
77777	Interstitial ra	Interstitial Radiation Sourc	April 2015	17			ACR, ASTRO	Deleted from CPT	Codes Reported Together 75% or Mor	February 2015							FALSE			FALSE		February 20	35	Complete	TRUE	Deleted from CPT
77778	Interstitial ra	Interstitial Radiation Sourc	October 2015	21			ACR, ASTRO	8.78	Codes Reported Together 75% or Mor	October 2012	000	8.78	18.74	NA	0.54	3083	FALSE			TRUE	The Joint Wor	February 20	35	Complete	TRUE	Decrease
77781	Deleted from	Brachytherapy	October 2008	26			ASTRO	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	Deleted from (	February 20	36	Code Delete	TRUE	Deleted from CPT
77782	Deleted from	Brachytherapy	February 2008	S			ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest (	February 2008							FALSE			TRUE	Deleted from (	February 20	36	Code Delete	TRUE	Deleted from CPT
77784	Deleted from	Brachytherapy	February 2008	S			ASTRO	Deleted from CPT	CMS Fastest Growing	February 2008							FALSE			TRUE	Deleted from (	February 20	36	Code Delete	TRUE	Deleted from CPT

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88313	Special stain	Special Stains	February 2011	33		CAP	0.24	Havard Valued - Utilization over 1 Mill	October 2008	XXX	0.24	2.20	NA	0.02	1258216	FALSE		TRUE	At the Februar	June 2010	12	Complete	TRUE	Maintain
88314	Special stain	Special Stains	February 2011	33		CAP	0.45	Havard Valued - Utilization over 1 Mill	February 2009	XXX	0.45	2.09	NA	0.03	26516	FALSE		TRUE	At the Februar	June 2010	12	Complete	TRUE	Maintain
88318	Deleted from	Special Stains	February 2010	22		CAP, AAD	Deleted from CPT	Havard Valued - Utilization over 1 Million								FALSE		TRUE	At the Februar	June 2010	12	Complete	TRUE	Deleted from CPT
88319	Special stain	Special Stains	February 2011	33		CAP	0.53	Havard Valued - Utilization over 1 Million		XXX	0.53	3.50	NA	0.03	12847	FALSE		TRUE	At the Februar	June 2010	12	Complete	TRUE	Maintain
88321	Consultation	Microslide Consultation	January 2016	43		CAP, ASC	1.63	CMS High Expenditure Procedural Co	July 2015	XXX	1.63	1.20	0.75	0.07	165401	FALSE		FALSE					TRUE	Maintain
88323	Consultation	Microslide Consultation	January 2016	43		CAP, ASC	1.83	CMS High Expenditure Procedural Co	July 2015	XXX	1.83	1.62	NA	0.03	31145	FALSE		FALSE					TRUE	Maintain
88325	Consultation	Microslide Consultation	January 2016	43		CAP, ASC	2.85	CMS High Expenditure Procedural Co	July 2015	XXX	2.85	1.72	1.00	0.13	11312	FALSE		FALSE					TRUE	Increase
88329	Pathology co	Pathology Consultation Du	October 2010	18		CAP	0.67	Harvard Valued - Utilization over 100,	February 2010	XXX	0.67	0.92	0.32	0.04	19229	FALSE		FALSE					TRUE	Maintain
88331	Pathology co	Pathology Consultation Du	October 2010	18		CAP	1.19	Harvard Valued - Utilization over 100,	October 2009	XXX	1.19	1.80	NA	0.03	319397	FALSE		FALSE					TRUE	Maintain
88332	Pathology co	Pathology Consultation Du	October 2010	18		CAP	0.59	Harvard Valued - Utilization over 100,	October 2009	XXX	0.59	1.03	NA	0.02	119898	FALSE		FALSE					TRUE	Maintain
88333	Pathology co	Pathology Consultation Du	April 2016	39		ASC, CAP	1.20	CMS Request - Final Rule for 2016	July 2015	XXX	1.2	1.50	NA	0.03	57998	FALSE		FALSE					TRUE	Maintain
88334	Pathology co	Pathology Consultation Du	April 2016	39		ASC, CAP	0.73	CMS Request - Final Rule for 2016	July 2015	ZZZ	0.73	0.93	NA	0.01	27033	FALSE		FALSE					TRUE	Maintain
88341	Immunohistc	Morphometric Analysis In S	April 2014	21		CAP	0.65	CMS Request - Final Rule for 2014	November 2013	ZZZ	0.56	2.32	NA	0.01	3461065	FALSE		FALSE					TRUE	Decrease
88342	Immunohistc	Morphometric Analysis In S	April 2014	21		CAP	0.70	CMS-Other - Utilization over 500,000	April 2011	XXX	0.7	2.65	NA	0.02	2174347	FALSE		TRUE	In Jan 2012, th	May 2012		Complete	TRUE	Decrease
88343	Immunohistc	Morphometric Analysis In S	April 2014	21		CAP	Deleted from CPT	CMS Request - Final Rule for 2014	November 2013							FALSE		FALSE				Complete	TRUE	Deleted from CPT
88344	Immunohistc	Morphometric Analysis In S	April 2014	21		CAP	0.77	CMS Request - Final Rule for 2014	November 2013	XXX	0.77	4.38	NA	0.02	175628	FALSE		FALSE					TRUE	Decrease
88346	Immunofluor	Immunofluorescent Studie	January 2015	17		CAP, ASC	0.74	CMS-Other - Utilization over 250,000	April 2013	XXX	0.74	3.56	NA	0.03	54878	FALSE		TRUE	In April 2013, t	October 20:	45	Complete	TRUE	Decrease
88347	Immunofluor	Immunofluorescent Studie	January 2015	17		CAP, ASC	Deleted from CPT	CMS-Other - Utilization over 250,000	October 2013							FALSE		TRUE	In April 2013, t	October 20:	45	Complete	TRUE	Deleted from CPT
88348	Electron mic	Electron Microscopy-PE Or	October 2013	14		CAP	New PE Inputs	Services with Stand-Alone PE Procedu	October 2012	XXX	1.51	13.12	NA	0.13	13572	FALSE		FALSE					TRUE	PE Only
88349	Electron mic	Electron Microscopy-PE Or	October 2013	14		CAP	Deleted from CPT	Services with Stand-Alone PE Procedu	October 2012							FALSE		TRUE	Refer to CPT t	Oct 2013		Complete	TRUE	Deleted from CPT
88350	Immunofluor	Immunofluorescent Studie	January 2015	17		CAP, ASC	0.70	CMS-Other - Utilization over 250,000	October 2014	ZZZ	0.59	2.70	NA	0.02	234386	FALSE		FALSE		October 20:	45	Complete	TRUE	Decrease
88356	Morphometri	RAW	April 2014	37		ASCP, CAP	2.80	High Volume Growth2	April 2013	XXX	2.8	4.22	NA	0.06	24282	FALSE		FALSE					TRUE	Decrease
88360	Morphometri	Tumor Immunohistochemi	April 2016	40		ASC, CAP	0.85	CMS High Expenditure Procedural Co	July 2015	XXX	0.85	2.70	NA	0.02	660189	FALSE		FALSE					TRUE	Decrease
88361	Morphometri	Tumor Immunohistochemi	April 2016	40		ASC, CAP	0.95	CMS High Expenditure Procedural Co	July 2015	XXX	0.95	2.50	NA	0.02	138656	FALSE		FALSE					TRUE	Decrease
88364	In situ hybrid	Morphometric Analysis In S	April 2014	21		CAP, ASCP,	0.88	CMS Request - Final Rule for 2014	November 2013	ZZZ	0.7	3.15	NA	0.02	39774	FALSE		FALSE					TRUE	Decrease
88365	In situ hybrid	Morphometric Analysis In S	April 2014	21		CAP	0.88	CMS Request - Final Rule for 2012 / C	September 2011	XXX	0.88	4.31	NA	0.03	62947	TRUE	Dec 2011 & complete	TRUE	In April 2013, t	May 2013		Complete	TRUE	Decrease
88366	In situ hybrid	Morphometric Analysis In S	April 2014	21		CAP, ASCP,	1.24	CMS Request - Final Rule for 2012 / C	May 2013	XXX	1.24	6.75	NA	0.05	3001	FALSE		FALSE		May 2013		Complete	TRUE	Decrease
88367	Morphometri	Morphometric Analysis In S	September 2014	18		CAP, ASCP,	0.86	CMS Request - Final Rule for 2012 / C	September 2011	XXX	0.73	2.51	NA	0.03	3872	TRUE	Dec 2011 & complete	TRUE	In April 2013, t	May 2013		Complete	TRUE	Decrease
88368	Morphometri	Morphometric Analysis In S	September 2014	18		CAP, ASCP,	0.88	CMS Request - Final Rule for 2012 / C	September 2011	XXX	0.88	3.56	NA	0.03	16239	TRUE	Dec 2011 & complete	TRUE	In April 2013, t	May 2013		Complete	TRUE	Decrease
88373	Morphometri	Morphometric Analysis In S	April 2014	21		CAP, ASCP,	0.86	CMS Request - Final Rule for 2014	November 2013	ZZZ	0.58	1.38	NA	0.01	5407	FALSE		FALSE					TRUE	Decrease
88374	Morphometri	Morphometric Analysis In S	April 2014	21		CAP, ASCP,	1.04	CMS Request - Final Rule for 2014		XXX	0.93	7.21	NA	0.03	149418	FALSE		FALSE					TRUE	Decrease
88377	Morphometri	Morphometric Analysis In S	October 2020	24		CAP, ASCP,	1.40	CMS Request - Final Rule for 2012 / C	May 2013	XXX	1.4	10.19	NA	0.04	118475	FALSE		FALSE		May 2013		Complete	TRUE	Decrease
88381	Microdissect	Manual Microdissection	April 2025	14		ASC, AP	Remove from screen	High Volume Growth8	April 2022	XXX	0.53	5.25	NA	0.05	73067	FALSE		FALSE					TRUE	Remove from screen
90460	Immunizatio	Immunization Administrati	April 2021	19		AAFP, AAP, ,	0.24	CMS Request-Final Rule for 2021	July 2020	XXX	0.24	0.43	NA	0.02	140	FALSE		FALSE					TRUE	Increase
90461	Immunizatio	Immunization Administrati	April 2021	19		AAFP, AAP, ,	0.18	CMS Request-Final Rule for 2021	July 2020	ZZZ	0.18	0.07	NA	0.01	27	FALSE		FALSE					TRUE	Increase
90465	Deleted from	Immunization Administrati	February 2008	R		AAP	New PE inputs	CMS Request - Practice Expense Revi	NA							FALSE		FALSE				Complete	TRUE	Deleted from CPT
90467	Deleted from	Immunization Administrati	February 2008	R		AAP	New PE inputs	CMS Request - Practice Expense Revi	NA							FALSE		FALSE				Complete	TRUE	Deleted from CPT
90471	Immunizatio	Immunization Administrati	April 2021	19		AAFP, AAP, ,	0.17	CMS Request - Practice Expense Revi	February 2008	XXX	0.17	0.44	NA	0.01	315781	FALSE		FALSE					TRUE	Maintain
90472	Immunizatio	Immunization Administrati	April 2021	19		AAFP, AAP, ,	0.15	CMS Request - Practice Expense Revi	February 2008	ZZZ	0.15	0.28	NA	0.01	27148	FALSE		FALSE					TRUE	Maintain
90473	Immunizatio	Immunization Administrati	April 2021	19		AAFP, AAP, ,	0.17	CMS Request - Practice Expense Revi	NA	XXX	0.17	0.32	NA	0.01	4	FALSE		FALSE					TRUE	Maintain
90474	Immunizatio	Immunization Administrati	April 2021	19		AAFP, AAP, ,	0.15	CMS Request - Practice Expense Revi	NA	ZZZ	0.15	0.20	NA	0.01		FALSE		FALSE					TRUE	Maintain
90785	Interactive c	Psychotherapy for Crisis a	April 2024	12		AACAP, APA	0.33	CMS High Expenditure Procedural Co	April 2013	ZZZ	0.33	0.10	0.04	0.01	342907	FALSE		TRUE	CPT February	October 20:	55	Complete	TRUE	Increase
90791	Psychiatric d	Psychotherapy	April 2012	26		APA, APA (H	3.00	CMS High Expenditure Procedural Co	April 2013	XXX	3.84	1.22	0.48	0.1	686827	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90792	Psychiatric d	Psychotherapy	April 2012	26		APA, APA (H	3.25	CMS High Expenditure Procedural Co	April 2013	XXX	4.16	1.49	0.74	0.16	522496	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90801	Psychiatric d	RAW review	January 2012	30			Deleted from CPT	CMS High Expenditure Procedural Co	September 2011							FALSE		TRUE	January 2012,	February 20	93	Complete	TRUE	Deleted from CPT
90805	Individual ps	RAW review	January 2012	30			Deleted from CPT	CMS High Expenditure Procedural Co	September 2011							FALSE		TRUE	January 2012,	February 20	93	Complete	TRUE	Deleted from CPT
90806	Individual ps	RAW review	January 2012	30			Deleted from CPT	CMS High Expenditure Procedural Co	September 2011							FALSE		TRUE	January 2012,	February 20	93	Complete	TRUE	Deleted from CPT
90808	Individual ps	RAW review	January 2012	30			Deleted from CPT	CMS High Expenditure Procedural Co	September 2011							FALSE		TRUE	January 2012,	February 20	93	Complete	TRUE	Deleted from CPT
90818	Individual ps	RAW review	January 2012	30			Deleted from CPT	CMS High Expenditure Procedural Co	September 2011							FALSE		TRUE	January 2012,	February 20	93	Complete	TRUE	Deleted from CPT
90832	Psychothera	Psychotherapy	April 2012	26		APA, APA (H	1.50	CMS High Expenditure Procedural Co	April 2013	XXX	1.86	0.54	0.23	0.04	1934739	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90833	Psychothera	Psychotherapy	April 2012	26		APA, APA (H	1.50	CMS High Expenditure Procedural Co	April 2013	ZZZ	1.64	0.55	0.29	0.06	1410377	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90834	Psychothera	Psychotherapy	April 2012	26		APA, APA (H	2.00	CMS High Expenditure Procedural Co	April 2013	XXX	2.45	0.72	0.31	0.05	3451030	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90836	Psychothera	Psychotherapy	April 2012	26		APA, APA (H	1.90	CMS High Expenditure Procedural Co	April 2013	ZZZ	2.08	0.70	0.37	0.08	411350	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90837	Psychothera	Psychotherapy	April 2012	26		APA, APA (H	3.00	CMS High Expenditure Procedural Co	April 2013	XXX	3.63	1.06	0.45	0.08	6251351	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90838	Psychothera	Psychotherapy	April 2012	26		APA, APA (H	2.50	CMS High Expenditure Procedural Co	April 2013	ZZZ	2.74	0.93	0.51	0.13	91207	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90839	Psychothera	Psychotherapy for Crisis a	April 2013	35		APA, APA (H	3.13	CMS High Expenditure Procedural Co	April 2013	XXX	3.43	1.06	0.50	0.1	17382	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90840	Psychothera	Psychotherapy for Crisis a	April 2013	35		APA, APA (H	1.50	CMS High Expenditure Procedural Co	April 2013	ZZZ	1.64	0.55	0.30	0.06	5285	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90845	Psychoanaly	Psychotherapy	October 2011				2.10	CMS High Expenditure Procedural Co	April 2013	XXX	2.3	0.71	0.34	0.06	5619	FALSE		FALSE					TRUE	Increase
90846	Family psych	Psychotherapy	April 2012	26		APA, APA (H	2.40	CMS High Expenditure Procedural Co	April 2013	XXX	2.63	0.36	0.35	0.06	22973	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90847	Family psych	Psychotherapy	April 2012	26		APA, APA (H	2.50	CMS High Expenditure Procedural Co	April 2013	XXX	2.74	0.38	0.37	0.06	114179	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90853	Group psych	Psychotherapy	April 2012	26		APA, APA (H	0.59	CMS High Expenditure Procedural Co	April 2013	XXX	0.65	0.20	0.08	0.02	388921	FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Maintain
90862	Pharmacolog	RAW review	January 2012	30			Deleted from CPT	CMS High Expenditure Procedural Co	September 2011							FALSE		TRUE	January 2012,	February 20	93	Complete	TRUE	Deleted from CPT
90863	Pharmacolog	Pharmacologic Manageme	April 2013	40		APA (HCPA(	0.48	CMS High Expenditure Procedural Co	April 2013	XXX	0.48	0.24	0.19	0.03		FALSE		TRUE	CPT February	February 20	93	Complete	TRUE	Increase
90868	Therapeutic i	RAW	September 2022	13		APA (psychi	Maintain	Contractor Priced High Volume / Cont	January 2018	000	0	0.00	0.00	0	259335	FALSE		FALSE					TRUE	Maintain
90870	Electroconvu	Electroconvulsive Therapy	April 2010	41		APA	2.50	Harvard Valued - Utilization over 100,	October 2009	000	2.5	2.55	0.52	0.1	85549	FALSE		FALSE					TRUE	Increase
90901	Biofeedback	Biofeedback Training	April 2024	09	January 202 RUC	ANA, APA (p	Refer to CPT	High Volume Growth9	April 2023	000	0.41	0.79	0.14	0.02	79490	FALSE		TRUE	In April 2023, t	September	Sep 2025: T.	Complete	FALSE	
90911	Biofeedback	Biofeedback Training	January 2019	15			Deleted from CPT	Negative IWPUT	April 2017							FALSE		TRUE	At the April 20	September	34	complete	TRUE	Deleted from CPT
90912	Biofeedback	Biofeedback Training	April 2024	09	January 202 RUC	ACOG, APTA	Refer to CPT 0.90	Negative IWPUT / High Volume Growt	September 2018	000	0.9	1.46	0.32	0.04	27389	FALSE		TRUE	In April 2023, t	September	Sep 2025: T.	Complete	FALSE	Increase
90913	Biofeedback	Biofeedback Training	April 2024	09	January 202 RUC	ACOG, APTA	Refer to CPT. 0.50	Negative IWPUT / High Volume Growt	September 2018	ZZZ	0.5	0.44	0.18	0.03	19617	FALSE		TRUE	In April 2023, t	September	Sep 2025: T.	Complete	FALSE	Increase
90935	Hemodialysi	Hemodialysis-Dialysis Ser	October 2009	30		RPA	1.48	Havard Valued - Utilization over 1 Mill	October 2008	000	1.48	NA	0.54	0.08	591622	FALSE		FALSE					TRUE	Increase
90937	Hemodialysi	Hemodialysis-Dialysis Ser	October 2009	30		RPA	2.11	Havard Valued - Utilization over 1 Mill	February 2009	000	2.11	NA	0.80	0.13	26555	FALSE		FALSE					TRUE	Maintain
90945	Dialysis proc	Hemodialysis-Dialysis Ser	October 2009	30		RPA	1.56	Havard Valued - Utilization over 1 Mill	February 2009	000	1.56	NA	0.91	0.1	110046	FALSE		FALSE					TRUE	Increase
90947	Dialysis proc	Hemodialysis-Dialysis Ser	October 2009	30		RPA	2.52	Havard Valued - Utilization over 1 Mill	February 2009	000	2.52	NA	0.94	0.17	8823	FALSE		FALSE					TRUE	Increase
90951	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	23.92	9.04	9.04	1.64	29	FALSE		FALSE					TRUE	PE Only
90952	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	0	0.00	0.00	0	2	FALSE		FALSE					TRUE	PE Only
90953	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	0	0.00	0.00	0	5	FALSE		FALSE					TRUE	PE Only
90954	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	20.86	7.60	7.60	1.35	398	FALSE		FALSE					TRUE	PE Only
90955	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	10.32	4.63	4.63	0.63	86	FALSE		FALSE					TRUE	PE Only
90956	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	6.64	3.39	3.39	0.39	107	FALSE		FALSE					TRUE	PE Only
90957	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	15.46	6.43	6.43	0.98	1356	FALSE		FALSE					TRUE	PE Only
90958	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	9.87	4.40	4.40	0.63	350	FALSE		FALSE					TRUE	PE Only
90959	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	6.19	3.15	3.15	0.39	225	FALSE		FALSE					TRUE	PE Only
90960	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised p	CMS Request - Practice Expense Revi	February 2009	XXX	6.77	3.41	3.41	0.42	1238509	FALSE		FALSE					TRUE	PE Only
90961	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised p	CMS Request - Practice Expense Revi	February 2009	XXX	5.52	2.94	2.94	0.34	434848	FALSE		FALSE					TRUE	PE Only
90962	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	3.57	2.30	2.30	0.21	137651	FALSE		FALSE					TRUE	PE Only
90963	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	12.09	5.15	5.15	0.77	79	FALSE		FALSE					TRUE	PE Only
90964	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	10.25	4.54	4.54	0.65	646	FALSE		FALSE					TRUE	PE Only
90965	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	9.8	4.44	4.44	0.63	872	FALSE		FALSE					TRUE	PE Only
90966	End-stage re	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised (	CMS Request - Practice Expense Revi	February 2009	XXX	5.52	2.94	2.94	0.34	307423	FALSE		FALSE					TRUE	PE Only
90X03		Biofeedback Training			January 202 RUC	ANA, APA (psychology), APTA		High Volume Growth9								FALSE		FALSE					FALSE	
91038	Esophageal f	Gastroenterological Tests	February 2010	23		AGA, ASGE	New PE Inputs	CMS Request - Practice Expense Revi	February 2010	000	1.1	10.43	NA	0.06	3765	FALSE		FALSE					TRUE	PE Only
91110	Gastrointest	Gastrointestinal Tract Ima	January 2016	44		ACG, AGA, /	2.49	CMS High Expenditure Procedural Co	July 2015	XXX	2.24	18.58	NA	0.07	40626	FALSE		FALSE					TRUE	Decrease
91111	Gastrointest	Gastrointestinal Tract Ima	January 2016	44		ACG, AGA, /	1.00	CMS High Expenditure Procedural Co	July 2015	XXX	0.9	23.90	NA	0.05	172	FALSE		FALSE					TRUE	Maintain
91120	Rectal sensa	Colon Motility Services	September 2024	10		ACG, AGA, /	Deleted from CPT	Codes Reported Together 75% or Mor	April 2023	XXX	0.97	13.30	NA	0.05	10029	FALSE		TRUE	In April 2023, t	May 2024	34	Deleted	TRUE	Deleted from CPT
91122	Anorectal ma	Colon Motility Services	September 2024	10		ACG, AGA, /	Deleted from CPT	Codes Reported Together 75% or Mor	April 2023	000	1.77	6.29	NA	0.11	17915	FALSE		TRUE	In April 2023, t	May 2024	34	Deleted	TRUE	Deleted from CPT

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92937	Percutaneou	Percutaneous Coronary Int	January 2012	10			ACC	10.49	MPC List	October 2010	000	10.95	NA	3.80	2.45	10985	FALSE			TRUE		October 20:	21	Complete	TRUE	Decrease
92938	Percutaneou	Percutaneous Coronary Int	January 2012	10			ACC	6.00	MPC List	October 2010	ZZZ	0	0.00	0.00	0		FALSE			TRUE		October 20:	21	Complete	TRUE	Decrease
92941	Percutaneou	Percutaneous Coronary Int	January 2012	10			ACC	12.32	MPC List	October 2010	000	12.31	NA	4.27	2.76	28212	FALSE			TRUE		October 20:	21	Complete	TRUE	Decrease
92943	Percutaneou	Percutaneous Coronary Int	January 2012	10			ACC	12.32	MPC List	October 2010	000	12.31	NA	4.26	2.77	6992	FALSE			TRUE		October 20:	21	Complete	TRUE	Decrease
92944	Percutaneou	Percutaneous Coronary Int	January 2012	10			ACC	6.00	MPC List	October 2010	ZZZ	0	0.00	0.00	0		FALSE			TRUE		October 20:	21	Complete	TRUE	Decrease
92960	Cardioversio	Cardioversion	October 2010	19			ACC	2.25	Harvard Valued - Utilization over 100,	October 2009	000	2	2.42	1.05	0.16	210188	FALSE			FALSE					TRUE	Maintain
92973	Percutaneou	RAW	October 2017	19				Remove from screen	High Volume Growth2	April 2013	ZZZ	3.28	NA	1.14	0.73	2246	FALSE			FALSE					TRUE	Maintain
92978	Endoluminal	Endoluminal Coronary IVU	September 2025	29	January 202	RUC	ACC, SCAI	Survey January 2026	High Volume Growth11	April 2025	ZZZ	1.8	0.63	0.63	0.34	94036	FALSE			FALSE					FALSE	
92979	Endoluminal	Endoluminal Coronary IVU	September 2025	29	January 202	RUC	ACC, SCAI	Survey January 2026	High Volume Growth11	September 2025	ZZZ	1.44	0.50	0.50	0.27	17617	FALSE			FALSE					FALSE	
92980	Transcathete	Percutaneous Coronary Int	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty soci	October 20:	21	Deleted fror	TRUE	Deleted from CPT
92981	Transcathete	Percutaneous Coronary Int	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty soci	October 20:	21	Deleted fror	TRUE	Deleted from CPT
92982	Percutaneou	Percutaneous Coronary Int	January 2012	10			ACC	Deleted from CPT	MPC List / Harvard-Valued Annual All	October 2010							FALSE			TRUE	Specialty soci	October 20:	21	Deleted fror	TRUE	Deleted from CPT
92984	Percutaneou	Percutaneous Coronary Int	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty soci	October 20:	21	Deleted fror	TRUE	Deleted from CPT
92986	Percutaneou	Valvuloplasty	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008	090	22.6	NA	11.39	5.1	2050	FALSE			FALSE					TRUE	Remove from Screen
92992	Atrial septec	Atrial Septostomy	January 2020	13				Deleted from CPT	CMS Request - Final Rule for 2019	October 2018							FALSE			TRUE	In January 201	September	16	complete	TRUE	Deleted from CPT
92993	Atrial septec	Atrial Septostomy	January 2020	13				Deleted from CPT	CMS Request - Final Rule for 2019	October 2018							FALSE			TRUE	In January 201	September	16	complete	TRUE	Deleted from CPT
92995	Percutaneou	Percutaneous Coronary Int	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty soci	October 20:	21	Deleted fror	TRUE	Deleted from CPT
92996	Percutaneou	Percutaneous Coronary Int	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty soci	October 20:	21	Deleted fror	TRUE	Deleted from CPT
92X0X		Speech Language Pathology	Services		January 202	HCPAC	ASHA		High Volume Growth10	January 2026							FALSE			FALSE					FALSE	
92X1X		Speech Language Pathology	Services		January 202	HCPAC	ASHA		High Volume Growth10	January 2026							FALSE			FALSE					FALSE	
92X2X		Speech Language Pathology	Services		January 202	HCPAC	ASHA		High Volume Growth10	January 2026							FALSE			FALSE					FALSE	
92X3X		Speech Language Pathology	Services		January 202	HCPAC	ASHA		High Volume Growth10	January 2026							FALSE			FALSE					FALSE	
92X4X		Speech Language Pathology	Services		January 202	HCPAC	ASHA		High Volume Growth10	January 2026							FALSE			FALSE					FALSE	
92X5X		Speech Language Pathology	Services		January 202	HCPAC	ASHA		High Volume Growth10	January 2026							FALSE			FALSE					FALSE	
92X6X		Speech Language Pathology	Services		January 202	HCPAC	ASHA		High Volume Growth10	January 2026							FALSE			FALSE					FALSE	
92X7X		Speech Language Pathology	Services		January 202	HCPAC	ASHA		High Volume Growth10	January 2026							FALSE			FALSE					FALSE	
92X8X		Speech Language Pathology	Services		January 202	HCPAC	ASHA		High Volume Growth10	January 2026							FALSE			FALSE					FALSE	
92X9X		Speech Language Pathology	Services		January 202	HCPAC	ASHA		High Volume Growth10	January 2026							FALSE			FALSE					FALSE	
92XX5	Rotational ve	Rotational Vestibular Asse	September 2025	14			AAA, AAN, A	0.92	Codes Reported Together 75% or Mor	May 2025	XXX						FALSE			FALSE					TRUE	Increase
92XX6	Rotational ve	Rotational Vestibular Asse	September 2025	14			AAA, AAN, A	0.48	Codes Reported Together 75% or Mor	May 2025	ZZZ						FALSE			FALSE					TRUE	Increase
93000	Electrocardi	Complete Electrocardiogra	April 2019	20			ACC	0.17	CMS High Expenditure Procedural Co	September 2011	XXX	0.17	0.24	NA	0.02	10269471	FALSE			FALSE					TRUE	Maintain
93005	Electrocardi	Complete Electrocardiogra	April 2019	20			ACC	0.00	High Volume Growth1 / CMS High Exp	February 2008	XXX	0	0.18	NA	0.01	422271	FALSE			FALSE					TRUE	PE Only
93010	Electrocardi	Complete Electrocardiogra	April 2019	20			ACC	0.17	MPC List / CMS High Expenditure Pro	October 2010	XXX	0.17	0.06	0.06	0.01	15241115	FALSE			FALSE					TRUE	Maintain
93012	Deleted from	External Cardiovascular Di	April 2010	25			ACC	Deleted from CPT	Harvard Valued - Utilization over 100,	October 2009							FALSE			FALSE		February 20	57	Complete	TRUE	Deleted from CPT
93014	Deleted from	External Cardiovascular Di	April 2010	25			ACC	Deleted from CPT	Harvard Valued - Utilization over 100,	October 2009							FALSE			FALSE		February 20	57	Complete	TRUE	Deleted from CPT
93015	Cardiovascu	Cardiovascular Stress Test	April 2012	47			ACC	0.75. CPT Assistant publishec	Codes Reported Together 75% or Mor	February 2010	XXX	0.75	1.40	NA	0.04	816351	TRUE	Jan 2010	complete	TRUE	The RUC acce	October 20:	42	Complete	TRUE	Maintain
93016	Cardiovascu	Cardiovascular Stress Test	September 2024	14			ACC	Remove from screen. 0.45	Codes Reported Together 75% or Mor	February 2010	XXX	0.45	0.16	0.16	0.01	771513	FALSE			FALSE					TRUE	Maintain
93017	Cardiovascu	Cardiovascular Stress Test	April 2010	45			ACC	New PE inputs	High Volume Growth1 / CMS Request	February 2008	XXX	0	1.13	NA	0.02	75937	FALSE			FALSE					TRUE	PE Only
93018	Cardiovascu	Cardiovascular Stress Test	September 2024	14			ACC	Review action plan. 0.30	Codes Reported Together 75% or Mor	February 2010	XXX	0.3	0.11	0.11	0.01	915348	TRUE	Jan 2010	complete	TRUE	The RUC acce	October 20:	42	Complete	TRUE	Maintain
93025	Microvolt T-w	Microvolt T-Wave Assessm	October 2008	18			ACC	New PE Inputs	CMS Request - Practice Expense Revi	NA	XXX	0.75	3.04	NA	0.04	118	FALSE			FALSE					TRUE	PE Only
93040	Rhythm ECG	Rhythm EKG	October 2009	34			ACC	0.15	Havard Valued - Utilization over 1 Mill	February 2009	XXX	0.15	0.23	NA	0.02	80679	FALSE			FALSE					TRUE	Decrease
93041	Rhythm ECG	Rhythm EKG	October 2009	34			ACC	0.00 (PE only)	Havard Valued - Utilization over 1 Mill	February 2009	XXX	0	0.19	NA	0.01	10739	FALSE			FALSE					TRUE	Maintain
93042	Rhythm ECG	Rhythm EKG	October 2009	34			ACC, ACEP	0.15	Havard Valued - Utilization over 1 Mill	October 2008	XXX	0.15	0.04	0.04	0.01	254371	FALSE			FALSE					TRUE	Decrease
93050	Arterial pres	RAW	April 2023	15				Remove from screen	Different Performing Specialty from S	April 2023	XXX	0.17	0.30	NA	0.02	10655	FALSE			FALSE					TRUE	Remove from Screen
93150	Therapy acti	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	XXX	0.85	2.13	0.34	0.05		FALSE			FALSE					FALSE	
93151	Interrogation	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	XXX	0.8	1.80	0.32	0.05		FALSE			FALSE					FALSE	
93152	Interrogation	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	XXX	1.82	2.27	0.66	0.13		FALSE			FALSE					FALSE	
93153	Interrogation	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	XXX	0.43	1.12	0.18	0.03		FALSE			FALSE					FALSE	
93224	External elec	External Cardiovascular Di	September 2023	22			ACC	0.52	Harvard Valued - Utilization over 100,	October 2009	XXX	0.39	1.69	NA	0.03	140499	FALSE			TRUE	The ACC and t	February 20	57	Revised	TRUE	Maintain
93225	External elec	External Cardiovascular Di	September 2023	22			ACC	N/A no physician work	Harvard Valued - Utilization over 100,	October 2009	XXX	0	0.53	NA	0.01	55226	FALSE			FALSE		February 20	57	complete	TRUE	Maintain
93226	External elec	External Cardiovascular Di	September 2023	22			ACC	N/A no physician work	Harvard Valued - Utilization over 100,	October 2009	XXX	0	1.02	NA	0.01	92549	FALSE			FALSE		February 20	57	complete	TRUE	Maintain
93227	External elec	External Cardiovascular Di	September 2023	22			ACC	0.52	Harvard Valued - Utilization over 100,	October 2009	XXX	0.39	0.14	0.14	0.01	183173	FALSE			TRUE	The ACC and t	February 20	57	Revised	TRUE	Remove from Screen
93228	External mot	External Cardiovascular Di	October 2020	20			ACC, HRS	0.52	Harvard Valued - Utilization over 100,	October 2009	XXX	0.48	0.24	0.24	0.03	291765	FALSE			FALSE					TRUE	Maintain
93229	External mot	External Cardiovascular Di	April 2024	12			ACC, HRS	PE Only	Harvard Valued - Utilization over 100,	October 2009	XXX	0	22.94	NA	0.08	374720	FALSE			FALSE					TRUE	PE Only
93230	Deleted from	Cardiac Device Monitoring	April 2009	31			ACC	Deleted from CPT	CMS Request - 2009 Final Rule / Harv	NA							FALSE			TRUE	CMS stated th	February 20	57	Deleted	TRUE	Deleted from CPT
93231	Deleted from	External Cardiovascular Di	April 2010	25				Deleted from CPT	Harvard Valued - Utilization over 100,	October 2009							FALSE			FALSE		February 20	57	Complete	TRUE	Deleted from CPT
93232	Deleted from	External Cardiovascular Di	April 2010	25				Deleted from CPT	Harvard Valued - Utilization over 100,	October 2009							FALSE			FALSE		February 20	57	Complete	TRUE	Deleted from CPT
93233	Deleted from	Cardiac Device Monitoring	April 2009	31			ACC	Deleted from CPT	CMS Request - 2009 Final Rule / Harv	NA							FALSE			TRUE	CMS stated th	February 20	57	Deleted	TRUE	Deleted from CPT
93235	Deleted from	External Cardiovascular Di	April 2010	25				Deleted from CPT	Harvard Valued - Utilization over 100,	October 2009							FALSE			FALSE		February 20	57	Complete	TRUE	Deleted from CPT
93236	Deleted from	Cardiovascular Stress Test	April 2009	38			ACC	Deleted from CPT	Harvard Valued - Utilization over 100,	February 2008							FALSE			TRUE	In February 20	February 20	57	Deleted	TRUE	Deleted from CPT
93237	Deleted from	Wearable Cardiac Device I	February 2010	31			ACC	Deleted from CPT	Harvard Valued - Utilization over 100,	October 2009							FALSE			TRUE	The ACC and t	February 20	57	Complete	TRUE	Deleted from CPT
93241	External elec	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.5	7.49	NA	0.04	24686	FALSE			FALSE					TRUE	Remove from Screen
93242	External elec	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0	0.34	NA	0.01	139998	FALSE			FALSE					TRUE	Remove from Screen
93243	External elec	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0	6.99	NA	0.01	238020	FALSE			FALSE					TRUE	Remove from Screen
93244	External elec	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.5	0.16	0.16	0.02	235248	FALSE			FALSE					TRUE	Remove from Screen
93245	External elec	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.55	7.77	NA	0.04	8992	FALSE			FALSE					TRUE	Remove from Screen
93246	External elec	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0	0.34	NA	0.01	138128	FALSE			FALSE					TRUE	Remove from Screen
93247	External elec	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0	7.25	NA	0.01	337061	FALSE			FALSE					TRUE	Remove from Screen
93248	External elec	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.55	0.18	0.18	0.02	297449	FALSE			FALSE					TRUE	Remove from Screen
93268	External pati	External Cardiovascular Di	April 2010	25			ACC	0.52	Harvard Valued - Utilization over 100,	October 2009	XXX	0.52	4.49	NA	0.04	9131	FALSE			FALSE		February 20	57	complete	TRUE	Maintain
93270	External pati	External Cardiovascular Di	April 2010	25			ACC	New PE inputs	Harvard Valued - Utilization over 100,	October 2009	XXX	0	0.23	NA	0.01	28890	FALSE			FALSE		February 20	57	complete	TRUE	PE Only
93271	External pati	External Cardiovascular Di	April 2024	12			ACC, HRS	PE Only	Harvard Valued - Utilization over 100,	October 2009	XXX	0	4.09	NA	0.01	34746	FALSE			FALSE		February 20	57	complete	TRUE	PE Only
93272	External pati	External Cardiovascular Di	April 2010	25			ACC	0.52	Harvard Valued - Utilization over 100,	October 2009	XXX	0.52	0.17	0.17	0.02	79697	FALSE			FALSE		February 20	57	complete	TRUE	Maintain
93279	Programmin	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.65	CMS High Expenditure Procedural Co	July 2015	XXX	0.65	1.31	NA	0.03	104038	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Maintain
93280	Programmin	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.77	CMS High Expenditure Procedural Co	July 2015	XXX	0.77	1.52	NA	0.03	736539	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Maintain
93281	Programmin	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.85	CMS High Expenditure Procedural Co	July 2015	XXX	0.85	1.58	NA	0.04	68719	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Decrease
93282	Programmin	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.85	CMS High Expenditure Procedural Co	July 2015	XXX	0.85	1.46	NA	0.04	67056	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Maintain
93283	Programmin	Cardiac Electrophysiology	October 2016	25			ACC, HRS	1.15	CMS High Expenditure Procedural Co	July 2015	XXX	1.15	1.69	NA	0.05	144455	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Maintain
93284	Programmin	Cardiac Electrophysiology	October 2016	25			ACC, HRS	1.25	CMS High Expenditure Procedural Co	July 2015	XXX	1.25	1.82	NA	0.05	176325	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Maintain
93285	Programmin	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.52	CMS High Expenditure Procedural Co	July 2015	XXX	0.52	1.21	NA	0.03	39425	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Maintain
93286	Peri-procedu	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.30	CMS High Expenditure Procedural Co	July 2015	XXX	0.3	1.01	NA	0.02	30779	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Maintain
93287	Peri-procedu	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.45	CMS High Expenditure Procedural Co	July 2015	XXX	0.45	1.07	NA	0.02	14202	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Maintain
93288	Interrogation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.43	CMS High Expenditure Procedural Co	July 2015	XXX	0.43	1.21	NA	0.02	158763	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Maintain
93289	Interrogation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.75	CMS High Expenditure Procedural Co	July 2015	XXX	0.75	1.33	NA	0.04	56855	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Decrease
93290	Interrogation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.43	CMS High Expenditure Procedural Co	July 2015	XXX	0.43	1.10	NA	0.03	78108	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Maintain
93291	Interrogation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.37	CMS High Expenditure Procedural Co	July 2015	XXX	0.37	1.05	NA	0.02	56780	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Decrease
93292	Interrogation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.43	CMS High Expenditure Procedural Co	July 2015	XXX	0.43	1.05	NA	0.03	941	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Maintain
93293	Transtelephc	Cardiac Electrophysiology	January 2017	23			ACC, HRS	0.31	CMS High Expenditure Procedural Co	July 2015	XXX	0.31	0.91	NA	0.02	8697	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	Decrease
93294	Interrogation	Cardiac Electrophysiology	January 2017	23			ACC, HRS	0.60	CMS High Expenditure Procedural Co	July 2015	XXX	0.6	0.23	0.23	0.04	1745578	FALSE			FALSE					TRUE	Decrease
93295	Interrogation	Cardiac Electrophysiology	January 2017	23			ACC, HRS	0.74	CMS High Expenditure Procedural Co	July 2015	XXX	0.74	0.29	0.29	0.04	702662	FALSE			FALSE					TRUE	Decrease
93296	Interrogation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	New PE inputs and Refer to CI	CMS High Expenditure Procedural Co	July 2015	XXX	0	0.59	NA	0.01	1851309	FALSE			TRUE	In the NPRM fc	February 20	Advisory Co	complete	TRUE	PE Only
93297	Interrogation	Remote Interrogation Devi	January 2023	20			ACC, HRS	0.52 and PE Inputs	CMS High Expenditure Procedural Co	July 2015	XXX	0.52	1.25	NA	0.03	628709	FALSE			FALSE					TRUE	Maintain
93298	Interrogation	Remote Interrogation Devi	January 2023	20			ACC, HRS	0.52 and PE Inputs	CMS High Expenditure Procedural Co	July 2015	XXX	0.52	2.46	NA	0.04	1153442	FALSE			FALSE					TRUE	Maintain
93299	Interrogation	Cardiac Electrophysiology	October 2018	22			ACC, HRS	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015							FALSE			TRUE	In October 20:	February 20	20	complete	TRUE	Deleted from CPT
93306	Echocardiogi	Complete Transthoracic Ec	April 2019	21			ACC, ASE	1.46	CMS High Expenditure Procedural Co	July 2015	XXX	1.46	4.28	NA	0.07	6621296	FALSE			FALSE					TRUE	Decrease

93307	Echocardiogı	Transthoracic Echocardiog	April 2016	42		ACC	0.92	CMS Request - Practice Expense Revi	NA	XXX	0.92	3.08	NA	0.05	21226	FALSE			FALSE					TRUE	Maintain						
93308	Echocardiogı	Transthoracic Echocardiog	April 2016	42		ACC	0.53	CMS Fastest Growing / Harvard Value	October 2008	XXX	0.53	2.35	NA	0.04	543887	FALSE			FALSE					TRUE	Maintain						
93320	Doppler echo	Doppler Echocardiography	January 2014	30		ACC	0.38	CMS Request - Practice Expense Revi	February 2009	ZZZ	0.38	1.10	NA	0.02	313390	FALSE			FALSE					TRUE	Maintain						
93321	Doppler echo	Doppler Echocardiography	January 2014	30		ACC	0.15	CMS-Other - Utilization over 250,000	October 2013	ZZZ	0.15	0.58	NA	0.01	315168	FALSE			FALSE					TRUE	Maintain						
93325	Doppler echo	Doppler Echocardiography	January 2014	30		ACC	0.07	CMS Request - Practice Expense Revi	February 2009	ZZZ	0.07	0.61	NA	0	613639	FALSE			FALSE					TRUE	Maintain						
93350	Echocardiogı	Stress Transthoracic Echo	October 2016	26	RUC	ACC, ASE	1.46; CPT Assistant article pu	Other - Identified by RUC / Codes Rep	April 2008	XXX	1.46	3.95	NA	0.06	64242	TRUE	Jan 2010	complete	TRUE	The RUC acce	October 20:	42	Complete	TRUE	Decrease						
93351	Echocardiogı	Stress Transthoracic Echo	October 2016	26	RUC	ACC, ASE	1.75	CMS High Expenditure Procedural Co	July 2015	XXX	1.75	5.04	NA	0.09	176732	FALSE			FALSE					TRUE	Maintain						
93355	Echocardiogı	Transesophageal Echocar	September 2025	29	January 202	RUC	ACC, ASA, A	Survey January 2026	High Volume Growth11	April 2025	XXX	4.66	NA	1.61	0.33	30111	FALSE			FALSE					FALSE						
93451	Right heart c	Diagnostic Cardiac Cathet	April 2018	33		ACC	Remove from Modifier -51 exe	Codes Reported Together 95% or More	/ Modifier -51 Exer	000	2.47	21.55	NA	0.48	43505	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93452	Left heart ca	Diagnostic Cardiac Cathet	April 2011	28		ACC	4.32	Codes Reported Together 95% or More		000	4.5	20.29	NA	0.87	3314	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93453	Combined ri	Diagnostic Cardiac Cathet	April 2011	28		ACC	5.98	Codes Reported Together 95% or More		000	5.99	25.59	NA	1.17	1788	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93454	Catheter pla	Diagnostic Cardiac Cathet	April 2011	28		ACC	4.95	Codes Reported Together 95% or More		000	4.54	20.42	NA	0.88	105729	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93455	Catheter pla	Diagnostic Cardiac Cathet	April 2011	28		ACC	6.15	Codes Reported Together 95% or More		000	5.29	22.52	NA	1.04	18517	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93456	Catheter pla	Diagnostic Cardiac Cathet	April 2018	33		ACC	Remove from Modifier -51 Exe	Codes Reported Together 95% or More	/ Modifier -51 Exer	000	5.9	25.12	NA	1.15	20088	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93457	Catheter pla	Diagnostic Cardiac Cathet	April 2011	28		ACC	7.66	Codes Reported Together 95% or More		000	6.64	27.17	NA	1.3	3101	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93458	Catheter pla	Diagnostic Cardiac Cathet	April 2011	28		ACC	6.51	Codes Reported Together 95% or More		000	5.6	23.08	NA	1.09	387709	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93459	Catheter pla	Diagnostic Cardiac Cathet	April 2011	28		ACC	7.34	Codes Reported Together 95% or More		000	6.35	24.47	NA	1.23	54751	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93460	Catheter pla	Diagnostic Cardiac Cathet	April 2011	28		ACC	7.88	Codes Reported Together 95% or More		000	7.1	27.07	NA	1.39	71831	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93461	Catheter pla	Diagnostic Cardiac Cathet	April 2011	28		ACC	9.00	Codes Reported Together 95% or More		000	7.85	29.85	NA	1.53	9735	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93462	Left heart ca	Diagnostic Cardiac Cathet	April 2011	28		ACC	3.73	Codes Reported Together 95% or More		ZZZ	3.73	1.50	1.50	0.83	7647	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93463	Pharmacolo	Diagnostic Cardiac Cathet	April 2011	28		ACC	2.00	Codes Reported Together 95% or More		ZZZ	2	0.71	0.71	0.16	5272	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93464	Physiologic e	Diagnostic Cardiac Cathet	April 2011	28		ACC	1.80	Codes Reported Together 95% or More		ZZZ	1.8	4.48	NA	0.15	1207	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93501	Deleted from	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93503	Insertion anc	Insertion of Catheter	April 2018	33		ACR, ASA	2.00	CMS High Expenditure Procedural Co	July 2015	000	2	NA	0.41	0.17	48353	FALSE			FALSE					TRUE	Decrease						
93508	Deleted from	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93510	Deleted from	Cardiac Catheterization	February 2009	31		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93511	Deleted from	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93514	Deleted from	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93524	Deleted from	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93526	Deleted from	Cardiac Catheterization	February 2008	S		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93527	Deleted from	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93528	Deleted from	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93529	Deleted from	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93539	Deleted from	Cardiac Catheterization	February 2008	S		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93540	Deleted from	Cardiac Catheterization	February 2008	S		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93541	Deleted from	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93542	Deleted from	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93543	Deleted from	Cardiac Catheterization	February 2009	31		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93544	Deleted from	Cardiac Catheterization	February 2008	S		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93545	Deleted from	Cardiac Catheterization	February 2009	31		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93555	Deleted from	Cardiac Catheterization	February 2009	31		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93556	Deleted from	Cardiac Catheterization	February 2009	31		ACC	Deleted from CPT	Codes Reported Together 95% or Mor	February 2008							FALSE			TRUE	Referred to th	October 20(	13	Deleted	TRUE	Deleted from CPT						
93561	Indicator dil	Cardiac Output Measurem	January 2018	27			0.77. Deleted from CPT for 20	Negative IWPUT	October 2017	ZZZ						FALSE			FALSE				Complete	TRUE	Deleted from CPT						
93562	Indicator dil	Cardiac Output Measurem	January 2018	27			0.95. Deleted from CPT for 20	Negative IWPUT	October 2017	ZZZ						FALSE			FALSE				Complete	TRUE	Deleted from CPT						
93563	Injection pro	Diagnostic Cardiac Cathet	April 2011	28		ACC	2.00	Codes Reported Together 95% or More		ZZZ	1	0.35	0.35	0.16	127	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93564	Injection pro	Pulmonary Angiography	October 2021	08	October 20:	RAW	ACC, SCAI	Review action plan	October 2021	ZZZ	1.03	0.36	0.36	0.23	2	FALSE			FALSE		October 20(	13	complete	FALSE	Decrease						
93565	Injection pro	Diagnostic Cardiac Cathet	April 2011	28		ACC	1.90	Codes Reported Together 95% or More		ZZZ	0.5	0.17	0.17	0.13	51	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93566	Injection pro	Diagnostic Cardiac Cathet	April 2011	28		ACC	0.96	Codes Reported Together 95% or More		ZZZ	0.5	0.18	0.18	0.08	153	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93567	Injection pro	Diagnostic Cardiac Cathet	April 2011	28		ACC	0.97	Codes Reported Together 95% or More		ZZZ	0.7	0.24	0.24	0.16	15013	FALSE			FALSE		October 20(	13	complete	TRUE	Decrease						
93568	Injection pro	Diagnostic Cardiac Cathet	April 2011	28		ACC	0.98	Codes Reported Together 95% or More		ZZZ	0.88	0.31	0.31	0.18	780	FALSE			TRUE		October 20(	13	Complete	TRUE	Decrease						
93571	Intravascular	Coronary Flow Reserve Me	October 2017	13		ACC, SCAI	1.50	High Volume Growth4	October 2016	ZZZ	0	NA	NA	0	61493	FALSE			FALSE					TRUE	Decrease						
93572	Intravascular	Coronary Flow Reserve Me	October 2017	13		ACC, SCAI	1.00	High Volume Growth4	October 2017	ZZZ	0	NA	NA	0	11662	FALSE			FALSE					TRUE	Decrease						
93613	Intracardiac	Cardiac Ablation Services	September 2025	29		ACC, HRS	5.23	CMS Fastest Growing / High Volume (	October 2008	ZZZ	5.23	NA	2.11	1.17	1512	FALSE			FALSE					TRUE	Decrease						
93620	Comprehens	Intracardiac Catheter Abla	April 2010	45		ACC	11.57	Codes Reported Together 75% or Mor	February 2010	000	0	0.00	NA	0	5952	FALSE			TRUE	The Workgrou	October 20:	22	Complete	TRUE	Maintain						
93621	Comprehens	Cardiac Ablation Services	September 2025	29		ACC, HRS	1.75	High Volume Growth6 / Work Neutrali	October 2019	ZZZ	0	0.00	NA	0	2064	FALSE			FALSE					TRUE	Decrease						
93622	Comprehens	Cardiac Ablation Services	April 2025	14			Review action plan.	Work Neutrality 2023	April 2025	ZZZ		0.00	NA	0	10294	FALSE			FALSE					FALSE						
93623	Programmec	Pacing Heart Stimulation	April 2019	22		ACC, HRS	Referral to CPT for parentheti	CMS-Other - Utilization over 30,000-P	October 2018	ZZZ	0	0.00	NA	0	39674	FALSE			TRUE	In April 2019,	May 2019	EC-N	Complete	TRUE	Decrease						
93641	Electrophysi	Insertion/Removal of Pace	September 2014	21		ACC	Maintain work RVU and adjus	Codes Reported Together 75% or Mor	February 2010	000	0	0.00	NA	0	6127	FALSE			TRUE	33213 - This c	February 20	13	Complete	TRUE	Maintain						
93651	Intracardiac	Bundling EPS with Transca	January 2012	11		ACC, HRS	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							FALSE			TRUE	The Workgrou	October 20:	22	Complete	TRUE	Deleted from CPT						
93652	Intracardiac	Bundling EPS with Transca	January 2012	11		ACC, HRS	Deleted from CPT	CMS Fastest Growing/Codes Reporte	October 2008							FALSE			TRUE	The Workgrou	October 20:	22	Complete	TRUE	Deleted from CPT						
93653	Comprehens	Cardiac Ablation Services	September 2025	29		ACC, HRS	15.00	Codes Reported Together 75% or Mor	October 2011	000	15	NA	6.08	3.38	27226	FALSE			TRUE	The Workgrou	October 20:	22	Complete	TRUE	Decrease						
93654	Comprehens	Cardiac Ablation Services	September 2025	29		ACC, HRS	18.10	Codes Reported Together 75% or Mor	October 2011	000	18.1	NA	7.29	4.09	8237	FALSE			TRUE	The Workgrou	October 20:	22	Complete	TRUE	Decrease						
93655	Intracardiac	Cardiac Ablation Services	September 2025	29		ACC, HRS	7.00	Codes Reported Together 75% or Mor	October 2011	ZZZ	5.5	NA	2.23	1.25	51240	FALSE			TRUE	The Workgrou	October 20:	22	Complete	TRUE	Decrease						
93656	Comprehens	Cardiac Ablation Services	September 2025	29		ACC, HRS	17.00	Codes Reported Together 75% or Mor	October 2011	000	17	NA	6.91	3.81	76119	FALSE			TRUE	The Workgrou	October 20(	61	complete	TRUE	Decrease						
93657	Additional lir	Cardiac Ablation Services	September 2025	29		ACC, HRS	7.00	Codes Reported Together 75% or Mor	October 2011	ZZZ	5.5	NA	2.24	1.25	43537	FALSE			TRUE	The Workgrou	October 20:	22	Complete	TRUE	Decrease						
93662	Intracardiac	Cardiac Ablation Services	September 2025	29		ACC, HRS	2.53	High Volume Growth1 / High Volume (	February 2008	ZZZ	0	0.00	NA	0	25053	FALSE			FALSE					TRUE	Decrease						
93668	Peripheral ar	Peripheral Artery Disease (	January 2018	28			New PE Inputs	CMS Request - Final Rule for 2018	July 2017	XXX	0	0.43	NA	0.01	568	FALSE			FALSE					TRUE	PE Only						
93701	Bioimpedance-derived physiologic card		February 2011	41			Remove from screen	Low Value-High Volume	October 2010	XXX	0	0.78	NA	0.01	3111	FALSE			FALSE					TRUE	Remove from Screen						
93731	Deleted from	Cardiology Services	October 2008	26		ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE				Complete	TRUE	Deleted from CPT						
93732	Deleted from	Cardiology Services	October 2008	26		ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE				Complete	TRUE	Deleted from CPT						
93733	Deleted from	Cardiology Services	October 2008	26		ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE				Complete	TRUE	Deleted from CPT						
93743	Deleted from	Cardiology Services	October 2008	26		ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE				Complete	TRUE	Deleted from CPT						
93744	Deleted from	Cardiology Services	October 2008	26		ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE				Complete	TRUE	Deleted from CPT						
93750	Interrogation	Ventricular Assist Device (	April 2019	24		AATS, ACC,	0.85	High Volume Growth5	October 2018	XXX	0.75	0.66	0.32	0.13	75065	FALSE			FALSE					TRUE	Decrease						
93792	Patient/care	Home INR Monitoring	January 2025	27			PE Only	High Volume Growth3 / Work Neutrali	September 2016	XXX	0	2.03	NA	0.03	595	FALSE			FALSE		September	08	complete	TRUE	PE Only						
93793	Anticoagular	Home INR Monitoring	January 2025	27			0.18	High Volume Growth3 / Work Neutral	September 2016	XXX	0.18	0.15	NA	0.01	1375628	FALSE			FALSE		September	08	complete	TRUE	Maintain						
93875	Deleted from	Noninvasive Vascular Diag	April 2010	45		AAN, ACC, A	Deleted from CPT	Codes Reported Together 75% or Mor	February 2010							TRUE	SS in proces	complete	TRUE	The Workgrou	October 20:	43	Complete	TRUE	Deleted from CPT						
93880	Duplex scan	Duplex Scans	April 2014	33		ACR, ACC, S	0.80	Codes Reported Together 75% or Mor	February 2010	XXX	0.8	4.73	NA	0.09	1660674	TRUE	Addressed i	complete	TRUE	The Workgrou	October 20:	43	Complete	TRUE	Increase						
93882	Duplex scan	Duplex Scans	April 2014	33		ACC, ACR, S	0.50	CMS High Expenditure Procedural Co	January 2012	XXX	0.5	3.11	NA	0.07	27662	FALSE			FALSE					TRUE	Increase						
93886	Transcranial	Transcranial Doppler Studi	September 2023	09		AAN, ACR, A	0.90	Codes Reported Together 75% or Mor	February 2010	XXX	0.9	6.71	NA	0.07	77276	FALSE			TRUE	In April 2022,	May 2023	38	complete	TRUE	Decrease						
93888	Transcranial	Transcranial Doppler Studi	September 2023	09		AAN, ACC, A	0.73	Codes Reported Together 75% or Mor	February 2010	XXX	0.73	4.04	NA	0.06	8007	FALSE			TRUE	The Workgrou	October 20:	CCI edits	Complete	TRUE	Increase						
93890	Transcranial	Transcranial Doppler Studi	September 2023	09		AAN, ACR, A	Deleted from CPT 2025.	High Volume Growth6 / Codes Report	October 2019	XXX					35135	FALSE			TRUE	In April 2022,	May 2023	38	complete	TRUE	Deleted from CPT						
93892	Transcranial	Transcranial Doppler Studi	September 2023	09		AAN, ACR, A	1.15	High Volume Growth6 / Codes Report	October 2019	XXX	1.15	7.53	NA	0.09	37355	FALSE			TRUE	In April 2022,	May 2023	38	complete	TRUE	Maintain						
93893	Transcranial	Transcranial Doppler Studi	September 2023	09		AAN, ACR, A	1.15	Codes Reported Together 75% or Mor	May 2023	XXX	1.15	8.76	NA	0.1	1896	FALSE			FALSE					TRUE	Maintain						
93896	Vasoreactivit	Transcranial Doppler Studi	September 2023	09		AAN, ACR, A	0.81	Codes Reported Together 75% or Mor	May 2023	ZZZ	0.81	4.48	NA	0.06		FALSE			FALSE					TRUE	Decrease						
93897	Emboli detec	Transcranial Doppler Studi	September 2023	09		AAN, ACR, A	0.73	Codes Reported Together 75% or Mor	May 2023	ZZZ	0.73	5.93	NA	0.07		FALSE			FALSE					TRUE	Decrease						
93898	Venous-arte	Transcranial Doppler Studi	September 2023	09		AAN, ACR, A	0.85	Codes Reported Together 75% or Mor	May 2023	ZZZ	0.85	6.13	NA	0.07		FALSE			FALSE					TRUE	Decrease						
93922	Limited bilat	Extremity Non-Invasive Art	April 2010	27		SVS, ACR, A	0.25	CMS Fastest Growing	October 2008	XXX	0.25	2.15	NA	0.05	593425	FALSE			TRUE	The Workgrou	February 20	58	Revised	TRUE	Maintain						
93923	Complete bil	Extremity Non-Invasive Art	April 2010	27		SVS, ACR, A	0.45	CMS Fastest Growing	February 2009	XXX	0.45	3.36	NA	0.08	326957	FALSE			TRUE	The Workgrou	February 20	58	Revised	TRUE	Maintain						
93924	Noninvasive	Extremity Non-Invasive Art	April 2010	27		SVS, ACR, A	0.50	CMS Fastest Growing	February 2009	XXX	0.5	4.19	NA	0.08	40594	FALSE			TRUE	The Workgrou	February 20	58	Revised	TRUE	Maintain						
93925	Duplex scan	Duplex Scans	April 2014	33		ACC, ACR, S	0.80	CMS-Other - Utilization over 500,000	April 2011	XXX	0.8	6.18	NA	0.1	610788	FALSE			FALSE					TRUE	Maintain						
93926	Duplex scan	Duplex Scans	April 2014	33		ACC, ACR, S	0.60	CMS-Other - Utilization over 500,000	April 2011	XXX	0.5	3.68	NA	0.07	214589	FALSE			FALSE					TRUE	Increase						
93930	Duplex scan	Duplex Scans	April 2014	33		AAN, ACC, A	0.80	CMS Request - Final Rule for 2014	November 2013	XXX	0.8	4.99	NA	0.11	22558	FALSE			FALSE					TRUE	Increase						
93931	Duplex scan	Duplex Scans	April 2014	33		AAN, ACC, A	0.50	Codes Reported Together 75% or Mor	February 2010	XXX	0.5	3.10	NA	0.06	40860	FALSE			TRUE	The Workgrou	October 20:	CCI edits	Complete	TRUE	Increase						
93965	Noninvasive	Non-invasive Physiologic S	January 2016	47		ACC, ACR, S	Deleted from CPT	CMS High Expenditure Procedural Co	July 2015							FALSE			TRUE	In January 201	May 2016	28	Complete	TRUE	Deleted from CPT						

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99473	Self-measur	Remote Monitoring	January 2025	20	January 202	RUC	AAPA, ACC,	PE Only	Different Performing Specialty from S	September 2024	XXX	0	0.42	NA	0.01	25982	FALSE			FALSE						TRUE	PE Only
99474	Self-measur	Remote Monitoring	January 2025	20	January 202	RUC	ACC, ACP, /	0.18	Different Performing Specialty from S	September 2024	XXX	0.18	0.32	0.07	0.01	4048	FALSE			FALSE						TRUE	Maintain
99492	Initial psych	Psychiatric Collaborative C	April 2023	15			AACAP, AAF	Maintain, remove from scree	Work Neutrality 2018	October 2019	XXX	1.88	2.48	0.80	0.13	22577	FALSE			FALSE						TRUE	Maintain
99493	Subsequent	Psychiatric Collaborative C	April 2023	15			AACAP, AAF	Maintain, remove from scree	Work Neutrality 2018	October 2019	XXX	2.05	1.93	0.86	0.15	76944	FALSE			FALSE						TRUE	Maintain
99494	Initial or subs	Psychiatric Collaborative C	April 2023	15			AACAP, AAF	Maintain, remove from scree	Work Neutrality 2018	October 2019	ZZZ	0.82	0.87	0.34	0.04	41222	FALSE			FALSE						TRUE	Maintain
99495	Transitional	Transitional Care Manager	September 2022	09			AGS, ANA	Withdrawn	Codes Increased by CMS Independen	October 2021	XXX	2.78	3.27	1.20	0.17	676659	FALSE			FALSE						TRUE	Increase
99496	Transitional	Transitional Care Manager	September 2022	09			AGS, ANA	Withdrawn	Codes Increased by CMS Independen	October 2021	XXX	3.79	4.40	1.61	0.24	663948	FALSE			FALSE						TRUE	Increase
99497	Advance car	Advance Care Planning	April 2022	10			AAHPM, CH	1.50	CPT Assistant Analysis	January 2014	XXX	1.5	0.86	0.64	0.1	2409015	TRUE	Dec 2014	complete	FALSE						TRUE	Maintain
99498	Advance car	Advance Care Planning	April 2022	10			AAHPM, CH	1.40	CPT Assistant Analysis	January 2014	ZZZ	1.4	0.63	0.62	0.1	83439	TRUE	Dec 2014	complete	FALSE						TRUE	Maintain
G0008	Administrati	Immunization Administrati	April 2021	19			AAFP, AAP,	0.17	CMS Request-Final Rule for 2021	July 2020	XXX	0	0.00	0.00	0		FALSE			FALSE						TRUE	Maintain
G0009	Administrati	Immunization Administrati	April 2021	19			AAFP, AAP,	0.17	CMS Request-Final Rule for 2021	July 2020	XXX	0	0.00	0.00	0		FALSE			FALSE						TRUE	Maintain
G0010	Administrati	Immunization Administrati	April 2021	19			AAFP, AAP,	0.17	CMS Request-Final Rule for 2021	July 2020	XXX	0	0.00	0.00	0		FALSE			FALSE						TRUE	Maintain
G0101	Cervical or	vaginal cancer screening; pe	October 2016	35			ACOG	Remove from screen	Low Value-High Volume / CMS-Other	October 2010	XXX	0.45	0.66	0.30	0.06	760482	FALSE			FALSE						TRUE	Remove from Screen
G0102	Prostate can	RAW	January 2017	30				Remove from screen	High Volume Growth4	October 2016	XXX	0.18	0.51	0.07	0.01	10521	FALSE			FALSE						TRUE	Remove from Screen
G0104	Colorectal c	Flexible Sigmoidoscopy	January 2014	09			AGA, ASGE,	0.84	MPC List	January 2014	000	0.84	4.60	0.74	0.12	2763	FALSE			FALSE	October 20	16	Complete			TRUE	Decrease
G0105	Colorectal c	Colonoscopy	September 2022	13			AGA, ASGE,	3.36	MPC List / CMS-Other Utilization over	September 2011	000	3.26	6.44	1.79	0.43	266258	FALSE			FALSE						TRUE	Decrease
G0108	Diabetes out	Diabetes Management Tra	April 2017	41iv			AND	0.90	CMS-Other - Utilization over 100,000	April 2016	XXX	0.9	0.70	NA	0.04	137277	FALSE			FALSE						TRUE	Maintain
G0109	Diabetes out	Diabetes Management Tra	April 2017	41iv			AND	0.25	CMS-Other - Utilization over 100,000	April 2016	XXX	0.25	0.21	NA	0.01	44319	FALSE			FALSE						TRUE	Maintain
G0121	Colorectal c	Colonoscopy	September 2022	13			AGA, ASGE,	3.36	MPC List / CMS-Other Utilization over	September 2011	000	3.26	6.44	1.79	0.44	192725	FALSE			FALSE						TRUE	Decrease
G0124	Screening cy	Cytopathology Cervical/Va	April 2018	26			CAP	0.42	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	0.48	0.48	0.01	35413	FALSE			FALSE						TRUE	Maintain
G0127	Trimming of	dystrophic nails, any numb	September 2011	51			APMA	Remove from screen	CMS-Other - Utilization over 500,000	April 2011	000	0.17	0.54	0.04	0.01	1182316	FALSE			FALSE						TRUE	Remove from Screen
G0141	Screening cy	Cytopathology Cervical/Va	April 2018	26			CAP	0.42	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	0.48	0.48	0.01	1779	FALSE			FALSE						TRUE	Maintain
G0166	External cou	External Counterpulsation	October 2019	14			ACC	0.00 (PE Only)	CMS-Other - Utilization over 100,000	April 2016	XXX	0	2.96	NA	0.04	45389	FALSE			FALSE						TRUE	PE Only
G0168	Wound closu	Skin Adhesives (PE Only)	April 2023	07			ACEP	New PE inputs. 0.45	CMS 000-Day Global Typically Report	July 2016	000	0.31	2.60	0.07	0.05	32978	FALSE			FALSE						TRUE	Maintain
G0179	Physician or	Physician Recertification	April 2016	47			No Interest	RUC recommended to survey	CMS Fastest Growing / CMS-Other - L	October 2008	XXX	0.45	0.79	NA	0.03	593505	FALSE			FALSE						TRUE	Remove from Screen
G0180	Physician or	Physician Recertification	April 2016	47			No Interest	RUC recommended to survey	CMS Fastest Growing / CMS-Other - L	October 2008	XXX	0.67	0.90	NA	0.04	926862	FALSE			FALSE						TRUE	Remove from Screen
G0181	Physician or	Home Healthcare Supervis	April 2016	47			No Interest	Recommend deletion after re	CMS Fastest Growing / CMS-Other - L	October 2008	XXX	1.73	1.30	NA	0.13	417017	FALSE			FALSE						TRUE	Remove from Screen
G0182	Physician su	Home Healthcare Supervis	April 2016	47			No Interest	Recommend deletion after re	CMS-Other - Utilization over 250,000	April 2016	XXX	1.73	1.27	NA	0.12	32952	FALSE			FALSE						TRUE	Remove from Screen
G0202	Screening m	Mammography	January 2016	20			ACR	CMS Deleted for 2018	CMS Fastest Growing / CMS-Other - L	February 2008							FALSE			TRUE	In the NPRM f	October 20	38	Complete		TRUE	Deleted from CPT
G0204	Diagnostic m	Mammography	January 2016	20			ACR	CMS Deleted for 2018	CMS Fastest Growing / CMS-Other - L	February 2008							FALSE			TRUE	In the NPRM f	October 20	38	Complete		TRUE	Deleted from CPT
G0206	Therapeutic	Mammography	January 2016	20			ACR	CMS Deleted for 2018	CMS Fastest Growing / CMS-Other - L	February 2008							FALSE			TRUE	In the NPRM f	October 20	38	Complete		TRUE	Deleted from CPT
G0237	Therapeutic	Respiratory Therapy	February 2009	38			ACCP/ATS	Remove from screen - RUC ar	CMS Fastest Growing	February 2008	XXX	0	0.34	NA	0.01	23505	FALSE			FALSE						TRUE	Remove from Screen
G0238	Therapeutic	Respiratory Therapy	February 2009	38			ACCP/ATS	Remove from screen - RUC ar	CMS Fastest Growing	February 2008	XXX	0	0.30	NA	0.01	58730	FALSE			FALSE						TRUE	Remove from Screen
G0248	Demonstrati	Home INR Monitoring	January 2017	19			ACC	Created Category I code, recc	High Volume Growth3	January 2016	XXX	0	2.95	NA	0.04	13867	FALSE			TRUE	In October 20	September	08	complete		TRUE	Request CMS Delete
G0249	Provision of t	Home INR Monitoring	January 2017	19			ACC	Created Category I code, recc	CMS Fastest Growing / High Volume C	February 2008	XXX	0	1.87	NA	0.01	891988	FALSE			TRUE	In October 20	September	08	complete		TRUE	Request CMS Delete
G0250	Physician re	Home INR Monitoring	January 2017	19			ACC	Created Category I code, recc	CMS Fastest Growing / High Volume C	February 2008	XXX	0.18	0.07	NA	0.01	102272	FALSE			TRUE	In October 20	September	08	complete		TRUE	Request CMS Delete
G0268	Removal of i	Removal of Impacted Cerur	April 2017	35			AAO-HNS	0.61	CMS Fastest Growing / CMS 000-Day	October 2008	000	0.61	0.87	0.29	0.08	160387	FALSE			FALSE						TRUE	Maintain
G0270	Medical nutr	Medical Nutrition Therapy	September 2025	29	April 2026	RUC	AND	Refer to CPT	CMS Fastest Growing / CMS-Other Ut	February 2008	XXX	0.45	0.50	0.36	0.01	59157	FALSE			TRUE	In April 2025,	February 2026				FALSE	
G0271	Medical nutr	Medical Nutrition Therapy	September 2025	29	April 2026	RUC	AND	Refer to CPT	CMS-Other Utilization over 20,000 Pa	September 2025	XXX	0.25	0.25	0.20	0.01	618	FALSE			TRUE	In April 2025,	February 2026				FALSE	
G0277	Hyperbaric o	Hyperbaric Oxygen Under I	January 2025	27			AAFP, UHM	PE Inputs	High Volume Growth8	April 2022	XXX	0	5.22	NA	0.04	150377	FALSE			TRUE	In January 202	September	57	Withdrawn I		TRUE	PE Only
G0279	Diagnostic di	RAW	January 2018	31				Recommend CMS delete	CMS-Other - Utilization over 30,000	October 2017	ZZZ	0.6	0.69	NA	0.03	959916	FALSE			FALSE						TRUE	Remove from Screen
G0283	Electrical sti	Physical Medicine and Reh	January 2024	18			APTA	New PE Inputs. 0.18	Low Value-High Volume / CMS-Other	October 2010	XXX	0.18	0.19	NA	0.01	5721037	FALSE			FALSE						TRUE	Maintain
G0296	Counseling v	Counseling Visit for Lung C	January 2022	20				Maintain	CMS-Other - Utilization over 20,000 P	January 2019	XXX	0.52	0.28	0.20	0.03	62298	FALSE			FALSE						TRUE	Maintain
G0297	Low dose ct	Screening CT of Thorax	October 2019	07				CMS Deleted for 2021. Recon	CMS-Other - Utilization over 30,000-P	October 2018							FALSE			TRUE	In October 20	May 2019	12	Complete		TRUE	Deleted from CPT
G0339	Image-guide	RAW	September 2025	29	September	RAW		Review action plan.	Contractor Priced High Volume4	September 2025	XXX	0	0	0	0	3332	FALSE			FALSE						FALSE	
G0340	Image-guide	RAW	September 2025	29	September	RAW		Review action plan.	Contractor Priced High Volume4	April 2025	XXX	0	0.00	0.00	0	11924	FALSE			FALSE						FALSE	
G0364	Bone marrov	RAW	January 2018	31				Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			FALSE				Complete		TRUE	Deleted from CPT
G0365	Vessel mapp	Duplex Scan Arterial Inflow	January 2019	17			ACR, SIR, S	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In October 20	September	36	complete		TRUE	Deleted from CPT
G0389	Ultrasound b	Abdominal Aorta Ultrasour	October 2015	12			ACC, ACP, /	CPT Assistant article publishe	Final Rule for 2015 / High Volume Gro	July 2014							TRUE	Jan 2017	complete	TRUE	When Medica	May 2015	23	Complete		TRUE	Deleted from CPT
G0396	Alcohol and/	Alcohol/Substance Misuse	September 2025	29	April 2026	RUC	ACP, ANA, A	Refer to CPT	CMS-Other - Utilization over 30,000	October 2017	XXX	0.65	0.34	0.25	0.05	50385	FALSE			TRUE	In October 20	February 2026				FALSE	
G0397	Alcohol and/	Alcohol/Substance Misuse	September 2025	29	April 2026	RUC	ACP, ANA, A	Refer to CPT	CMS-Other - Utilization over 30,000	September 2025	XXX	1.3	0.57	0.48	0.07	2385	FALSE			TRUE	In October 20	February 2026				FALSE	
G0398	Home sleep	Unattended Sleep Testing	April 2025	08			AAN, AASM,	Request CMS Delete	High Volume Growth10	April 2025	XXX		0.00	NA	0	5591	FALSE			FALSE						TRUE	Request CMS Delete
G0399	Home sleep	Unattended Sleep Testing	April 2025	08			AAN, AASM,	Request CMS Delete	High Volume Growth5 / Contractor Pr	October 2018	XXX	0	0.00	NA	0	68326	FALSE			FALSE						TRUE	Request CMS Delete
G0400	Home sleep	Unattended Sleep Testing	April 2025	08			AAN, AASM,	Request CMS Delete	High Volume Growth10	April 2025	XXX		0.00	NA	0	12949	FALSE			FALSE						TRUE	Request CMS Delete
G0402	Initial preven	Initial Preventive Exam	October 2016	35			No Specialt	RUC recommended to survey	CMS-Other - Utilization over 100,000	April 2016	XXX	2.6	2.21	1.13	0.16	505038	FALSE			FALSE						TRUE	Maintain
G0403	Electrocardi	EKG for Initial Preventive E	October 2016	35			No Specialt	RUC recommended to survey	CMS-Other - Utilization over 100,000	April 2016	XXX	0.17	0.24	NA	0.02	108795	FALSE			FALSE						TRUE	Maintain
G0407	Follow-up in	Inpatient Consult Follow-U	April 2025	14	April 2028	RAW	AAN, ANA, A	Review April 2028	CMS-Other - Utilization over 20,000 P	October 2020	XXX	1.39	NA	0.64	0.13	26094	FALSE			FALSE						FALSE	
G0408	Follow-up in	Inpatient Consult Follow-U	April 2025	14	April 2028	RAW	AAN, ANA, A	Review April 2028	CMS-Other - Utilization over 20,000 P	October 2020	XXX	2	NA	0.95	0.17	21451	FALSE			FALSE						FALSE	
G0416	Surgical path	Prostate Biopsy - Patholog	October 2015	16		RUC	ASC, CAP	4.00	Final Rule for 2015	July 2014	XXX	3.6	7.27	NA	0.09	132950	FALSE			FALSE						TRUE	Increase
G0422	Intensive cardiac rehabilitation; with or		January 2021	29				Maintain	CMS-Other - Utilization over 20,000 P	October 2020	XXX	1.99	1.79	1.79	0.12	70834	FALSE			FALSE						TRUE	Remove from Screen
G0423	Intensive cardiac rehabilitation; with or		January 2021	29				Maintain	CMS-Other - Utilization over 20,000 P	October 2020	XXX	1.99	1.79	1.79	0.12	53693	FALSE			FALSE						TRUE	Remove from Screen
G0425	Telehealth c	Telehealth Consultations -	April 2025	14	April 2028	RAW		Review April 2028. No recomr	CMS-Other - Utilization over 20,000-P	April 2022	XXX	1.92	NA	0.66	0.17	32138	FALSE			FALSE						FALSE	
G0426	Telehealth c	Telehealth Consultations -	April 2025	14	April 2028	RAW		Review April 2028. No recomr	CMS-Other - Utilization over 20,000-P	September 2022	XXX	2.61	NA	1.06	0.22	37693	FALSE			FALSE						FALSE	
G0427	Telehealth c	Telehealth Consultations -	April 2025	14	April 2028	RAW		Review April 2028. No recomr	CMS-Other - Utilization over 20,000-P	September 2022	XXX	3.86	NA	1.39	0.28	26613	FALSE			FALSE						FALSE	
G0436	Smoking and	RAW	October 2016	35		RUC		Deleted from CPT	CMS-Other - Utilization over 100,000	April 2016							FALSE			FALSE				Complete		TRUE	Deleted from CPT
G0438	Annual welln	RAW	April 2016	47			No Interest	RUC recommended to survey	CMS-Other - Utilization over 250,000	April 2013	XXX	2.6	2.20	NA	0.16	698250	FALSE			FALSE						TRUE	Remove from Screen
G0439	Annual welln	RAW	April 2016	47			No Interest	RUC recommended to survey	CMS-Other - Utilization over 250,000	April 2013	XXX	1.92	1.86	NA	0.13	9929057	FALSE			FALSE						TRUE	Remove from Screen
G0442	Annual alcoh	Annual Alcohol Screening	September 2023	15			AAFP, ACP,	0.18	CMS-Other - Utilization over 100,000	April 2016	XXX	0.18	0.34	0.08	0.01	897345	FALSE			FALSE						TRUE	Maintain
G0443	Brief face-to-	Annual Alcohol Screening	September 2023	15			AAFP, ACP,	0.63	High Volume Growth8	September 2022	XXX	0.6	0.34	0.26	0.04	2250	FALSE			FALSE						TRUE	Increase
G0444	Annual depre	Annual Depression Screen	September 2023	16			AAFP, ACP,	0.18	CMS-Other - Utilization over 100,000	April 2016	XXX	0.18	0.34	0.08	0.01	2426489	FALSE			FALSE						TRUE	Maintain
G0445	High intensit	Behavioral Counseling/The	September 2023	17	September	RAW	AAFP, ACP	0.45	High Volume Growth8 / Low Survey Re	September 2022	XXX	0.6	0.33	0.25	0.04	687	FALSE			FALSE						FALSE	Maintain
G0446	Annual, face	Behavioral Counseling/The	September 2023	17	September	RAW	AAFP, ACP	0.45	CMS-Other - Utilization over 30,000 /	October 2017	XXX	0.6	0.34	0.26	0.04	327292	FALSE			FALSE						FALSE	Maintain
G0447	Face-to-face	Behavioral Counseling/The	September 2023	17	September	RAW	AAFP, ACP	0.45	CMS-Other - Utilization over 100,000	April 2016	XXX	0.6	0.34	0.26	0.04	277239	FALSE			FALSE						FALSE	Maintain
G0452	Molecular pa	Molecular Pathology Interp	October 2019	13				0.93	CMS-Other - Utilization over 30,000-P	October 2018	XXX	0.93	0.51	NA	0.02	155823	FALSE			FALSE						TRUE	Increase
G0453	Continuous i	Continuous Intraoperative	September 2025	29	September	RUC	AAN, ACNS	Refer to CPT	CMS-Other - Utilization over 100,000	April 2016	XXX	0.6	NA	0.30	0.04	353333	FALSE			TRUE	In April 2025,	May 2026				FALSE	
G0456	Negative pre	Negative Pressure Wound	January 2014	17				RUC recommended to survey	CMS Request - Final Rule for 2013	November 2012							FALSE			TRUE	In January 201	May 2013	28	Complete		TRUE	Deleted from CPT
G0457	Negative pre	Negative Pressure Wound	January 2014	17				RUC recommended to survey	CMS Request - Final Rule for 2013	November 2012							FALSE			TRUE	In January 201	May 2013	28	complete		TRUE	Deleted from CPT
G0498	Chemothera	RAW	September 2024	14			ASCO, ASH	Remove from Screen	Contractor Priced High Volume3	April 2024	YYY	0	0.00	0.00	0	88383	FALSE			FALSE						TRUE	Remove from Screen
G0500	Moderate sedation services provided by		January 2021	29				Maintain	CMS-Other - Utilization over 20,000 P	October 2020	XXX	0.1	1.57	0.04	0.03	250980	FALSE			FALSE						TRUE	Remove from Screen
G0506	Comprehensive assessment of and care		October 2021	20				Requested CMS Delete	CMS-Other - Utilization over 20,000 P	October 2020	ZZZ	0.87	0.96	0.37	0.05	148073	FALSE			FALSE						TRUE	Request CMS Delete
G0516	Insertion of n	Skin Adhesives (PE Only)	April 2023	07			No Interest	New PE Inputs	PE Skin Adhesives	January 2023	000	1.82	3.23	0.94	0.12	5	FALSE			FALSE						TRUE	PE Only
G0517	Removal of n	Skin Adhesives (PE Only)	April 2023	07			No Interest	New PE Inputs	PE Skin Adhesives	January 2023	000	2.1	3.60	1.05	0.13	2	FALSE			FALSE						TRUE	PE Only
G0518	Removal with	Skin Adhesives (PE Only)	April 2023	07			No Interest	New PE Inputs	PE Skin Adhesives	January 2023	000	3.55	5.50	1.61	0.21	1	FALSE			FALSE						TRUE	PE Only
G0561	Tympanostor	Tympanostomy			January 202	RUC	AAO-HNS		CMS Request - NPRM for 2026	July 2025	ZZZ						FALSE			FALSE						FALSE	
G2010	Remote eval	RAW	September 2022	13			AADA, AAFP	Requested CMS delete. Addre	CMS-Other - Utilization over 20,000-P	April 2022	XXX	0.18	0.18	0.08	0.01	4805	FALSE			TRUE	In April 2022,	February 2023		complete		TRUE	Request CMS Delete
G2012	Brief commu	Telemedicine Evaluation a	September 2023	11				Requested CMS delete	CMS-Other - Utilization over 20,000-P	April 2022	XXX					76147	FALSE			TRUE	In April 2022,	February 20	42	complete		TRUE	Request CMS Delete
G2066	Interrogation	Remote Interrogation Devi	January 2023	20			ACC, HRS	PE Inputs	Contractor Priced High Volume2	April 2022	XXX					1385431	FALSE			FALSE						TRUE	PE Only
G2082	Office or oth	Office Visit with Esketamin	September 2025	29	September	RUC	ANA, APA (p	Refer to CPT	CMS-Other - Utilization over 30,000-P	September 2025	XXX	0.7	24.76	0.27	0.07	3269	FALSE			TRUE	In April 2025,	May 2026				FALSE	
G2083	Office or oth	Office Visit with Esketamin	September 2025	29	September	RUC	ANA, APA (p	Refer to CPT	CMS-Other - Utilization over 30,000-P	April 2025	XXX	0.7	35.44	0.27	0.07	22139	FALSE			TRUE	In April 2025,	May 2026				FALSE	
G2252	Brief commu	Telemedicine Evaluation a	September 2023	11				Requested CMS Delete	Added as part of the family	April 2023	XXX	0.5	0.26	0.22	0.03	4320	FALSE			FALSE						TRUE	Request CMS Delete
G3002	Chronic pain	Chronic Pain Management	September 2025	29	TBD	RUC	AAPM&R, AI	Refer to CPT to be considered	CMS-Other - Utilization over 30,000-P	April 2025	XXX	1.45	0.90	0.65	0.13	67675	FALSE			TRUE	In April 2025,	Time uncertain				FALSE	
G3003	Each additio	Chronic Pain Management	September 2025	29	TBD	RUC	AAPM&R, AI	Refer to CPT to be considered	under the CPT Value-Based Care Workgroup.		ZZZ	0.5	0.37	0.23	0.04	19654	FALSE			TRUE	In April 2025,	Time uncertain				FALSE	
G6001	Ultrasonic g	Suerficial Radiation Therap	January 2025	17			AADA, ASTR	Request CMS Delete	CMS-Other - Utilization over 20,000 P	October 2020	XXX	0.58	4.70	NA	0.03	255869	FALSE			TRUE	In October 20	September	40	complete		TRUE	Request CMS Delete
G6002	Stereoscopic	Radiation Oncology Treatm	January 2025	16			ACRO, ASTF	Request CMS Delete	CMS-Other - Utilization over 20,000 P	October 2017	XXX	0.39	1.85	NA	0.03	757516	FALSE			TRUE	In October 20	September	40	complete		TRUE	Request CMS Delete
G6003	Radiation tre	Radiation Oncology Treatm	January 2025	16			ACRO, ASTF	Request CMS Delete	CMS-Other - Utilization over 20,000 P	October 2020	XXX	0	4.53	NA	0.01	58	FALSE			TRUE	In October 20	September	40	complete		TRUE	Request CMS Delete

G6004	Radiation tre	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS Delete		CMS-Other - Utilization over 20,000 P	October 2020	XXX	0	3.67	NA	0.01	1494	FALSE		TRUE	In October 20:	September	40	complete	TRUE	Request CMS Delete
G6005	Radiation tre	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS Delete		CMS-Other - Utilization over 20,000 P	October 2020	XXX	0	3.67	NA	0.01	486	FALSE		TRUE	In October 20:	September	40	complete	TRUE	Request CMS Delete
G6006	Radiation tre	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS Delete		CMS-Other - Utilization over 20,000 P	October 2020	XXX	0	3.65	NA	0.01	26	FALSE		TRUE	In October 20:	September	40	complete	TRUE	Request CMS Delete
G6007	Radiation tre	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS Delete		CMS-Other - Utilization over 20,000 P	September 2023	XXX	0	6.52	NA	0.01	53	FALSE		TRUE	In October 20:	September	40	complete	TRUE	Request CMS Delete
G6008	Radiation tre	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS Delete		CMS-Other - Utilization over 20,000 P	September 2023	XXX	0	5.05	NA	0.02	157	FALSE		TRUE	In October 20:	September	40	complete	TRUE	Request CMS Delete
G6009	Radiation tre	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS Delete		CMS-Other - Utilization over 20,000 P	September 2023	XXX	0	5.09	NA	0.02	58	FALSE		TRUE	In October 20:	September	40	complete	TRUE	Request CMS Delete
G6010	Radiation tre	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS Delete		CMS-Other - Utilization over 20,000 P	September 2023	XXX	0	5.01	NA	0.02	1	FALSE		TRUE	In October 20:	September	40	complete	TRUE	Request CMS Delete
G6011	Radiation tre	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS Delete		CMS-Other - Utilization over 20,000 P	September 2023	XXX	0	6.66	NA	0.02	3955	FALSE		TRUE	In October 20:	September	40	complete	TRUE	Request CMS Delete
G6012	Radiation tre	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS Delete		CMS-Other - Utilization over 20,000 P	October 2020	XXX	0	6.67	NA	0.02	265505	FALSE		TRUE	In October 20:	September	40	complete	TRUE	Request CMS Delete
G6013	Radiation tre	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS Delete		CMS-Other - Utilization over 20,000 P	October 2020	XXX	0	6.70	NA	0.02	114006	FALSE		TRUE	In October 20:	September	40	completecc	TRUE	Request CMS Delete
G6014	Radiation tre	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS DeleteRemove		CMS-Other - Utilization over 20,000 P	January 2019	XXX	0	6.66	NA	0.02	7498	FALSE		TRUE	In October 20:	September	40	complete	TRUE	Request CMS Delete
G6015	Intensity mo	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS Delete		CMS-Other - Utilization over 20,000 P	October 2020	XXX	0	10.38	NA	0.05	1099494	FALSE		TRUE	In October 20:	September	40	complete	TRUE	Request CMS Delete
G6016	Compensatc	Radiation Oncology Treatm	January 2025	16		ACRO, ASTF	Request CMS Delete		CMS-Other - Utilization over 20,000 P	September 2023	XXX	0	10.38	NA	0.01	3044	FALSE		TRUE	In October 20:	September	40	complete	TRUE	Request CMS Delete
G6017	Intra-fractior	Radiation Oncology Treatm	January 2025	16		ASTRO	Request CMS Delete		Contractor Priced High Volume2	April 2022	YYY	0	0.00	0.00	0	106265	FALSE		FALSE					TRUE	Request CMS Delete
P3001	Screening pa	Cytopathology Cervical/Va	April 2018	26		CAP	0.42		CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	0.48	0.48	0.01	746	FALSE		FALSE					TRUE	Maintain
Q0091	Screening pa	RAW	January 2019	37		No Specialt	RUC recommended to survey		CMS-Other - Utilization over 30,000-P	October 2018	XXX	0.37	0.95	0.15	0.02	394464	FALSE		FALSE					TRUE	Maintain

RUC Referrals to CPT Editoral Panel - Outstanding Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
31627	**Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])**	High Volume Growth11	September 2025	ATS, CHEST	May 2026

Background: In April 2025, the Relativity Assessment Workgroup identified CPT code 31627 via the high volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100% from 2018 through 2023. The specialty societies should submit action plans for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Editorial Panel May 2026 to create a new code that represents the use of robotics which may be the cause of the increase in reporting of CPT code 31627.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33361	**Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach**	RAW Flag - Co-surgeon status / New Technlogy-New Services List	September 2025	AATS, ACC, SCAI, STS	February 2026

Background: CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as “Do not use to validate physician work” because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services should be surveyed for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33362	**Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach**	RAW Flag - Co-surgeon status / New Technlogy-New Services List	September 2025	AATS, ACC, SCAI, STS	February 2026

Background: CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as “Do not use to validate physician work” because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services should be surveyed for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33363	**Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach**	RAW Flag - Co-surgeon status / New Technlogy-New Services List	September 2025	AATS, ACC, SCAI, STS	February 2026

Background: CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as “Do not use to validate physician work” because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services should be surveyed for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33364	**Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach**	RAW Flag Service with Less than 30 Survey Responses	September 2025	AATS, ACC, SCAI, STS	February 2026

Background: CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as "Do not use to validate physician work" because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services should be surveyed for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33365	**Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)**	RAW Flag - Co-surgeon status / New Technlogy-New Services List	September 2025	AATS, ACC, SCAI, STS	February 2026

Background: CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as "Do not use to validate physician work" because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services should be surveyed for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33366	**Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)**	RAW Flag - Co-surgeon status / New Technlogy-New Services List	September 2025	AATS, ACC, SCAI, STS	February 2026

Background: CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as "Do not use to validate physician work" because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services should be surveyed for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36557	**Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	May 2026

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. revision. In September 2024, the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure. The CPT Editorial Panel indicated the specialties societies should work together to come up with a comprehensive solution. In September 2025 a CCA was submitted but withdrawn. The applicants believed there is significantly different physician work in the care of premature infants. Additionally, the applicants based the division of age on CPT precedent in pediatric coding, which is already widely accepted by coders. There was not sufficient time for this group of applicants, representing seven societies, to come to a consensus with the Panel's new revisions in advance of the meeting. Therefore the applicants withdrew their application and requested a workgroup.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36558	**Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	May 2026

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. revision. In September 2024, the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure. The CPT Editorial Panel indicated the specialties societies should work together to come up with a comprehensive solution. In September 2025 a CCA was submitted but withdrawn. The applicants believed there is significantly different physician work in the care of premature infants. Additionally, the applicants based the division of age on CPT precedent in pediatric coding, which is already widely accepted by coders. There was not sufficient time for this group of applicants, representing seven societies, to come to a consensus with the Panel's new revisions in advance of the meeting. Therefore the applicants withdrew their application and requested a workgroup.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36560	**Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	May 2026

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. revision. In September 2024, the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure. The CPT Editorial Panel indicated the specialties societies should work together to come up with a comprehensive solution. In September 2025 a CCA was submitted but withdrawn. The applicants believed there is significantly different physician work in the care of premature infants. Additionally, the applicants based the division of age on CPT precedent in pediatric coding, which is already widely accepted by coders. There was not sufficient time for this group of applicants, representing seven societies, to come to a consensus with the Panel's new revisions in advance of the meeting. Therefore the applicants withdrew their application and requested a workgroup.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36561	**Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	May 2026

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. revision. In September 2024, the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure. The CPT Editorial Panel indicated the specialties societies should work together to come up with a comprehensive solution. In September 2025 a CCA was submitted but withdrawn. The applicants believed there is significantly different physician work in the care of premature infants. Additionally, the applicants based the division of age on CPT precedent in pediatric coding, which is already widely accepted by coders. There was not sufficient time for this group of applicants, representing seven societies, to come to a consensus with the Panel's new revisions in advance of the meeting. Therefore the applicants withdrew their application and requested a workgroup.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36563	**Insertion of tunneled centrally inserted central venous access device with subcutaneous pump**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, OEIS, SIR, SVS	May 2026

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. revision. In September 2024, the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure. The CPT Editorial Panel indicated the specialties societies should work together to come up with a comprehensive solution. In September 2025 a CCA was submitted but withdrawn. The applicants believed there is significantly different physician work in the care of premature infants. Additionally, the applicants based the division of age on CPT precedent in pediatric coding, which is already widely accepted by coders. There was not sufficient time for this group of applicants, representing seven societies, to come to a consensus with the Panel's new revisions in advance of the meeting. Therefore the applicants withdrew their application and requested a workgroup.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36565	**Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, OEIS, SIR, SVS	May 2026

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. revision. In September 2024, the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure. The CPT Editorial Panel indicated the specialties societies should work together to come up with a comprehensive solution. In September 2025 a CCA was submitted but withdrawn. The applicants believed there is significantly different physician work in the care of premature infants. Additionally, the applicants based the division of age on CPT precedent in pediatric coding, which is already widely accepted by coders. There was not sufficient time for this group of applicants, representing seven societies, to come to a consensus with the Panel's new revisions in advance of the meeting. Therefore the applicants withdrew their application and requested a workgroup.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36566	**Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)**	Site of Service Anomaly - 2023	January 2024	OEIS, SIR, SVS	May 2026

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. revision. In September 2024, the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure. The CPT Editorial Panel indicated the specialties societies should work together to come up with a comprehensive solution. In September 2025 a CCA was submitted but withdrawn. The applicants believed there is significantly different physician work in the care of premature infants. Additionally, the applicants based the division of age on CPT precedent in pediatric coding, which is already widely accepted by coders. There was not sufficient time for this group of applicants, representing seven societies, to come to a consensus with the Panel's new revisions in advance of the meeting. Therefore the applicants withdrew their application and requested a workgroup.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
44950	**Appendectomy;**	Site of Service Anomaly - 2025	September 2025	ACS, APSA, ASCRS (colon), SAGES	May 2026

Background: In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 44970 Appendectomy; as a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. These services were placed directly on the level of interest form to survey for September 2025. The RAW also worked with the specialty societies and identified codes 44950, 44955 and 44960 as part of this family of services. In September 2025, the specialty societies indicated that the ACS National Surgical Quality Improvement Program (NSQIP®) and NSQIP® Pediatric database analysis revealed considerable variability in both length of hospital stay and operative time for appendectomy procedures, influenced by multiple factors such as surgical approach, patient age, whether the disease was complicated or uncomplicated, and whether the surgery was performed as an interval appendectomy or for tumor. In light of these findings, the specialty societies indicated that new and revised codes are needed to more accurately describe and differentiate physician work. The specialty societies indicated they will submit a CPT code change application for the CPT 2028 cycle. The RUC agreed and recommended that codes 44950, 44955, 44960 and 44970 be referred to the CPT Editorial Panel for revision for CPT 2028, preferably by the May 2026 CPT meeting/September 2026 RUC meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
44955	**Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)**	Site of Service Anomaly - 2025	September 2025	ACS, APSA, ASCRS (colon), SAGES	May 2026

Background: In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 44970 Appendectomy; as a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. These services were placed directly on the level of interest form to survey for September 2025. The RAW also worked with the specialty societies and identified codes 44950, 44955 and 44960 as part of this family of services. In September 2025, the specialty societies indicated that the ACS National Surgical Quality Improvement Program (NSQIP®) and NSQIP® Pediatric database analysis revealed considerable variability in both length of hospital stay and operative time for appendectomy procedures, influenced by multiple factors such as surgical approach, patient age, whether the disease was complicated or uncomplicated, and whether the surgery was performed as an interval appendectomy or for tumor. In light of these findings, the specialty societies indicated that new and revised codes are needed to more accurately describe and differentiate physician work. The specialty societies indicated they will submit a CPT code change application for the CPT 2028 cycle. The RUC agreed and recommended that codes 44950, 44955, 44960 and 44970 be referred to the CPT Editorial Panel for revision for CPT 2028, preferably by the May 2026 CPT meeting/September 2026 RUC meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
44960	**Appendectomy; for ruptured appendix with abscess or generalized peritonitis**	Site of Service Anomaly - 2025	September 2025	ACS, APSA, ASCRS (colon), SAGES	May 2026

Background: In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 44970 Appendectomy; as a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. These services were placed directly on the level of interest form to survey for September 2025. The RAW also worked with the specialty societies and identified codes 44950, 44955 and 44960 as part of this family of services. In September 2025, the specialty societies indicated that the ACS National Surgical Quality Improvement Program (NSQIP®) and NSQIP® Pediatric database analysis revealed considerable variability in both length of hospital stay and operative time for appendectomy procedures, influenced by multiple factors such as surgical approach, patient age, whether the disease was complicated or uncomplicated, and whether the surgery was performed as an interval appendectomy or for tumor. In light of these findings, the specialty societies indicated that new and revised codes are needed to more accurately describe and differentiate physician work. The specialty societies indicated they will submit a CPT code change application for the CPT 2028 cycle. The RUC agreed and recommended that codes 44950, 44955, 44960 and 44970 be referred to the CPT Editorial Panel for revision for CPT 2028, preferably by the May 2026 CPT meeting/September 2026 RUC meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
44970	**Laparoscopy, surgical, appendectomy**	CMS Fastest Growing / Site of Service Anomaly - 2025	September 2025	ACS, APSA, ASCRS (colon), SAGES	May 2026

Background: In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 44970 Appendectomy; as a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. These services were placed directly on the level of interest form to survey for September 2025. The RAW also worked with the specialty societies and identified codes 44950, 44955 and 44960 as part of this family of services. In September 2025, the specialty societies indicated that the ACS National Surgical Quality Improvement Program (NSQIP®) and NSQIP® Pediatric database analysis revealed considerable variability in both length of hospital stay and operative time for appendectomy procedures, influenced by multiple factors such as surgical approach, patient age, whether the disease was complicated or uncomplicated, and whether the surgery was performed as an interval appendectomy or for tumor. In light of these findings, the specialty societies indicated that new and revised codes are needed to more accurately describe and differentiate physician work. The specialty societies indicated they will submit a CPT code change application for the CPT 2028 cycle. The RUC agreed and recommended that codes 44950, 44955, 44960 and 44970 be referred to the CPT Editorial Panel for revision for CPT 2028, preferably by the May 2026 CPT meeting/September 2026 RUC meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55874	**Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed**	Codes Reported Together 75% or More-Part8	September 2025	AUA, ASTRO	May 2026

Background: In April 2025, the Relativity Assessment Workgroup identified 55874/55876 code pairs as performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2023 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requests action plans for September 2025 to determine if specific code bundling solutions should occur for the following code pairs. In September 2025, the RUC recommended to refer to May 2026 CPT Editorial Panel to create a code bundling solution.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55876	**Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple**	Codes Reported Together 75% or More-Part8	September 2025	AUA, ASTRO	May 2026

Background: In April 2025, the Relativity Assessment Workgroup identified 55874/55876 code pairs as performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2023 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requests action plans for September 2025 to determine if specific code bundling solutions should occur for the following code pairs. In September 2025, the RUC recommended to refer to May 2026 CPT Editorial Panel to create a code bundling solution.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
65820	**Goniotomy**	Codes Reported Together 75% or More-Part6 / High Volume Growth11	September 2025	AAO	February 2026

Background: In April 2025, the Relativity Assessment Workgroup identified this service via the high volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100% from 2018 through 2023. The specialty societies should submit action plans for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Feb 2026 to create a new Category I CPT code specific for stand-alone performance of goniotomy in adults and to modify the existing CPT 65820 to define it for performance in children.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
86077	**Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report**	Different Performing Specialty from Survey7	September 2025	ASH, CAP	May 2026

Background: In April 2025, the Relativity Assessment Workgroup identified services where the top two dominant specialties performing services based on 2023 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. The specialty societies should submit action plans for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT May 2026 to revise CPT code 86077 to better capture the spectrum of physician work associated with different, but typical, patient scenarios and to potentially expand the blood bank physician services code family to capture the physician work associated with the interpretation and incorporation of molecular studies into the pathology report.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95940	**Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**	Codes Reported Together 75% or More-Part1 / CMS-Other Utilization over 20,000 Part4	September 2025	AAN, ACNS	May 2026

Background: In April 2025, the Relativity Assessment Workgroup identified G0453 via the CMS Other source with 2023 Medicare utilization over 20,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting to determine how to address this service and if current CPT codes exist to report these services described by the G code, new CPT codes should be created, or the G code should be surveyed. In September 2025, the RUC recommended to refer to CPT May 2026 to revise 95940 to include the services currently reported with G0453. There is not a current Category I CPT code to report intraoperative neurophysiology monitoring services outside the operating room, per patient, per 15 minutes.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
99408	**Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes**	CMS-Other - Utilization over 30,000	September 2025	ACP, ANA, APA (psychology), ASA, NASW	February 2026

Background: In October 2017, code G0396 was identified on the CMS/Other source codes with Medicare utilization of 30,000 or more. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel's additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services. A CCA has not been submitted, thus the specialty societies were requested to submit an action plan for September 2025 on how to address this service. In September 2025, the specialty societies indicated they would submit a CCA for the CPT February 2026 meeting to formally request that "screening" be replaced with "assessment" in the descriptors for CPT codes 99408 and 99409 to eventually replace G0396 and G0397.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
99409	**Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes**	CMS-Other - Utilization over 30,000	September 2025	ACP, ANA, APA (psychology), ASA, NASW	February 2026

Background: In October 2017, code G0396 was identified on the CMS/Other source codes with Medicare utilization of 30,000 or more. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel's additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services. A CCA has not been submitted, thus the specialty societies were requested to submit an action plan for September 2025 on how to address this service. In September 2025, the specialty societies indicated they would submit a CCA for the CPT February 2026 meeting to formally request that "screening" be replaced with "assessment" in the descriptors for CPT codes 99408 and 99409 to eventually replace G0396 and G0397.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0270	**Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face w**	CMS Fastest Growing / CMS-Other Utilization over 20,000 Part4	September 2025	AND	February 2026

Background: In April 2025, the Relativity Assessment Workgroup identified G0270 via the CMS Other source with 2023 Medicare utilization over 20,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting to determine how to address this service and if current CPT codes exist to report these services described by the G code, new CPT codes should be created, or the G code should be surveyed. In September 2025, the RUC recommended to refer G0270 and G0271 to the CPT Editorial Panel for creation of Category I codes to describe MNT services following a second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0271	**Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes**	CMS-Other Utilization over 20,000 Part4	September 2025	AND	February 2026

Background: In April 2025, the Relativity Assessment Workgroup identified G0270 via the CMS Other source with 2023 Medicare utilization over 20,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting to determine how to address this service and if current CPT codes exist to report these services described by the G code, new CPT codes should be created, or the G code should be surveyed. In September 2025, the RUC recommended to refer G0270 and G0271 to the CPT Editorial Panel for creation of Category I codes to describe MNT services following a second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0396	**Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**	CMS-Other - Utilization over 30,000	September 2025	ACP, ANA, APA (psychology), ASA, NASW	February 2026

Background: In October 2017, code G0396 was identified on the CMS/Other source codes with Medicare utilization of 30,000 or more. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel's additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services. A CCA has not been submitted, thus the specialty societies were requested to submit an action plan for September 2025 on how to address this service. In September 2025, the specialty societies indicated they would submit a CCA for the CPT February 2026 meeting to formally request that "screening" be replaced with "assessment" in the descriptors for CPT codes 99408 and 99409 to eventually replace G0396 and G0397.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0397	**Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes**	CMS-Other - Utilization over 30,000	September 2025	ACP, ANA, APA (psychology), ASA, NASW	February 2026

Background: In October 2017, code G0396 was identified on the CMS/Other source codes with Medicare utilization of 30,000 or more. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel's additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services. A CCA has not been submitted, thus the specialty societies were requested to submit an action plan for September 2025 on how to address this service. In September 2025, the specialty societies indicated they would submit a CCA for the CPT February 2026 meeting to formally request that "screening" be replaced with "assessment" in the descriptors for CPT codes 99408 and 99409 to eventually replace G0396 and G0397.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0453	**Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)**	CMS-Other - Utilization over 100,000 / CMS-Other Utilization over 20,000 Part4	September 2025	AAN, ACNS	May 2026

Background: In April 2025, the Relativity Assessment Workgroup identified G0453 via the CMS Other source with 2023 Medicare utilization over 20,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting to determine how to address this service and if current CPT codes exist to report these services described by the G code, new CPT codes should be created, or the G code should be surveyed. In September 2025, the RUC recommended to refer to CPT May 2026 to revise 95940 to include the services currently reported with G0453. There is not a current Category I CPT code to report intraoperative neurophysiology monitoring services outside the operating room, per patient, per 15 minutes.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G2082	**Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation**	CMS-Other - Utilization over 30,000-Part4	September 2025	ANA, APA (psychiatry)	May 2026

Background: In April 2025, the Relativity Assessment Workgroup identified G2083 via the CMS Other source with 2023 Medicare utilization over 20,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting to determine how to address this service and if current CPT codes exist to report these services described by the G code, new CPT codes should be created, or the G code should be surveyed. In September 2025, the RUC recommended to refer G2082 and G2083 to CPT May 2026 to create Category I codes to report these services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G2083	**Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration,**	CMS-Other - Utilization over 30,000-Part4	September 2025	ANA, APA (psychiatry)	May 2026

Background: In April 2025, the Relativity Assessment Workgroup identified G2083 via the CMS Other source with 2023 Medicare utilization over 20,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting to determine how to address this service and if current CPT codes exist to report these services described by the G code, new CPT codes should be created, or the G code should be surveyed. In September 2025, the RUC recommended to refer G2082 and G2083 to CPT May 2026 to create Category I codes to report these services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G3002	**Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan th**	CMS-Other - Utilization over 30,000-Part4	September 2025	AAPM&R, ANA, ASA, ASIPP, NASS	Time uncertain

Background: In April 2025, the Relativity Assessment Workgroup identified G3002 via the CMS Other source with 2023 Medicare utilization over 20,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting to determine how to address this service and if current CPT codes exist to report these services described by the G code, new CPT codes should be created, or the G code should be surveyed. In September 2025, the RUC recommended to refer G3002 and G3003 to CPT to be considered under the CPT Value-Based Care Workgroup.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G3003	**Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for g3002. when using g3003, 15 minutes must be met or exceeded.)**		September 2025	AAPM&R, ANA, ASA, ASIPP, NASS	Time uncertain

Background: In April 2025, the Relativity Assessment Workgroup identified G3002 via the CMS Other source with 2023 Medicare utilization over 20,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting to determine how to address this service and if current CPT codes exist to report these services described by the G code, new CPT codes should be created, or the G code should be surveyed. In September 2025, the RUC recommended to refer G3002 and G3003 to CPT to be considered under the CPT Value-Based Care Workgroup.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
36248	**Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**	CMS Fastest Growing / Harvard Valued - Utilization over 30,000-Part6	September 2025	Refer to CPT Assistant	ACR, OEIS, SIR, SVS	

Background: In April 2025, the Relativity Assessment Workgroup identified CPT code 36248 via the Harvard valued with 2023 Medicare utilization over 30,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting on how to address these services. In September 2025, the RUC recommended to refer to CPT Assistant for the specialty societies to develop an article to provide additional guidance for appropriate coding and utilization of CPT 36248. Code 36248 is designated for use when an additional selective catheterization of a second or third-order vessel is performed. This code should apply only to named vessels, not to branches arising from those vessels.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
92065	**Orthoptic training; performed by a physician or other qualified health care professional**	Harvard Valued - Utilization over 30,000-Part4 / Work Neutrality 2023	September 2025	Review action plan. 0.71	AAO, AOA (optometry)	

Background: In April 2025, the Relativity Assessment Workgroup identified four issues for codes that were reviewed for CPT 2023 (April 2021, October 2021, and January 2022) that have more than 10% increase in work RVUs from what was projected. The specialty societies should submit an action plan for Orthoptic Training (92065-92066) review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Assistant to develop a Q&A discussing the circumstances in which each code should be reported. Review again when on the new technology list in April 2027.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
92066	**Orthoptic training; under supervision of a physician or other qualified health care professional**	Harvard Valued - Utilization over 30,000-Part4 / Work Neutrality 2023	September 2025	Review action plans. New PE Inputs	AAO, AOA (optometry)	

Background: In April 2025, the Relativity Assessment Workgroup identified four issues for codes that were reviewed for CPT 2023 (April 2021, October 2021, and January 2022) that have more than 10% increase in work RVUs from what was projected. The specialty societies should submit an action plan for Orthoptic Training (92065-92066) review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Assistant to develop a Q&A discussing the circumstances in which each code should be reported. Review again when on the new technology list in April 2027.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
95144	**Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**	Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey7	September 2025	Refer to CPT Assistant. 0.06	AAAAI, AAFP, AAO-HNS, AAOA, ACAAI, ACP	

Background: In April 2025, the Relativity Assessment Workgroup identified services where the top two dominant specialties performing services based on 2023 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. The specialty societies should submit action plans for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Assistant to develop an article to clarify the correct reporting of this service.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
96521	**Refilling and maintenance of portable pump**	Different Performing Specialty from Survey7	September 2025	Refer to CPT Assistant	ACP, ANA, ASCO, IDSA	

Background: In April 2025, the Relativity Assessment Workgroup identified services where the top two dominant specialties performing services based on 2023 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. The specialty societies should submit action plans for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Assistant to develop an article to clarify the correct reporting of this service.

Physician Time from RUC Meeting:
October 2025 (CPT 2027)

CPT Code	Pre-Service Time Package	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Post-Service Time Package	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
20985	ZZZ Global Code	10			20	ZZZ Global Code	1													31
23470	4-FAC Difficult Patient/Difficult Procedure	43	15	15	90	9B General Anes or Complex Regional Blk/Cmplx Proc	35			2	1					0.5				303
23472	4-FAC Difficult Patient/Difficult Procedure	50	15	15	120	9B General Anes or Complex Regional Blk/Cmplx Proc	35			2	1					0.5				340
27130	4-FAC Difficult Patient/Difficult Procedure	40	15	15	90	9B General Anes or Complex Regional Blk/Cmplx Proc	40			2	1					0.5				305
27278	3-FAC Straightforward Patient/Difficult Procedure	33	15	15	48	8B IV Sedation/Complex Procedure	20			2						0.5				196
27279	3-FAC Straightforward Patient/Difficult Procedure	33	15	14	60	8B IV Sedation/Complex Procedure	20		1	2						0.5				223
27447	4-FAC Difficult Patient/Difficult Procedure	40	15	15	90	9B General Anes or Complex Regional Blk/Cmplx Proc	40			2	1					0.5				305
39545	4-FAC Difficult Patient/Difficult Procedure	45	15	10	120	9B General Anes or Complex Regional Blk/Cmplx Proc	30			2			1	1	1	1				419
61781	ZZZ Global Code	17			30	ZZZ Global Code														47
61782	ZZZ Global Code	11			16	ZZZ Global Code														27
61783	ZZZ Global Code	15			30	ZZZ Global Code														45
62287	4-FAC Difficult Patient/Difficult Procedure	38	10	10	37	8B IV Sedation/Complex Procedure	20			2						0.5				180
63045	4-FAC Difficult Patient/Difficult Procedure	40	25	15	90	9B General Anes or Complex Regional Blk/Cmplx Proc	30			2	1		1	1		1				384
63046	4-FAC Difficult Patient/Difficult Procedure	40	25	15	90	9B General Anes or Complex Regional Blk/Cmplx Proc	30			2	1		1	1		1				384
63047	4-FAC Difficult Patient/Difficult Procedure	40	20	15	90	9B General Anes or Complex Regional Blk/Cmplx Proc	50			2	1					0.5				320
63048	ZZZ Global Code				45	ZZZ Global Code														45
64400	5-NF Proc w minimal anes care (if no deduct 1 min)	7		1	6	7A Local/Simple Procedure	5													19
64405	5-NF Proc w minimal anes care (if no deduct 1 min)	7		1	6	7A Local/Simple Procedure	5													19
96920	5-NF Proc w minimal anes care (if no deduct 1 min)	7	2	1	12	N/A Survey Code is Non-Facility	5													27
96921	5-NF Proc w minimal anes care (if no deduct 1 min)	7	2	1	17	N/A Survey Code is Non-Facility	5													32
96922	5-NF Proc w minimal anes care (if no deduct 1 min)	7	2	1	24	N/A Survey Code is Non-Facility	5													39
209X1	2-FAC Diff Pat/Straightfor Proc(no sedation/anes)	18	6	6	30	8A IV Sedation/Simple Procedure	20													80
209X2	ZZZ Global Code				28	ZZZ Global Code														28
209XX	ZZZ Global Code	5			25	ZZZ Global Code	2													32
33X01	4-FAC Difficult Patient/Difficult Procedure	40	3	15	90	9B General Anes or Complex Regional Blk/Cmplx Proc	20			1						0.5				210
33X02	4-FAC Difficult Patient/Difficult Procedure	40	3	15	40	9B General Anes or Complex Regional Blk/Cmplx Proc	16			1						0.5				156
33X03	4-FAC Difficult Patient/Difficult Procedure	40	3	15	50	9B General Anes or Complex Regional Blk/Cmplx Proc	17			1						0.5				167
33X04	4-FAC Difficult Patient/Difficult Procedure	40	3	15	60	9B General Anes or Complex Regional Blk/Cmplx Proc	20			1						0.5				180
33X05	4-FAC Difficult Patient/Difficult Procedure	40	3	15	114	9B General Anes or Complex Regional Blk/Cmplx Proc	40			1						0.5				254
33X06	4-FAC Difficult Patient/Difficult Procedure	35	3	15	38	9B General Anes or Complex Regional Blk/Cmplx Proc	18			1						0.5				151
33X07	4-FAC Difficult Patient/Difficult Procedure	40	3	15	62	9B General Anes or Complex Regional Blk/Cmplx Proc	40			1						0.5				202
33X08	4-FAC Difficult Patient/Difficult Procedure	40	3	15	90	9B General Anes or Complex Regional Blk/Cmplx Proc	40			1						0.5				230
33X09	4-FAC Difficult Patient/Difficult Procedure	39	3	15	45	9B General Anes or Complex Regional Blk/Cmplx Proc	18			1						0.5				162
33X11	4-FAC Difficult Patient/Difficult Procedure	37	3	15	45	9B General Anes or Complex Regional Blk/Cmplx Proc	18			1						0.5				160
395X2	4-FAC Difficult Patient/Difficult Procedure	42	15	10	120	9B General Anes or Complex Regional Blk/Cmplx Proc	30			2				1	1	1				396
33X10	4-FAC Difficult Patient/Difficult Procedure	37	3	15	60	9B General Anes or Complex Regional Blk/Cmplx Proc	18			1						0.5				175
44XX1	4-FAC Difficult Patient/Difficult Procedure	60	12	10	120	9B General Anes or Complex Regional Blk/Cmplx Proc	30			1	1		10	6	3	1		2		1078
44XX2	4-FAC Difficult Patient/Difficult Procedure	60	15	10	180	9B General Anes or Complex Regional Blk/Cmplx Proc	30			1	1		9	4	2	1		2		986
48XXX	4-FAC Difficult Patient/Difficult Procedure	50	10	15	120	9B General Anes or Complex Regional Blk/Cmplx Proc	30			2	1		3	2	1	1				544
4XX02	4-FAC Difficult Patient/Difficult Procedure	40	3	10	180	9B General Anes or Complex Regional Blk/Cmplx Proc	33													266
4XX01	4-FAC Difficult Patient/Difficult Procedure	40	3	10	150	9B General Anes or Complex Regional Blk/Cmplx Proc	33													236
92XX5	XXX Global Code	10			25	XXX Global Code	10													45
92XX6	ZZZ Global Code				12	ZZZ Global Code														12
93X01	XXX Global Code	6			15	XXX Global Code	8													29
93X02	XXX Global Code	6			15	XXX Global Code	7													28
93X03	XXX Global Code	5			11	XXX Global Code	5													21
978XX	XXX Global Code				5	XXX Global Code	2													7
9XX04	2-FAC Diff Pat/Straightfor Proc(no sedation/anes)	35	3	10	60	8B IV Sedation/Complex Procedure	21													129
9XX07	ZZZ Global Code				48	ZZZ Global Code														48

Detailed Description of Pre-Service Time Packages (Minutes)

		FACILITY				NON-FAC	
		1	2	3	4	5**	6
	Total Pre-Service Time	**20**	**25**	**51**	**63**	**8**	**23**
	CATEGORY SUBTOTALS						
A	Pre-Service Evaluation (IWPUT =0.0224)	13	18	33	40	7	17
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	3	3	0	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	6	15	20	1	5
	DETAILS						
A	History and Exam (Performance and review of appropriate Pre-Tests)	5	10	10	15	4	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	4	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	5	5	2	3
A	Communicate with other professionals	0	0	5	5	0	2
A	Check/set-up room, supplies and equipment	1	1	5	5	0	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	5	5	0	1
A	Prepare/ review/ confirm procedure	1	1	1	1	0	0
B	Perform/ supervise patient positioning	1	1	3	3	0	1
C	Administer local/topical anesthesia	1	1	0	0	1	5
C	Observe (wait anesthesia care)	0	0	10	15	0	0
C	Dress and scrub for procedure	5	5	5	5	0	0

**If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

1 Straightforward Patient/Straightforward Procedure (No anesthesia care)
2 Difficult Patient/Straightforward Procedure (No anesthesia care)
3 Straightforward Patient/Difficult Procedure
4 Difficult Patient/Difficult Procedure
5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
6 Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect

Additional Positioning Times for Spinal Surgical Procedures

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Additional Positioning Times for Urological Procedures

U1	Dorsal Lithotomy	5 Minutes

Notes:

- Roll-over cells for additional detail where available
- Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice

Detailed Description of Facility Based Post-Service Time Packages (Minutes)						
	7A Local Anesthesia/ Straightforward Procedure	**7B Local Anesthesia/ Complex Procedure**	**8A IV Sedation/ Straightforward Procedure**	**8B IV Sedation/ Complex Procedure**	**9A General Anesthesia or Complex Regional Block/ Straightforward Procedure**	**9B General Anesthesia or Complex Regional Block/Complex Procedure**
Total Post-Service Time	**18**	**21**	**25**	**28**	**30**	**33**
Details:						
Application of Dressing[1]	2	2	2	2	2	2
Transfer of supine patient off table	1	1	1	1	1	1
Operative Note	5	5	5	5	5	5
Monitor patient recovery/stabilization	1	1	5	5	10	10
Communication with patient and/or family	5	5	5	5	5	5
Written post-operative note	2	5	2	5	2	5
Post-Operative Orders and Order Entry	2	2	5	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

1 This represents a simple dressing

CPT	RUC Recommended PLI Crosswalk
20985	20985
23470	23470
23472	23472
27130	27130
27278	27278
27279	27279
27447	27447
39545	39545
61781	61781
61782	61782
61783	61783
62287	62287
63045	63045
63046	63046
63047	63047
63048	63048
64400	64400
64405	64405
96920	96920
96921	96921
96922	96922
209X1	20225
209X2	20225
209XX	20702
33X01	33208
33X02	33208
33X03	33208
33X04	33217
33X05	33235
33X06	33223
33X07	33234
33X08	33235
33X09	33208
33X11	33223
395X2	39545
33X10	33215
44XX1	44126
44XX2	44126
48XXX	36260
4XX01	43497
4XX02	43497
92XX5	92546
92XX6	92546
93X01	93284
93X02	93289
93X03	93295
93X04	93296
978XX	90461
978X1	90461
9XX04	92920
9XX07	92974

CPT Code	RBCS_ID (exluding 6th digit major/minor procedure indicator)	RBCS_Cat	RBCS_Cat_Desc	RBCS_Cat_Subcat	RBCS_SubCat_Desc	RBCS_FamNumb	RBCS_Family_Desc
20985	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
23470	PPM54	P	Procedure	PM	Musculoskeletal	54	Shoulder Repair or Replacement - Open
23472	PPM54	P	Procedure	PM	Musculoskeletal	54	Shoulder Repair or Replacement - Open
27130	PPM44	P	Procedure	PM	Musculoskeletal	44	Arthroplasty - Hip
27278	PPM20	P	Procedure	PM	Musculoskeletal	20	Arthrodesis - Spine
27279	PPM20	P	Procedure	PM	Musculoskeletal	20	Arthrodesis - Spine
27447	PPM14	P	Procedure	PM	Musculoskeletal	14	Arthroplasty - Knee
39545	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
61781	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
61782	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
61783	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
62287	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
63045	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
63046	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
63047	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
63048	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
64400	RRI0	R	Treatment	RI	Injections and Infusions (nononcologic)	0	No RBCS Family
64405	RRI0	R	Treatment	RI	Injections and Infusions (nononcologic)	0	No RBCS Family
96920	PPS0	P	Procedure	PS	Skin	0	No RBCS Family
96921	PPS0	P	Procedure	PS	Skin	0	No RBCS Family
96922	PPS0	P	Procedure	PS	Skin	0	No RBCS Family
209X1	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
209X2	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
209XX	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
33X01	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
33X02	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
33X03	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
33X04	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
33X05	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
33X06	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
33X07	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
33X08	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
33X09	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
33X10	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
33X11	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
395X2	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
44XX1	PPG0	P	Procedure	PG	Digestive/Gastrointestinal	0	No RBCS Family
44XX2	PPG0	P	Procedure	PG	Digestive/Gastrointestinal	0	No RBCS Family
48XXX	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
4XX01	PPG0	P	Procedure	PG	Digestive/Gastrointestinal	0	No RBCS Family
4XX02	PPG0	P	Procedure	PG	Digestive/Gastrointestinal	0	No RBCS Family
92XX5	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
92XX6	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
93X01	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
93X02	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
93X03	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
93X04	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
978X1	EEV1	E	E&M	EV	Office/Outpatient Services	1	Office E&M - Established
978XX	EEV1	E	E&M	EV	Office/Outpatient Services	1	Office E&M - Established
9XX04	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
9XX07	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting

RBCS_Cat	RBCS_Cat_Desc	RBCS_Cat_Subcat	RBCS_SubCat_Desc
A	Anesthesia	AA	Anesthesia
D	DME	DA	Medical/Surgical Supplies
D	DME	DA	Medical/Surgical Supplies
D	DME	DA	Medical/Surgical Supplies
D	DME	DB	Hospital Beds
D	DME	DC	Oxygen and Supplies
D	DME	DC	Oxygen and Supplies
D	DME	DD	Wheelchairs
D	DME	DD	Wheelchairs
D	DME	DD	Wheelchairs
D	DME	DE	Other DME
D	DME	DE	Other DME
D	DME	DE	Other DME
D	DME	DE	Other DME
D	DME	DE	Other DME
D	DME	DE	Other DME
D	DME	DE	Other DME
D	DME	DE	Other DME
D	DME	DE	Other DME
D	DME	DE	Other DME
D	DME	DE	Other DME
D	DME	DF	Orthotic Devices
D	DME	DF	Orthotic Devices
D	DME	DF	Orthotic Devices
D	DME	DF	Orthotic Devices
D	DME	DF	Orthotic Devices
D	DME	DF	Orthotic Devices
D	DME	DF	Orthotic Devices
D	DME	DG	Drugs Administered Through DME
D	DME	DG	Drugs Administered Through DME
D	DME	DG	Drugs Administered Through DME
E	E&M	EB	Behavioral Health Services
E	E&M	EB	Behavioral Health Services
E	E&M	EB	Behavioral Health Services
E	E&M	EC	Critical Care Services
E	E&M	EE	Ophthalmological Services
E	E&M	EE	Ophthalmological Services
E	E&M	EH	Home Services
E	E&M	EH	Home Services
E	E&M	EH	Home Services
E	E&M	EI	Hospital Inpatient Services
E	E&M	EI	Hospital Inpatient Services
E	E&M	EI	Hospital Inpatient Services
E	E&M	EI	Hospital Inpatient Services
E	E&M	EM	Care Management/Coordination
E	E&M	EM	Care Management/Coordination

E	E&M	EN	Nursing Facility Services
E	E&M	EN	Nursing Facility Services
E	E&M	EN	Nursing Facility Services
E	E&M	EO	Observation Care Services
E	E&M	EP	Hospice
E	E&M	ER	Emergency Department Services
E	E&M	ER	Emergency Department Services
E	E&M	EV	Office/Outpatient Services
E	E&M	EV	Office/Outpatient Services
E	E&M	EV	Office/Outpatient Services
E	E&M	EV	Office/Outpatient Services
E	E&M	EV	Office/Outpatient Services
E	E&M	EV	Office/Outpatient Services
E	E&M	EV	Office/Outpatient Services
E	E&M	EX	E&M - Miscellaneous
I	Imaging	IC	CT Scan
I	Imaging	IC	CT Scan
I	Imaging	IC	CT Scan
I	Imaging	IC	CT Scan
I	Imaging	IC	CT Scan
I	Imaging	IM	Magnetic Resonance
I	Imaging	IM	Magnetic Resonance
I	Imaging	IM	Magnetic Resonance
I	Imaging	IM	Magnetic Resonance
I	Imaging	IM	Magnetic Resonance
I	Imaging	IM	Magnetic Resonance
I	Imaging	IN	Nuclear
I	Imaging	IN	Nuclear
I	Imaging	IN	Nuclear
I	Imaging	IS	Standard X-ray
I	Imaging	IS	Standard X-ray
I	Imaging	IS	Standard X-ray
I	Imaging	IS	Standard X-ray
I	Imaging	IS	Standard X-ray
I	Imaging	IS	Standard X-ray
I	Imaging	IS	Standard X-ray
I	Imaging	IS	Standard X-ray
I	Imaging	IU	Ultrasound
I	Imaging	IU	Ultrasound
I	Imaging	IU	Ultrasound
I	Imaging	IU	Ultrasound
I	Imaging	IU	Ultrasound
I	Imaging	IU	Ultrasound
I	Imaging	IU	Ultrasound
I	Imaging	IX	Imaging - Miscellaneous
I	Imaging	IX	Imaging - Miscellaneous
O	Other	OA	Ambulance

O	Other	OA	Ambulance
O	Other	OA	Ambulance
O	Other	OA	Ambulance
O	Other	OA	Ambulance
O	Other	OB	Enteral and Parenteral
O	Other	OB	Enteral and Parenteral
O	Other	OB	Enteral and Parenteral
O	Other	OC	Vision, Hearing, and Speech Services
P	Procedure	PB	Breast
P	Procedure	PB	Breast
P	Procedure	PB	Breast
P	Procedure	PC	Cardiovascular
P	Procedure	PC	Cardiovascular
P	Procedure	PC	Cardiovascular
P	Procedure	PC	Cardiovascular
P	Procedure	PC	Cardiovascular
P	Procedure	PC	Cardiovascular
P	Procedure	PC	Cardiovascular
P	Procedure	PE	Eye
P	Procedure	PE	Eye
P	Procedure	PE	Eye
P	Procedure	PE	Eye
P	Procedure	PE	Eye
P	Procedure	PG	Digestive/Gastrointestinal
P	Procedure	PG	Digestive/Gastrointestinal
P	Procedure	PG	Digestive/Gastrointestinal
P	Procedure	PG	Digestive/Gastrointestinal
P	Procedure	PG	Digestive/Gastrointestinal
P	Procedure	PG	Digestive/Gastrointestinal
P	Procedure	PG	Digestive/Gastrointestinal
P	Procedure	PH	Hematology
P	Procedure	PH	Hematology
P	Procedure	PM	Musculoskeletal
P	Procedure	PM	Musculoskeletal
P	Procedure	PM	Musculoskeletal
P	Procedure	PM	Musculoskeletal
P	Procedure	PM	Musculoskeletal
P	Procedure	PM	Musculoskeletal
P	Procedure	PM	Musculoskeletal
P	Procedure	PM	Musculoskeletal
P	Procedure	PM	Musculoskeletal
P	Procedure	PM	Musculoskeletal
P	Procedure	PM	Musculoskeletal
P	Procedure	PM	Musculoskeletal
P	Procedure	PM	Musculoskeletal
P	Procedure	PO	Other Organ Systems
P	Procedure	PO	Other Organ Systems

P	Procedure	PO	Other Organ Systems
P	Procedure	PO	Other Organ Systems
P	Procedure	PO	Other Organ Systems
P	Procedure	PO	Other Organ Systems
P	Procedure	PO	Other Organ Systems
P	Procedure	PS	Skin
P	Procedure	PS	Skin
P	Procedure	PS	Skin
P	Procedure	PS	Skin
P	Procedure	PS	Skin
P	Procedure	PS	Skin
P	Procedure	PS	Skin
P	Procedure	PS	Skin
P	Procedure	PS	Skin
P	Procedure	PS	Skin
P	Procedure	PV	Vascular
P	Procedure	PV	Vascular
P	Procedure	PV	Vascular
P	Procedure	PV	Vascular
P	Procedure	PV	Vascular
P	Procedure	PV	Vascular
P	Procedure	PV	Vascular
P	Procedure	PV	Vascular
P	Procedure	PV	Vascular
R	Treatment	RB	Spinal Manipulation
R	Treatment	RB	Spinal Manipulation
R	Treatment	RD	Dialysis
R	Treatment	RD	Dialysis
R	Treatment	RD	Dialysis
R	Treatment	RD	Dialysis
R	Treatment	RH	Chemotherapy
R	Treatment	RH	Chemotherapy
R	Treatment	RH	Chemotherapy
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)

R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RI	Injections and Infusions (nononcologic)
R	Treatment	RR	Radiation Oncology
R	Treatment	RR	Radiation Oncology
R	Treatment	RR	Radiation Oncology
R	Treatment	RR	Radiation Oncology
R	Treatment	RT	Physical, Occupational, and Speech Therapy
R	Treatment	RT	Physical, Occupational, and Speech Therapy
R	Treatment	RT	Physical, Occupational, and Speech Therapy
R	Treatment	RT	Physical, Occupational, and Speech Therapy
R	Treatment	RT	Physical, Occupational, and Speech Therapy
R	Treatment	RX	Treatment - Miscellaneous
R	Treatment	RX	Treatment - Miscellaneous
R	Treatment	RX	Treatment - Miscellaneous
R	Treatment	RX	Treatment - Miscellaneous
T	Test	TA	Anatomic Pathology
T	Test	TA	Anatomic Pathology
T	Test	TA	Anatomic Pathology
T	Test	TC	Cardiography
T	Test	TC	Cardiography
T	Test	TC	Cardiography
T	Test	TF	Pulmonary
T	Test	TF	Pulmonary
T	Test	TL	General Laboratory
T	Test	TL	General Laboratory
T	Test	TL	General Laboratory
T	Test	TL	General Laboratory
T	Test	TL	General Laboratory
T	Test	TL	General Laboratory
T	Test	TL	General Laboratory
T	Test	TM	Molecular Testing
T	Test	TM	Molecular Testing
T	Test	TM	Molecular Testing
T	Test	TM	Molecular Testing
T	Test	TN	Neurologic
T	Test	TN	Neurologic
T	Test	TN	Neurologic
T	Test	TP	Pulmonary Function
T	Test	TX	Test - Miscellaneous

RBCS_FamNumb	RBCS_Family_Desc
0	No RBCS Family
0	No RBCS Family
18	Skin Allograft
23	Wound Care Directed Dressings
0	No RBCS Family
0	No RBCS Family
2	Oxygen Concentrator
0	No RBCS Family
9	Power Wheelchairs and Accessories
21	Wheelchair Accessories
0	No RBCS Family
1	CPAP (sleep apnea)
5	Home Ventilator
12	Blood Glucose Test or Reagent Strips
13	Cardioverter - Defibrillator
14	Cardiac Catheter
15	Implantable Neurostimulator
16	Pacemaker
17	Diabetic Supplies and Monitoring
20	Cardiac Stent
22	Orthopedic Screw
0	No RBCS Family
3	Below Knee Orthotic
7	Lumbar Sacral Orthosis Brace
8	Intermittent Urinary Catheter
10	Ostomy
11	Knee Orthosis
19	Implantable Joint Device
0	No RBCS Family
4	Vasodilator
6	Bronchodilator
0	No RBCS Family
9	Psychotherapy - Nongroup
15	Psychotherapy - Group
10	Critical Care E&M
0	No RBCS Family
7	Ophthalmological E&M
0	No RBCS Family
17	Home E&M - New and Established
18	Home Health Skilled Services
0	No RBCS Family
3	Hospital E&M - Subsequent
5	Hospital E&M - Initial
14	Hospital Discharge Management
0	No RBCS Family
19	Chronic and Transitional Care Management

0 No RBCS Family
8 SNF E&M
16 Rest Home E&M
12 Observation Care
0 No RBCS Family
0 No RBCS Family
2 Emergency Department E&M
0 No RBCS Family
1 Office E&M - Established
4 Office E&M - New
6 Hospital Outpatient E&M - Facility Fee
11 Annual Wellness Visits
13 FQHC E&M - Facility Fee
20 Telephone Services
0 No RBCS Family
0 No RBCS Family
3 CT/CTA - Abdomen and Pelvis
6 CT/CTA - Head and Neck
7 CT/CTA - Chest
21 CT/CTA - Spine
0 No RBCS Family
9 MRI/MRA - Head and Neck
10 MRI/MRA - Spine
20 MRI/MRA - Lower Extremity
22 MRI/MRA - Abdomen and Pelvis
23 MRI/MRA - Other
0 No RBCS Family
2 Myocardial Perfusion Scan
8 PET- Oncology
0 No RBCS Family
4 X-ray - Chest
5 Mammography
12 Angiography
13 X-ray - Lower Extremity
19 X-ray - Spine and Pelvis
24 X-ray - Upper Extremity
25 Contrast Agent
0 No RBCS Family
1 Echocardiography (TTE/TEE)
11 Ultrasound - Abdomen and Pelvis
14 Duplex Scan - Extremity Arteries
15 Duplex Scan - Extracranial Arteries
16 Duplex Scan - Extremity Veins
18 Ultrasound - Nonspecific
0 No RBCS Family
17 Computerized Ophthalmic Imaging
0 No RBCS Family

1 Medical Transport - Ground Emergency
2 Medical Transport - Ground
3 Medical Transport - Mileage
4 Medical Transport - Air
0 No RBCS Family
5 Parenteral Feeding and Formula
6 Enteral Feeding and Formula
0 No RBCS Family
0 No RBCS Family
33 Mastectomy
52 Breast Biopsy
0 No RBCS Family
2 Percutaneous Transcatheterization
3 Insertion/Removal/Replacement ICD
8 Comprehensive Electrophysiologic Evaluation
18 Pacemaker Insertion or Repair
25 Pacemaker Removal
31 Percutaneous Coronary Artery Angioplasty and Stenting
0 No RBCS Family
1 Cataract Surgery
35 Intravitreal Injection
46 Vitrectomy - Mechanical
53 Fluid Flow and Drainage of Eye (Any Method)
0 No RBCS Family
4 Lower GI Endoscopy - Other
6 Upper GI Endoscopy
12 Colonoscopy - Lesion Removal
26 Cholecystectomy - Laparoscopic
43 Hernia Repair - Laparoscopic (any site)
47 Hernia Repair - Open (inguinal)
0 No RBCS Family
34 Red Blood Cell Transfusion
20 Arthrodesis - Spine
44 Arthroplasty - Hip
14 Arthroplasty - Knee
39 Arthroscopy - Lower Extremity
21 Arthroscopy - Upper Extremity
36 Destruction by Neurolytic Agent - Back
15 Joint Injection
24 Laminotomy or Laminectomy - Lumbar
7 Nerve Block Injection - Back
11 Neurostimulator - Back
0 No RBCS Family
41 Percutaneous Vertebroplasty
54 Shoulder Repair or Replacement - Open
0 No RBCS Family
10 Cystourethroscopy

22 Calculus Removal - Urinary
27 Nasal/Sinus Endoscopy
40 Prostate Resection
45 Lymph Node Biopsy
50 Bronchoscopy
0 No RBCS Family
9 Destruction Skin Lesion
13 Debridement
16 Skin Grafting
17 Mohs Surgery
23 Nail Procedure
28 Wound Repair - All Levels
32 Skin Biopsy
38 Skin Lesion Excision
51 Removal or Shaving of Skin Growth
0 No RBCS Family
5 Transluminal Angioplasty - Arterial
19 Venous Catheter Insertion
29 A-V Fistula PCI
30 Transluminal Angioplasty - Venous
37 A-V Fistula Creation
42 Varicose Vein Ablation
48 Vascular Embolization
49 Transvascular Stent
0 No RBCS Family
17 Chiropractic
0 No RBCS Family
1 ESRD Related Services (not dialysis)
28 Peritoneal Dialysis
32 Hemodialysis
0 No RBCS Family
2 Chemotherapeutic Agent
12 Chemotherapy Administration
0 No RBCS Family
4 Injection - Monoclonal Antibodies
5 Injection - Macular Degeneration
6 Injection - Colony Stimulating Factors
8 Injection - Immune Globulin
11 Vaccine - Toxoids
13 Injection - Growth/Hormone Factor
14 Injection Administration
15 Intravenous Infusion, Hydration
16 Erythropoiesis - Stimulating Agent
18 Injection - Clotting Factors
19 Injection - Immunomodulator
22 Injection - Somatostatin
23 Vaccine Admin - Flu, Pneum, and Hep B

24 Injection - Tumor Necrosis Factor Blocker
25 Injection - Hyaluronan or Derivative
26 Injection - Vasodilator
30 Injection - Anticoagulant
31 Injection - Enzymes
35 COVID-19 Vaccine Administration
36 Platelet Stimulating Agent
0 No RBCS Family
7 Intensity Modulated Radiation Therapy
9 Conventional Radiation Treatment
10 Radiation Treatment Planning
0 No RBCS Family
3 PT Treatment
20 Speech Therapy
21 Occupational Therapy
33 PT/OT Evaluation
0 No RBCS Family
27 Cardiac Rehabilitation
29 Immunosuppressive Drugs - Non-injectable
34 Hyperbaric Oxygen
0 No RBCS Family
2 Surgical Pathology Examination
9 Immunohistochemistry
0 No RBCS Family
3 Electrocardiogram
10 External Electrocardiographic Monitoring
0 No RBCS Family
15 Pulmonary Function Testing
0 No RBCS Family
1 Clinical Chemistry
4 Blood Count
5 Drug Tests
6 Immunoassay
12 Venipuncture Blood Collection
13 Bacterial Culture
0 No RBCS Family
11 Infectious Agent Detection by DNA/RNA
14 Genetic Analysis
16 COVID Specific
0 No RBCS Family
7 Sleep Study
8 Electrical Nerve Conductivity
0 No RBCS Family
0 No RBCS Family

RBCS_ID (exluding 6th digit major/minor procedure indicator)

CPT Source	Deleted	Source 2023 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2023)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
20999		581	209XX	50	0.086	0.00	2.70	04 Ablation Therapy-Bone Tumors	135	0
20999		581	20999	531	0.914	0.00	0.00	04 Ablation Therapy-Bone Tumors	0	0
27599		639	209XX	50	0.078	0.00	2.70	04 Ablation Therapy-Bone Tumors	135	0
27599		639	27599	589	0.922	0.00	0.00	04 Ablation Therapy-Bone Tumors	0	0
22899		796	209X1	670	0.842	0.00	3.00	05 Intraosseous Fiducial Marker Placement	2,010	0
22899		796	209X2	33	0.041	0.00	1.76	05 Intraosseous Fiducial Marker Placement	58	0
22899		796	22899	93	0.117	0.00	0.00	05 Intraosseous Fiducial Marker Placement	0	0
20985		71,832	20985	71,832	1.000	2.50	2.50	06 Computer Assisted Surgical Navigation	179,580	179,580
27278		1,585	27278	1,585	1.000	7.86	7.86	07 Sacroiliac Joint Arthrodesis	12,458	12,458
27279		6,299	27279	6,299	1.000	12.13	11.00	07 Sacroiliac Joint Arthrodesis	69,289	76,407
0408T	D	336	33X01	336	1.000	0.00	8.83	08 Cardiac Contractility Modulation	2,967	0
0409T	D	1	33X02	1	1.000	0.00	5.80	08 Cardiac Contractility Modulation	6	0
0410T	D	-	33X03	-	1.000	0.00	6.00	08 Cardiac Contractility Modulation	0	0
0411T	D	3	33X04	3	1.000	0.00	6.23	08 Cardiac Contractility Modulation	19	0
0414T	D	1	33X05	1	1.000	0.00	9.90	08 Cardiac Contractility Modulation	10	0
0415T	D	2	33X05	1	0.500	0.00	9.90	08 Cardiac Contractility Modulation	10	0
0412T	D	10	33X06	10	1.000	0.00	4.91	08 Cardiac Contractility Modulation	49	0
0413T	D	9	33X07	5	0.556	0.00	7.49	08 Cardiac Contractility Modulation	37	0
0413T	D	9	33X08	4	0.444	0.00	8.60	08 Cardiac Contractility Modulation	34	0
0414T	D	1	33X09	-	0.000	0.00	6.00	08 Cardiac Contractility Modulation	0	0
0415T	D	2	33X10	1	0.500	0.00	5.00	08 Cardiac Contractility Modulation	5	0
0416T	D	5	33X11	5	1.000	0.00	5.25	08 Cardiac Contractility Modulation	26	0
0417T	D	104	93X01	104	1.000	0.00	0.90	08 Cardiac Contractility Modulation	94	0
0418T	D	44	93X02	44	1.000	0.00	0.80	08 Cardiac Contractility Modulation	35	0
Not currently reported		N/A	93X03	500	N/A	0.00	0.60	08 Cardiac Contractility Modulation	300	0
39545		241	39545	241	1.000	14.67	18.45	09 Diaphragm Repair	4,446	3,535
39599		358	395X2	36	0.101	0.00	20.00	09 Diaphragm Repair	720	0
39599		358	39599	322	0.899	0.00	0.00	09 Diaphragm Repair	0	0
43499		1,421	43499	860	0.605	0.00	0.00	10 Endoscopic Submucosal Dissection	0	0
43499		1,421	4XX01	561	0.395	0.00	15.00	10 Endoscopic Submucosal Dissection	8,419	0
45399		932	45399	151	0.162	0.00	0.00	10 Endoscopic Submucosal Dissection	0	0
45399		932	4XX02	781	0.838	0.00	16.38	10 Endoscopic Submucosal Dissection	12,793	0
44799		1,883	44XX1	0	0.000	0.00	50.00	11 Congenital Duodenal Obstruction Repair	0	0
44238		1,567	44XX2	0	0.000	0.00	52.60	11 Congenital Duodenal Obstruction Repair	0	0
44799		1,883	44799	1,883	1.000	0.00	0.00	11 Congenital Duodenal Obstruction Repair	0	0
44238		1,567	44238	1,567	1.000	0.00	0.00	11 Congenital Duodenal Obstruction Repair	0	0
0601T		16	48XXX	16	1.000	0.00	25.19	12 Irreversible Electroporation of Tumor, Pancreas	403	0
62287		100	62287	100	1.000	9.03	7.06	13 Percutaneous Lumbar Decompression	706	903
62XX0		10,052	62XX0	10,052	1.000	8.00	8.00	13 Percutaneous Lumbar Decompression	80,416	80,416
62XX1		4,021	62XX1	4,021	1.000	4.25	4.25	13 Percutaneous Lumbar Decompression	17,089	17,089
92546	D	40,014	92XX5	36,014	0.900	0.29	0.92	14 Rotational Vestibular Assessment	33,133	10,444
92546	D	40,014	92XX6	4,000	0.100	0.29	0.48	14 Rotational Vestibular Assessment	1,920	1,160
0913T	D	-	9XX04	-	1.000	0.00	10.00	15 Intracoronary Drug Delivery Balloon Services	0	0
0914T	D	-	9XX07	-	1.000	0.00	4.38	15 Intracoronary Drug Delivery Balloon Services	0	0
92920		18,038	92920	18,038	1.000	9.85	8.35	15 Intracoronary Drug Delivery Balloon Services	150,617	177,674

CPT Source	Deleted	Source 2023 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2023)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
92924		1,536	92924	1,536	1.000	11.74	10.13	15 Intracoronary Drug Delivery Balloon Services	15,560	18,033
92928		191,554	92928	191,554	1.000	10.96	10.00	15 Intracoronary Drug Delivery Balloon Services	1,915,540	2,099,432
92933		13,432	92933	13,432	1.000	12.29	11.94	15 Intracoronary Drug Delivery Balloon Services	160,378	165,079
92937		10,985	92937	10,985	1.000	10.95	11.30	15 Intracoronary Drug Delivery Balloon Services	124,131	120,286
92941		28,212	92941	28,212	1.000	12.31	12.72	15 Intracoronary Drug Delivery Balloon Services	358,857	347,290
92943		6,992	92943	6,992	1.000	12.31	13.69	15 Intracoronary Drug Delivery Balloon Services	95,720	86,072
92972		18	92972	18	1.000	2.97	2.97	15 Intracoronary Drug Delivery Balloon Services	53	53
92973		2,246	92973	2,246	1.000	3.28	1.75	15 Intracoronary Drug Delivery Balloon Services	3,931	7,367
93571		61,493	93571	61,493	1.000	0.00	1.80	15 Intracoronary Drug Delivery Balloon Services	110,687	0
93572		11,662	93572	11,662	1.000	0.00	1.44	15 Intracoronary Drug Delivery Balloon Services	16,793	0
92930/92X01		52,003	92930/92X01	52,003	1.000	12.00	12.00	15 Intracoronary Drug Delivery Balloon Services	624,040	624,040
92945/92X02		1,868	92945/92X02	1,868	1.000	15.00	15.00	15 Intracoronary Drug Delivery Balloon Services	28,024	28,024
96920		63,808	96920	63,808	1.000	0.83	1.00	16 Laser Treatment for Inflammatory Skin Diseases	63,808	52,961
96921		21,718	96921	21,718	1.000	0.90	1.24	16 Laser Treatment for Inflammatory Skin Diseases	26,930	19,546
96922		13,536	96922	13,536	1.000	1.15	1.50	16 Laser Treatment for Inflammatory Skin Diseases	20,304	15,566
Not currently reported			978XX	0	1.000	0.00	0.18	17 Lactation Care Services	0	0
Not currently reported			978X1	0	1.000	0.00	0.00	17 Lactation Care Services	0	0
23470		898	23470	898	1.000	17.89	16.00	18 Arthroplasty – Shoulder	14,368	16,065
23472		76,910	23472	76,910	1.000	22.13	19.85	18 Arthroplasty – Shoulder	1,526,664	1,702,018
27130		174,976	27130	174,976	1.000	19.60	17.13	19 Arthroplasty – Hip	2,997,339	3,429,530
27446		12,117	27446	12,117	1.000	17.13	17.13	20 Arthroplasty – Knee	207,564	207,564
27447		313,723	27447	313,723	1.000	19.60	17.13	20 Arthroplasty – Knee	5,374,075	6,148,971
61781		15,686	61781	15,686	1.000	3.75	3.75	23 Stereotactic Computer-Assisted Volumetric Nav	58,823	58,823
61782		19,013	61782	19,013	1.000	3.18	2.11	23 Stereotactic Computer-Assisted Volumetric Nav	40,117	60,461
61783		29,281	61783	29,281	1.000	3.75	3.75	23 Stereotactic Computer-Assisted Volumetric Nav	109,804	109,804
63045		10,499	63045	10,499	1.000	17.95	17.69	24 Laminectomy	185,727	188,457
63046		4,210	63046	4,210	1.000	17.25	17.14	24 Laminectomy	72,159	72,623
63047		77,826	63047	77,826	1.000	15.37	15.37	24 Laminectomy	1,196,186	1,196,186
63048		99,663	63048	99,663	1.000	3.47	3.47	24 Laminectomy	345,831	345,831
64400		37,602	64400	37,602	1.000	0.75	0.75	25 Injection Anesthetic Agent	28,202	28,202
64405		121,675	64405	121,675	1.000	0.94	0.84	25 Injection Anesthetic Agent	102,207	114,375
									16,399,404	17,822,323

Total Source RVUs	17,822,323
Total New/Revised RVUs	16,399,404
RVU Difference	1,422,919
CF	32.3465
CF Redistribution	**46,026,455**

New Technology/New Services List

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; first dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; second dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; third dose	Aug 2021	Pfizer-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose	Oct 2021	Pfizer-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; first dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; second dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; third dose	Aug 2021	Moderna-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; first dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; second dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; single dose	Jan 2021	Janssen-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; first dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; second dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; third dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; booster dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	Oct 2021	Moderna Booster-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; booster dose	Jun 2022	Pfizer-BioNTech Tris-Sucrose Age 5-11, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0083A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0092A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0093A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.5 ml dosage, booster dose	Mar 2022	Moderna Booster-SARS-CoV-2-IA- Full Dose	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0104A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 ml dosage, adjuvant as03 emulsion, booster dose	Jun 2022	Sanofi-GSK, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; first dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; second dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0113A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20561	Needle insertion(s) without injection(s); 3 or more muscles	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
209XX		September 2	Ablation Therapy – Bone Tumors	04	CPT 2027	April 2031	In Setember 2025, the RUC placed this service on the New Technology/New Services list to be re-reviewed by the RUC after three years of data are available. The specialty societies expect this to be a low-volume service. Given that this procedure describes open cryosurgery and involves liquid nitrogen, the technology utilized, and the technique involved with these supplies are not widely practiced and are unfamiliar to most orthopaedic surgeons at this time.	☐
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Apr 2022	Total Disc Arthroplasty	04	CPT 2024	April 2028		☐
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	☑
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	☑
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing	Jan 2023	Dorsal Sacroiliac Joint Arthrodesis	04	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018	Surveyed in April 2018 for a CMS Request in the Final Rule for 2018	☑
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove form list, was only identified with 27279 and that code has been resurveyed April 2018.	☑
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27458	Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Sep 2024	Limb Lengthening/Shortening-Femur	04	CPT 2026	April 2030		☐
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27713	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Sep 2024	Limb Lengthening/Shortening-Tibia	05	CPT 2026	April 2030		☐
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
29582	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	☑
29583	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	January 2022	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). In October 2018, RUC recommended to review again after 3 more years of data (2022). In January 2022, the Workgroup reviewed CPT code 29584 and agreed with the specialty society that the volume of this service is low and continues to decrease. The Workgroup recommends that CPT code 29584 be maintained and removed from the CPT Assistant Analysis screen and New Technology list.	☑
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		☐
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		☐
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
32XX2		Jan 2025	Thoracic Branch Endograft Services	05	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		☐
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		☐
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	April 2024	Review in two years (April 2023); new FDA indication recently released, suggesting this service is still changing. The RAW reviewed in April 2023 and indicated the specialties should survey in April 2024, to allow for the technology to stabilize a bit more prior to survey.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)	Jan 2021	Percutaneous Cerebral Embolic Protection	07	CPT 2022	April 2026		☐
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	April 2023	Review in 3 years (April 2023); pediatric procedure with some CMS utilization. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	Jan 2021	Harvest of Upper Extremity Artery, Endoscopic and Open	09	CPT 2022	April 2026		☐
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	Oct 2018	Aortic Graft Procedures	06	CPT 2020	April 2025	The whole family of services should be reviewed in 3 years when reviewing the utilization data. (CPT codes 33858, 33859, 33863 and 33864). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025	In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services have extremely low volume with minimal growth.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025	In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services have extremely low volume with minimal growth.	☑
33X01		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X02		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X03		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X04		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33X05		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X06		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X07		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X08		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X09		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33X10		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X11		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
34806	Code Deleted CPT 2008	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services include high-cost supply items SD324 Varithena (foam) for codes 36465 and 36466 and SD323 Venaseal (glue) for 36482, which the RUC continues to request that CMS price separately.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services include high-cost supply items SD324 Varithena (foam) for codes 36465 and 36466 and SD323 Venaseal (glue) for 36482, which the RUC continues to request that CMS price separately.	☑
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services include high-cost supply items SD324 Varithena (foam) for codes 36465 and 36466 and SD323 Venaseal (glue) for 36482, which the RUC continues to request that CMS price separately.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services include high-cost supply items SD324 Varithena (foam) for codes 36465 and 36466 and SD323 Venaseal (glue) for 36482, which the RUC continues to request that CMS price separately.	☑
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		☐
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Jan 2025	Lower Extremity Revascularization	06	CPT 2026	April 2030		☐
37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Jan 2025	Lower Extremity Revascularization	06	CPT 2026	April 2030		☐
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
395X2		September 2	Diaphragm Repair	09	CPT 2027	April 2031	In September 2025, the RUC placed this service on the New Technology list/New Services list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
42XX1		April 2025	Transoral Oropharyngeal Procedures	07	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology list to be reviewed by the RUC after three years of data are available. Given that these procedures describe a new technique of transoral en bloc resection of oropharyngeal tumors under magnification with the use of a robot, this is not yet widely practiced and relatively unfamiliar to many head and neck surgeons at this time.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
42XX2		April 2025	Transoral Oropharyngeal Procedures	07	CPT 2027	April 2031	In April 2025, the RUC placed CPT these services on the New Technology list to be reviewed by the RUC after three years of data are available. Given that these procedures describe a new technique of transoral en bloc resection of oropharyngeal tumors under magnification with the use of a robot, this is not yet widely practiced and relatively unfamiliar to many head and neck surgeons at this time.	☐
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately. In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately. In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		☐
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		☐
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	Oct 2020	Per-Oral Endoscopic Myotomy (POEM)	07	CPT 2022	April 2026		☐
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	Jan 2025	Endoscopic Sleeve Gastroplasty	07	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In Octobre 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Oct 2018	Transanal Hemorrhoidal Dearterialization	07	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
48XXX		September 2	Irreversible Electroporation of Tumor, Pancreas	12	CPT 2027	April 2031	In September 2025, the RUC placed this service on the New Technology/New Services list to be reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
4XX01		September 2	Endoscopic Submucosal Dissection	10	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology list/New Services list to be reviewed by the RUC in three years after data are available. The specialty societies expect these to be low-volume services.	☐
4XX02		September 2	Endoscopic Submucosal Dissection	10	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology list/New Services list to be reviewed by the RUC in three years after data are available. The specialty societies expect these to be low-volume services.	☐
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	Jan 2023	Cystourethroscopy with Urethral Therapeutic Drug Delivery	08	CPT 2024	April 2028		☐
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	☑
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	☑
52443	Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed	Jan 2025	Cystourethroscopy	09	CPT 2026	April 2030		☐
52597	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed	Sep 2024	Transurethral Robotic-assisted Resection of Prostate	07	CPT 2026	April 2030		☐
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Jan 2024	Bladder Neck and Prostate Procedures	05	CPT 2025	April 2029	CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
53866	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Jan 2024	Bladder Neck and Prostate Procedures	05	CPT 2025	April 2029	CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion	Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55710	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion	Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)	Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed;	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☑
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	April 2022	In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
55877	Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous	Jan 2025	Irreversible Electroporation of Tumors	08	CPT 2026	April 2030		☐
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Oct 2019	Transrectal High Intesity Focused US Prostate Ablation	06	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	Jan 2020	Computer-Aided Mapping of Cervix Uteri	14	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2023	Transcervical RF Ablation of Uterine Fibroids	09	CPT 2024	April 2028		☐
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 60660 and 60661 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 60660 and 60661 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	Jan 2024	Guided High Intensity Focused Ultrasound	06	CPT 2025	April 2029	CPT code 61715 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		☐
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	Jan 2025	Percutaneous Interlaminar Lumbar Decompression	10	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	Jan 2025	Percutaneous Interlaminar Lumbar Decompression	10	CPT 2026	April 2030		☐
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	Jan 2025	Laminotomy – Repair of Disc Defect	11	CPT 2026	April 2030		☐
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (Oct 2019). In Oct 2019, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Jan 2025	Percutaneous Electrical Nerve Field Stimulation	13	CPT 2026	April 2030		☐
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		☐
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64728	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance	Jan 2025	Percutaneous Decompression of Median Nerve	14	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	☑
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	Apr 2023	Iris Procedures	04	CPT 2025	April 2029		☐
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☑
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☑
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Jan 2023	Suprachoroidal Injection	10	CPT 2024	April 2028	There is currently only one FDA-approved medication for this procedure, triamcinolone acetonide, and it is approved for only one indication: macular edema associated with uveitis. The relevant HCPCS code is J-3299. Medicare claims volume for this indication is expected to be low. However, if other drugs for more common indications obtain FDA approval, claims volume may grow substantially. Thus, CPT code 6X000 will be placed on the New Technology list and will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. The RUC recommended that if there are new drugs that have an associated J-code that these also be considered by the Relativity Assessment Workgroup as part of the New Technology screen.	☐
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Jan 2021	Lacrimal Canaliculus Drug Eluting Implant Insertion	17	CPT 2022	April 2026		☐
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Oct 2019	Screening CT of Thorax	07	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	Jan 2025	Coronary Atherosclerotic Plaque Assessment	15	CPT 2026	April 2030		☐
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Jan 2023	Fractional Flow Reserve with CT	11	CPT 2024	April 2028		☐
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves and accompanying	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves and accompanying	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	Jan 2022	Neuromuscular Ultrasound	11	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	☑
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77061	Diagnostic digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025). In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.CMS maintains 77061 and 77062 as “Invalid”, instead G0279 should be reported for unilateral or bilateral diagnostic digital breast tomosynthesis for Medicare.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77062	Diagnostic digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025). In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.CMS maintains 77061 and 77062 as “Invalid”, instead G0279 should be reported for unilateral or bilateral diagnostic digital breast tomosynthesis for Medicare.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025). In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.CMS maintains 77061 and 77062 as “Invalid”, instead G0279 should be reported for unilateral or bilateral diagnostic digital breast tomosynthesis for Medicare.	☑
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting		Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Jan 2021		Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	Jan 2021		Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Jan 2021		Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013		Respiratory Motion Management Simulation	14	CPT 2014	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005		Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005		Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006		Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	F	Stereotactic Body Radiation Therapy	B & 3	CPT 2007	September 2010/	Survey (work) and PE review (Feb 2011). Practice expense review (Feb 2011).	☑
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	Jan 2025		Superficial Radiation Therapy	17	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77437	Surface radiation therapy; superficial, delivery, </=150 kV, per fraction (eg, electronic brachytherapy)	Jan 2025	Superficial Radiation Therapy	17	CPT 2026	April 2030		☐
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	Jan 2025	Superficial Radiation Therapy	17	CPT 2026	April 2030		☐
77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure)	Jan 2025	Superficial Radiation Therapy	17	CPT 2026	April 2030		☐
77520	Proton treatment delivery; simple, without compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services were surveyed and RUC recommendations provided. CMS maintains as contractor priced.	☑
77522	Proton treatment delivery; simple, with compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services were surveyed and RUC recommendations provided. CMS maintains as contractor priced.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77523	Proton treatment delivery; intermediate	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services were surveyed and RUC recommendations provided. CMS maintains as contractor priced.	☑
77525	Proton treatment delivery; complex	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services were surveyed and RUC recommendations provided. CMS maintains as contractor priced.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	☑

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EWSR1/ATF1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed EWSR1/ERG (t(21;22)) (eg, Ewing sarcoma/peripheral neuroectodermal	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/WT1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed GALC (galactosylceramidase) (eg, Krabbe disease), common variants (eg, c.857G>A, 30-kb deletion) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) H19 (imprinted maternally expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81278) KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-							

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	protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LINC00518 (long intergenic non-protein coding RNA 518) (eg, melanoma), expression analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T) MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN],							

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	mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis PRAME (preferentially expressed antigen in melanoma) (eg, melanoma), expression analysis PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)							

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81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) Human erythrocyte antigen gene analyses (eg, SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	[Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, or identified during a genomic sequencing procedure, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy),							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence EMD (emerin) (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	Emery-Dreifuss muscular dystrophy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) GH1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess							

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	syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-Pick disease type C2), full gene sequence NR0B1 (nuclear								

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	receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), common variants (eg, M918T, 2647_2648delinsTT, A883F) RHO (rhodopsin) (eg, retinitis pigmentosa), full gene sequence RP1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence SCO2 (SCO cytochrome oxidase deficient homolog 2 [SCO1L]) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular							

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	dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, hereditary unconjugated hyperbilirubinemia [Crigler-Najjar syndrome]) full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial							

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	cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF41 (zinc finger protein 41) (eg, X-linked intellectual disability 89), full gene sequence							

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81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10 (COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPOX (coproporphyrinogen oxidase) (eg, hereditary coproporphyria), full gene sequence CTRC (chymotrypsin C) (eg, hereditary pancreatitis), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing cytogenomic [genome-wide] analysis for constitutional chromosomal abnormalities, see 81228, 81229, 81349) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation initiation factor 2B, subunit							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA 2'-O-methyltransferase 1) (eg, X-linked intellectual disability 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene sequence IDS (iduronate 2-sulfatase) (eg, mucopolysacchridosis, type II), full gene sequence IL2RG (interleukin 2 receptor, gamma) (eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease,							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8, 23kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFV1 (NADH dehydrogenase [ubiquinone] flavoprotein 1, 51kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NEFL (neurofilament, light polypeptide)							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NLGN3 (neuroligin 3) (eg, autism spectrum disorders), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), deletion analysis, and duplication analysis, if performed NPHS2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), duplication/deletion analysis PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), duplication/deletion analysis PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis PCDH19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PINK1 (PTEN induced putative kinase 1) (eg, Parkinson disease), full gene sequence PKLR (pyruvate kinase, liver and RBC) (eg, pyruvate kinase deficiency), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), full gene sequence POU1F1 (POU class 1 homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene							

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	sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [S.							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	cerevisiae]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta							

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	receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence ANOS1 (anosmin-1) (eg, Kallmann syndrome 1), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome), full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence							

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	DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid phosphatase domain containing [S. cerevisiae]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTSJ1 (FtsJ RNA 2'-O-methyltransferase 1) (eg, X-linked intellectual disability 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset							

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	diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial hyperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HMBS (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2 domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KCNH2 (potassium voltage-gated channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg,							

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	epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PPOX (protoporphyrinogen oxidase) (eg, variegate porphyria), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glycogen storage disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg, Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine demethylase 5C) (eg, X-linked intellectual disability), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin S]) (eg, Pierson syndrome), full gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	[cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	☑
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	☑
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies), each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (list separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90480	Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine; first or only component of each vaccine administered	Sept 2023	SARS-CoV-2-Immunization Administration	18	CPT 2023	April 2028		☐
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2025	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90879 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2025	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider	☐

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							any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90879 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2025	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90879 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting.	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Jan 2021	Colon Capsule Endoscopy	21	CPT 2022	April 2026		☐
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016		Surveyed for January 2020. Decreased.	☑
92065	Orthoptic training; performed by a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		☐
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		☐
92132	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011		Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	☑
92133	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92134	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography	Sep 2023	Optical Coherence Tomography (OCT)	08	CPT 2025	April 2029		☐
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018	Survey for January 2019.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review practice expense and assess if the equipment is typical for the variety of providers providing this service.	☐
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2011	April 2028	Was reviewed in Sept 2014, Remove from list, no demonstrated technology diffusions that impacts work or practice expense. In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review practice expense and assess if the equipment is typical for the variety of providers providing this service.	☐
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review practice expense and assess if the equipment is typical for the variety of providers providing this service.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92284	Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone breakpoint), with interpretation and report	Apr 2024	Dark Adaptation Diagnostic Screening and Services	05	CPT 2026	April 2030	This service was revised for CPT 2023 and reviewed at the April 2021 RUC meeting when it was first placed on the new technology list. It was reviewed at the RAW in September 2023 and was referred to CPT and CPT Assistant. The RUC reviewed the typical technology used to perform this service when it was re-evaluated, acknowledging that the device included in proposed direct practice costs recently was very recently replaced with a newer technology. This service was reviewed at the April 2024 meeting along with 922X1 and placed back on the new technology list for review after 3 years of data.	☐
92288	Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report	Apr 2024	Dark Adaptation Diagnostic Screening and Services	05	CPT 2026	April 2030		☐
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	Apr 2024	Coronary Therapeutic Services and Procedures	06	CPT 2026	April 2030		☐
92XX5		September 2	Rotational Vestibular Assessment	14	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technolog/New Services list and be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
92XX6		September 2	Rotational Vestibular Assessment	14	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technolog/New Services list and be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93145	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
93146	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
93153	Interrogation without programming of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93299	Code Deleted CPT 2020	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	Oct 2020	3D Imaging of Cardiac Structures	09	CPT 2022	April 2026		☐
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
93X01		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
93X02		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
93X03		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93X04		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		☐
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		☐
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Jan 2018	Electrocorticography	18	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2021	Quantitative Pupillometry Services	09	CPT 2023	April 2027		☐
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95X18		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are avaialable.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95X19		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are avaialable.	☐
95X20		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are avaialable.	☐
95X21		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are avaialable.	☐
95X22		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are avaialable.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95X23		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are avaialable.	☐
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	Apr 2024	Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration	07	CPT 2026	April 2030	CPT codes 96380 and 96381 were be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. The RUC noted at that time, the Relativity Assessment Workgroup may want to examine the typical patient, since the specialty societies and RUC believe the typical patient receiving the RSV monoclonal antibody to be much younger than 6 months old.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	Apr 2024	Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration	07	CPT 2026	April 2030	CPT codes 96380 and 96381 were be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. The RUC noted at that time, the Relativity Assessment Workgroup may want to examine the typical patient, since the specialty societies and RUC believe the typical patient receiving the RSV monoclonal antibody to be much younger than 6 months old.	☐
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		☐
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		☐
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97007	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education	Jan 2025	Scalp Cooling Services	19	CPT 2026	April 2030		☐
97008	Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and precooling period	Jan 2025	Scalp Cooling Services	19	CPT 2026	April 2030		☐
97009	Mechanical scalp cooling; provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure)	Jan 2025	Scalp Cooling Services	19	CPT 2026	April 2030		☐
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	Sep 2022	Post Operative Low-Level Laser Therapy	06	CPT 2024	April 2028	The RUC recommends that CPT code 9X022 be placed on the New Technology list to review when utilization is available, identifying who is performing the service.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018	Survey for January 2019.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98966	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98967	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98968	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98970	Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2028	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98971	Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2028	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98972	Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2028	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment	Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	PE reviewed January 2025. Review again April 2030.	☐
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 16-30 days in a 30-day period	Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	PE reviewed January 2025 recommended contractor-price. Review again April 2030.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 16-30 days in a 30-day period	Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	PE reviewed January 2025. Review again April 2030.	☐
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 16-30 days in a 30-day period	Jan 2025	Remote Monitoring	28 H	CPT 2023	April 2030	PE reviewed January 2025. Review again April 2030.	☐
98979	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes	Jan 2025	Remote Monitoring (RTM)	20	CPT 2026	April 2030		☐
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 20 minutes	Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	Resurveyed January 2025 (CPT 2026). Review again April 2030.	☐
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	Resurveyed January 2025 (CPT 2026). Review again April 2030.	☐
98984	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period	Jan 2025	Remote Monitoring (RTM)	20	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98985	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period	Jan 2025	Remote Monitoring (RTM)	20	CPT 2026	April 2030		☐
98986	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period	Jan 2025	Remote Monitoring	28 H	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	Jan 2025	Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99363	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99364	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2028	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2028	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2028	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99445	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30-day period		Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services will be caught by other RUC screens, such has high volume growth, if that threshold arises.	☑
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services will be caught by other RUC screens, such has high volume growth, if that threshold arises.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); initial set-up and patient education on use of equipment		Remote Monitoring (RPM)	20	CPT 2019	January 2028	PE reviewed January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							January 2028 RUC meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period		Remote Monitoring (RPM)	20	CPT 2019	January 2028	PE reviewed January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							January 2028 RUC meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes		Remote Monitoring (RPM)	20	CPT 2019	January 2028	Resurveyed in January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							January 2028 RUC meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)		Remote Monitoring (RPM)	20	CPT 2020	January 2028	Resurveyed in January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							January 2028 RUC meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99470	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes		Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	Jan 2025	Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient		Remote Monitoring (RPM)	20	CPT 2020	January 2028	In April 2024 Remove from list, no demonstrated technology diffusion that impacts work or practice expense. However, resurveyed in January 2025 with RPM family (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	September 2022	Surveyed for September 2022 and recommended an increase.	☑
99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☑
99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐
99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2015	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommended that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is scheduled for review at the April 2023	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							Relativity Assessment Workgroup meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	
99495	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge At least moderate level of medical decision making during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☑
99496	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge High level of medical decision making during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☑
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	☑
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
9XX04		September 2	Intracoronary Drug Delivery Balloon Services	15	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technolog/New Services list and be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
9XX07		September 2	Intracoronary Drug Delivery Balloon Services	15	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technolog/New Services list and be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018		☑

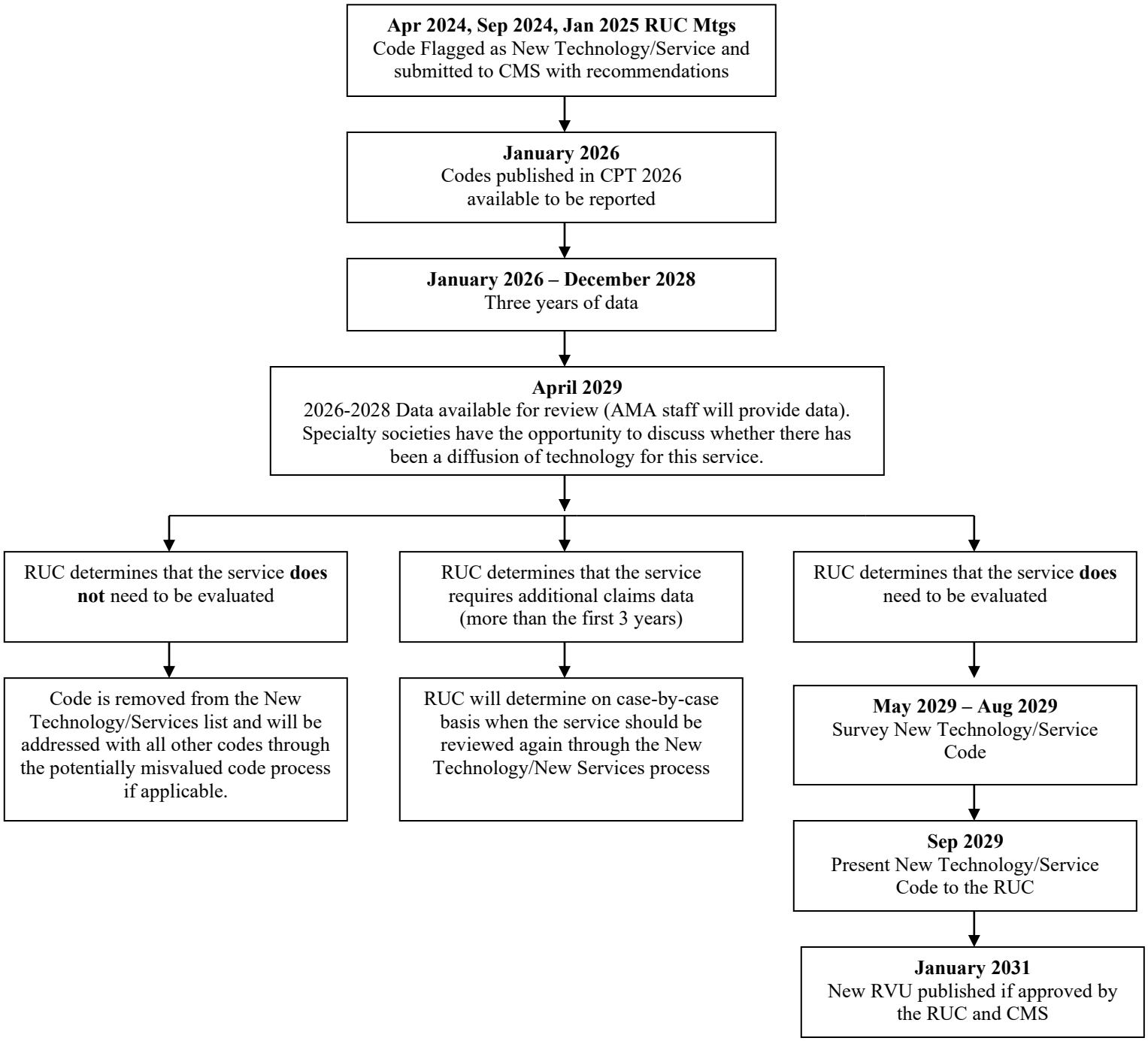
CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20		April 2027	Codes 93297 and 93298 were first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Revised January 2024

Specialty Society Acronym List – January 2025

Society	Acronym
Aerospace Medical Association	AsMA
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Cosmetic Surgery	AACS
American Academy of Dermatology Association	AADA
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Physical Medicine and Rehabilitation	AAPMR
American Academy of Sleep Medicine	AASM
American Association for Thoracic Surgery	AATS
American Association of Clinical Endocrinology	AACE
American Association of Clinical Urologist, Inc.	AACU
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Public Health Physicians	AAPHP
American Burn Association	ABA

Society	Acronym
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Asthma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Obstetricians and Gynecologists	ACOG
American College of Physicians	ACP
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Medical Group Association	AMGA
American Medical Women's Association	AMWA
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Psychiatric Association	APA(psychiatry)
American Rhinologic Society	ARS
American Roentgen Ray Society	ARRS

Society	Acronym
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery	ASDS
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Metabolic and Bariatric Surgery	ASMBS
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society for Transplantation and Cellular Therapy	ASTCT
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Dermatopathology	ASDP
American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Neuroradiology	ASNR
American Society of Nuclear Cardiology	ASNC
American Society of Ophthalmic Plastic and Reconstructive Surgery	ASOPRS
American Society of Plastic Surgeons	ASPS
American Society of Regional Anesthesia and Pain Medicine	ASRA
American Society of Retina Specialists	ASRS

Society	Acronym
American Society of Transplant Surgeons	ASTS
American Thoracic Society	ATS
American Urological Association	AUA
American Venous Forum	AVF
Association of Academic Radiology	AAR
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Endocrine Society	ES
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Pain and Spine Intervention Society	IPSIS
International Society for the Advancement of Spine Surgery	ISASS
National Association of Medical Examiners	NAME
North American Neuromodulation Society	NANS
North American Neuro-Ophthalmology Society	NANOS
North American Spine Society	NASS
Obesity Medicine Association	OMA
Outpatient Endovascular and Interventional Society	OEIS
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Cardiovascular Magnetic Resonance	SCMR
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Cardiovascular Computed Tomography	SCCT
Society of Critical Care Medicine	SCCM

Society	Acronym
Society of Hospital Medicine	SHM
Society of Interventional Radiology	SIR
Society of Laparoscopic & Robotic Surgeons	SLS
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Society for Cardiovascular Angiography and Interventions	SCAI
The Society for Pediatric Dermatology	SPD
Underseas and Hyperbaric Medical Society	UHMS

CPT Code	Global	Total CY2027 Physician Time - before applying post-op visit increase	Total CY2027 Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	Percent Change - Total Time	CY2027 RUC Recommended Work RVU before applying post-op visit increase	Surgical Global Work RVU After Incorporating RUC Recommendation for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
42808	010	125	127	2	2%	2.35	2.68	0.33	14%	0			1							0.5			
39XX1	090	501	529	28	6%	27.09	29.17	2.08	8%	-2				1	1		2	1	1		1		
39XX2	090	436	453	17	4%	26.60	28.01	1.41	5%	-2				1	1		1	1		1			
42XX1	090	469	487	18	4%	20.00	21.84	1.84	9%	0				3				3			1		
42XX2	090	469	487	18	4%	20.05	21.89	1.84	9%	0				3				3			1		

CPT Code	Short Descriptor	Global	Total CY2025 CMS Physician Time - Current	Total CY2025 CMS Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	Percent Change - Total Time	Total CY2025 CMS Surgical Global wRVU	CMS Surgical Global wRVU After Incorporating RUC Proposal for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
10040	ACNE SURGERY	010	34	36	2	6%	0.91	1.13	0.22	24%	0			1.0										
10060	I&D ABSCESS SIMPLE/SINGLE	010	57	59	2	4%	1.22	1.44	0.22	18%	0			1.0										
10061	I&D ABSCESS COMP/MULTIPLE	010	83	87	4	5%	2.45	2.89	0.44	18%	0			2.0										
10080	I&D PILONIDAL CYST SIMPLE	010	47	49	2	4%	1.22	1.44	0.22	18%	0			1.0										
10081	I&D PILONIDAL CYST COMP	010	61	63	2	3%	2.5	2.72	0.22	9%	0			1.0										
10120	INC&RMVL FB SUBQ TISS SMPL	010	48	50	2	4%	1.22	1.44	0.22	18%	0			1.0										
10121	INC&RMVL FB SUBQ TISS COMP	010	88	90	2	2%	2.74	2.96	0.22	8%	0			1.0										
10140	I&D HMTMA SEROMA/FLUID COL	010	66	68	2	3%	1.58	1.80	0.22	14%	0			1.0										
10160	PNXR ASPIR ABSC HMTMA BULLA	010	61	63	2	3%	1.25	1.47	0.22	18%	0			1.0										
10180	I&D COMPLEX PO WOUND INFCT	010	52	54	2	4%	2.3	2.52	0.22	10%	0			1.0										
11004	DBRDMT SKIN XTRNL GENT&PER	000	240	237	-3	-1%	10.8	11.20	0.40	4%	0									1.0				
11005	DBRDMT SKIN ABDOMINAL WALL	000	265	262	-3	-1%	14.24	14.64	0.40	3%	0									1.0				
11006	DBRDMT SKIN XTRNL GENT PER	000	270	267	-3	-1%	13.1	13.50	0.40	3%	0									1.0				
11200	RMVL SKIN TAGS UP TO&INC 15	010	29	31	2	7%	0.82	1.04	0.22	27%	0			1.0										
11400	EXC TR-EXT B9+MARG 0.5 CM<	010	36	38	2	6%	0.9	1.12	0.22	24%	0			1.0										
11401	EXC TR-EXT B9+MARG 0.6-1 CM	010	51	53	2	4%	1.28	1.50	0.22	17%	0			1.0										
11402	EXC TR-EXT B9+MARG 1.1-2 CM	010	56	58	2	4%	1.45	1.67	0.22	15%	0			1.0										
11403	EXC TR-EXT B9+MARG 2.1-3CM	010	76	78	2	3%	1.84	2.06	0.22	12%	0			1.0										
11404	EXC TR-EXT B9+MARG 3.1-4 CM	010	86	88	2	2%	2.11	2.33	0.22	10%	0			1.0										
11406	EXC TR-EXT B9+MARG >4.0 CM	010	113	120	7	6%	3.52	3.85	0.33	9%	0				1.0									
11420	EXC H-F-NK-SP B9+MARG 0.5/<	010	36	38	2	6%	1.03	1.25	0.22	21%	0			1.0										
11421	EXC H-F-NK-SP B9+MARG 0.6-1	010	51	53	2	4%	1.47	1.69	0.22	15%	0			1.0										
11422	EXC H-F-NK-SP B9+MARG 1.1-2	010	56	58	2	4%	1.68	1.90	0.22	13%	0			1.0										
11423	EXC H-F-NK-SP B9+MARG 2.1-3	010	76	78	2	3%	2.06	2.28	0.22	11%	0			1.0										
11424	EXC H-F-NK-SP B9+MARG 3.1-4	010	86	88	2	2%	2.48	2.70	0.22	9%	0			1.0										
11426	EXC H-F-NK-SP B9+MARG >4 CM	010	113	120	7	6%	4.09	4.42	0.33	8%	0				1.0									
11440	EXC FACE-MM B9+MARG 0.5 CM/	010	36	38	2	6%	1.05	1.27	0.22	21%	0			1.0										
11441	EXC FACE-MM B9+MARG 0.6-1 CM	010	51	53	2	4%	1.53	1.75	0.22	14%	0			1.0										
11442	EXC FACE-MM B9+MARG 1.1-2 CM	010	56	58	2	4%	1.77	1.99	0.22	12%	0			1.0										
11443	EXC FACE-MM B9+MARG 2.1-3 CM	010	76	78	2	3%	2.34	2.56	0.22	9%	0			1.0										
11444	EXC FACE-MM B9+MARG 3.1-4 CM	010	86	88	2	2%	3.19	3.41	0.22	7%	0			1.0										
11446	EXC FACE-MM B9+MARG >4 CM	010	113	120	7	6%	4.8	5.13	0.33	7%	0				1.0									
11450	EXC SKN HDRDNT AX SMPL/NTRM	090	93.5	104	10.5	11%	3.22	3.72	0.50	15%	0				1.5									
11451	EXC SKN HDRDNT AX COMPLEX	090	99.5	110	10.5	11%	4.43	4.93	0.50	11%	0				1.5									
11462	EXC SKN HDRDNT ING SMPL/NTR	090	98.5	109	10.5	11%	3	3.50	0.50	17%	0				1.5									
11463	EXC SKN HDRDNT ING COMPLEX	090	109.5	120	10.5	10%	4.43	4.93	0.50	11%	0				1.5									
11470	EXC SKN H/P/P/U SMPL/NTRM	090	100.5	111	10.5	10%	3.74	4.24	0.50	13%	0				1.5									
11471	EXC SKN H/P/P/U COMPLEX	090	107.5	118	10.5	10%	4.89	5.39	0.50	10%	0				1.5									
11600	EXC TR-EXT MAL+MARG 0.5 CM/<	010	48	55	7	15%	1.63	1.96	0.33	20%	0				1.0									
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	010	63	70	7	11%	2.07	2.40	0.33	16%	0				1.0									
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	010	68	75	7	10%	2.27	2.60	0.33	15%	0				1.0									
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	010	93	100	7	8%	2.82	3.15	0.33	12%	0				1.0									
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	010	103	110	7	7%	3.17	3.50	0.33	10%	0				1.0									
11606	EXC TR-EXT MAL+MARG >4 CM	010	153	160	7	5%	5.02	5.35	0.33	7%	0				1.0									
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	010	48	55	7	15%	1.64	1.97	0.33	20%	0				1.0									
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	010	63	70	7	11%	2.08	2.41	0.33	16%	0				1.0									
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	010	68	75	7	10%	2.41	2.74	0.33	14%	0				1.0									
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	010	93	100	7	8%	3.11	3.44	0.33	11%	0				1.0									
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	010	103	110	7	7%	3.62	3.95	0.33	9%	0				1.0									
11626	EXC S/N/H/F/G MAL+MRG >4 CM	010	123	130	7	6%	4.61	4.94	0.33	7%	0				1.0									
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	010	48	55	7	15%	1.67	2.00	0.33	20%	0				1.0									
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	010	63	70	7	11%	2.17	2.50	0.33	15%	0				1.0									
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	010	68	75	7	10%	2.62	2.95	0.33	13%	0				1.0									
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	010	93	100	7	8%	3.42	3.75	0.33	10%	0				1.0									
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	010	108	115	7	6%	4.34	4.67	0.33	8%	0				1.0									
11646	EXC F/E/E/N/L MAL+MRG >4 CM	010	128	135	7	5%	6.26	6.59	0.33	5%	0				1.0									
11750	REMOVAL OF NAIL BED	010	63	65	2	3%	1.58	1.80	0.22	14%	0			1.0										
11760	REPAIR OF NAIL BED	010	63	65	2	3%	1.63	1.85	0.22	13%	0			1.0										
11762	RECONSTRUCTION OF NAIL BED	010	111	113	2	2%	2.94	3.16	0.22	7%	0			1.0										
11765	EXCISION OF NAIL FOLD TOE	010	59	61	2	3%	1.22	1.44	0.22	18%	0			1.0										
11770	REMOVE PILONIDAL CYST SIMPLE	010	71	73	2	3%	2.66	2.88	0.22	8%	0			1.0										
11771	REMOVE PILONIDAL CYST EXTEN	090	236	250.5	14.5	6%	6.09	7.44	1.35	22%	0			3.5				1.5			1.0			
11772	REMOVE PILONIDAL CYST COMPL	090	269	284.5	15.5	6%	7.35	8.81	1.46	20%	0			4.0				1.5			1.0			
11960	INSERT TISSUE EXPANDER(S)	090	357	408	51	14%	11.49	14.13	2.64	23%	0			1.0	7.0						0.5			

11970	RPLCMT TISS XPNDR PERM IMPLT	090	216	227	11	5%	7.49	8.37	0.88	12%	0			2.0	1.0						0.5			
11971	RMVL TIS XPNDR WO INSJ IMPLT	090	215	228	13	6%	7.02	8.12	1.10	16%	0			3.0	1.0						0.5			
12020	TX SUPFC WND DEHSN SMPL CLSI	010	64	66	2	3%	2.67	2.89	0.22	8%	0			1.0										
12021	TX SUPFC WND DEHSN W/PACKIN	010	51	53	2	4%	1.89	2.11	0.22	12%	0			1.0										
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	010	56	58	2	4%	2	2.22	0.22	11%	0			1.0										
12032	INTMD RPR S/A/T/EXT 2.6-7.5	010	68	70	2	3%	2.52	2.74	0.22	9%	0			1.0										
12034	INTMD RPR S/TR/EXT 7.6-12.5	010	85	87	2	2%	2.97	3.19	0.22	7%	0			1.0										
12035	INTMD RPR S/A/T/EXT 12.6-20	010	124	126	2	2%	3.5	3.83	0.33	9%	0			1.0							0.5			
12036	INTMD RPR S/A/T/EXT 20.1-30	010	138	140	2	1%	4.23	4.56	0.33	8%	0			1.0							0.5			
12037	INTMD RPR S/TR/EXT >30.0 CM	010	158	160	2	1%	5	5.33	0.33	7%	0			1.0							0.5			
12041	INTMD RPR N-HF/GENIT 2.5CM/<	010	59	61	2	3%	2.1	2.32	0.22	10%	0			1.0										
12042	INTMD RPR N-HF/GENIT2.6-7.5	010	69	71	2	3%	2.79	3.01	0.22	8%	0			1.0										
12044	INTMD RPR N-HF/GENIT7.6-12.5	010	85	87	2	2%	3.19	3.41	0.22	7%	0			1.0										
12045	INTMD RPR N-HF/GENIT12.6-20	010	146	155	9	6%	3.75	4.41	0.66	18%	0			1.0	1.0						0.5			
12046	INTMD RPR N-HF/GENIT20.1-30	010	164	173	9	5%	4.3	4.96	0.66	15%	0			1.0	1.0						0.5			
12047	INTMD RPR N-HF/GENIT >30.0CM	010	185	194	9	5%	4.95	5.61	0.66	13%	0			1.0	1.0						0.5			
12051	INTMD RPR FACE/MM 2.5 CM/<	010	58	60	2	3%	2.33	2.55	0.22	9%	0			1.0										
12052	INTMD RPR FACE/MM 2.6-5.0 CM	010	70	72	2	3%	2.87	3.09	0.22	8%	0			1.0										
12053	INTMD RPR FACE/MM 5.1-7.5 CM	010	80	82	2	2%	3.17	3.39	0.22	7%	0			1.0										
12054	INTMD RPR FACE/MM 7.6-12.5CM	010	96	98	2	2%	3.5	3.72	0.22	6%	0			1.0										
12055	INTMD RPR FACE/MM 12.6-20 CM	010	152	161	9	6%	4.5	5.16	0.66	15%	0			1.0	1.0						0.5			
12056	INTMD RPR FACE/MM 20.1-30.0	010	162	171	9	6%	5.3	5.96	0.66	12%	0			1.0	1.0						0.5			
12057	INTMD RPR FACE/MM >30.0 CM	010	184	193	9	5%	6	6.66	0.66	11%	0			1.0	1.0						0.5			
13100	CMPLX RPR TRUNK 1.1-2.5 CM	010	69	71	2	3%	3	3.22	0.22	7%	0			1.0										
13101	CMPLX RPR TRUNK 2.6-7.5 CM	010	82	84	2	2%	3.5	3.72	0.22	6%	0			1.0										
13120	CMPLX RPR S/A/L 1.1-2.5 CM	010	74	76	2	3%	3.23	3.45	0.22	7%	0			1.0										
13121	CMPLX RPR S/A/L 2.6-7.5 CM	010	85	87	2	2%	4	4.22	0.22	5%	0			1.0										
13131	CMPLX RPR F/C/C/M/N/AX/G/H/I	010	92	94	2	2%	3.73	3.95	0.22	6%	0			1.0										
13132	CMPLX RPR F/C/C/M/N/AX/G/H/I	010	97	99	2	2%	4.78	5.00	0.22	5%	0			1.0										
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	010	95	97	2	2%	4.34	4.56	0.22	5%	0			1.0										
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	010	100	102	2	2%	5.34	5.56	0.22	4%	0			1.0										
13160	SEC CLSR SURG WND/DEHSN XTN	090	363	403.5	40.5	11%	12.04	14.18	2.14	18%	0				4.0			2.5			1.0			
14000	TIS TRNFR TRUNK 10 SQ CM/<	090	191.5	216	24.5	13%	6.37	7.53	1.16	18%	0				3.5									
14001	TIS TRNFR TRUNK 10.1-30SQCM	090	291	319	28	10%	8.78	10.21	1.43	16%	0				4.0						0.5			
14020	TIS TRNFR S/A/L 10 SQ CM/<	090	223	251	28	13%	7.22	8.54	1.32	18%	0				4.0									
14021	TIS TRNFR S/A/L 10.1-30 SQCM	090	288	316	28	10%	9.72	11.04	1.32	14%	0				4.0									
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	090	223	241	18	8%	8.6	9.70	1.10	13%	0			2.0	2.0									
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	090	303	331	28	9%	10.83	12.15	1.32	12%	0				4.0									
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	090	183	201	18	10%	9.23	10.33	1.10	12%	0			2.0	2.0									
14061	TIS TRNFR E/N/E/L10.1-30SQCM	090	341.5	373	31.5	9%	11.48	12.97	1.49	13%	0				4.5									
14301	TIS TRNFR ANY 30.1-60 SQ CM	090	287	310	23	8%	12.65	13.97	1.32	10%	0			1.0	3.0						0.5			
14350	FILLETED FINGER/TOE FLAP	090	318.5	350	31.5	10%	11.05	12.65	1.60	14%	0				4.5						0.5			
15015	APP SKN CL SSP AGRFT T/A/L 1	090	403	415	12	3%	0	2.34	2.34	#DIV/0!	0				4.0				4.0		1.0			
15017	APP SKN CLL SSP F/N/G/HF 1ST	090	395	407	12	3%	0	2.34	2.34	#DIV/0!	0				4.0				4.0		1.0			
15050	PINCH GRAFT UP TO 2 CM DIAM	090	190	218	28	15%	5.57	6.89	1.32	24%	0				4.0									
15100	SPLT AGRFT T/A/L 1ST 100SQCM	090	281	304	23	8%	9.9	11.46	1.56	16%	0			2.0	2.0			1.0			1.0			
15110	EPIDRM AGRFT T/A/L 1ST 100	090	306	296	-10	-3%	10.97	12.43	1.46	13%	0			3.0					4.0					
15115	EPDRM AGRFT F/S/N/H/F/G/M 1	090	356	346	-10	-3%	11.28	12.96	1.68	15%	0			3.0					4.0		1.0			
15120	SPLT AGRFT F/S/N/H/F/G/M 1ST	090	258	274	16	6%	10.15	11.14	0.99	10%	0			1.0	2.0						0.5			
15130	DRM AGRFT T/A/L 1ST 100 SQCM	090	215	219	4	2%	7.53	8.83	1.30	17%	0			4.0					1.0		1.0			
15135	DRM AGRFT F/S/N/H/F/G/M 1ST	090	223	227	4	2%	11.03	12.33	1.30	12%	0			4.0					1.0		1.0			
15150	TIS CLTR SKN AGRFT T/A/L 1ST	090	326	320	-6	-2%	9.39	10.87	1.48	16%	0			3.0					3.0		1.0			
15155	TIS CLTR AGRFT F/S/N/H/F/G 1	090	336	330	-6	-2%	10.14	11.62	1.48	15%	0			3.0					3.0		1.0			
15200	FTH/GFT FR TRNK 20 SQ CM/<	090	287.5	312	24.5	9%	9.15	10.53	1.38	15%	0				3.5						1.0			
15220	FTH/GFT FR S/A/L 20 SQ CM/<	090	250	259	9	4%	8.09	9.19	1.10	14%	0			4.5							0.5			
15240	FTH/GFT F/C/C/M/N/AX/G/H/F20	090	288	320	32	11%	10.41	12.28	1.87	18%	0			2.0	4.0						0.5			
15260	FTH/GFT FR N/E/E/L 20 SQCM/<	090	273	308	35	13%	11.64	13.29	1.65	14%	0				5.0									
15570	SKIN PEDICLE FLAP TRUNK	090	363	393	30	8%	10.21	11.97	1.76	17%	-2			1.0	2.0	1.0		1.0			1.0			
15572	SKIN PEDICLE FLAP ARMS/LEGS	090	297	320	23	8%	10.12	11.44	1.32	13%	0			1.0	3.0						0.5			
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/I	090	314	337	23	7%	10.7	12.02	1.32	12%	0			1.0	3.0						0.5			
15576	PEDICLE E/N/E/L/NTRORAL	090	271	287	16	6%	9.37	10.36	0.99	11%	0			1.0	2.0						0.5			
15600	DELAY FLAP TRUNK	090	179	183	4	2%	2.01	2.56	0.55	27%	0			2.0							0.5			
15610	DELAY FLAP ARMS/LEGS	090	179	183	4	2%	2.52	3.07	0.55	22%	0			2.0							0.5			
15620	DELAY FLAP F/C/C/N/AX/G/H/F	090	175.5	193	17.5	10%	3.75	4.58	0.83	22%	0				2.5									
15630	DELAY FLAP EYE/NOS/EAR/LIP	090	181.5	199	17.5	10%	4.08	4.91	0.83	20%	0				2.5									
15650	TRANSFER SKIN PEDICLE FLAP	090	221.5	239	17.5	8%	4.77	5.71	0.94	20%	0				2.5						0.5			
15730	MDFC FLAP W/PRSRV VASC PEDC	090	255.5	268.5	13	5%	13.5	14.60	1.10	8%	0			3.0	1.0						0.5			
15731	FOREHEAD FLAP W/VASC PEDICLE	090	369	401	32	9%	14.38	16.12	1.74	12%	-2			1.0	3.0	1.0					0.5			
15733	MUSC MYOQ/FSCQ FLP H&N PED	090	305	323	18	6%	15.68	16.89	1.21	8%	0			2.0	2.0						0.5			
15734	MUSCLE-SKIN GRAFT TRUNK	090	596	617	21	4%	23	25.78	2.78	12%	-2			2.0	2.0	1.0		1.0	2.0	1.0	1.0			
15736	MUSCLE-SKIN GRAFT ARM	090	396	428	32	8%	17.04	18.78	1.74	10%	-2			1.0	3.0	1.0					0.5			
15738	MUSCLE-SKIN GRAFT LEG	090	516	548	32	6%	19.04	21.68	2.64	14%	0			1.0	4.0			2.0	2.0		1.0			
15740	ISLAND PEDICLE FLAP GRAFT	090	365.5	402	36.5	10%	11.8	13.75	1.95	16%	0				4.5			1.0			1.0			

15750	NEUROVASCULAR PEDICLE FLAP	090	400.5	437	36.5	9%	12.96	14.91	1.95	15%	0				4.5			1.0			1.0			
15756	FREE MYO/SKIN FLAP MICROVASC	090	809	869	60	7%	36.94	40.40	3.46	9%	-2		1.0	3.0	2.0			8.0			1.0			
15757	FREE SKIN FLAP MICROVASC	090	829	880	51	6%	37.15	40.57	3.42	9%	-2		1.0	3.0	2.0			7.0	1.0		1.0			
15758	FREE FASCIAL FLAP MICROVASC	090	809	855	46	6%	36.9	40.08	3.18	9%	-2		1.0	3.0	2.0			6.0	1.0		1.0			
15760	COMPOSITE SKIN GRAFT	090	278.5	303	24.5	9%	9.86	11.13	1.27	13%	0				3.5						0.5			
15769	GRFG AUTOL SOFT TISS DIR EXC	090	191	202	11	6%	6.68	7.67	0.99	15%	0			2.0	1.0						1.0			
15770	DERMA-FAT-FASCIA GRAFT	090	302.5	334	31.5	10%	8.96	10.56	1.60	18%	0				4.5						0.5			
15771	GRFG AUTOL FAT LIPO 50 CC/<	090	181	192	11	6%	6.73	7.50	0.77	11%	0			2.0	1.0									
15773	GRFG AUTOL FAT LIPO 25 CC/<	090	180	191	11	6%	6.83	7.60	0.77	11%	0			2.0	1.0									
15780	DERMABRASION TOTAL FACE	090	244.5	276	31.5	13%	8.73	10.33	1.60	18%	0				4.5						0.5			
15781	DERMABRASION SEGMENTAL FAC	090	144	151	7	5%	5.02	5.79	0.77	15%	0			3.5										
15782	DERMABRASION OTHER THAN FA	090	123	128	5	4%	4.44	4.99	0.55	12%	0			2.5										
15783	DERMABRASION SUPRFL ANY SITI	090	117	122	5	4%	4.41	4.96	0.55	12%	0			2.5										
15786	ABRASION LESION SINGLE	010	53	55	2	4%	2.08	2.30	0.22	11%	0			1.0										
15793	CHEMICAL PEEL NONFACIAL DRM	090	175	184	9	5%	3.96	4.95	0.99	25%	0			4.5										
15820	BLEPHAROPLASTY LOWER EYELID	090	178.5	203	24.5	14%	6.27	7.43	1.16	18%	0				3.5									
15821	BLEPHARP LWR EYELID FAT PAD	090	191.5	216	24.5	13%	6.84	8.00	1.16	17%	0				3.5									
15822	BLEPHAROPLASTY UPPER EYELID	090	151	158	7	5%	4.62	5.39	0.77	17%	0			3.5										
15823	BLEPHARP UPR EYELID XCSV SKN	090	161	174	13	8%	6.81	7.91	1.10	16%	0			3.0	1.0						0.5			
15830	EXC EXCESSIVE SKIN ABDOMEN	090	429	455	26	6%	17.11	19.20	2.09	12%	0			2.0	3.0			1.0	1.0		1.0			
15832	EXC EXCESSIVE SKIN THIGH	090	364	392	28	8%	12.85	14.39	1.54	12%	0				4.0						1.0			
15833	EXC EXCESSIVE SKIN LEG	090	342	370	28	8%	11.9	13.44	1.54	13%	0				4.0						1.0			
15834	EXC EXCESSIVE SKIN HIP	090	352	382.5	30.5	9%	12.17	13.83	1.66	14%	0				4.0			0.5			1.0			
15835	EXC EXCESSIVE SKIN BUTTOCK	090	344	374.5	30.5	9%	12.99	14.65	1.66	13%	0				4.0			0.5			1.0			
15836	EXC EXCESSIVE SKIN ARM	090	302	330	28	9%	10.61	12.04	1.43	13%	0				4.0						0.5			
15837	EXC EXCSV SKIN FOREARM/HAND	090	239.5	264	24.5	10%	9.55	10.71	1.16	12%	0				3.5									
15838	EXC EXCSV SUBMENTAL FAT PAD	090	205.5	230	24.5	12%	8.25	9.41	1.16	14%	0				3.5									
15839	EXC EXCESSIVE SKN OTHER AREA	090	274.5	299	24.5	9%	10.5	11.77	1.27	12%	0				3.5						0.5			
15840	NERVE PALSY FASCIAL GRAFT	090	443.5	487.5	44	10%	14.99	17.30	2.31	15%	0				4.5			2.5			1.0			
15841	NERVE PALSY MUSCLE GRAFT	090	769	846	77	10%	25.99	29.87	3.88	15%	0				6.0			7.0			1.0			
15842	NERVE PALSY MICROSURG GRAFT	090	963.5	1051.5	88	9%	41.01	45.42	4.41	11%	0				6.5			8.5			1.0			
15845	SKIN AND MUSCLE REPAIR FACE	090	460.5	499	38.5	8%	14.32	16.36	2.04	14%	0				5.5						1.0			
15920	EXC COCCYGL PR ULC PRIM SUTR	090	294	308	14	5%	8.29	9.74	1.45	17%	0			4.5				1.0			1.0			
15922	EXC COCCYGL PR ULC FLAP CLSR	090	354	374	20	6%	10.38	12.18	1.80	17%	0			5.0				2.0			1.0			
15931	EXC SACRAL PR ULC PRIM SUTR	090	334	368.5	34.5	10%	10.07	12.38	2.31	23%	0			3.5				5.5			1.0			
15933	EXC SAC PR ULC PRIM STR OSTC	090	403	441.5	38.5	10%	11.77	14.52	2.75	23%	0			5.5				5.5			1.0			
15934	EXC SACRAL PR ULC SKN FLAP	090	441	482.5	41.5	9%	13.68	16.45	2.77	20%	0			4.5				6.5			1.0			
15935	EXC SAC PR ULC SKN FLP OSTC	090	524	574.5	50.5	10%	15.78	19.23	3.45	22%	0			6.5				7.5			1.0			
15936	EXC SAC PR ULC PREP MUS FLAP	090	399	432	33	8%	13.16	15.46	2.30	17%	0			4.0				5.0			1.0			
15937	EXC SAC PR ULC PREP MUS OSTC	090	466	505	39	8%	15.14	17.79	2.65	18%	0			4.5				6.0			1.0			
15940	EXC ISCHIAL PR ULC PRIM SUTR	090	340	376	36	11%	10.2	12.52	2.32	23%	0			3.0				6.0			1.0			
15941	EXC ISCH PR ULC PRM SUT OSTC	090	418	459	41	10%	12.41	15.28	2.87	23%	0			5.5				6.0			1.0			
15944	EXC ISCH PR ULC SKN FLP CLSR	090	441	482	41	9%	12.44	15.31	2.87	23%	0			5.5				6.0			1.0			
15945	EXC ISCH PR ULC SKN FLP OSTC	090	473	517.5	44.5	9%	13.75	16.85	3.10	23%	0			6.0				6.5			1.0			
15946	EXC ISCH PR ULC PREP MUS FLP	090	650	723.5	73.5	11%	24.12	27.82	3.70	15%	-8					4.0		7.5			1.0			
15950	EXC TRCHNTR PR ULC PRIM SUTR	090	282	302.5	20.5	7%	8.03	9.73	1.70	21%	0			4.0				2.5			1.0			
15951	EXC TRCHNTR PR ULC OSTC	090	389	425	36	9%	11.58	14.21	2.63	23%	0			5.5				5.0			1.0			
15952	EXC TRCHNTR PR ULC FLP CLSR	090	430	468.5	38.5	9%	12.31	15.06	2.75	22%	0			5.5				5.5			1.0			
15953	EXC TRCHNTR PR ULC FLP OSTC	090	454	493.5	39.5	9%	13.57	16.43	2.86	21%	0			6.0				5.5			1.0			
15956	EXC TRCHNTR PR ULC PREP FLAP	090	568	621	53	9%	16.79	20.36	3.57	21%	0			6.5				8.0			1.0			
15958	EXC TRCHNTR PR ULC PREP OSTC	090	572	625	53	9%	16.75	20.32	3.57	21%	0			6.5				8.0			1.0			
17000	DESTRUCT PREMALG LESION	010	23	25	2	9%	0.61	0.83	0.22	36%	0			1.0										
17004	DESTROY PREMAL LESIONS 15/>	010	35	37	2	6%	1.37	1.59	0.22	16%	0			1.0										
17106	DESTRUCTION OF SKIN LESIONS	090	86	95	9	10%	3.69	4.24	0.55	15%	0			1.0	1.0									
17107	DESTRUCTION OF SKIN LESIONS	090	112	123	11	10%	4.79	5.56	0.77	16%	0			2.0	1.0									
17108	DESTRUCTION OF SKIN LESIONS	090	148	161	13	9%	7.49	8.48	0.99	13%	0			3.0	1.0									
17110	DESTRUCT B9 LESION 1-14	010	29	31	2	7%	0.7	0.92	0.22	31%	0			1.0										
17111	DESTRUCT LESION 15 OR MORE	010	31	33	2	6%	0.97	1.19	0.22	23%	0			1.0										
17260	DSTRJ MAL LES T/A/L 0.5 CM/<	010	46	48	2	4%	0.96	1.18	0.22	23%	0			1.0										
17261	DSTRJ MAL LES T/A/L .6-1.0CM	010	47	49	2	4%	1.22	1.44	0.22	18%	0			1.0										
17262	DSTRJ MAL LES T/A/L 1.1-2.0	010	50	52	2	4%	1.63	1.85	0.22	13%	0			1.0										
17263	DSTRJ MAL LES T/A/L 2.1-3.0	010	56	58	2	4%	1.84	2.06	0.22	12%	0			1.0										
17264	DSTRJ MAL LES T/A/L 3.1-4.0	010	64	66	2	3%	1.99	2.21	0.22	11%	0			1.0										
17266	DSTRJ MAL LES T/A/L >4.0 CM	010	67	69	2	3%	2.39	2.61	0.22	9%	0			1.0										
17270	DSTR MAL LES S/N/H/F/G .5 /<	010	45	47	2	4%	1.37	1.59	0.22	16%	0			1.0										
17271	DSTR MAL LES S/N/H/F/G 0.6-1	010	49	51	2	4%	1.54	1.76	0.22	14%	0			1.0										
17272	DSTR MAL LES S/N/H/F/G 1.1-2	010	52	54	2	4%	1.82	2.04	0.22	12%	0			1.0										
17273	DSTR MAL LES S/N/H/F/G 2.1-3	010	56	58	2	4%	2.1	2.32	0.22	10%	0			1.0										
17274	DSTR MAL LES S/N/H/F/G 3.1-4	010	62	64	2	3%	2.64	2.86	0.22	8%	0			1.0										
17276	DSTR MAL LES S/N/H/F/G >4.0	010	70	72	2	3%	3.25	3.47	0.22	7%	0			1.0										
17280	DSTR MAL LS F/E/E/N/L/M .5/<	010	45	47	2	4%	1.22	1.44	0.22	18%	0			1.0										
17281	DSTR MAL LS F/E/E/N/L/M .6-1	010	47	49	2	4%	1.77	1.99	0.22	12%	0			1.0										
17282	DSTR MAL LS F/E/E/N/L/M1.1-2	010	55	57	2	4%	2.09	2.31	0.22	11%	0			1.0										

17283	DSTR MAL LS F/E/E/N/L/M2.1-3	010	60	62	2	3%	2.69	2.91	0.22	8%	0			1.0										
17284	DSTR MAL LS F/E/E/N/L/M3.1-4	010	66	68	2	3%	3.2	3.42	0.22	7%	0			1.0										
17286	DSTR MAL LS F/E/E/N/L/M>4.0	010	78	80	2	3%	4.48	4.70	0.22	5%	0			1.0										
17340	CRYOTHERAPY FOR ACNE	010	16.5	16.5	0	0%	0.77	0.77	-	0%	-1		0.5											
17360	CHEMICAL EXFOLIATION ACNE	010	29	30	1	3%	1.46	1.57	0.11	8%	0			0.5										
19020	MASTOTOMY EXPL DRG ABSC DP	090	177	183	6	3%	3.83	4.60	0.77	20%	0			3.0								0.5		
19101	BIOPSY OF BREAST OPEN	010	116	118	2	2%	3.23	3.45	0.22	7%	0			1.0										
19110	NIPPLE EXPLORATION	090	144	150	6	4%	4.44	5.10	0.66	15%	0			3.0										
19112	EXCISE BREAST DUCT FISTULA	090	137	143	6	4%	3.81	4.47	0.66	17%	0			3.0										
19120	REMOVAL OF BREAST LESION	090	136	145	9	7%	5.92	6.47	0.55	9%	0			1.0	1.0									
19125	EXCISION BREAST LESION	090	196	210	14	7%	6.69	7.35	0.66	10%	0				2.0									
19296	PLACE PO BREAST CATH FOR RAD	000	119	119	0	0%	3.63	3.74	0.11	3%	0											0.5		
19298	PLACE BREAST RAD TUBE/CATHS	000	164	164	0	0%	5.75	5.86	0.11	2%	0											0.5		
19300	MASTECTOMY FOR GYNECOMAST	090	184	191	7	4%	5.31	6.19	0.88	17%	0			3.5								0.5		
19301	PARTIAL MASTECTOMY	090	216	232	16	7%	10.13	11.12	0.99	10%	0			1.0	2.0							0.5		
19302	P-MASTECTOMY W/LN REMOVAL	090	276	294	18	7%	13.99	15.07	1.08	8%	-2			1.0	1.0	1.0						0.5		
19303	MAST SIMPLE COMPLETE	090	283	306	23	8%	15	16.19	1.19	8%	-2				2.0	1.0						0.5		
19305	MAST RADICAL	090	463.5	517.5	54	12%	17.46	20.25	2.79	16%	0				4.5			4.5				1.0		
19306	MAST RAD URBAN TYPE	090	544.5	610.5	66	12%	18.13	21.49	3.36	19%	0				5.5			5.5				1.0		
19307	MAST MOD RAD	090	343	373	30	9%	17.99	19.51	1.52	8%	-2				3.0	1.0						0.5		
19316	MASTOPEXY	090	301	319	18	6%	11.09	12.30	1.21	11%	0			2.0	2.0							0.5		
19318	BREAST REDUCTION	090	367	385	18	5%	16.03	17.24	1.21	8%	0			2.0	2.0							0.5		
19325	BREAST AUGMENTATION W/IMPL	090	225	233	8	4%	8.12	9.11	0.99	12%	0			4.0								0.5		
19328	RMVL INTACT BREAST IMPLANT	090	199	210	11	6%	7.44	8.32	0.88	12%	0			2.0	1.0							0.5		
19330	RMVL RUPTURED BREAST IMPLAN	090	229	240	11	5%	9	9.88	0.88	10%	0			2.0	1.0							0.5		
19340	INSJ BREAST IMPLT SM D MAST	090	261	279	18	7%	10.48	11.69	1.21	12%	0			2.0	2.0							0.5		
19342	INSJ/RPLCMT BRST IMPLT SEP D	090	252	265	13	5%	10.48	11.58	1.10	10%	0			3.0	1.0							0.5		
19350	NIPPLE/AREOLA RECONSTRUCTIO	090	229	237	8	3%	9.11	9.99	0.88	10%	0			4.0										
19355	CORRECT INVERTED NIPPLE(S)	090	206	227	21	10%	8.52	9.51	0.99	12%	0				3.0									
19357	TISS XPNDR PLMT BRST RCNSTJ	090	344	383	39	11%	14.84	17.04	2.20	15%	0			2.0	5.0							0.5		
19361	BRST RCNSTJ LATSMS DRSI FLAP	090	552	578	26	5%	23.36	25.58	2.22	10%	0			3.0	2.0			2.0	1.0			1.0		
19364	BRST RCNSTJ FREE FLAP	090	767	775	8	1%	42.58	44.85	2.27	5%	-2		1.0	4.0	1.0			1.0	3.0			1.0		
19367	BRST RCNSTJ 1 PDCL TRAM FLAP	090	590	630	40	7%	26.8	29.04	2.24	8%	-2			1.0	2.0	1.0		3.0				1.0		
19368	BRST RCNSTJ 1PDCL TRAM ANAST	090	770	824	54	7%	33.9	36.80	2.90	9%	-4			1.0	2.0	2.0		4.0				1.0		
19369	BRST RCNSTJ 2 PDCL TRAM FLAP	090	690	739	49	7%	31.31	33.97	2.66	8%	-4			1.0	2.0	2.0		3.0				1.0		
19370	REVJ PERI-IMPLT CAPSULE BRST	090	255	276	21	8%	9.17	10.27	1.10	12%	0				3.0							0.5		
19371	PERI-IMPLT CAPSLC BRST COMPL	090	261	277	16	6%	9.98	10.97	0.99	10%	0			1.0	2.0							0.5		
19380	REVJ RECONSTRUCTED BREAST	090	307	325	18	6%	11.17	12.38	1.21	11%	0			2.0	2.0							0.5		
20100	EXPL PENTRG WOUND NECK	010	266	283	17	6%	10.38	11.41	1.03	10%	0				1.0			2.0				1.0		
20101	EXPL PENTRG WOUND CHEST	010	97	97	0	0%	3.23	3.23	-	0%	-2		1.0											
20102	EXPL PENTRG WND ABD/FLNK/BK	010	106	108	2	2%	3.98	4.20	0.22	6%	0			1.0										
20103	EXPL PENTRG WOUND EXTREMIT	010	136	138	2	1%	5.34	5.56	0.22	4%	0			1.0										
20150	EXCISION EPIPHYSEAL BAR	090	337	363	26	8%	14.75	16.20	1.45	10%	0				3.0			1.0				1.0		
20250	BIOPSY VRT BDY OPEN THORACIC	010	248	255	7	3%	5.19	5.87	0.68	13%	0			1.0				1.0				1.0		
20251	BIOPSY VRT BDY OPEN LMBR/CRV	010	238	245	7	3%	5.72	6.40	0.68	12%	0			1.0				1.0				1.0		
20500	INJECTION OF SINUS TRACT	010	56	58	2	4%	1.28	1.50	0.22	17%	0			1.0										
20520	REMOVAL OF FOREIGN BODY	010	65	67	2	3%	1.9	2.12	0.22	12%	0			1.0										
20525	REMOVAL OF FOREIGN BODY	010	136	138	2	1%	3.54	3.87	0.33	9%	0			1.0								0.5		
20615	TREATMENT OF BONE CYST	010	88	90	2	2%	2.33	2.55	0.22	9%	0			1.0										
20650	INSERT AND REMOVE BONE PIN	010	114	116	2	2%	2.28	2.61	0.33	14%	0			1.0								0.5		
20661	APPLICATION HALO CRANIAL	090	266	281.5	15.5	6%	5.26	6.72	1.46	28%	0			4.0				1.5				1.0		
20662	APPLICATION HALO PELVIC	090	285	298	13	5%	6.38	7.72	1.34	21%	0			4.0				1.0				1.0		
20663	APPLICATION HALO FEMORAL	090	264	277	13	5%	5.74	7.08	1.34	23%	0			4.0				1.0				1.0		
20664	APPL HALO CRANIAL 6+PINS	090	405	440	35	9%	10.06	12.48	2.42	24%	0				4.0			2.0		1.0		1.0		
20665	RMVL TONGS/HALO ANTHR INDIV	010	57	59	2	4%	1.36	1.58	0.22	16%	0			1.0										
20670	REMOVAL IMPLANT SUPERFICIAL	010	57	59	2	4%	1.79	2.01	0.22	12%	0			1.0										
20680	REMOVAL OF IMPLANT DEEP	090	181	185	4	2%	5.96	6.51	0.55	9%	0			2.0								0.5		
20690	APPL UNIPLN UNI EXT FIXJ SYS	090	300	317	17	6%	8.78	10.32	1.54	18%	0			1.0	2.0			1.0	1.0			1.0		
20692	APPL MLTPLN UNI EXT FIXJ SYS	090	474	518	44	9%	16.27	19.08	2.81	17%	0			4.0	3.0			3.0				1.0		
20693	ADJMT/REVJ EXT FIXJ SYS ANES	090	208	216.5	8.5	4%	6.06	7.06	1.00	17%	0			3.0				0.5				1.0		
20694	RMVL EXT FIXJ SYS UNDER ANES	090	140	145	5	4%	4.28	4.94	0.66	15%	0			2.5								0.5		
20696	APP MLTPLN UNI XTRNL FIX 1ST	090	468	505	37	8%	17.56	19.91	2.35	13%	0			3.0	3.0			2.0				1.0		
20802	REPLANTATION ARM COMPLETE	090	1041	1107	66	6%	42.62	46.35	3.73	9%	-2			3.0	3.0	1.0		6.0				1.0		
20805	REPLANT FOREARM COMPLETE	090	1012	1078	66	7%	51.46	55.19	3.73	7%	-2			3.0	3.0	1.0		6.0				1.0		
20808	REPLANTATION HAND COMPLETE	090	1112	1173	61	5%	63.09	66.58	3.49	6%	-2			3.0	3.0	1.0		5.0				1.0		
20816	REPLANTATION DIGIT COMPLETE	090	697	747	50	7%	31.95	34.80	2.85	9%	0			2.0	3.0			5.0				1.0		
20822	REPLANTATION DIGIT COMPLETE	090	590	632	42	7%	26.66	29.25	2.59	10%	0			3.0	3.0			3.0				1.0		
20824	REPLANTATION THUMB COMPLET	090	690	740	50	7%	31.95	34.80	2.85	9%	0			2.0	3.0			5.0				1.0		
20827	REPLANTATION THUMB COMPLE	090	625	672	47	8%	27.48	30.31	2.83	10%	0			3.0	3.0			4.0				1.0		
20838	REPLANTATION FOOT COMPLETE	090	986	1062	76	8%	42.88	47.09	4.21	10%	-2			3.0	3.0	1.0		8.0				1.0		
20910	REMOVE CARTILAGE FOR GRAFT	090	227	235	8	4%	5.53	6.52	0.99	18%	0			4.0								0.5		
20912	REMOVE CARTILAGE FOR GRAFT	090	256	264	8	3%	6.54	7.53	0.99	15%	0			4.0								0.5		
20920	REMOVAL OF FASCIA FOR GRAFT	090	195	203.5	8.5	4%	5.51	6.51	1.00	18%	0			3.0				0.5				1.0		

20922	REMOVAL OF FASCIA FOR GRAFT	090	224	237.5	13.5	6%	6.93	8.17	1.24	18%	0			3.0				1.5			1.0			
20924	REMOVAL OF TENDON FOR GRAF	090	194	202.5	8.5	4%	6.68	7.68	1.00	15%	0			3.0				0.5			1.0			
20955	FIBULA BONE GRAFT MICROVASC	090	957	1014	57	6%	40.26	43.57	3.31	8%	0			3.0	3.0			6.0			1.0		1.0	
20956	ILIAC BONE GRAFT MICROVASC	090	894	963	69	8%	41.18	45.32	4.14	10%	0			5.0	2.0			9.0			1.0			
20957	MT BONE GRAFT MICROVASC	090	930	1001	71	8%	42.61	46.97	4.36	10%	0			6.0	2.0			9.0			1.0			
20969	BONE/SKIN GRAFT MICROVASC	090	1048	1124	76	7%	45.43	49.51	4.08	9%	-4			2.0	2.0	2.0		8.0			1.0			
20970	BONE/SKIN GRAFT ILIAC CREST	090	988	1064	76	8%	44.58	48.66	4.08	9%	-4			2.0	2.0	2.0		8.0			1.0			
20972	BONE/SKIN GRAFT METATARSAL	090	898	959	61	7%	44.51	47.87	3.36	8%	-4			2.0	2.0	2.0		5.0			1.0			
20973	BONE/SKIN GRAFT GREAT TOE	090	988	1049	61	6%	47.27	50.63	3.36	7%	-4			2.0	2.0	2.0		5.0			1.0			
21010	INCISION OF JAW JOINT	090	337	351	14	4%	11.04	12.69	1.65	15%	0			3.0	1.0			1.0	1.0		1.0			
21011	EXC FACE LES SC	090	107	116	9	8%	2.99	3.54	0.55	18%	0			1.0	1.0									
21012	EXC FACE LES SBQ 2 CM/>	090	148	157	9	6%	4.45	5.11	0.66	15%	0			1.0	1.0						0.5			
21013	EXC FACE TUM DEEP < 2 CM	090	174	183	9	5%	5.42	6.08	0.66	12%	0			1.0	1.0						0.5			
21014	EXC FACE TUM DEEP 2 CM/>	090	217	233	16	7%	7.13	8.12	0.99	14%	0			1.0	2.0						0.5			
21015	RESECT FACE/SCALP TUM < 2 CM	090	277	300	23	8%	9.89	11.21	1.32	13%	0			1.0	3.0						0.5			
21016	RESECT FACE/SCALP TUM 2 CM/>	090	398	424	26	7%	15.26	17.22	1.96	13%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
21025	EXCISION OF BONE LOWER JAW	090	283	301	18	6%	10.03	11.13	1.10	11%	0			2.0	2.0									
21026	EXCISION OF FACIAL BONE(S)	090	261	284	23	9%	5.7	7.26	1.56	27%	0			2.0	2.0			1.0			1.0			
21029	CONTOUR OF FACE BONE LESION	090	196	212	16	8%	8.39	9.38	0.99	12%	0			1.0	2.0						0.5			
21030	EXCISE MAX/ZYGOMA B9 TUMOR	090	133	144	11	8%	4.91	5.68	0.77	16%	0			2.0	1.0									
21031	REMOVE EXOSTOSIS MANDIBLE	090	93	95	2	2%	3.3	3.52	0.22	7%	-2		1.0	1.0										
21032	REMOVE EXOSTOSIS MAXILLA	090	125	129	4	3%	3.34	3.78	0.44	13%	0			2.0										
21034	EXCISE MAX/ZYGOMA MAL TUMO	090	365	395	30	8%	17.38	19.14	1.76	10%	-2			1.0	2.0	1.0		1.0			1.0			
21040	EXCISE MANDIBLE LESION	090	137	148	11	8%	4.91	5.68	0.77	16%	0			2.0	1.0									
21044	REMOVAL OF JAW BONE LESION	090	325	350	25	8%	12.8	14.45	1.65	13%	-2			2.0	1.0	1.0		1.0			1.0			
21045	EXTENSIVE JAW SURGERY	090	599	629	30	5%	18.37	21.19	2.82	15%	-2			2.0	2.0	1.0		2.0	1.0	1.0	1.0			
21046	REMOVE MANDIBLE CYST COMPL	090	400	432	32	8%	14.21	16.32	2.11	15%	0			3.0	3.0			1.0			1.0			
21047	EXCISE LWR JAW CYST W/REPAIR	090	565	602	37	7%	20.07	22.42	2.35	12%	0			3.0	3.0			2.0			1.0			
21048	REMOVE MAXILLA CYST COMPLEX	090	400	432	32	8%	14.71	16.82	2.11	14%	0			3.0	3.0			1.0			1.0			
21049	EXCIS UPPR JAW CYST W/REPAIR	090	550	587	37	7%	19.32	21.67	2.35	12%	0			3.0	3.0			2.0			1.0			
21050	REMOVAL OF JAW JOINT	090	377	404	27	7%	11.76	13.63	1.87	16%	-2			3.0	1.0	1.0		1.0			1.0			
21060	REMOVE JAW JOINT CARTILAGE	090	334	357	23	7%	11.07	12.63	1.56	14%	0			2.0	2.0			1.0			1.0			
21070	REMOVE CORONOID PROCESS	090	246	257	11	4%	8.62	9.50	0.88	10%	-2		1.0	2.0	1.0						0.5			
21073	MNPJ OF TMJ W/ANESTH	090	134	142	8	6%	3.45	4.33	0.88	26%	0			4.0										
21100	MAXILLOFACIAL FIXATION	090	232	247	15	6%	4.73	6.05	1.32	28%	0			4.0	1.0						0.5			
21110	INTERDENTAL FIXATION	090	239	259	20	8%	5.99	7.31	1.32	22%	0			3.0	2.0									
21120	GENIOPLASTY AUGMENTATION	090	184	191	7	4%	5.1	5.87	0.77	15%	0			3.5										
21121	GENIOP SLDG OSTEOT 1	090	193	200	7	4%	7.81	8.58	0.77	10%	0			3.5										
21122	GENIOP SLDG OSTEOT 2/>	090	247	255	8	3%	8.71	9.70	0.99	11%	0			4.0							0.5			
21123	GENIOP SLDG AUGMENTATION	090	297	305	8	3%	11.34	12.44	1.10	10%	0			4.0							1.0			
21125	AUGMENTATION MNDBLR PROST	090	297	305	8	3%	10.8	11.90	1.10	10%	0			4.0							1.0			
21127	AUGMENTATION MNDBLR B1 GR	090	358	388.5	30.5	9%	12.44	14.10	1.66	13%	0				4.0			0.5			1.0			
21137	RDCTJ FOREHEAD CNTRG ONLY	090	310	321	11	4%	10.24	11.23	0.99	10%	-2		1.0	2.0	1.0						1.0			
21138	RDCTJ FOREHEAD CNTRG&PROST	090	400	416	16	4%	12.87	13.97	1.10	9%	-2		1.0	1.0	2.0						1.0			
21139	RDCTJ FOREHEAD CNTRG&SETBA	090	466	482	16	3%	15.02	16.25	1.23	8%	-2		1.0	2.0	1.0			1.0			1.0			
21141	LEFORT I-1 PIECE W/O GRAFT	090	474	515	41	9%	19.57	22.23	2.66	14%	-2			4.0	2.0	1.0		2.0			1.0			
21142	LEFORT I-2 PIECE W/O GRAFT	090	485	526	41	8%	20.28	22.94	2.66	13%	-2			4.0	2.0	1.0		2.0			1.0			
21143	LEFORT I-3/> PIECE W/O GRAFT	090	497	538	41	8%	21.05	23.71	2.66	13%	-2			4.0	2.0	1.0		2.0			1.0			
21145	LEFORT I-1 PIECE W/ GRAFT	090	515	564.5	49.5	10%	23.94	26.50	2.56	11%	0				6.0			1.5			1.0			
21146	LEFORT I-2 PIECE W/ GRAFT	090	567.5	623	55.5	10%	24.87	27.72	2.85	11%	0				6.5			2.0			1.0			
21147	LEFORT I-3/> PIECE W/ GRAFT	090	707.5	765.5	58	8%	26.47	29.44	2.97	11%	0				6.5			2.5			1.0		1.5	
21150	LEFORT II ANTERIOR INTRUSION	090	623	646	23	4%	25.96	27.52	1.56	6%	-4		2.0	2.0	2.0			1.0			1.0		1.0	
21151	LEFORT II W/BONE GRAFTS	090	686	714	28	4%	29.02	30.82	1.80	6%	-4		2.0	2.0	2.0			2.0			1.0		1.0	
21154	LEFORT III W/O LEFORT I	090	853	891.5	38.5	5%	31.29	33.57	2.28	7%	-5		2.0	2.0	1.0		1.0	2.5			1.0		1.5	
21155	LEFORT III W/ LEFORT I	090	939	975	36	4%	35.22	37.38	2.16	6%	-5		2.0	2.0	1.0		1.0	2.0			1.0		2.0	
21159	LEFORT III W/FHDW/O LEFORT I	090	986	1027	41	4%	43.14	45.54	2.40	6%	-5		2.0	2.0	1.0		1.0	3.0			1.0		2.0	
21160	LEFORT III W/FHD W/ LEFORT I	090	1121	1137	16	1%	47.19	49.37	2.18	5%	-5		2.0	2.0	1.0		1.0		2.5		1.0		2.5	
21172	RECONSTRUCT ORBIT/FOREHEAD	090	641	646	5	1%	28.2	29.49	1.29	5%	-4		2.0	2.0	1.0				1.5		1.0		1.5	
21175	RECONSTRUCT ORBIT/FOREHEAD	090	731	738	7	1%	33.56	34.75	1.19	4%	-4		2.0	2.0	1.0				1.0		1.0		2.0	
21179	RECONSTRUCT ENTIRE FOREHEAD	090	590	601	11	2%	22.65	23.64	0.99	4%	-2		1.0	2.0	1.0						1.0		2.0	
21180	RECONSTRUCT ENTIRE FOREHEAD	090	670	681	11	2%	25.58	26.57	0.99	4%	-2		1.0	2.0	1.0						1.0		2.0	
21181	CONTOUR CRANIAL BONE LESION	090	396	410	14	4%	10.28	11.29	1.01	10%	-4		2.0	1.0	1.0			1.0			1.0			
21182	RECONSTRUCT CRANIAL BONE	090	801	808	7	1%	32.58	33.77	1.19	4%	-4		2.0	2.0	1.0				1.0		1.0		2.0	
21183	RECONSTRUCT CRANIAL BONE	090	891	894	3	0%	35.7	37.09	1.39	4%	-4		2.0	2.0	1.0				2.0		1.0		2.0	
21184	RECONSTRUCT CRANIAL BONE	090	996	999	3	0%	38.62	40.01	1.39	4%	-4		2.0	2.0	1.0				2.0		1.0		2.0	
21188	RECONSTRUCTION OF MIDFACE	090	572	599	27	5%	23.15	24.63	1.48	6%	-5		2.0		1.0		1.0	1.0			1.0			
21193	RECONST LWR JAW W/O GRAFT	090	386	428.5	42.5	11%	18.9	21.13	2.23	12%	0				5.0			1.5			1.0			
21194	RECONST LWR JAW W/GRAFT	090	482.5	531	48.5	10%	21.82	24.34	2.52	12%	0				5.5			2.0			1.0			
21195	RECONST LWR JAW W/O FIXATIO	090	384.5	430.5	46	12%	19.16	21.56	2.40	13%	0				5.5			1.5			1.0			
21196	RECONST LWR JAW W/FIXATION	090	411.5	457.5	46	11%	20.83	23.23	2.40	11%	0				5.5			1.5			1.0			
21198	RECONSTR LWR JAW SEGMENT	090	359.5	396	36.5	10%	15.71	17.66	1.95	12%	0				4.5			1.0			1.0			
21199	RECONSTR LWR JAW W/ADVANC	090	283	290	7	2%	16.73	17.92	1.19	7%	0			2.0	1.0				1.0		1.0			
21206	RECONSTRUCT UPPER JAW BONE	090	361.5	395.5	34	9%	15.59	17.42	1.83	12%	0				4.5			0.5			1.0			

21208	AUGMENTATION OF FACIAL BONE	090	320	349	29	9%	11.42	13.27	1.85	16%	-2			3.0	2.0	1.0					0.5			
21209	REDUCTION OF FACIAL BONES	090	270	297	27	10%	7.82	9.58	1.76	23%	0			3.0	3.0						0.5			
21210	FACE BONE GRAFT	090	318	352	34	11%	11.69	13.54	1.85	16%	-2			2.0	3.0	1.0								
21215	LOWER JAW BONE GRAFT	090	334	368	34	10%	12.23	14.08	1.85	15%	-2			2.0	3.0	1.0								
21230	RIB CARTILAGE GRAFT	090	342	353	11	3%	11.17	12.16	0.99	9%	0			2.0	1.0						1.0			
21235	EAR CARTILAGE GRAFT	090	265	285	20	8%	7.5	8.93	1.43	19%	0			3.0	2.0						0.5			
21240	RECONSTRUCTION OF JAW JOINT	090	425	472	47	11%	16.07	18.51	2.44	15%	0				6.0			1.0			1.0			
21242	RECONSTRUCTION OF JAW JOINT	090	402	432	30	7%	14.59	16.99	2.40	16%	-2			3.0	2.0	1.0		1.0	1.0		1.0			
21243	RECONSTRUCTION OF JAW JOINT	090	751	827	76	10%	24.53	28.73	4.20	17%	0				10.0			2.0	1.0		1.0			
21244	RECONSTRUCTION OF LOWER JAV	090	387	422	35	9%	13.62	16.26	2.64	19%	-2			3.0	2.0	1.0		2.0	1.0		1.0			
21245	RECONSTRUCTION OF JAW	090	376	408	32	9%	13.12	15.10	1.98	15%	-2			2.0	2.0	1.0		1.0			1.0			
21246	RECONSTRUCTION OF JAW	090	369	382	13	4%	12.92	14.13	1.21	9%	0			3.0	1.0						1.0			
21247	RECONSTRUCT LOWER JAW BONE	090	544	590	46	8%	24.37	27.14	2.77	11%	-2			3.0	3.0	1.0		2.0			1.0			
21248	RECONSTRUCTION OF JAW	090	223	251	28	13%	12.74	14.06	1.32	10%	0				4.0									
21249	RECONSTRUCTION OF JAW	090	295	323	28	9%	18.77	20.09	1.32	7%	0				4.0									
21255	RECONSTRUCT LOWER JAW BONE	090	457	503	46	10%	18.46	21.23	2.77	15%	-2			3.0	3.0	1.0		2.0			1.0			
21256	RECONSTRUCTION OF ORBIT	090	444	467	23	5%	17.66	19.38	1.72	10%	-2			2.0	2.0	1.0			1.0					
21260	REVISE EYE SOCKETS	090	426	436	10	2%	17.9	19.62	1.72	10%	0			2.0	2.0				2.0		1.0			
21261	REVISE EYE SOCKETS	090	674	697	23	3%	34.07	36.94	2.87	8%	-2			2.0	3.0	1.0			2.0	1.0	1.0			
21263	REVISE EYE SOCKETS	090	639	662	23	4%	31.01	33.88	2.87	9%	-2			2.0	3.0	1.0			2.0	1.0	1.0			
21267	REVISE EYE SOCKETS	090	476	495	19	4%	20.69	22.83	2.14	10%	-2			2.0	2.0	1.0			2.0		1.0			
21268	REVISE EYE SOCKETS	090	614	637	23	4%	27.07	29.94	2.87	11%	-2			2.0	3.0	1.0			2.0	1.0	1.0			
21270	AUGMENTATION CHEEK BONE	090	362	373	11	3%	10.63	11.40	0.77	7%	0			2.0	1.0									
21275	REVISION ORBITOFACIAL BONES	090	360	376	16	4%	11.76	12.99	1.23	10%	0			2.0	1.0			1.0			1.0			
21280	MEDIAL CANTHOPEXY	090	251	276	25	10%	7.13	8.43	1.30	18%	-2			1.0	2.0	1.0								
21282	LATERAL CANTHOPEXY	090	209	227	18	9%	4.27	5.24	0.97	23%	-2			1.0	1.0	1.0								
21295	REVISION OF JAW MUSCLE/BONE	090	101	110	9	9%	1.9	2.45	0.55	29%	0			1.0	1.0									
21296	REVISION OF JAW MUSCLE/BONE	090	219	235	16	7%	4.78	6.01	1.23	26%	0			2.0	1.0			1.0			1.0			
21325	OPEN TX NOSE FX UNCOMPLICAT	090	217	228	11	5%	4.18	5.17	0.99	24%	0			2.0	1.0						1.0			
21330	OPEN TX NOSE FX W/SKELE FIXJ	090	251	262	11	4%	5.79	6.78	0.99	17%	0			2.0	1.0						1.0			
21335	OPEN TX NOSE & SEPTAL FX	090	293	304	11	4%	9.02	10.01	0.99	11%	0			2.0	1.0						1.0			
21336	OPEN TX SEPTAL FX W/WO STABJ	090	243	268	25	10%	6.77	8.20	1.43	21%	0			2.0	3.0									
21337	CLOSED TX SEPTAL&NOSE FX	090	154	170	16	10%	3.39	4.27	0.88	26%	0			1.0	2.0									
21338	OPEN NASOETHMOID FX W/O FIX	090	291	302	11	4%	6.87	7.86	0.99	14%	0			2.0	1.0						1.0			
21339	OPEN NASOETHMOID FX W/ FIXJ	090	315	326	11	3%	8.5	9.49	0.99	12%	0			2.0	1.0						1.0			
21340	PERQ TX NASOETHMOID FX	090	347	365	18	5%	11.49	12.81	1.32	11%	0			2.0	2.0						1.0			
21343	OPEN TX DPRSD FRONT SINUS FX	090	389	410	21	5%	14.32	16.17	1.85	13%	0			2.0	3.0				1.0		1.0			
21344	OPEN TX COMPL FRONT SINUS FX	090	519	537	18	3%	21.57	23.82	2.25	10%	0			2.0	3.0				1.0	1.0	1.0			
21345	CLOSED TX NOSE/JAW FX	090	312	337	25	8%	9.06	10.84	1.78	20%	0			3.0	2.0			1.0			1.0			
21346	OPN TX NASOMAX FX W/FIXJ	090	352	375	23	7%	11.45	13.01	1.56	14%	0			2.0	2.0			1.0			1.0			
21347	OPN TX NASOMAX FX MULTPLE	090	393	416	23	6%	13.53	15.09	1.56	12%	0			2.0	2.0			1.0			1.0			
21348	OPN TX NASOMAX FX W/GRAFT	090	452	475	23	5%	17.52	19.08	1.56	9%	0			2.0	2.0			1.0			1.0			
21355	PERQ TX MALAR FRACTURE	010	176	192	16	9%	4.45	5.33	0.88	20%	0			1.0	2.0									
21356	OPN TX DPRSD ZYGOMATIC ARCH	010	185	201	16	9%	4.83	5.71	0.88	18%	0			1.0	2.0									
21360	OPN TX DPRSD MALAR FRACTURE	090	273	291	18	7%	7.19	8.29	1.10	15%	0			2.0	2.0									
21365	OPN TX COMPLX MALAR FX	090	432	477	45	10%	16.77	19.12	2.35	14%	0				5.0			2.0			1.0			
21366	OPN TX COMPLX MALAR W/GRFT	090	467	490	23	5%	18.6	20.16	1.56	8%	0			2.0	2.0			1.0			1.0			
21385	OPN TX ORBIT FX TRANSANTRAL	090	324	335	11	3%	9.57	10.56	0.99	10%	0			2.0	1.0						1.0			
21386	OPN TX ORBIT FX PERIORBITAL	090	320	331	11	3%	9.57	10.56	0.99	10%	0			2.0	1.0						1.0			
21387	OPN TX ORBIT FX COMBINED	090	335	346	11	3%	10.11	11.10	0.99	10%	0			2.0	1.0						1.0			
21390	OPN TX ORBIT PERIORBTL IMPLT	090	346	360	14	4%	11.23	12.40	1.17	10%	-2			1.0	1.0	1.0			1.0					
21395	OPN TX ORBIT PERIORBT W/GRFT	090	347	357	10	3%	14.7	15.91	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
21400	CLOSED TX ORBIT W/O MANIPUL	090	102	106	4	4%	1.5	1.94	0.44	29%	0			2.0										
21401	CLOSED TX ORBIT W/MANIPULJ	090	204	215	11	5%	3.68	4.67	0.99	27%	0			2.0	1.0						1.0			
21406	OPN TX ORBIT FX W/O IMPLANT	090	284	295	11	4%	7.42	8.41	0.99	13%	0			2.0	1.0						1.0			
21407	OPN TX ORBIT FX W/IMPLANT	090	316	327	11	3%	9.02	10.01	0.99	11%	0			2.0	1.0						1.0			
21408	OPN TX ORBIT FX W/BONE GRFT	090	385	396	11	3%	12.78	13.77	0.99	8%	0			2.0	1.0						1.0			
21421	CLTX PALATAL/MAX FX WIRE FIX	090	256	278	22	9%	6.02	7.54	1.52	25%	-2			3.0	1.0	1.0					0.5			
21422	OPTX PALATAL/MAX FRACTURE	090	319	330	11	3%	8.73	9.72	0.99	11%	0			2.0	1.0						1.0			
21423	OPTX PALATAL/MAX FX COMP	090	359	372	13	4%	10.85	12.06	1.21	11%	0			3.0	1.0						1.0			
21431	CLTX CRANIOFACIAL SEPARATION	090	295	318	23	8%	7.9	9.46	1.56	20%	0			2.0	2.0			1.0			1.0			
21432	OPTX CRANFCL SEP W/WIRING	090	330	339	9	3%	8.82	9.72	0.90	10%	0			2.0				1.0			1.0			
21433	OPTX CRANFCL SEP COMP MLT	090	592	620	28	5%	26.29	28.09	1.80	7%	0			2.0	2.0			2.0			1.0			
21435	OPTX CRNFC SEP COMP INT&/XTF	090	1001	1024	23	2%	20.26	23.68	3.42	17%	-2			2.0	2.0	1.0		2.0	2.0	2.0	1.0			
21436	OPTX CRNFCL SEP COMP MLT INT	090	644	671	27	4%	30.3	32.97	2.67	9%	-2			2.0	3.0	1.0			1.0	1.0	1.0			
21440	CLTX MNDBLR/MAX ALV RIDGE F	090	162	180	18	11%	3.44	4.54	1.10	32%	0			2.0	2.0									
21445	OPTX MNDBLR/MAX ALV RIDGE F	090	252	274	22	9%	6.26	7.78	1.52	24%	-2			3.0	1.0	1.0					0.5			
21450	CLTX MNDBLR FX W/O MNPJ	090	162	180	18	11%	3.71	4.81	1.10	30%	0			2.0	2.0									
21451	CLTX MNDBLR FX W/MNPJ	090	252	272	20	8%	5.65	7.08	1.43	25%	0			3.0	2.0						0.5			
21452	PERQ TX MNDBLR FX XTRNL FIXJ	090	133	144	11	8%	2.4	3.28	0.88	37%	0			2.0	1.0						0.5			
21453	CLTX MNDBLR FX NTRDNTL FIXJ	090	261	288	27	10%	6.64	8.40	1.76	27%	0			3.0	3.0						0.5			
21454	OPTX MNDBLR FX XTRNL FIXJ	090	288	313	25	9%	7.36	9.14	1.78	24%	0			3.0	2.0			1.0			1.0			
21461	OPTX MNDBLR FX WO NTRDNTL	090	318	350	32	10%	9.31	11.42	2.11	23%	0			3.0	3.0			1.0			1.0			

21462	OPTX MNDBLR FX W/NTRDNTL	090	342	374	32	9%	11.01	13.12	2.11	19%	0			3.0	3.0			1.0			1.0			
21465	OPTX MNDBLR CNDYLR FX	090	373	405	32	9%	13.12	15.23	2.11	16%	0			3.0	3.0			1.0			1.0			
21470	OPTX COMPLICATED MNDBLR FX	090	469	523.5	54.5	12%	17.54	20.34	2.80	16%	0				6.0			2.5			1.0			
21485	CLTX TMPRMAND DISLC COMP	090	203	223	20	10%	4.77	6.09	1.32	28%	0			3.0	2.0									
21490	OPTX TMPRMAND DISLOCATION	090	368	395	27	7%	12.95	14.71	1.76	14%	0			3.0	3.0						0.5			
21497	INTERDENTAL WIRG OTH/THN FX	090	239	259	20	8%	4.64	6.07	1.43	31%	0			3.0	2.0						0.5			
21501	I&D DP ABSC/HMTMA SFT TS NCK	090	176	183	7	4%	3.98	4.86	0.88	22%	0			3.5							0.5			
21502	I&D DP ABS/HMTM NCK RIB OSTC	090	275	293	18	7%	7.55	9.13	1.58	21%	0			4.0				2.0			1.0			
21510	INC DEEP OPNG B1 CRTX THORAX	090	295	314	19	6%	6.2	7.89	1.69	27%	0			4.5				2.0			1.0			
21550	BIOPSY OF NECK/CHEST	010	89	91	2	2%	2.11	2.33	0.22	10%	0			1.0										
21552	EXC NECK LES SC 3 CM/>	090	194	203	9	5%	6.49	7.15	0.66	10%	0			1.0	1.0						0.5			
21554	EXC NECK TUM DEEP 5 CM/>	090	320	341	21	7%	11.13	12.47	1.34	12%	0			1.0	2.0			1.0			1.0			
21555	EXC NECK LES SC < 3 CM	090	138	147	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
21556	EXC NECK TUM DEEP < 5 CM	090	234	250	16	7%	7.66	8.65	0.99	13%	0			1.0	2.0						0.5			
21557	RESECT NECK THORAX TUMOR<5	090	398	422	24	6%	14.75	16.62	1.87	13%	0			1.0	3.0			1.0	1.0		1.0			
21558	RESECT NECK TUMOR 5 CM/>	090	502	524	22	4%	21.58	23.74	2.16	10%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
21600	PARTIAL REMOVAL OF RIB	090	251	266.5	15.5	6%	7.26	8.72	1.46	20%	0			4.0				1.5			1.0			
21601	EXC CHEST WALL TUMOR W/RIBS	090	510.5	565	54.5	11%	17.78	20.60	2.82	16%	0				3.5			6.0			1.0		1.0	
21602	EXC CH WAL TUM W/O LYMPHAD	090	669.5	745	75.5	11%	22.19	26.00	3.81	17%	0				6.5			6.0			1.0		1.0	
21603	EXC CH WAL TUM W/LYMPHADEC	090	760	846.5	86.5	11%	25.17	29.50	4.33	17%	0				7.0			7.5			1.0		1.0	
21610	PARTIAL REMOVAL OF RIB	090	440	476	36	8%	15.91	17.84	1.93	12%	0				3.0			3.0			1.0			
21615	REMOVAL OF RIB	090	334	358	24	7%	10.45	12.38	1.93	18%	0			4.5				3.0			1.0			
21616	REMOVAL OF RIB AND NERVES	090	393	420.5	27.5	7%	12.69	14.85	2.16	17%	0			5.0				3.5			1.0			
21620	PARTIAL REMOVAL OF STERNUM	090	285	305.5	20.5	7%	7.28	8.98	1.70	23%	0			4.0				2.5			1.0			
21627	STERNAL DEBRIDEMENT	090	264	284.5	20.5	8%	7.3	9.00	1.70	23%	0			4.0				2.5			1.0			
21630	RADICAL RESECTION STERNUM	090	597	640.5	43.5	7%	19.18	22.17	2.99	16%	0			5.5				6.5			1.0		1.5	
21685	HYOID MYOTOMY & SUSPENSION	090	440	479	39	9%	15.26	17.82	2.56	17%	-6			1.0	2.0	3.0			1.0		1.0			
21700	REVISION OF NECK MUSCLE	090	188	193	5	3%	6.31	7.08	0.77	12%	0			2.5							1.0			
21705	REVISION OF NECK MUSCLE/RIB	090	273	286.5	13.5	5%	9.92	11.16	1.24	13%	0			3.0				1.5			1.0			
21720	REVISION OF NECK MUSCLE	090	157	162	5	3%	5.8	6.46	0.66	11%	0			2.5							0.5			
21725	REVISION OF NECK MUSCLE	090	258	266.5	8.5	3%	7.19	8.19	1.00	14%	0			3.0				0.5			1.0			
21740	RECONSTRUCTION OF STERNUM	090	391	406	15	4%	17.57	18.89	1.32	8%	0				2.0			1.0	1.0		1.0			
21750	REPAIR OF STERNUM SEPARATIOI	090	306	309	3	1%	11.4	12.15	0.75	7%	0				1.0				1.0		1.0			
21820	TREAT STERNUM FRACTURE	090	59	62	3	5%	1.36	1.69	0.33	24%	0			1.5										
21825	TREAT STERNUM FRACTURE	090	253	267.5	14.5	6%	7.76	9.11	1.35	17%	0			3.5				1.5			1.0			
21920	BIOPSY SOFT TISSUE OF BACK	010	69	71	2	3%	2.11	2.33	0.22	10%	0			1.0										
21925	BIOPSY SOFT TISSUE OF BACK	090	145	151	6	4%	4.63	5.40	0.77	17%	0			3.0							0.5			
21930	EXC BACK LES SC < 3 CM	090	165	174	9	5%	4.94	5.60	0.66	13%	0			1.0	1.0						0.5			
21931	EXC BACK LES SC 3 CM/>	090	206	215	9	4%	6.88	7.54	0.66	10%	0			1.0	1.0						0.5			
21932	EXC BACK TUM DEEP < 5 CM	090	276	292	16	6%	9.82	11.05	1.23	13%	0			2.0	1.0			1.0			1.0			
21933	EXC BACK TUM DEEP 5 CM/>	090	315	336	21	7%	11.13	12.47	1.34	12%	0			1.0	2.0			1.0			1.0			
21935	RESECT BACK TUM < 5 CM	090	408	432	24	6%	15.72	17.59	1.87	12%	0			1.0	3.0			1.0	1.0		1.0			
21936	RESECT BACK TUM 5 CM/>	090	510	532	22	4%	22.55	24.71	2.16	10%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
22010	I&D P-SPINE C/T/CERV-THOR	090	378	412	34	9%	12.75	15.10	2.35	18%	0			1.0	3.0			3.0	1.0		1.0			
22015	I&D ABSCESS P-SPINE L/S/LS	090	373	407	34	9%	12.64	14.99	2.35	19%	0			1.0	3.0			3.0	1.0		1.0			
22100	REMOVE PART OF NECK VERTEBR	090	372	410	38	10%	11	13.02	2.02	18%	0				4.0			2.0			1.0			
22101	REMOVE PART THORAX VERTEBR	090	387	430	43	11%	11.08	13.34	2.26	20%	0				4.0			3.0			1.0			
22102	REMOVE PART LUMBAR VERTEBR	090	387	430	43	11%	11.08	13.34	2.26	20%	0				4.0			3.0			1.0			
22110	REMOVE PART OF NECK VERTEBR	090	479	537	58	12%	14	16.98	2.98	21%	0				4.0			6.0			1.0			
22112	REMOVE PART THORAX VERTEBR	090	530	590.5	60.5	11%	14.07	17.17	3.10	22%	0				4.0			6.5			1.0			
22114	REMOVE PART LUMBAR VERTEBR	090	530	590.5	60.5	11%	14.07	17.17	3.10	22%	0				4.0			6.5			1.0			
22206	INCIS SPINE 3 COLUMN THORAC	090	758	779	21	3%	37.18	39.69	2.51	7%	0			1.0	3.0			2.0	3.0		1.0			
22207	INCIS SPINE 3 COLUMN LUMBAR	090	758	779	21	3%	36.68	39.19	2.51	7%	0			1.0	3.0			2.0	3.0		1.0			
22210	INCIS 1 VERTEBRAL SEG CERV	090	609	679	70	11%	25.38	28.93	3.55	14%	0				5.0			7.0			1.0			
22212	INCIS 1 VERTEBRAL SEG THORAC	090	640	710	70	11%	20.99	24.54	3.55	17%	0				5.0			7.0			1.0			
22214	INCIS 1 VERTEBRAL SEG LUMBAR	090	624	694	70	11%	21.02	24.57	3.55	17%	0				5.0			7.0			1.0			
22220	OSTEOT DSC ANT 1 VRT SGM CRV	090	585	652.5	67.5	12%	22.94	26.37	3.43	15%	0				5.0			6.5			1.0			
22222	OSTEOT DSC ANT 1VRT SGM THR(	090	651	723.5	72.5	11%	23.09	26.76	3.67	16%	0				5.0			7.5			1.0			
22224	OSTEOT DSC ANT 1VRT SGM LMB	090	666	738.5	72.5	11%	23.09	26.76	3.67	16%	0				5.0			7.5			1.0			
22310	CLOSED TX VERT FX W/O MANJ	090	131	137	6	5%	3.45	4.22	0.77	22%	0			3.0							0.5			
22315	CLOSED TX VERT FX W/MANJ	090	252	285	33	13%	10.11	11.89	1.78	18%	0				4.0			1.0			1.0			
22318	TREAT ODONTOID FX W/O GRAFT	090	451	484	33	7%	22.72	24.63	1.91	8%	0			1.0	3.0			2.0			1.0			
22319	TREAT ODONTOID FX W/GRAFT	090	483	521	38	8%	25.33	27.48	2.15	8%	0			1.0	3.0			3.0			1.0			
22325	TREAT SPINE FRACTURE	090	528	590.5	62.5	12%	19.87	23.06	3.19	16%	0				5.0			5.5			1.0			
22326	TREAT NECK SPINE FRACTURE	090	480	535.5	55.5	12%	20.84	23.70	2.86	14%	0				4.0			5.5			1.0			
22327	TREAT THORAX SPINE FRACTURE	090	604	684	80	13%	20.77	24.80	4.03	19%	0				5.0			9.0			1.0			
22510	PERQ CERVICOTHORACIC INJECT	010	150	157	7	5%	7.9	8.34	0.44	6%	0				1.0						0.5			
22511	PERQ LUMBOSACRAL INJECTION	010	150	157	7	5%	7.33	7.77	0.44	6%	0				1.0						0.5			
22513	PERQ VERTEBRAL AUGMENTATIO	010	155	162	7	5%	8.65	9.09	0.44	5%	0				1.0						0.5			
22514	PERQ VERTEBRAL AUGMENTATIO	010	150	157	7	5%	7.99	8.43	0.44	6%	0				1.0						0.5			
22526	IDET SINGLE LEVEL	010	145	147	2	1%	5.85	6.18	0.33	6%	0			1.0							0.5			
22532	ARTHRD LAT XTRCVTRY TQ THRC	090	583	613	30	5%	25.99	28.54	2.55	10%	0			1.0	3.0			3.0	2.0		1.0			
22533	ARTHRD LAT XTRCVTRY TQ LMBR	090	549	583	34	6%	24.79	27.14	2.35	9%	0			1.0	3.0			3.0	1.0		1.0			

22548	ARTHRD ANT TORAL/XORAL C1-C	090	673	741	68	10%	27.06	30.52	3.46	13%	0				4.0			8.0			1.0		1.0	
22551	ARTHRD ANT NTRBDY CERVICAL	090	395	412	17	4%	25	26.41	1.41	6%	0				3.0				1.0		1.0			
22554	ARTHRD ANT NTRBD MIN DSC CR	090	362	379	17	5%	17.69	19.10	1.41	8%	0				3.0				1.0		1.0			
22556	ARTHRD ANT NTRBD MIN DSC TH	090	557	600	43	8%	24.7	26.96	2.26	9%	0				4.0			3.0			1.0		1.0	
22558	ARTHRD ANT NTRBD MIN DSC LU	090	525	563	38	7%	23.53	25.55	2.02	9%	0				4.0			2.0			1.0		1.0	
22586	ARTHRD PRE-SAC NTRBDY L5-S1	090	500	534	34	7%	28.12	30.34	2.22	8%	0				4.0			2.0	1.0		1.0			
22590	ARTHRD PST TQ CRANIOCERVICAL	090	501	544	43	9%	21.76	24.02	2.26	10%	0				4.0			3.0			1.0			
22595	ARTHRD PST TQ ATLAS-AXIS	090	521	579	58	11%	20.64	23.62	2.98	14%	0				4.0			6.0			1.0			
22600	ARTHRD PST TQ 1NTRSPC CRV	090	490	548	58	12%	17.4	20.38	2.98	17%	0				4.0			6.0			1.0			
22610	ARTHRD PST TQ 1NTRSPC THRC	090	549	614.5	65.5	12%	17.28	20.62	3.34	19%	0				4.0			7.5			1.0			
22612	ARTHRD PST TQ 1NTRSPC LUMBA	090	482	500	18	4%	23.53	25.38	1.85	8%	0				3.0			1.0	2.0		1.0			
22630	ARTHRD PST TQ 1NTRSPC LUM	090	479	499	20	4%	22.09	24.03	1.94	9%	-2				2.0	1.0		1.0	2.0		1.0			
22633	ARTHRD CMBN 1NTRSPC LUMBAI	090	509	529	20	4%	26.8	28.74	1.94	7%	-2				2.0	1.0		1.0	2.0		1.0			
22800	ARTHRD PST DFRM	090	571	634	63	11%	19.5	22.72	3.22	17%	0				4.0			7.0			1.0			
22802	ARTHRD PST DFRM 7-12 VRT SGM	090	538	586	48	9%	32.11	34.61	2.50	8%	0				4.0			4.0			1.0			
22804	ARTHRD PST DFRM 13+ VRT SGM	090	595	648	53	9%	37.5	40.24	2.74	7%	0				4.0			5.0			1.0			
22808	ARTHRD ANT DFRM 2-3 VRT SGM	090	530	583	53	10%	27.51	30.25	2.74	10%	0				4.0			5.0			1.0			
22810	ARTHRD ANT DFRM 4-7 VRT SGM	090	595	648	53	9%	31.5	34.24	2.74	9%	0				4.0			5.0			1.0			
22812	ARTHRD ANT DFRM 8+ VRT SGM	090	700	772.5	72.5	10%	34.25	37.92	3.67	11%	0				5.0			7.5			1.0			
22818	KYPHECTOMY 1-2 SEGMENTS	090	747	781	34	5%	34.33	37.34	3.01	9%	0				3.0			5.0	3.0		1.0			
22819	KYPHECTOMY 3 OR MORE	090	795	841	46	6%	39.38	42.96	3.58	9%	0				4.0			6.0	3.0		1.0			
22830	EXPLORATION OF SPINAL FUSION	090	301	317	16	5%	11.22	12.58	1.36	12%	0			3.0				2.0			1.0			
22836	ANT THRC VRT BODY TETHRG <7	090	599	620	21	4%	32	34.14	2.14	7%	-2				2.0	1.0		1.0	1.0	1.0	1.0			
22837	ANT THRC VRT BODY TETHRG 8+	090	649	670	21	3%	35.5	37.64	2.14	6%	-2				2.0	1.0		1.0	1.0	1.0	1.0			
22838	REV RPLC/RMV THRC VRT TETHRC	090	649	670	21	3%	36	38.14	2.14	6%	-2				2.0	1.0		1.0	1.0	1.0	1.0			
22849	REINSERT SPINAL FIXATION	090	397	425.5	28.5	7%	19.17	21.13	1.96	10%	0			3.0				4.5			1.0			
22850	REMOVE SPINE FIXATION DEVICE	090	243	255.5	12.5	5%	9.82	10.95	1.13	12%	0			2.5				1.5			1.0			
22852	REMOVE SPINE FIXATION DEVICE	090	266	281	15	6%	9.37	10.62	1.25	13%	0			2.5				2.0			1.0			
22855	REMOVAL ANTERIOR INSTRMJ	090	418	449	31	7%	15.86	17.94	2.08	13%	0			3.0				5.0			1.0			
22856	TOT DISC ARTHRP 1NTRSPC CRV	090	367	393	26	7%	24.05	25.50	1.45	6%	0				3.0			1.0			1.0			
22857	TOT DISC ARTHRP 1NTRSPC LMBF	090	537	557	20	4%	27.13	29.07	1.94	7%	-2				2.0	1.0		1.0	2.0		1.0			
22861	REV RPLCM ARTHRP 1NTRSPC CR	090	477	490	13	3%	33.36	34.97	1.61	5%	0				3.0				2.0		1.0			
22862	REV RPLCM RTHRP 1NTRSPC LMB	090	620	645	25	4%	32.63	34.81	2.18	7%	0				4.0			1.0	2.0		1.0			
22864	RMVL TOT ARTHRP 1NTRSPC CRV	090	457	470	13	3%	29.4	31.01	1.61	5%	0				3.0				2.0		1.0			
22865	RMVL TOT ARTHRP 1NTRSPC LME	090	600	630	30	5%	31.75	34.17	2.42	8%	0				4.0			2.0	2.0		1.0			
22867	INSJ STABLJ DEV W/DCMPRN	090	271	292	21	8%	15	16.10	1.10	7%	0				3.0						0.5			
22869	INSJ STABLJ DEV W/O DCMPRN	090	175	184	9	5%	7.03	7.69	0.66	9%	0			1.0	1.0						0.5			
22900	EXC ABDL TUM DEEP < 5 CM	090	244	260	16	7%	8.32	9.55	1.23	15%	0			2.0	1.0			1.0			1.0			
22901	EXC ABDL TUM DEEP 5 CM/>	090	284	300	16	6%	10.11	11.34	1.23	12%	0			2.0	1.0			1.0			1.0			
22902	EXC ABD LES SC < 3 CM	090	148	157	9	6%	4.42	5.08	0.66	15%	0			1.0	1.0						0.5			
22903	EXC ABD LES SC 3 CM/>	090	179	188	9	5%	6.39	7.05	0.66	10%	0			1.0	1.0						0.5			
22904	RADICAL RESECT ABD TUMOR<5C	090	396	420	24	6%	16.69	18.56	1.87	11%	0			1.0	3.0			1.0	1.0		1.0			
22905	RAD RESECT ABD TUMOR 5 CM/>	090	463	494	31	7%	21.58	23.78	2.20	10%	-2			1.0	2.0	1.0		2.0	1.0		1.0			
23000	REMOVAL OF CALCIUM DEPOSITS	090	153	158	5	3%	4.48	5.14	0.66	15%	0			2.5							0.5			
23020	RELEASE SHOULDER JOINT	090	292	310	18	6%	9.36	10.94	1.58	17%	0			4.0				2.0			1.0			
23030	DRAIN SHOULDER LESION	010	152	154	2	1%	3.47	3.91	0.44	13%	0			1.0							1.0			
23031	DRAIN SHOULDER BURSA	010	94	96	2	2%	2.79	3.01	0.22	8%	0			1.0										
23035	DRAIN SHOULDER BONE LESION	090	300	323	23	8%	9.16	10.98	1.82	20%	0			4.0				3.0			1.0			
23040	EXPLORATORY SHOULDER SURGE	090	305	328	23	8%	9.75	11.57	1.82	19%	0			4.0				3.0			1.0			
23044	EXPLORATORY SHOULDER SURGE	090	253	272.5	19.5	8%	7.59	9.18	1.59	21%	0			3.5				2.5			1.0			
23065	BIOPSY SHOULDER TISSUES	010	64	65	1	2%	2.3	2.41	0.11	5%	0			0.5										
23066	BIOPSY SHOULDER TISSUES	090	133	139	6	5%	4.3	4.96	0.66	15%	0			3.0										
23071	EXC SHOULDER LES SC 3 CM/>	090	191	200	9	5%	5.91	6.57	0.66	11%	0			1.0	1.0						0.5			
23073	EXC SHOULDER TUM DEEP 5 CM/	090	285	306	21	7%	10.13	11.47	1.34	13%	0			1.0	2.0			1.0			1.0			
23075	EXC SHOULDER LES SC < 3 CM	090	142	151	9	6%	4.21	4.87	0.66	16%	0			1.0	1.0						0.5			
23076	EXC SHOULDER TUM DEEP < 5 CM	090	221	237	16	7%	7.41	8.40	0.99	13%	0			1.0	2.0						0.5			
23077	RESECT SHOULDER TUMOR < 5 CI	090	433	457	24	6%	17.66	19.53	1.87	11%	0			1.0	3.0			1.0	1.0		1.0			
23078	RESECT SHOULDER TUMOR 5 CM,	090	490	516	26	5%	22.55	24.51	1.96	9%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
23100	BIOPSY OF SHOULDER JOINT	090	216	223	7	3%	6.2	7.19	0.99	16%	0			3.5							1.0			
23101	SHOULDER JOINT SURGERY	090	195	201	6	3%	5.72	6.60	0.88	15%	0			3.0							1.0			
23105	REMOVE SHOULDER JOINT LININ	090	276	286.5	10.5	4%	8.48	9.70	1.22	14%	0			4.0				0.5			1.0			
23106	INCISION OF COLLARBONE JOINT	090	214	221	7	3%	6.13	7.12	0.99	16%	0			3.5							1.0			
23107	EXPLORE TREAT SHOULDER JOINT	090	260	270.5	10.5	4%	8.87	10.09	1.22	14%	0			4.0				0.5			1.0			
23120	CLAVICULECTOMY PARTIAL	090	227	245	18	8%	7.39	8.60	1.21	16%	0			2.0	2.0						0.5			
23125	CLAVICULECTOMY TOTAL	090	279	289.5	10.5	4%	9.64	10.86	1.22	13%	0			4.0				0.5			1.0			
23130	ACROMP/ACROMIONECTOMY PR	090	231	240	9	4%	7.77	8.87	1.10	14%	0			4.5							0.5			
23140	REMOVAL OF BONE LESION	090	242	251.5	9.5	4%	7.12	8.23	1.11	16%	0			3.5				0.5			1.0			
23145	REMOVAL OF BONE LESION	090	307	320	13	4%	9.4	10.74	1.34	14%	0			4.0				1.0			1.0			
23146	REMOVAL OF BONE LESION	090	269	279.5	10.5	4%	8.08	9.30	1.22	15%	0			4.0				0.5			1.0			
23150	REMOVAL OF HUMERUS LESION	090	296	314	18	6%	8.91	10.49	1.58	18%	0			4.0				2.0			1.0			
23155	REMOVAL OF HUMERUS LESION	090	355	376.5	21.5	6%	10.86	12.67	1.81	17%	0			4.5				2.5			1.0			
23156	REMOVAL OF HUMERUS LESION	090	310	328	18	6%	9.11	10.69	1.58	17%	0			4.0				2.0			1.0			
23170	REMOVE COLLAR BONE LESION	090	247	261.5	14.5	6%	7.21	8.56	1.35	19%	0			3.5				1.5			1.0			

23172	REMOVE SHOULDER BLADE LESIO	090	277	294	17	6%	7.31	8.78	1.47	20%	0			3.5				2.0			1.0			
23174	REMOVE HUMERUS LESION	090	352	374.5	22.5	6%	10.05	11.97	1.92	19%	0			5.0				2.5			1.0			
23180	REMOVE COLLAR BONE LESION	090	299	318	19	6%	8.99	10.68	1.69	19%	0			4.5				2.0			1.0			
23182	REMOVE SHOULDER BLADE LESIO	090	314	333	19	6%	8.61	10.30	1.69	20%	0			4.5				2.0			1.0			
23184	REMOVE HUMERUS LESION	090	339	360.5	21.5	6%	9.9	11.71	1.81	18%	0			4.5				2.5			1.0			
23190	PARTIAL REMOVAL OF SCAPULA	090	249	258.5	9.5	4%	7.47	8.58	1.11	15%	0			3.5				0.5			1.0			
23195	REMOVAL OF HEAD OF HUMERUS	090	322	345	23	7%	10.36	12.18	1.82	18%	0			4.0				3.0			1.0			
23200	RESECT CLAVICLE TUMOR	090	497	519	22	4%	22.71	24.87	2.16	10%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
23210	RESECT SCAPULA TUMOR	090	560	582	22	4%	27.21	29.37	2.16	8%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
23220	RESECT PROX HUMERUS TUMOR	090	602	629	27	4%	30.21	32.61	2.40	8%	-2			1.0	2.0	1.0		2.0	2.0		1.0			
23330	REMOVE SHOULDER FOREIGN BO	010	70	72	2	3%	1.9	2.12	0.22	12%	0			1.0										
23333	REMOVE SHOULDER FB DEEP	090	178	187	9	5%	6	6.66	0.66	11%	0			1.0	1.0						0.5			
23334	SHOULDER PROSTHESIS REMOVA	090	418	433	15	4%	15.5	17.33	1.83	12%	0			1.0	3.0				2.0		1.0			
23335	SHOULDER PROSTHESIS REMOVA	090	448	463	15	3%	19	20.83	1.83	10%	0			1.0	3.0				2.0		1.0			
23395	MUSCLE TRANSFER SHOULDER/A	090	423	463	40	9%	18.54	20.65	2.11	11%	0				5.0			1.0			1.0			
23397	MUSCLE TRANSFERS	090	399	425.5	26.5	7%	16.76	18.81	2.05	12%	0			4.5				3.5			1.0			
23400	FIXATION OF SHOULDER BLADE	090	315	329	14	4%	13.87	15.32	1.45	10%	0			4.5				1.0			1.0			
23405	INCISION OF TENDON & MUSCLE	090	192	199	7	4%	8.54	9.42	0.88	10%	0			3.5							0.5			
23406	INCISE TENDON(S) & MUSCLE(S)	090	239	248.5	9.5	4%	11.01	12.12	1.11	10%	0			3.5				0.5			1.0			
23410	REPAIR ROTATOR CUFF ACUTE	090	277	295	18	6%	11.39	12.60	1.21	11%	0			2.0	2.0						0.5			
23412	REPAIR ROTATOR CUFF CHRONIC	090	287	305	18	6%	11.93	13.14	1.21	10%	0			2.0	2.0						0.5			
23415	RELEASE OF SHOULDER LIGAMEN	090	247	265	18	7%	9.23	10.44	1.21	13%	0			2.0	2.0						0.5			
23420	REPAIR OF SHOULDER	090	328	348	20	6%	13.54	14.97	1.43	11%	0			3.0	2.0						0.5			
23430	REPAIR BICEPS TENDON	090	237	255	18	8%	10.17	11.38	1.21	12%	0			2.0	2.0						0.5			
23440	REMOVE/TRANSPLANT TENDON	090	208	215	7	3%	10.64	11.52	0.88	8%	0			3.5							0.5			
23450	REPAIR SHOULDER CAPSULE	090	287	300	13	5%	13.7	15.04	1.34	10%	0			4.0				1.0			1.0			
23455	REPAIR SHOULDER CAPSULE	090	307	320	13	4%	14.67	16.01	1.34	9%	0			4.0				1.0			1.0			
23460	REPAIR SHOULDER CAPSULE	090	344	363	19	6%	15.82	17.51	1.69	11%	0			4.5				2.0			1.0			
23462	REPAIR SHOULDER CAPSULE	090	327	345	18	6%	15.72	17.30	1.58	10%	0			4.0				2.0			1.0			
23465	REPAIR SHOULDER CAPSULE	090	356	375	19	5%	16.3	17.99	1.69	10%	0			4.5				2.0			1.0			
23466	REPAIR SHOULDER CAPSULE	090	348	383	35	10%	15.8	17.67	1.87	12%	0				5.0						1.0			
23470	RECONSTRUCT SHOULDER JOINT	090	390	421.5	31.5	8%	17.89	20.18	2.29	13%	0			4.5				4.5			1.0			
23472	RECONSTRUCT SHOULDER JOINT	090	448	477	29	6%	22.13	24.24	2.11	10%	0			1.0	3.0			2.0	1.0		1.0			
23473	REVIS RECONST SHOULDER JOINT	090	488	517	29	6%	25	27.11	2.11	8%	0			1.0	3.0			2.0	1.0		1.0			
23474	REVIS RECONST SHOULDER JOINT	090	513	542	29	6%	27.21	29.32	2.11	8%	0			1.0	3.0			2.0	1.0		1.0			
23480	REVISION OF COLLAR BONE	090	275	290.5	15.5	6%	11.54	13.00	1.46	13%	0			4.0				1.5			1.0			
23485	REVISION OF COLLAR BONE	090	331	351.5	20.5	6%	13.91	15.61	1.70	12%	0			4.0				2.5			1.0			
23490	REINFORCE CLAVICLE	090	291	304	13	4%	12.16	13.50	1.34	11%	0			4.0				1.0			1.0			
23491	REINFORCE SHOULDER BONES	090	315	329	14	4%	14.54	15.99	1.45	10%	0			4.5				1.0			1.0			
23500	CLTX CLAVICULAR FX W/O MNPJ	090	79	84	5	6%	2.21	2.76	0.55	25%	0			2.5										
23505	CLTX CLAVICULAR FX W/MNPJ	090	121	127	6	5%	3.83	4.49	0.66	17%	0			3.0										
23515	OPTX CLAVICULAR FX W/INT FIX	090	287	305	18	6%	9.69	10.90	1.21	12%	0			2.0	2.0						0.5			
23520	CLTX STRNCLAV DISLC W/O MNPJ	090	82	87	5	6%	2.29	2.84	0.55	24%	0			2.5										
23525	CLTX STRNCLAV DISLC W/MNPJ	090	130	138	8	6%	3.79	4.67	0.88	23%	0			4.0										
23530	OPTX STRNCLAV DISLC AQT/CHRN	090	210	217	7	3%	7.48	8.36	0.88	12%	0			3.5							0.5			
23532	OPTX STRCLV DSLC AQ/CHRN GRF	090	280	288	8	3%	8.2	9.30	1.10	13%	0			4.0							1.0			
23540	CLTX ACROMCLAV DISLC WO MN	090	82	87	5	6%	2.36	2.91	0.55	23%	0			2.5										
23545	CLTX ACROMCLAV DISLC W/MNP	090	115	122	7	6%	3.43	4.20	0.77	22%	0			3.5										
23550	OPTX ACROMCLV DISLC AQT/CHR	090	267	281.5	14.5	5%	7.59	8.94	1.35	18%	0			3.5				1.5			1.0			
23552	OPTX ACRCLV DSLC AQ/CHRN GR	090	299	314.5	15.5	5%	8.82	10.28	1.46	17%	0			4.0				1.5			1.0			
23570	CLTX SCAPULAR FX W/O MNPJ	090	82	87	5	6%	2.36	2.91	0.55	23%	0			2.5										
23575	CLTX SCAP FX W/MNPJ +-TRACTJ	090	138	145	7	5%	4.23	5.00	0.77	18%	0			3.5										
23585	OPTX SCAPULAR FX W/INT FIXJ	090	407	435	28	7%	14.23	16.03	1.80	13%	0			2.0	2.0			2.0			1.0			
23600	CLTX PROX HUMRL FX W/O MNPJ	090	100	113	13	13%	3	3.99	0.99	33%	0			3.0	1.0									
23605	CLTX PRX HMRL FX MNPJ+-TRACT	090	172	180	8	5%	5.06	6.05	0.99	20%	0			4.0							0.5			
23615	OPTX PROX HUMRL FX W/INT FIX	090	338	366	28	8%	12.3	13.97	1.67	14%	0			1.0	3.0			1.0			1.0			
23616	OPTX PRX HMRL FX FIX RPR RPL	090	413	437	24	6%	18.37	20.24	1.87	10%	0			1.0	3.0			1.0	1.0		1.0			
23620	CLTX GR HMRL TBRS FX WO MNP	090	92	98	6	7%	2.55	3.21	0.66	26%	0			3.0										
23625	CLTX GR HMRL TBRS FX W/MNPJ	090	151	158	7	5%	4.1	4.98	0.88	21%	0			3.5							0.5			
23630	OPTX GR HMRL TBRS FX INT FIX	090	306	334	28	9%	10.57	12.24	1.67	16%	0			1.0	3.0			1.0			1.0			
23650	CLTX SHO DSLC W/MNPJ WO ANE	090	133	139	6	5%	3.53	4.19	0.66	19%	0			3.0										
23655	CLTX SHO DSLC W/MNPJ W/ANES	090	165	173	8	5%	4.76	5.75	0.99	21%	0			4.0							0.5			
23660	OPTX ACUTE SHOULDER DISLC	090	245	252	7	3%	7.66	8.65	0.99	13%	0			3.5							1.0			
23665	CLTX SHO DSLC FX GR HMRL TBR	090	165	173	8	5%	4.66	5.65	0.99	21%	0			4.0							0.5			
23670	OPTX SHO DISLC FX	090	326	349	23	7%	12.28	13.84	1.56	13%	0			2.0	2.0			1.0			1.0			
23675	CLTX SHO DISLC NECK FX MNPJ	090	222	231	9	4%	6.27	7.48	1.21	19%	0			4.5							1.0			
23680	OPTX SHO DISLC NECK FX FIXJ	090	361	384	23	6%	13.15	14.71	1.56	12%	0			2.0	2.0			1.0			1.0			
23700	MNPJ ANES SHO JT FIXJ APRATS	010	65	67	2	3%	2.57	2.79	0.22	9%	0			1.0										
23800	ARTHRODESIS GLENOHUMERAL J	090	378	402	24	6%	14.73	16.66	1.93	13%	0			4.5				3.0			1.0			
23802	ARTHRD GLENOHUMERAL JT W/G	090	448	493	45	10%	18.42	20.77	2.35	13%	0				5.0			2.0			1.0			
23900	INTERTHORACOSCPLR AMPUTATI	090	537	579.5	42.5	8%	20.72	23.60	2.88	14%	0			5.0				6.5			1.0			
23920	DISARTICULATION SHOULDER	090	475	518	43	9%	16.23	18.49	2.26	14%	0				4.0			3.0			1.0			
23921	DISARTICULATION SHO SEC CLSR	090	241	250.5	9.5	4%	5.72	6.83	1.11	19%	0			3.5				0.5			1.0			

23930	I&D UPR A/E DP ABSC/HMTMA	010	92	94	2	2%	2.99	3.32	0.33	11%	0			1.0							0.5			
23931	I&D UPR A/E BURSA	010	75	77	2	3%	1.84	2.17	0.33	18%	0			1.0							0.5			
23935	INC DP OPN B1 CRTX HUM/ELBW	090	233	245	12	5%	6.38	7.61	1.23	19%	0			3.5				1.0			1.0			
24000	ARTHRT ELBW EXPL DRG/RMVL F	090	217	228	11	5%	6.08	7.20	1.12	18%	0			3.0				1.0			1.0			
24006	ARTHRT ELBW CAPSL EXC RLS	090	282	300	18	6%	9.74	11.32	1.58	16%	0			4.0				2.0			1.0			
24065	BIOPSY ARM/ELBOW SOFT TISSUE	010	80	82	2	2%	2.13	2.35	0.22	10%	0			1.0										
24066	BIOPSY ARM/ELBOW SOFT TISSUE	090	172	178	6	3%	5.35	6.12	0.77	14%	0			3.0							0.5			
24071	EXC ARM/ELBOW LES SC 3 CM/>	090	183	192	9	5%	5.7	6.36	0.66	12%	0			1.0	1.0						0.5			
24073	EX ARM/ELBOW TUM DEEP 5 CM	090	283	304	21	7%	10.13	11.47	1.34	13%	0			1.0	2.0			1.0			1.0			
24075	EXC ARM/ELBOW LES SC < 3 CM	090	142	151	9	6%	4.24	4.90	0.66	16%	0			1.0	1.0						0.5			
24076	EX ARM/ELBOW TUM DEEP < 5 CI	090	229	245	16	7%	7.41	8.40	0.99	13%	0			1.0	2.0						0.5			
24077	RAD RESCJ TUM TISS A/E <5CM	090	405	429	24	6%	15.72	17.59	1.87	12%	0			1.0	3.0			1.0	1.0		1.0			
24079	RAD RESCJ TUM TISS A/E 5 CM+	090	472	503	31	7%	20.61	22.81	2.20	11%	-2			1.0	2.0	1.0		2.0	1.0		1.0			
24100	ARTHRT ELBW SYNOVIAL BX ONLY	090	157	163	6	4%	5.07	5.84	0.77	15%	0			3.0							0.5			
24101	ARTHRT ELBW JT EXPL BX RMVL	090	189	196	7	4%	6.3	7.18	0.88	14%	0			3.5							0.5			
24102	ARTHRT ELBOW W/SYNOVECTOM	090	251	260.5	9.5	4%	8.26	9.37	1.11	13%	0			3.5				0.5			1.0			
24105	EXCISION OLECRANON BURSA	090	143	150	7	5%	3.78	4.55	0.77	20%	0			3.5										
24110	EXC/CURTG B1 CST/B9 TUM HUM	090	224	232	8	4%	7.58	8.57	0.99	13%	0			4.0							0.5			
24115	EXC/CRTG B1 CST/TUM HUM AGF	090	339	359.5	20.5	6%	10.12	11.82	1.70	17%	0			4.0				2.5			1.0			
24116	EXC/CRTG B1 CST/TUM HUM ALG	090	326	344	18	6%	12.23	13.81	1.58	13%	0			4.0				2.0			1.0			
24120	EXC/CRTG B1 CST/B9 TUM RDS	090	195	202	7	4%	6.82	7.70	0.88	13%	0			3.5							0.5			
24125	EXC/CRTG B1 CST/TUM RDS AGRF	090	278	288.5	10.5	4%	8.14	9.36	1.22	15%	0			4.0				0.5			1.0			
24126	EXC/CRTG B1 CST/TUM RDS ALGR	090	272	285	13	5%	8.62	9.96	1.34	16%	0			4.0				1.0			1.0			
24130	EXCISION RADIAL HEAD	090	192	199	7	4%	6.42	7.30	0.88	14%	0			3.5							0.5			
24134	SEQUESTRECTOMY SHFT/DSTL HU	090	303	323.5	20.5	7%	10.22	11.92	1.70	17%	0			4.0				2.5			1.0			
24136	SEQUESTRECTOMY RADIAL H/N	090	263	280	17	6%	8.4	9.87	1.47	18%	0			3.5				2.0			1.0			
24138	SEQUESTRECTOMY OLECRN PROC	090	277	295.5	18.5	7%	8.5	10.29	1.79	21%	0			5.5				1.5			1.0			
24140	PARTIAL EXC BONE HUMERUS	090	284	299.5	15.5	5%	9.55	11.01	1.46	15%	0			4.0				1.5			1.0			
24145	PRTL EXC BONE RADIAL H/N	090	240	249.5	9.5	4%	7.81	8.92	1.11	14%	0			3.5				0.5			1.0			
24147	PRTL EXC BONE OLECRN PROCESS	090	252	264.5	12.5	5%	7.84	9.28	1.44	18%	0			5.0				0.5			1.0			
24149	RADICAL RESECTION OF ELBOW	090	456	503	47	10%	16.22	18.66	2.44	15%	0				6.0			1.0			1.0			
24150	RAD RESCJ TUM DSTL/SHFT HUM	090	502	533	31	6%	23.46	25.66	2.20	9%	-2			1.0	2.0	1.0		2.0	1.0		1.0			
24152	RAD RESECTION TUM RADIAL H/N	090	440	466	26	6%	19.99	21.95	1.96	10%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
24155	RESECTION OF ELBOW JOINT	090	322	337.5	15.5	5%	12.09	13.55	1.46	12%	0			4.0				1.5			1.0			
24160	RMVL PROSTHHUMRL&ULNAR CI	090	405	429	24	6%	18.63	20.50	1.87	10%	0			1.0	3.0			1.0	1.0		1.0			
24164	REMOVAL PROSTH RADIAL HEAD	090	228	249	21	9%	10	11.10	1.10	11%	0				3.0						0.5			
24200	RMVL FB UPPER ARM/ELBW SUB	010	68	70	2	3%	1.81	2.03	0.22	12%	0			1.0										
24201	RMVL FB UPPER ARM/ELBW DEE	090	164	170	6	4%	4.7	5.47	0.77	16%	0			3.0							0.5			
24300	MNPJ ELBOW UNDER ANES	090	205	217	12	6%	4.04	5.47	1.43	35%	0			6.0							0.5			
24301	MUSC/TDN TRANSFER UPR A/E 1	090	266	274	8	3%	10.38	11.48	1.10	11%	0			4.0							1.0			
24305	TENDON LNGTH UPR A/E EA TDN	090	209	216	7	3%	7.62	8.50	0.88	12%	0			3.5							0.5			
24310	TNOT OPN ELBW TO SHO EA TDN	090	171	177	6	4%	6.12	6.89	0.77	13%	0			3.0							0.5			
24320	TENOPLASTY ELBOW TO SHO 1	090	304	317	13	4%	10.86	12.20	1.34	12%	0			4.0				1.0			1.0			
24330	FLEXOR-PLASTY ELBOW	090	263	271	8	3%	9.79	10.89	1.10	11%	0			4.0							1.0			
24331	FLEXOR-PLASTY ELBW W/ADVMN	090	303	316	13	4%	10.95	12.29	1.34	12%	0			4.0				1.0			1.0			
24332	TENOLYSIS TRICEPS	090	230	243	13	6%	7.91	9.01	1.10	14%	0			3.0	1.0						0.5			
24340	TENODESIS BICEPS TDN AT ELBW	090	225	233	8	4%	8.08	9.07	0.99	12%	0			4.0							0.5			
24341	RPR TDN/MUSC UPR A/E EACH	090	318	353	35	11%	9.49	11.36	1.87	20%	0				5.0						1.0			
24342	REPAIR OF RUPTURED TENDON	090	290	300.5	10.5	4%	10.86	12.08	1.22	11%	0			4.0				0.5			1.0			
24343	REPR ELBOW LAT LIGMNT W/TISS	090	281	296	15	5%	9.16	10.48	1.32	14%	0			4.0	1.0						0.5			
24344	RECONSTRUCT ELBOW LAT LIGMI	090	385	417	32	8%	15.21	17.32	2.11	14%	0			3.0	3.0			1.0			1.0			
24345	REPR ELBW MED LIGMNT W/TISS	090	284	299	15	5%	9.16	10.48	1.32	14%	0			4.0	1.0						0.5			
24346	RECONSTRUCT ELBOW MED LIGM	090	385	417	32	8%	15.21	17.32	2.11	14%	0			3.0	3.0			1.0			1.0			
24357	REPAIR ELBOW PERC	090	168	176	8	5%	5.44	6.43	0.99	18%	0			4.0							0.5			
24358	REPAIR ELBOW W/DEB OPEN	090	193	201	8	4%	6.66	7.65	0.99	15%	0			4.0							0.5			
24359	REPAIR ELBOW DEB/ATTCH OPEN	090	213	221	8	4%	8.98	9.97	0.99	11%	0			4.0							0.5			
24360	RECONSTRUCT ELBOW JOINT	090	320	334	14	4%	12.67	14.12	1.45	11%	0			4.5				1.0			1.0			
24361	RECONSTRUCT ELBOW JOINT	090	322	336	14	4%	14.41	15.86	1.45	10%	0			4.5				1.0			1.0			
24362	RECONSTRUCT ELBOW JOINT	090	350	364	14	4%	15.32	16.77	1.45	9%	0			4.5				1.0			1.0			
24363	REPLACE ELBOW JOINT	090	435	464	29	7%	22	24.11	2.11	10%	0			1.0	3.0			2.0	1.0		1.0			
24365	RECONSTRUCT HEAD OF RADIUS	090	229	238.5	9.5	4%	8.62	9.73	1.11	13%	0			3.5				0.5			1.0			
24366	RECONSTRUCT HEAD OF RADIUS	090	243	252.5	9.5	4%	9.36	10.47	1.11	12%	0			3.5				0.5			1.0			
24370	REVISE RECONST ELBOW JOINT	090	470	499	29	6%	23.55	25.66	2.11	9%	0			1.0	3.0			2.0	1.0		1.0			
24371	REVISE RECONST ELBOW JOINT	090	505	534	29	6%	27.5	29.61	2.11	8%	0			1.0	3.0			2.0	1.0		1.0			
24400	REVISION OF HUMERUS	090	288	299.5	11.5	4%	11.33	12.66	1.33	12%	0			4.5				0.5			1.0			
24410	REVISION OF HUMERUS	090	344	356.5	12.5	4%	15.11	16.55	1.44	10%	0			5.0				0.5			1.0			
24420	REVISION OF HUMERUS	090	329	341.5	12.5	4%	13.73	15.17	1.44	10%	0			5.0				0.5			1.0			
24430	REPAIR OF HUMERUS	090	343	376	33	10%	15.25	17.16	1.91	13%	0			1.0	3.0			2.0			1.0			
24435	REPAIR HUMERUS WITH GRAFT	090	433	478	45	10%	14.99	17.34	2.35	16%	0				5.0			2.0			1.0			
24470	REVISION OF ELBOW JOINT	090	236	244	8	3%	8.93	10.03	1.10	12%	0			4.0							1.0			
24495	DECOMPRESSION OF FOREARM	090	255	267	12	5%	8.41	9.64	1.23	15%	0			3.5				1.0			1.0			
24498	REINFORCE HUMERUS	090	308	323.5	15.5	5%	12.28	13.74	1.46	12%	0			4.0				1.5			1.0			
24500	TREAT HUMERUS FRACTURE	090	121	129	8	7%	3.41	4.29	0.88	26%	0			4.0										

24505	TREAT HUMERUS FRACTURE	090	188	197	9	5%	5.39	6.49	1.10	20%	0			4.5							0.5			
24515	TREAT HUMERUS FRACTURE	090	340	360	20	6%	12.12	13.92	1.80	15%	0			5.0				2.0			1.0			
24516	TREAT HUMERUS FRACTURE	090	352	375	23	7%	12.19	14.01	1.82	15%	0			4.0				3.0			1.0			
24530	TREAT HUMERUS FRACTURE	090	136	144	8	6%	3.69	4.57	0.88	24%	0			4.0										
24535	TREAT HUMERUS FRACTURE	090	206	216	10	5%	7.11	8.32	1.21	17%	0			5.0							0.5			
24538	TREAT HUMERUS FRACTURE	090	284	298	14	5%	9.77	11.22	1.45	15%	0			4.5				1.0			1.0			
24545	TREAT HUMERUS FRACTURE	090	361	384	23	6%	13.15	14.71	1.56	12%	0			2.0	2.0			1.0			1.0			
24546	TREAT HUMERUS FRACTURE	090	448	472	24	5%	14.91	16.78	1.87	13%	0			1.0	3.0			1.0	1.0		1.0			
24560	TREAT HUMERUS FRACTURE	090	118	125	7	6%	2.98	3.75	0.77	26%	0			3.5										
24565	TREAT HUMERUS FRACTURE	090	190	199	9	5%	5.78	6.88	1.10	19%	0			4.5							0.5			
24566	TREAT HUMERUS FRACTURE	090	257	285	28	11%	9.06	10.38	1.32	15%	0				4.0									
24575	TREAT HUMERUS FRACTURE	090	308	336	28	9%	9.71	11.38	1.67	17%	0			1.0	3.0			1.0			1.0			
24576	TREAT HUMERUS FRACTURE	090	129	137	8	6%	3.06	3.94	0.88	29%	0			4.0										
24577	TREAT HUMERUS FRACTURE	090	192	201	9	5%	6.01	7.11	1.10	18%	0			4.5							0.5			
24579	TREAT HUMERUS FRACTURE	090	338	366	28	8%	11.44	13.11	1.67	15%	0			1.0	3.0			1.0			1.0			
24582	TREAT HUMERUS FRACTURE	090	295	330	35	12%	10.14	11.79	1.65	16%	0				5.0									
24586	TREAT ELBOW FRACTURE	090	375	399	24	6%	15.78	17.71	1.93	12%	0			4.5				3.0			1.0			
24587	TREAT ELBOW FRACTURE	090	415	441.5	26.5	6%	15.79	17.84	2.05	13%	0			4.5				3.5			1.0			
24600	TREAT ELBOW DISLOCATION	090	121	127	6	5%	4.37	5.03	0.66	15%	0			3.0										
24605	TREAT ELBOW DISLOCATION	090	179	188	9	5%	5.64	6.74	1.10	20%	0			4.5							0.5			
24615	TREAT ELBOW DISLOCATION	090	277	294	17	6%	9.83	11.30	1.47	15%	0			3.5				2.0			1.0			
24620	TREAT ELBOW FRACTURE	090	211	221	10	5%	7.22	8.43	1.21	17%	0			5.0							0.5			
24635	TREAT ELBOW FRACTURE	090	291	314	23	8%	8.8	10.36	1.56	18%	0			2.0	2.0			1.0			1.0			
24640	TREAT ELBOW DISLOCATION	010	39	41	2	5%	1.25	1.47	0.22	18%	0			1.0										
24650	TREAT RADIUS FRACTURE	090	87	93	6	7%	2.31	2.97	0.66	29%	0			3.0										
24655	TREAT RADIUS FRACTURE	090	142	151	9	6%	4.62	5.61	0.99	21%	0			4.5										
24665	TREAT RADIUS FRACTURE	090	256	265	9	4%	8.36	9.57	1.21	14%	0			4.5							1.0			
24666	TREAT RADIUS FRACTURE	090	286	301.5	15.5	5%	9.86	11.32	1.46	15%	0			4.0				1.5			1.0			
24670	TREAT ULNAR FRACTURE	090	102	108	6	6%	2.69	3.35	0.66	25%	0			3.0										
24675	TREAT ULNAR FRACTURE	090	153	161	8	5%	4.91	5.79	0.88	18%	0			4.0										
24685	TREAT ULNAR FRACTURE	090	252	270	18	7%	8.37	9.58	1.21	14%	0			2.0	2.0						0.5			
24800	FUSION OF ELBOW JOINT	090	290	299	9	3%	11.41	12.62	1.21	11%	0			4.5							1.0			
24802	FUSION/GRAFT OF ELBOW JOINT	090	399	425.5	26.5	7%	14.32	16.37	2.05	14%	0			4.5				3.5			1.0			
24900	AMPUTATION OF UPPER ARM	090	312	336	24	8%	10.18	12.11	1.93	19%	0			4.5				3.0			1.0			
24920	AMPUTATION OF UPPER ARM	090	282	306.5	24.5	9%	10.13	11.96	1.83	18%	0			3.5				3.5			1.0			
24925	AMPUTATION FOLLOW-UP SURGI	090	221	230.5	9.5	4%	7.3	8.41	1.11	15%	0			3.5				0.5			1.0			
24930	AMPUTATION FOLLOW-UP SURGI	090	294	318.5	24.5	8%	10.83	12.66	1.83	17%	0			3.5				3.5			1.0			
24931	AMPUTATE UPPER ARM & IMPLA	090	358	388.5	30.5	9%	13.44	15.62	2.18	16%	0			4.0				4.5			1.0			
24935	REVISION OF AMPUTATION	090	458	495.5	37.5	8%	16.45	19.09	2.64	16%	0			5.0				5.5			1.0			
25000	INCISION OF TENDON SHEATH	090	135	142	7	5%	3.55	4.32	0.77	22%	0			3.5										
25001	INCISE FLEXOR CARPI RADIALIS	090	154	165	11	7%	3.79	4.67	0.88	23%	0			2.0	1.0						0.5			
25020	DECOMPRESS FOREARM 1 SPACE	090	204	210	6	3%	6.06	6.94	0.88	15%	0			3.0							1.0			
25023	DECOMPRESS FOREARM 1 SPACE	090	400	436.5	36.5	9%	13.83	16.36	2.53	18%	0			4.5				5.5			1.0			
25024	DECOMPRESS FOREARM 2 SPACE	090	385	397	12	3%	10.79	12.86	2.07	19%	0			4.0	1.0			1.0	2.0		1.0			
25025	DECOMPRESS FOREARM 2 SPACE	090	460	477	17	4%	17.94	20.25	2.31	13%	0			4.0	1.0			2.0	2.0		1.0			
25028	DRAINAGE OF FOREARM LESION	090	181	187	6	3%	5.39	6.27	0.88	16%	0			3.0							1.0			
25031	DRAINAGE OF FOREARM BURSA	090	141	146	5	4%	4.26	4.92	0.66	15%	0			2.5							0.5			
25035	TREAT FOREARM BONE LESION	090	241	253	12	5%	7.65	8.88	1.23	16%	0			3.5				1.0			1.0			
25040	EXPLORE/TREAT WRIST JOINT	090	227	240.5	13.5	6%	7.5	8.74	1.24	17%	0			3.0				1.5			1.0			
25065	BIOPSY FOREARM SOFT TISSUES	010	64	66	2	3%	2.04	2.26	0.22	11%	0			1.0										
25066	BIOPSY FOREARM SOFT TISSUES	090	156	162	6	4%	4.27	5.04	0.77	18%	0			3.0							0.5			
25071	EXC FOREARM LES SC 3 CM/>	090	178	187	9	5%	5.91	6.57	0.66	11%	0			1.0	1.0						0.5			
25073	EXC FOREARM TUM DEEP 3 CM/>	090	221	237	16	7%	7.13	8.12	0.99	14%	0			1.0	2.0						0.5			
25075	EXC FOREARM LES SC < 3 CM	090	137	146	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
25076	EXC FOREARM TUM DEEP < 3 CM	090	206	222	16	8%	6.74	7.73	0.99	15%	0			1.0	2.0						0.5			
25077	RESECT FOREARM/WRIST TUM<3	090	345	373	28	8%	12.93	14.60	1.67	13%	0			1.0	3.0			1.0			1.0			
25078	RESECT FORARM/WRIST TUM 3CI	090	422	448	26	6%	17.69	19.65	1.96	11%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
25085	INCISION OF WRIST CAPSULE	090	197	203	6	3%	5.64	6.52	0.88	16%	0			3.0							1.0			
25100	BIOPSY OF WRIST JOINT	090	142	147	5	4%	4.02	4.68	0.66	16%	0			2.5							0.5			
25101	EXPLORE/TREAT WRIST JOINT	090	163	169	6	4%	4.83	5.60	0.77	16%	0			3.0							0.5			
25105	REMOVE WRIST JOINT LINING	090	201	208	7	3%	6.02	6.90	0.88	15%	0			3.5							0.5			
25107	REMOVE WRIST JOINT CARTILAGE	090	257	285	28	11%	7.7	9.02	1.32	17%	0				4.0									
25109	EXCISE TENDON FOREARM/WRIST	090	191	207	16	8%	6.94	7.93	0.99	14%	0			1.0	2.0						0.5			
25110	REMOVE WRIST TENDON LESION	090	132	137	5	4%	4.04	4.59	0.55	14%	0			2.5										
25111	REMOVE WRIST TENDON LESION	090	140	146	6	4%	3.53	4.19	0.66	19%	0			3.0										
25112	REREMOVE WRIST TENDON LESIO	090	148	154	6	4%	4.67	5.33	0.66	14%	0			3.0										
25115	REMOVE WRIST/FOREARM LESIO	090	257	285	28	11%	10.09	11.41	1.32	13%	0				4.0									
25116	REMOVE WRIST/FOREARM LESIO	090	249	272	23	9%	7.56	8.88	1.32	17%	0			1.0	3.0						0.5			
25118	EXCISE WRIST TENDON SHEATH	090	158	164	6	4%	4.51	5.28	0.77	17%	0			3.0							0.5			
25119	PARTIAL REMOVAL OF ULNA	090	214	221	7	3%	6.21	7.20	0.99	16%	0			3.5							1.0			
25120	REMOVAL OF FOREARM LESION	090	217	224	7	3%	6.27	7.26	0.99	16%	0			3.5							1.0			
25125	REMOVE/GRAFT FOREARM LESIO	090	270	278	8	3%	7.67	8.77	1.10	14%	0			4.0							1.0			
25126	REMOVE/GRAFT FOREARM LESIO	090	260	268	8	3%	7.74	8.84	1.10	14%	0			4.0							1.0			

25130	REMOVAL OF WRIST LESION	090	167	174	7	4%	5.43	6.20	0.77	14%	0			3.5									
25135	REMOVE & GRAFT WRIST LESION	090	234	242	8	3%	7.08	8.07	0.99	14%	0			4.0							0.5		
25136	REMOVE & GRAFT WRIST LESION	090	204	211	7	3%	6.14	7.02	0.88	14%	0			3.5							0.5		
25145	REMOVE FOREARM BONE LESION	090	225	232	7	3%	6.54	7.53	0.99	15%	0			3.5							1.0		
25150	PARTIAL REMOVAL OF ULNA	090	257	269	12	5%	7.38	8.61	1.23	17%	0			3.5				1.0			1.0		
25151	PARTIAL REMOVAL OF RADIUS	090	266	278	12	5%	7.68	8.91	1.23	16%	0			3.5				1.0			1.0		
25170	RESECT RADIUS/ULNAR TUMOR	090	470	496	26	6%	22.21	24.17	1.96	9%	-2			1.0	2.0	1.0		1.0	1.0		1.0		
25210	REMOVAL OF WRIST BONE	090	194	201	7	4%	6.12	7.00	0.88	14%	0			3.5							0.5		
25215	REMOVAL OF WRIST BONES	090	269	279.5	10.5	4%	8.14	9.36	1.22	15%	0			4.0				0.5			1.0		
25230	PARTIAL REMOVAL OF RADIUS	090	190	196	6	3%	5.37	6.25	0.88	16%	0			3.0							1.0		
25240	PARTIAL REMOVAL OF ULNA	090	176	182	6	3%	5.31	6.08	0.77	15%	0			3.0							0.5		
25248	REMOVE FOREARM FOREIGN BOI	090	163	170	7	4%	5.31	6.08	0.77	15%	0			3.5									
25250	REMOVAL OF WRIST PROSTHESIS	090	205	212	7	3%	6.77	7.65	0.88	13%	0			3.5							0.5		
25251	REMOVAL OF WRIST PROSTHESIS	090	300	310.5	10.5	3%	9.82	11.04	1.22	12%	0			4.0				0.5			1.0		
25259	MANIPULATE WRIST W/ANESTHE	090	201	213	12	6%	4.04	5.47	1.43	35%	0			6.0							0.5		
25260	REPAIR FOREARM TENDON/MUS(	090	215	225	10	5%	8.04	9.25	1.21	15%	0			5.0							0.5		
25263	REPAIR FOREARM TENDON/MUS(	090	229	238	9	4%	8.04	9.25	1.21	15%	0			4.5							1.0		
25265	REPAIR FOREARM TENDON/MUS(	090	259	268	9	3%	10.1	11.20	1.10	11%	0			4.5							0.5		
25270	REPAIR FOREARM TENDON/MUS(	090	176	183	7	4%	6.17	7.05	0.88	14%	0			3.5							0.5		
25272	REPAIR FOREARM TENDON/MUS(	090	189	196	7	4%	7.21	8.09	0.88	12%	0			3.5							0.5		
25274	REPAIR FOREARM TENDON/MUS(	090	242	250	8	3%	8.94	9.93	0.99	11%	0			4.0							0.5		
25275	REPAIR FOREARM TENDON SHEA	090	223	236	13	6%	8.96	10.06	1.10	12%	0			3.0	1.0						0.5		
25280	REVISE WRIST/FOREARM TENDOI	090	195	202	7	4%	7.39	8.27	0.88	12%	0			3.5							0.5		
25290	INCISE WRIST/FOREARM TENDON	090	164	170	6	4%	5.43	6.20	0.77	14%	0			3.0							0.5		
25295	RELEASE WRIST/FOREARM TENDO	090	191	198	7	4%	6.72	7.60	0.88	13%	0			3.5							0.5		
25300	FUSION OF TENDONS AT WRIST	090	247	256	9	4%	9.02	10.12	1.10	12%	0			4.5							0.5		
25301	FUSION OF TENDONS AT WRIST	090	235	243	8	3%	8.59	9.58	0.99	12%	0			4.0							0.5		
25310	TRANSPLANT FOREARM TENDON	090	263	293	30	11%	9	10.52	1.52	17%	-2				3.0	1.0					0.5		
25312	TRANSPLANT FOREARM TENDON	090	284	294.5	10.5	4%	9.82	11.04	1.22	12%	0			4.0				0.5			1.0		
25315	REVISE PALSY HAND TENDON(S)	090	300	320.5	20.5	7%	10.68	12.38	1.70	16%	0			4.0				2.5			1.0		
25316	REVISE PALSY HAND TENDON(S)	090	356	380	24	7%	12.9	14.83	1.93	15%	0			4.5				3.0			1.0		
25320	REPAIR/REVISE WRIST JOINT	090	452	495	43	10%	12.75	14.76	2.01	16%	-8				1.0	4.0							
25332	REVISE WRIST JOINT	090	314	328	14	4%	11.74	13.19	1.45	12%	0			4.5				1.0			1.0		
25335	CENTRALIZATION WRIST ON ULN	090	370	391.5	21.5	6%	13.39	15.20	1.81	14%	0			4.5				2.5			1.0		
25337	RECONSTRUCT ULNA/RADIOULNA	090	353	387	34	10%	11.73	13.32	1.59	14%	-6				1.0	3.0							
25350	REVISION OF RADIUS	090	266	279	13	5%	9.09	10.43	1.34	15%	0			4.0				1.0			1.0		
25355	REVISION OF RADIUS	090	289	304.5	15.5	5%	10.53	11.99	1.46	14%	0			4.0				1.5			1.0		
25360	REVISION OF ULNA	090	259	272	13	5%	8.74	10.08	1.34	15%	0			4.0				1.0			1.0		
25365	REVISE RADIUS & ULNA	090	354	375.5	21.5	6%	12.91	14.72	1.81	14%	0			4.5				2.5			1.0		
25370	REVISE RADIUS OR ULNA	090	424	455	31	7%	14.1	16.49	2.39	17%	0			5.5				4.0			1.0		
25375	REVISE RADIUS & ULNA	090	382	403.5	21.5	6%	13.55	15.36	1.81	13%	0			4.5				2.5			1.0		
25390	SHORTEN RADIUS OR ULNA	090	295	308	13	4%	10.7	12.04	1.34	13%	0			4.0				1.0			1.0		
25391	LENGTHEN RADIUS OR ULNA	090	383	409.5	26.5	7%	14.28	16.33	2.05	14%	0			4.5				3.5			1.0		
25392	SHORTEN RADIUS & ULNA	090	390	416.5	26.5	7%	14.58	16.63	2.05	14%	0			4.5				3.5			1.0		
25393	LENGTHEN RADIUS & ULNA	090	432	461	29	7%	16.56	18.73	2.17	13%	0			4.5				4.0			1.0		
25394	REPAIR CARPAL BONE SHORTEN	090	250	263	13	5%	10.85	11.95	1.10	10%	0			3.0	1.0						0.5		
25400	REPAIR RADIUS OR ULNA	090	308	323.5	15.5	5%	11.28	12.74	1.46	13%	0			4.0				1.5			1.0		
25405	REPAIR/GRAFT RADIUS OR ULNA	090	387	413.5	26.5	7%	15.01	17.06	2.05	14%	0			4.5				3.5			1.0		
25415	REPAIR RADIUS & ULNA	090	367	386	19	5%	13.8	15.49	1.69	12%	0			4.5				2.0			1.0		
25420	REPAIR/GRAFT RADIUS & ULNA	090	444	474	30	7%	17.04	19.32	2.28	13%	0			5.0				4.0			1.0		
25425	REPAIR/GRAFT RADIUS OR ULNA	090	343	364.5	21.5	6%	13.72	15.53	1.81	13%	0			4.5				2.5			1.0		
25426	REPAIR/GRAFT RADIUS & ULNA	090	411	437.5	26.5	6%	16.45	18.50	2.05	12%	0			4.5				3.5			1.0		
25430	VASC GRAFT INTO CARPAL BONE	090	270	283	13	5%	9.71	10.81	1.10	11%	0			3.0	1.0						0.5		
25431	REPAIR NONUNION CARPAL BONI	090	278	291	13	5%	10.89	11.99	1.10	10%	0			3.0	1.0						0.5		
25440	REPAIR NONU SCPHD CARPL B1	090	278	288.5	10.5	4%	10.68	11.90	1.22	11%	0			4.0				0.5			1.0		
25441	ARTHRP W/PROSTC DSTL RDS	090	358	374.5	16.5	5%	13.29	14.86	1.57	12%	0			4.5				1.5			1.0		
25442	ARTHRP W/PROSTC DSTL ULNA	090	331	342.5	11.5	3%	11.12	12.45	1.33	12%	0			4.5				0.5			1.0		
25443	ARTHRP PROSTC DSTL SCPH CRPL	090	307	318.5	11.5	4%	10.66	11.99	1.33	12%	0			4.5				0.5			1.0		
25444	ARTHRP W/PROSTC LUNATE	090	304	315.5	11.5	4%	11.42	12.75	1.33	12%	0			4.5				0.5			1.0		
25445	ARTHRP W/PROSTC TRAPEZIUM	090	283	291	8	3%	9.88	10.98	1.10	11%	0			4.0							1.0		
25446	ARTHRP W/PROSTC DST RDS&CRI	090	425	456.5	31.5	7%	17.3	19.59	2.29	13%	0			4.5				4.5			1.0		
25447	ARTHRP NTRCRP/CRP/MTCR NTR	090	281	311	30	11%	10.5	12.02	1.52	14%	-2				3.0	1.0					0.5		
25448	ARTHRP NTRCRPL/CRP/MTCRP SS	090	296	326	30	10%	11.85	13.37	1.52	13%	-2				3.0	1.0					0.5		
25449	REVJ ARTHRP WRIST JOINT	090	369	388	19	5%	14.94	16.63	1.69	11%	0			4.5				2.0			1.0		
25450	EPIPHYSL ARRST DSTL RDS/ULNA	090	203	211	8	4%	8.06	8.94	0.88	11%	0			4.0									
25455	EPIPHYSL ARRST DSTL RDS&ULNA	090	260	269	9	3%	9.71	10.81	1.10	11%	0			4.5							0.5		
25490	PROPHYLACTIC TX RADIUS	090	280	288	8	3%	9.73	10.83	1.10	11%	0			4.0							1.0		
25491	PROPHYLACTIC TX ULNA	090	271	279	8	3%	10.15	11.25	1.10	11%	0			4.0							1.0		
25492	PROPHYLACTIC TX RADIUS&ULNA	090	343	357	14	4%	12.66	14.11	1.45	11%	0			4.5				1.0			1.0		
25500	CLTX RDL SHFT FX W/O MNPJ	090	84	90	6	7%	2.6	3.26	0.66	25%	0			3.0									
25505	CLTX RDL SHFT FX W/MNPJ	090	171	181	10	6%	5.45	6.55	1.10	20%	0			5.0									
25515	OPTX RADIAL SHAFT FRACTURE	090	247	265	18	7%	8.8	10.01	1.21	14%	0			2.0	2.0						0.5		
25520	CLTX RDL SHFT FX&DISLC	090	219	229	10	5%	6.5	7.71	1.21	19%	0			5.0							0.5		

25525	OPTX RDL SHFT FX&CLTX RAD/UL	090	303	331	28	9%	10.55	12.22	1.67	16%	0			1.0	3.0			1.0			1.0		
25526	OPTX RDL SHFT FX&DSTL RAD/UL	090	367	392	25	7%	13.15	14.93	1.78	14%	0			3.0	2.0			1.0			1.0		
25530	CLTX ULNAR SHFT FX W/O MNPJ	090	88	94	6	7%	2.24	2.90	0.66	29%	0			3.0									
25535	CLTX ULNAR SHFT FX W/MNPJ	090	163	172	9	6%	5.36	6.35	0.99	18%	0			4.5									
25545	OPTX ULNAR SHFT FX INT FIXJ	090	286	309	23	8%	7.94	9.50	1.56	20%	0			2.0	2.0			1.0			1.0		
25560	CLTX RDL&ULN SHFT FX WO MNP	090	101	107	6	6%	2.59	3.25	0.66	25%	0			3.0									
25565	CLTX RDL&ULN SHFT FX W/MNPJ	090	182	191	9	5%	5.85	6.95	1.10	19%	0			4.5							0.5		
25574	OPTX RDL&ULN SHFT FX RDS/ULN	090	296	319	23	8%	8.8	10.36	1.56	18%	0			2.0	2.0			1.0			1.0		
25575	OPTX RDL&ULN SHFT FX RDS&UL	090	342	367	25	7%	12.29	14.07	1.78	14%	0			3.0	2.0			1.0			1.0		
25600	CLTX DST RDL FX/EPHYS SEP WO	090	108	118	10	9%	2.78	3.88	1.10	40%	0			5.0									
25605	CLTX DST RDL FX/EPHYS SEP W/	090	169	184	15	9%	6.25	7.57	1.32	21%	0			4.0	1.0						0.5		
25606	PERQ SKEL FIXJ DSTL RDL FX	090	260	285	25	10%	8.31	9.85	1.54	19%	0			2.0	3.0						0.5		
25607	OPTX DST RD XARTC FX/EPI SEP	090	275	300	25	9%	9.56	11.10	1.54	16%	0			2.0	3.0						0.5		
25608	OPTX DST RD XART FX/EPI SEP2	090	305	330	25	8%	11.07	12.61	1.54	14%	0			2.0	3.0						0.5		
25609	OPTX DST RD XART FX/EP SEP3+	090	358	390	32	9%	14.38	16.25	1.87	13%	0			2.0	4.0						0.5		
25622	CLTX CARPL SCPHD FX W/O MNPJ	090	101	108	7	7%	2.79	3.56	0.77	28%	0			3.5									
25624	CLTX CARPL SCPHD FX W/MNPJ	090	155	165	10	6%	4.77	5.87	1.10	23%	0			5.0									
25628	OPTX CARPL SCPHD FX INT FIXJ	090	277	295	18	6%	9.67	10.88	1.21	13%	0			2.0	2.0						0.5		
25630	CLTX CARPL FX W/O MNPJ EA B1	090	91	97	6	7%	3.03	3.69	0.66	22%	0			3.0									
25635	CLTX CARPL FX W/MNPJ EA B1	090	143	152	9	6%	4.61	5.60	0.99	21%	0			4.5									
25645	OPTX CRPL FX OTH/THN SCPH EA	090	222	229	7	3%	7.42	8.41	0.99	13%	0			3.5							1.0		
25650	CLTX ULNAR STYLOID FRACTURE	090	111	118	7	6%	3.23	4.00	0.77	24%	0			3.5									
25651	PERQ SKEL FIX ULNAR STYLD FX	090	190	203	13	7%	5.82	6.92	1.10	19%	0			3.0	1.0						0.5		
25652	OPTX ULNAR STYLOID FRACTURE	090	225	238	13	6%	8.06	9.16	1.10	14%	0			3.0	1.0						0.5		
25660	CLTX RDCRPL/NTRCRPL DISLC 1+	090	145	154	9	6%	4.98	5.97	0.99	20%	0			4.5									
25670	OPTX RDCRPL/NTRCRPL DISLC 1+	090	224	231	7	3%	8.09	9.08	0.99	12%	0			3.5							1.0		
25671	PERQ SKEL FIX RAD/ULN DISLC	090	210	223	13	6%	6.46	7.56	1.10	17%	0			3.0	1.0						0.5		
25675	CLTX DSTL RAD/ULN DISLC MNPJ	090	152	161	9	6%	4.89	5.88	0.99	20%	0			4.5									
25676	OPTX RAD/ULN DISLC AQT/CHRN	090	242	252.5	10.5	4%	8.29	9.51	1.22	15%	0			4.0				0.5			1.0		
25680	CLTX TRNS-SCPHPRLNR FX MNPJ	090	203	213	10	5%	6.23	7.44	1.21	19%	0			5.0							0.5		
25685	OPTX TRNS-SCPHPRLNR FX DISLC	090	279	292	13	5%	10.09	11.43	1.34	13%	0			4.0				1.0			1.0		
25690	CLTX LUNATE DISLC W/MNPJ	090	187	196	9	5%	5.72	6.82	1.10	19%	0			4.5							0.5		
25695	OPTX LUNATE DISLOCATION	090	244	251	7	3%	8.51	9.50	0.99	12%	0			3.5							1.0		
25800	ARTHRD WRIST COMPLETE WO G	090	298	311	13	4%	10.07	11.41	1.34	13%	0			4.0				1.0			1.0		
25805	ARTHRD WRIST W/SLIDING GRAF	090	351	370	19	5%	11.73	13.42	1.69	14%	0			4.5				2.0			1.0		
25810	ARTHRD WRST ILIAC/OTH AGRFT	090	370	403	33	9%	11.95	13.73	1.78	15%	0				4.0			1.0			1.0		
25820	ARTHRD WRIST LMTD W/O B1 GR	090	222	230	8	4%	7.64	8.63	0.99	13%	0			4.0							0.5		
25825	ARTHRD WRIST WITH AUTOGRAF	090	321	338.5	17.5	5%	9.69	11.37	1.68	17%	0			5.0				1.5			1.0		
25830	ARTHRD DST RAD/UL JT SGM RSC	090	310	330	20	6%	10.88	12.07	1.19	11%	-2			2.0	1.0	1.0							
25900	AMPUTATION OF FOREARM	090	345	370	25	7%	9.61	11.65	2.04	21%	0			5.0				3.0			1.0		
25905	AMPUTATION OF FOREARM	090	264	283.5	19.5	7%	9.59	11.18	1.59	17%	0			3.5				2.5			1.0		
25907	AMPUTATION FOLLOW-UP SURGI	090	235	247	12	5%	8.09	9.32	1.23	15%	0			3.5				1.0			1.0		
25909	AMPUTATION FOLLOW-UP SURGI	090	257	271.5	14.5	6%	9.31	10.66	1.35	15%	0			3.5				1.5			1.0		
25915	AMPUTATION OF FOREARM	090	431	444	13	3%	17.52	18.51	0.99	6%	0			3.0	1.0								
25920	AMPUTATE HAND AT WRIST	090	249	263.5	14.5	6%	9.03	10.38	1.35	15%	0			3.5				1.5			1.0		
25922	AMPUTATE HAND AT WRIST	090	224	233.5	9.5	4%	7.65	8.76	1.11	15%	0			3.5				0.5			1.0		
25924	AMPUTATION FOLLOW-UP SURGI	090	242	256.5	14.5	6%	8.81	10.16	1.35	15%	0			3.5				1.5			1.0		
25927	AMPUTATION OF HAND	090	242	254	12	5%	9.09	10.32	1.23	14%	0			3.5				1.0			1.0		
25929	AMPUTATION FOLLOW-UP SURGI	090	226	235.5	9.5	4%	7.82	8.93	1.11	14%	0			3.5				0.5			1.0		
25931	AMPUTATION FOLLOW-UP SURGI	090	233	242.5	9.5	4%	8.04	9.15	1.11	14%	0			3.5				0.5			1.0		
26010	DRAINAGE OF FINGER ABSCESS	010	51	53	2	4%	1.59	1.81	0.22	14%	0			1.0									
26011	DRAINAGE OF FINGER ABSCESS	010	69	71	2	3%	2.24	2.46	0.22	10%	0			1.0									
26020	DRAIN HAND TENDON SHEATH	090	262	285	23	9%	6.84	8.53	1.69	25%	0			3.0	1.0			2.0			1.0		
26025	DRAINAGE OF PALM BURSA	090	200	211	11	5%	5.08	6.20	1.12	22%	0			3.0				1.0			1.0		
26030	DRAINAGE OF PALM BURSAS	090	226	239.5	13.5	6%	6.25	7.49	1.24	20%	0			3.0				1.5			1.0		
26034	TREAT HAND BONE LESION	090	250	266.5	16.5	7%	6.63	8.20	1.57	24%	0			4.5				1.5			1.0		
26035	DECOMPRESS FINGERS/HAND	090	351.5	400.5	49	14%	11.37	13.92	2.55	22%	0				4.5			3.5			1.0		
26037	DECOMPRESS FINGERS/HAND	090	228	241.5	13.5	6%	7.57	8.81	1.24	16%	0			3.0				1.5			1.0		
26040	RELEASE PALM CONTRACTURE	090	135	140	5	4%	3.46	4.12	0.66	19%	0			2.5							0.5		
26045	RELEASE PALM CONTRACTURE	090	207	214	7	3%	5.73	6.61	0.88	15%	0			3.5							0.5		
26055	INCISE FINGER TENDON SHEATH	090	119	128	9	8%	3.11	3.77	0.66	21%	0			1.0	1.0						0.5		
26060	INCISION OF FINGER TENDON	090	91	95	4	4%	2.91	3.35	0.44	15%	0			2.0									
26070	EXPLORE/TREAT HAND JOINT	090	168	173	5	3%	3.81	4.58	0.77	20%	0			2.5							1.0		
26075	EXPLORE/TREAT FINGER JOINT	090	164	169	5	3%	3.91	4.68	0.77	20%	0			2.5							1.0		
26080	EXPLORE/TREAT FINGER JOINT	090	157	164	7	4%	4.47	5.35	0.88	20%	0			3.5							0.5		
26100	BIOPSY HAND JOINT LINING	090	119	124	5	4%	3.79	4.34	0.55	15%	0			2.5									
26105	BIOPSY FINGER JOINT LINING	090	119	124	5	4%	3.83	4.38	0.55	14%	0			2.5									
26110	BIOPSY FINGER JOINT LINING	090	114	119	5	4%	3.65	4.20	0.55	15%	0			2.5									
26111	EXC HAND LES SC 1.5 CM/>	090	173	182	9	5%	5.42	6.08	0.66	12%	0			1.0	1.0						0.5		
26113	EXC HAND TUM DEEP 1.5 CM/>	090	214	230	16	7%	7.13	8.12	0.99	14%	0			1.0	2.0						0.5		
26115	EXC HAND LES SC < 1.5 CM	090	137	146	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5		
26116	EXC HAND TUM DEEP < 1.5 CM	090	201	217	16	8%	6.74	7.73	0.99	15%	0			1.0	2.0						0.5		
26117	RAD RESECT HAND TUMOR < 3 CM	090	271	294	23	8%	10.13	11.45	1.32	13%	0			1.0	3.0						0.5		

26118	RAD RESECT HAND TUMOR 3 CM/	090	368	400	32	9%	14.81	16.79	1.98	13%	-2			2.0	2.0	1.0		1.0			1.0			
26121	RELEASE PALM CONTRACTURE	090	200	208	8	4%	7.73	8.61	0.88	11%	0			4.0										
26123	RELEASE PALM CONTRACTURE	090	308	343	35	11%	10.88	12.53	1.65	15%	0				5.0									
26130	REMOVE WRIST JOINT LINING	090	180	187	7	4%	5.59	6.47	0.88	16%	0			3.5							0.5			
26135	REVISE FINGER JOINT EACH	090	181	188	7	4%	7.13	8.01	0.88	12%	0			3.5							0.5			
26140	REVISE FINGER JOINT EACH	090	174	181	7	4%	6.34	7.22	0.88	14%	0			3.5							0.5			
26145	TENDON EXCISION PALM/FINGER	090	178	185	7	4%	6.49	7.37	0.88	14%	0			3.5							0.5			
26160	REMOVE TENDON SHEATH LESIOI	090	121	130	9	7%	3.57	4.23	0.66	18%	0			1.0	1.0						0.5			
26170	REMOVAL OF PALM TENDON EAC	090	135	141	6	4%	4.91	5.57	0.66	13%	0			3.0										
26180	REMOVAL OF FINGER TENDON	090	153	160	7	5%	5.35	6.12	0.77	14%	0			3.5										
26185	REMOVE FINGER BONE	090	202	230	28	14%	6.52	7.84	1.32	20%	0				4.0									
26200	REMOVE HAND BONE LESION	090	164	170	6	4%	5.65	6.42	0.77	14%	0			3.0							0.5			
26205	REMOVE/GRAFT BONE LESION	090	229	238.5	9.5	4%	7.93	9.04	1.11	14%	0			3.5				0.5			1.0			
26210	REMOVAL OF FINGER LESION	090	155	162	7	5%	5.32	6.09	0.77	14%	0			3.5										
26215	REMOVE/GRAFT FINGER LESION	090	199	206	7	4%	7.27	8.15	0.88	12%	0			3.5							0.5			
26230	PARTIAL REMOVAL OF HAND BOI	090	186	192	6	3%	6.47	7.35	0.88	14%	0			3.0							1.0			
26235	PARTIAL REMOVAL FINGER BONE	090	185	191	6	3%	6.33	7.21	0.88	14%	0			3.0							1.0			
26236	PARTIAL REMOVAL FINGER BONE	090	171	177	6	4%	5.46	6.34	0.88	16%	0			3.0							1.0			
26250	EXTENSIVE HAND SURGERY	090	353	383	30	8%	15.21	16.97	1.76	12%	-2			1.0	2.0	1.0		1.0			1.0			
26260	RESECT PROX FINGER TUMOR	090	256	274	18	7%	11.16	12.24	1.08	10%	-2			1.0	1.0	1.0					0.5			
26262	RESECT DISTAL FINGER TUMOR	090	212	230	18	8%	8.29	9.37	1.08	13%	-2			1.0	1.0	1.0					0.5			
26320	REMOVAL OF IMPLANT FROM HA	090	150	155	5	3%	4.1	4.76	0.66	16%	0			2.5							0.5			
26340	MANIPULATE FINGER W/ANESTH	090	170	182	12	7%	2.8	4.23	1.43	51%	0			6.0							0.5			
26341	MANIPULAT PALM CORD POST IN	010	52	54	2	4%	0.91	1.13	0.22	24%	0			1.0										
26350	REPAIR FINGER/HAND TENDON	090	180	189	9	5%	6.21	7.20	0.99	16%	0			4.5										
26352	REPAIR/GRAFT HAND TENDON	090	258	266	8	3%	7.87	8.97	1.10	14%	0			4.0							1.0			
26356	REPAIR FINGER/HAND TENDON	090	277	299	22	8%	9.56	11.21	1.65	17%	0			4.0	2.0						0.5			
26357	REPAIR FINGER/HAND TENDON	090	302	324	22	7%	11	12.65	1.65	15%	0			4.0	2.0						0.5			
26358	REPAIR/GRAFT HAND TENDON	090	327	349	22	7%	12.6	14.25	1.65	13%	0			4.0	2.0						0.5			
26370	REPAIR FINGER/HAND TENDON	090	221	228	7	3%	7.28	8.27	0.99	14%	0			3.5							1.0			
26372	REPAIR/GRAFT HAND TENDON	090	278	288.5	10.5	4%	9.01	10.23	1.22	14%	0			4.0				0.5			1.0			
26373	REPAIR FINGER/HAND TENDON	090	258	268.5	10.5	4%	8.41	9.63	1.22	15%	0			4.0				0.5			1.0			
26390	REVISE HAND/FINGER TENDON	090	220	228	8	4%	9.43	10.53	1.10	12%	0			4.0							1.0			
26392	REPAIR/GRAFT HAND TENDON	090	254	264.5	10.5	4%	10.5	11.72	1.22	12%	0			4.0				0.5			1.0			
26410	REPAIR HAND TENDON	090	162	168	6	4%	4.77	5.54	0.77	16%	0			3.0							0.5			
26412	REPAIR/GRAFT HAND TENDON	090	215	222	7	3%	6.48	7.47	0.99	15%	0			3.5							1.0			
26415	EXCISION HAND/FINGER TENDON	090	191	198	7	4%	8.51	9.39	0.88	10%	0			3.5							0.5			
26416	GRAFT HAND OR FINGER TENDON	090	216	224	8	4%	9.56	10.55	0.99	10%	0			4.0							0.5			
26418	REPAIR FINGER TENDON	090	153	162	9	6%	4.47	5.46	0.99	22%	0			4.5										
26420	REPAIR/GRAFT FINGER TENDON	090	224	231	7	3%	6.94	7.93	0.99	14%	0			3.5							1.0			
26426	REPAIR FINGER/HAND TENDON	090	190	197	7	4%	6.32	7.20	0.88	14%	0			3.5							0.5			
26428	REPAIR/GRAFT FINGER TENDON	090	218	226	8	4%	7.4	8.39	0.99	13%	0			4.0							0.5			
26432	REPAIR FINGER TENDON	090	134	140	6	4%	4.16	4.82	0.66	16%	0			3.0										
26433	REPAIR FINGER TENDON	090	148	154	6	4%	4.7	5.36	0.66	14%	0			3.0										
26434	REPAIR/GRAFT FINGER TENDON	090	190	197	7	4%	6.26	7.14	0.88	14%	0			3.5							0.5			
26437	REALIGNMENT OF TENDONS	090	183	190	7	4%	5.99	6.87	0.88	15%	0			3.5							0.5			
26440	RELEASE PALM/FINGER TENDON	090	162	168	6	4%	5.16	5.93	0.77	15%	0			3.0							0.5			
26442	RELEASE PALM & FINGER TENDOI	090	280	315	35	13%	9.75	11.40	1.65	17%	0				5.0									
26445	RELEASE HAND/FINGER TENDON	090	137	143	6	4%	4.45	5.11	0.66	15%	0			3.0										
26449	RELEASE FOREARM/HAND TENDO	090	275	310	35	13%	8.59	10.24	1.65	19%	0				5.0									
26450	INCISION OF PALM TENDON	090	111	116	5	5%	3.79	4.34	0.55	15%	0			2.5										
26455	INCISION OF FINGER TENDON	090	113	118	5	4%	3.76	4.31	0.55	15%	0			2.5										
26460	INCISE HAND/FINGER TENDON	090	107	112	5	5%	3.58	4.13	0.55	15%	0			2.5										
26471	FUSION OF FINGER TENDONS	090	171	178	7	4%	5.9	6.67	0.77	13%	0			3.5										
26474	FUSION OF FINGER TENDONS	090	162	169	7	4%	5.49	6.26	0.77	14%	0			3.5										
26476	TENDON LENGTHENING	090	153	160	7	5%	5.35	6.12	0.77	14%	0			3.5										
26477	TENDON SHORTENING	090	153	160	7	5%	5.32	6.09	0.77	14%	0			3.5										
26478	LENGTHENING OF HAND TENDON	090	163	170	7	4%	5.97	6.74	0.77	13%	0			3.5										
26479	SHORTENING OF HAND TENDON	090	159	166	7	4%	5.91	6.68	0.77	13%	0			3.5										
26480	TRANSPLANT HAND TENDON	090	263	293	30	11%	9	10.52	1.52	17%	-2				3.0	1.0					0.5			
26483	TRANSPLANT/GRAFT HAND TEND	090	242	250	8	3%	8.48	9.58	1.10	13%	0			4.0							1.0			
26485	TRANSPLANT PALM TENDON	090	233	241	8	3%	7.89	8.99	1.10	14%	0			4.0							1.0			
26489	TRANSPLANT/GRAFT PALM TEND	090	282	295	13	5%	9.86	11.20	1.34	14%	0			4.0				1.0			1.0			
26490	REVISE THUMB TENDON	090	241	249	8	3%	8.6	9.70	1.10	13%	0			4.0							1.0			
26492	TENDON TRANSFER WITH GRAFT	090	273	282	9	3%	9.84	11.05	1.21	12%	0			4.5							1.0			
26494	HAND TENDON/MUSCLE TRANSFI	090	243	251	8	3%	8.66	9.76	1.10	13%	0			4.0							1.0			
26496	REVISE THUMB TENDON	090	253	261	8	3%	9.78	10.88	1.10	11%	0			4.0							1.0			
26497	FINGER TENDON TRANSFER	090	249	257	8	3%	9.76	10.86	1.10	11%	0			4.0							1.0			
26498	FINGER TENDON TRANSFER	090	294	303	9	3%	14.21	15.42	1.21	9%	0			4.5							1.0			
26499	REVISION OF FINGER	090	272	280	8	3%	9.17	10.27	1.10	12%	0			4.0							1.0			
26500	HAND TENDON RECONSTRUCTIOI	090	179	186	7	4%	6.13	7.01	0.88	14%	0			3.5							0.5			
26502	HAND TENDON RECONSTRUCTIOI	090	223	230	7	3%	7.31	8.30	0.99	14%	0			3.5							1.0			
26508	RELEASE THUMB CONTRACTURE	090	206	213	7	3%	6.18	7.17	0.99	16%	0			3.5							1.0			

26510	THUMB TENDON TRANSFER	090	254	261	7	3%	5.6	6.59	0.99	18%	0			3.5							1.0			
26516	FUSION OF KNUCKLE JOINT	090	217	224	7	3%	7.32	8.31	0.99	14%	0			3.5							1.0			
26517	FUSION OF KNUCKLE JOINTS	090	260	270.5	10.5	4%	9.08	10.30	1.22	13%	0			4.0				0.5			1.0			
26518	FUSION OF KNUCKLE JOINTS	090	283	293.5	10.5	4%	9.27	10.49	1.22	13%	0			4.0				0.5			1.0			
26520	RELEASE KNUCKLE CONTRACTURE	090	176	183	7	4%	5.47	6.35	0.88	16%	0			3.5							0.5			
26525	RELEASE FINGER CONTRACTURE	090	175	182	7	4%	5.5	6.38	0.88	16%	0			3.5							0.5			
26530	REVISE KNUCKLE JOINT	090	205	213	8	4%	6.88	7.87	0.99	14%	0			4.0							0.5			
26531	REVISE KNUCKLE WITH IMPLANT	090	215	224	9	4%	8.13	9.23	1.10	14%	0			4.5							0.5			
26535	REVISE FINGER JOINT	090	196	203	7	4%	5.41	6.29	0.88	16%	0			3.5							0.5			
26536	REVISE/IMPLANT FINGER JOINT	090	211	219	8	4%	6.56	7.55	0.99	15%	0			4.0							0.5			
26540	REPAIR HAND JOINT	090	204	211	7	3%	6.6	7.59	0.99	15%	0			3.5							1.0			
26541	REPAIR HAND JOINT WITH GRAFT	090	245	253	8	3%	8.81	9.91	1.10	12%	0			4.0							1.0			
26542	REPAIR HAND JOINT WITH GRAFT	090	220	227	7	3%	6.95	7.94	0.99	14%	0			3.5							1.0			
26545	RECONSTRUCT FINGER JOINT	090	227	235	8	4%	7.11	8.21	1.10	15%	0			4.0							1.0			
26546	REPAIR NONUNION HAND	090	341	383	42	12%	10.83	13.03	2.20	20%	0				6.0						1.0			
26548	RECONSTRUCT FINGER JOINT	090	226	234	8	4%	8.22	9.32	1.10	13%	0			4.0							1.0			
26550	POLLICIZATION DIGIT	090	491	504	13	3%	21.68	22.67	0.99	5%	0			3.0	1.0									
26551	GREAT TOE-HAND TRANSFER	090	1004	1073	69	7%	48.48	52.62	4.14	9%	0			5.0	2.0			9.0			1.0			
26553	SINGLE TRANSFER TOE-HAND	090	989	1058	69	7%	48.17	52.31	4.14	9%	0			5.0	2.0			9.0			1.0			
26554	DOUBLE TRANSFER TOE-HAND	090	1155	1231	76	7%	57.01	61.61	4.60	8%	0			6.0	2.0			10.0			1.0			
26555	POSITIONAL CHANGE OF FINGER	090	401	414	13	3%	17.08	18.07	0.99	6%	0			3.0	1.0									
26556	TOE JOINT TRANSFER	090	1004	1085	81	8%	49.75	54.33	4.58	9%	0			4.0	4.0			9.0			1.0			
26560	REPAIR OF WEB FINGER	090	183	189	6	3%	5.52	6.18	0.66	12%	0			3.0										
26561	REPAIR OF WEB FINGER	090	258	266	8	3%	11.1	12.20	1.10	10%	0			4.0							1.0			
26562	REPAIR OF WEB FINGER	090	425	462	37	9%	16.68	18.64	1.96	12%	-2				4.0	1.0					1.0			
26565	CORRECT METACARPAL FLAW	090	194	201	7	4%	6.91	7.79	0.88	13%	0			3.5							0.5			
26567	CORRECT FINGER DEFORMITY	090	195	202	7	4%	6.99	7.87	0.88	13%	0			3.5							0.5			
26568	LENGTHEN METACARPAL/FINGER	090	239	247	8	3%	9.27	10.37	1.10	12%	0			4.0							1.0			
26580	REPAIR CLEFT HAND	090	425	460	35	8%	19.75	21.40	1.65	8%	0				5.0									
26587	RECONSTRUCT EXTRA FINGER	090	401	414	13	3%	14.5	15.49	0.99	7%	0			3.0	1.0									
26590	REPAIR FINGER DEFORMITY	090	408	426	18	4%	18.67	19.77	1.10	6%	0			2.0	2.0									
26591	REPAIR MUSCLES OF HAND	090	222	227	5	2%	3.38	4.15	0.77	23%	0			2.5							1.0			
26593	RELEASE MUSCLES OF HAND	090	233	241	8	3%	5.5	6.60	1.10	20%	0			4.0							1.0			
26596	EXCISION CONSTRICTING TISSUE	090	210	218	8	4%	9.14	10.13	0.99	11%	0			4.0							0.5			
26600	TREAT METACARPAL FRACTURE	090	93	101	8	9%	2.6	3.48	0.88	34%	0			4.0										
26605	TREAT METACARPAL FRACTURE	090	107	114	7	7%	3.03	3.80	0.77	25%	0			3.5										
26607	TREAT METACARPAL FRACTURE	090	149	154	5	3%	5.48	6.14	0.66	12%	0			2.5							0.5			
26608	TREAT METACARPAL FRACTURE	090	191	199	8	4%	5.55	6.54	0.99	18%	0			4.0							0.5			
26615	TREAT METACARPAL FRACTURE	090	217	235	18	8%	7.07	8.28	1.21	17%	0			2.0	2.0						0.5			
26641	TREAT THUMB DISLOCATION	090	138	146	8	6%	4.13	5.01	0.88	21%	0			4.0										
26645	TREAT THUMB FRACTURE	090	131	138	7	5%	4.58	5.35	0.77	17%	0			3.5										
26650	TREAT THUMB FRACTURE	090	197	215	18	9%	5.35	6.56	1.21	23%	0			2.0	2.0						0.5			
26665	TREAT THUMB FRACTURE	090	237	255	18	8%	7.94	9.15	1.21	15%	0			2.0	2.0						0.5			
26670	TREAT HAND DISLOCATION	090	101	107	6	6%	3.83	4.49	0.66	17%	0			3.0										
26675	TREAT HAND DISLOCATION	090	129	137	8	6%	4.83	5.71	0.88	18%	0			4.0										
26676	PIN HAND DISLOCATION	090	171	180	9	5%	5.74	6.73	0.99	17%	0			4.5										
26685	TREAT HAND DISLOCATION	090	227	245	18	8%	7.07	8.28	1.21	17%	0			2.0	2.0						0.5			
26686	TREAT HAND DISLOCATION	090	231	240.5	9.5	4%	8.17	9.28	1.11	14%	0			3.5				0.5			1.0			
26700	TREAT KNUCKLE DISLOCATION	090	110	116	6	5%	3.83	4.49	0.66	17%	0			3.0										
26705	TREAT KNUCKLE DISLOCATION	090	142	150	8	6%	4.38	5.26	0.88	20%	0			4.0										
26706	PIN KNUCKLE DISLOCATION	090	155	163	8	5%	5.31	6.19	0.88	17%	0			4.0										
26715	TREAT KNUCKLE DISLOCATION	090	220	238	18	8%	7.03	8.24	1.21	17%	0			2.0	2.0						0.5			
26720	TREAT FINGER FRACTURE EACH	090	63	67	4	6%	1.76	2.20	0.44	25%	0			2.0										
26725	TREAT FINGER FRACTURE EACH	090	104	110	6	6%	3.48	4.14	0.66	19%	0			3.0										
26727	TREAT FINGER FRACTURE EACH	090	174	182	8	5%	5.42	6.41	0.99	18%	0			4.0							0.5			
26735	TREAT FINGER FRACTURE EACH	090	237	255	18	8%	7.42	8.63	1.21	16%	0			2.0	2.0						0.5			
26740	TREAT FINGER FRACTURE EACH	090	78	83	5	6%	2.07	2.62	0.55	27%	0			2.5										
26742	TREAT FINGER FRACTURE EACH	090	104	110	6	6%	3.99	4.65	0.66	17%	0			3.0										
26746	TREAT FINGER FRACTURE EACH	090	303	328	25	8%	9.8	11.34	1.54	16%	0			2.0	3.0						0.5			
26750	TREAT FINGER FRACTURE EACH	090	65	69	4	6%	1.8	2.24	0.44	24%	0			2.0										
26755	TREAT FINGER FRACTURE EACH	090	85	90	5	6%	3.23	3.78	0.55	17%	0			2.5										
26756	PIN FINGER FRACTURE EACH	090	146	154	8	5%	4.58	5.46	0.88	19%	0			4.0										
26765	TREAT FINGER FRACTURE EACH	090	217	235	18	8%	5.86	7.07	1.21	21%	0			2.0	2.0						0.5			
26770	TREAT FINGER DISLOCATION	090	86	91	5	6%	3.15	3.70	0.55	17%	0			2.5										
26775	TREAT FINGER DISLOCATION	090	142	150	8	6%	3.9	4.78	0.88	23%	0			4.0										
26776	PIN FINGER DISLOCATION	090	152	160	8	5%	4.99	5.87	0.88	18%	0			4.0										
26785	TREAT FINGER DISLOCATION	090	227	245	18	8%	6.6	7.81	1.21	18%	0			2.0	2.0						0.5			
26820	THUMB FUSION WITH GRAFT	090	254	262	8	3%	8.45	9.55	1.10	13%	0			4.0							1.0			
26841	FUSION OF THUMB	090	222	231	9	4%	7.35	8.45	1.10	15%	0			4.5							0.5			
26842	THUMB FUSION WITH GRAFT	090	258	268.5	10.5	4%	8.49	9.71	1.22	14%	0			4.0				0.5			1.0			
26843	FUSION OF HAND JOINT	090	232	239	7	3%	7.78	8.77	0.99	13%	0			3.5							1.0			
26844	FUSION/GRAFT OF HAND JOINT	090	275	285.5	10.5	4%	8.98	10.20	1.22	14%	0			4.0				0.5			1.0			
26850	FUSION OF KNUCKLE	090	237	244	7	3%	7.14	8.13	0.99	14%	0			3.5							1.0			

26852	FUSION OF KNUCKLE WITH GRAF	090	272	282.5	10.5	4%	8.71	9.93	1.22	14%	0			4.0				0.5			1.0			
26860	FUSION OF FINGER JOINT	090	163	171	8	5%	4.88	5.76	0.88	18%	0			4.0										
26862	FUSION/GRAFT OF FINGER JOINT	090	227	235	8	4%	7.56	8.55	0.99	13%	0			4.0							0.5			
26910	AMPUTATE METACARPAL BONE	090	251	259	8	3%	7.79	8.89	1.10	14%	0			4.0							1.0			
26951	AMPUTATION OF FINGER/THUME	090	203	223	20	10%	6.04	7.47	1.43	24%	0			3.0	2.0						0.5			
26952	AMPUTATION OF FINGER/THUME	090	173	180	7	4%	6.48	7.36	0.88	14%	0			3.5							0.5			
26990	DRAINAGE OF PELVIS LESION	090	265	284.5	19.5	7%	7.95	9.54	1.59	20%	0			3.5				2.5			1.0			
26991	DRAINAGE OF PELVIS BURSA	090	229	245	16	7%	7.06	8.42	1.36	19%	0			3.0				2.0			1.0			
26992	DRAINAGE OF BONE LESION	090	291	310.5	19.5	7%	13.48	15.07	1.59	12%	0			3.5				2.5			1.0			
27000	INCISION OF HIP TENDON	090	147	152	5	3%	5.74	6.51	0.77	13%	0			2.5							1.0			
27001	INCISION OF HIP TENDON	090	189	197.5	8.5	4%	7.14	8.14	1.00	14%	0			3.0				0.5			1.0			
27003	INCISION OF HIP TENDON	090	267	286.5	19.5	7%	7.81	9.40	1.59	20%	0			3.5				2.5			1.0			
27005	INCISION OF HIP TENDON	090	248	265	17	7%	10.07	11.54	1.47	15%	0			3.5				2.0			1.0			
27006	INCISION OF HIP TENDONS	090	254	272	18	7%	10.11	11.69	1.58	16%	0			4.0				2.0			1.0			
27025	INCISION OF HIP/THIGH FASCIA	090	392.5	436.5	44	11%	12.89	15.20	2.31	18%	0				4.5			2.5			1.0			
27027	BUTTOCK FASCIOTOMY	090	359	383	24	7%	13.04	15.17	2.13	16%	0			3.0	1.0			3.0	1.0		1.0			
27030	DRAINAGE OF HIP JOINT	090	302	329	27	9%	13.65	15.60	1.95	14%	0			3.5				4.0			1.0			
27033	EXPLORATION OF HIP JOINT	090	342	372.5	30.5	9%	14.11	16.29	2.18	15%	0			4.0				4.5			1.0			
27035	DENERVATION OF HIP JOINT	090	369	398	29	8%	17.37	19.54	2.17	12%	0			4.5				4.0			1.0			
27036	EXCISION OF HIP JOINT/MUSCLE	090	380	418	38	10%	14.38	16.40	2.02	14%	0				4.0			2.0			1.0			
27040	BIOPSY OF SOFT TISSUES	010	106	108	2	2%	2.92	3.25	0.33	11%	0			1.0							0.5			
27041	BIOPSY OF SOFT TISSUES	090	250	262	12	5%	10.18	11.41	1.23	12%	0			3.5				1.0			1.0			
27043	EXC HIP PELVIS LES SC 3 CM/>	090	206	215	9	4%	6.88	7.54	0.66	10%	0			1.0	1.0						0.5			
27045	EXC HIP/PELV TUM DEEP 5 CM/>	090	320	341	21	7%	11.13	12.47	1.34	12%	0			1.0	2.0			1.0			1.0			
27047	EXC HIP/PELVIS LES SC < 3 CM	090	160	169	9	6%	4.94	5.60	0.66	13%	0			1.0	1.0						0.5			
27048	EXC HIP/PELV TUM DEEP < 5 CM	090	288	304	16	6%	8.85	10.08	1.23	14%	0			2.0	1.0			1.0			1.0			
27049	RESECT HIP/PELV TUM < 5 CM	090	496	516	20	4%	21.55	23.62	2.07	10%	0			1.0	3.0			1.0	2.0		1.0			
27050	BIOPSY OF SACROILIAC JOINT	090	260	276	16	6%	4.74	6.10	1.36	29%	0			3.0				2.0			1.0			
27052	BIOPSY OF HIP JOINT	090	327	358	31	9%	7.42	9.11	1.69	23%	0				3.0			2.0			1.0			
27054	REMOVAL OF HIP JOINT LINING	090	358	386	28	8%	9.21	11.27	2.06	22%	0			4.0				4.0			1.0			
27057	BUTTOCK FASCIOTOMY W/DBRDI	090	389	413	24	6%	14.91	17.04	2.13	14%	0			3.0	1.0			3.0	1.0		1.0			
27059	RESECT HIP/PELV TUM 5 CM/>	090	608	640	32	5%	29.35	31.99	2.64	9%	-2			1.0	2.0	1.0		3.0	2.0		1.0			
27060	REMOVAL OF ISCHIAL BURSA	090	254	272.5	18.5	7%	5.87	7.35	1.48	25%	0			3.0				2.5			1.0			
27062	REMOVE FEMUR LESION/BURSA	090	185	191	6	3%	5.75	6.52	0.77	13%	0			3.0							0.5			
27065	REMOVE HIP BONE LES SUPER	090	329	356	27	8%	6.55	8.50	1.95	30%	0			3.5				4.0			1.0			
27066	REMOVE HIP BONE LES DEEP	090	406	442.5	36.5	9%	11.2	13.73	2.53	23%	0			4.5				5.5			1.0			
27067	REMOVE/GRAFT HIP BONE LESIOI	090	443	480.5	37.5	8%	14.72	17.36	2.64	18%	0			5.0				5.5			1.0			
27070	PART REMOVE HIP BONE SUPER	090	363	398.5	35.5	10%	11.56	13.98	2.42	21%	0			4.0				5.5			1.0			
27071	PART REMOVAL HIP BONE DEEP	090	409	448	39	10%	12.39	15.04	2.65	21%	0			4.5				6.0			1.0			
27075	RESECT HIP TUMOR	090	633	656	23	4%	32.71	35.31	2.60	8%	-2			1.0	2.0	1.0		2.0	3.0		1.0			
27076	RESECT HIP TUM INCL ACETABUL	090	840	864	24	3%	40.21	43.25	3.04	8%	-2			1.0	2.0	1.0		3.0	4.0		1.0			
27077	RESECT HIP TUM W/INNOM BON	090	905	934	29	3%	45.21	48.49	3.28	7%	-2			1.0	2.0	1.0		4.0	4.0		1.0			
27078	RSECT HIP TUM INCL FEMUR	090	665	688	23	3%	32.21	34.81	2.60	8%	-2			1.0	2.0	1.0		2.0	3.0		1.0			
27080	REMOVAL OF TAIL BONE	090	274	295	21	8%	6.89	8.49	1.60	23%	0			3.0				3.0			1.0			
27086	REMOVE HIP FOREIGN BODY	010	82	84	2	2%	1.92	2.14	0.22	11%	0			1.0										
27087	REMOVE HIP FOREIGN BODY	090	249	261	12	5%	8.83	10.06	1.23	14%	0			3.5				1.0			1.0			
27090	REMOVAL OF HIP PROSTHESIS	090	317	340	23	7%	11.69	13.51	1.82	16%	0			4.0				3.0			1.0			
27091	REMOVAL OF HIP PROSTHESIS	090	577	645	68	12%	24.35	27.81	3.46	14%	0				4.0			8.0			1.0			
27097	REVISION OF HIP TENDON	090	271	290.5	19.5	7%	9.27	10.86	1.59	17%	0			3.5				2.5			1.0			
27098	TRANSFER TENDON TO PELVIS	090	303	323.5	20.5	7%	9.32	11.02	1.70	18%	0			4.0				2.5			1.0			
27100	TRANSFER OF ABDOMINAL MUSC	090	311	322.5	11.5	4%	11.35	12.68	1.33	12%	0			4.5				0.5			1.0			
27105	TRANSFER OF SPINAL MUSCLE	090	332	343.5	11.5	3%	12.04	13.37	1.33	11%	0			4.5				0.5			1.0			
27110	TRANSFER OF ILIOPSOAS MUSCLE	090	365	386.5	21.5	6%	13.77	15.58	1.81	13%	0			4.5				2.5			1.0			
27111	TRANSFER OF ILIOPSOAS MUSCLE	090	339	358	19	6%	12.6	14.29	1.69	13%	0			4.5				2.0			1.0			
27120	RECONSTRUCTION OF HIP SOCKET	090	515	567.5	52.5	10%	19.25	22.61	3.36	17%	0			5.0				8.5			1.0			
27122	RECONSTRUCTION OF HIP SOCKET	090	436	482.5	46.5	11%	16.09	19.10	3.01	19%	0			4.5				7.5			1.0			
27125	PARTIAL HIP REPLACEMENT	090	430.5	490	59.5	14%	16.64	19.70	3.06	18%	0				3.5			7.0			1.0			
27130	TOTAL HIP ARTHROPLASTY	090	377	390	13	3%	19.6	21.21	1.61	8%	0				3.0				2.0		1.0			
27132	TOTAL HIP ARTHROPLASTY	090	611	686.5	75.5	12%	25.69	29.51	3.82	15%	0				4.0			9.5			1.0			
27134	REVISE HIP JOINT REPLACEMENT	090	617	673	56	9%	30.28	33.17	2.89	10%	0				3.0			7.0			1.0			
27137	REVISE HIP JOINT REPLACEMENT	090	492	538	46	9%	22.7	25.11	2.41	11%	0				3.0			5.0			1.0			
27138	REVISE HIP JOINT REPLACEMENT	090	492	538	46	9%	23.7	26.11	2.41	10%	0				3.0			5.0			1.0			
27140	TRANSPLANT FEMUR RIDGE	090	335	358	23	7%	12.78	14.60	1.82	14%	0			4.0				3.0			1.0			
27146	INCISION OF HIP BONE	090	443	481	38	9%	18.92	20.94	2.02	11%	0				4.0			2.0			1.0			
27147	REVISION OF HIP BONE	090	473	511	38	8%	22.07	24.09	2.02	9%	0				4.0			2.0			1.0			
27151	INCISION OF HIP BONES	090	523	566	43	8%	24.12	26.38	2.26	9%	0				4.0			3.0			1.0			
27156	REVISION OF HIP BONES	090	538	581	43	8%	26.23	28.49	2.26	9%	0				4.0			3.0			1.0			
27158	REVISION OF PELVIS	090	562	617	55	10%	21.04	24.52	3.48	17%	0			5.0				9.0			1.0			
27161	INCISION OF NECK OF FEMUR	090	489	539	50	10%	17.89	21.13	3.24	18%	0			5.0				8.0			1.0			
27165	INCISION/FIXATION OF FEMUR	090	531.5	603	71.5	13%	20.29	23.92	3.63	18%	0				4.5			8.0			1.0			
27170	REPAIR/GRAFT FEMUR HEAD/NEC	090	444	490	46	10%	17.61	20.02	2.41	14%	0				3.0			5.0			1.0			
27175	TREAT SLIPPED EPIPHYSIS	090	308	346.5	38.5	13%	9.38	11.82	2.44	26%	0			3.0				6.5			1.0			
27176	TREAT SLIPPED EPIPHYSIS	090	385	421.5	36.5	9%	12.92	15.45	2.53	20%	0			4.5				5.5			1.0			

27177	TREAT SLIPPED EPIPHYSIS	090	477	519.5	42.5	9%	16.09	18.97	2.88	18%	0			5.0				6.5			1.0			
27178	TREAT SLIPPED EPIPHYSIS	090	408	447	39	10%	12.92	15.57	2.65	21%	0			4.5				6.0			1.0			
27179	REVISE HEAD/NECK OF FEMUR	090	442	483.5	41.5	9%	13.97	16.74	2.77	20%	0			4.5				6.5			1.0			
27181	TREAT SLIPPED EPIPHYSIS	090	445	483	38	9%	16.18	18.20	2.02	12%	0				4.0			2.0			1.0			
27185	REVISION OF FEMUR EPIPHYSIS	090	320	345.5	25.5	8%	9.79	11.73	1.94	20%	0			4.0				3.5			1.0			
27187	REINFORCE HIP BONES	090	396	425	29	7%	14.23	16.40	2.17	15%	0			4.5				4.0			1.0			
27200	TREAT TAIL BONE FRACTURE	090	63	66	3	5%	1.92	2.25	0.33	17%	0			1.5										
27202	TREAT TAIL BONE FRACTURE	090	216	227.5	11.5	5%	7.31	8.33	1.02	14%	0			2.0				1.5			1.0			
27215	TREAT PELVIC FRACTURE(S)	090	388	405	17	4%	10.45	12.12	1.67	16%	0			2.0	1.0			2.0	1.0		1.0			
27216	TREAT PELVIC RING FRACTURE	090	393	427	34	9%	15.73	18.08	2.35	15%	0			1.0	3.0			3.0	1.0		1.0			
27217	TREAT PELVIC RING FRACTURE	090	443	477	34	8%	14.65	17.00	2.35	16%	0			1.0	3.0			3.0	1.0		1.0			
27218	TREAT PELVIC RING FRACTURE	090	543	587	44	8%	20.93	23.76	2.83	14%	0			1.0	3.0			5.0	1.0		1.0			
27220	TREAT HIP SOCKET FRACTURE	090	184	191	7	4%	5.5	6.82	1.32	24%	0			3.0				1.0	1.0		1.0			
27222	TREAT HIP SOCKET FRACTURE	090	472	531	59	13%	14.11	17.72	3.61	26%	0			4.5				10.0			1.0			
27226	TREAT HIP WALL FRACTURE	090	412	440	28	7%	15.57	17.63	2.06	13%	0			4.0				4.0			1.0			
27227	TREAT HIP FRACTURE(S)	090	550	608	58	11%	25.41	28.39	2.98	12%	0				4.0			6.0			1.0			
27228	TREAT HIP FRACTURE(S)	090	680	729	49	7%	29.33	32.27	2.94	10%	0				4.0			5.0	1.0		1.0			
27230	TREAT THIGH FRACTURE	090	205	218	13	6%	5.81	7.15	1.34	23%	0			4.0				1.0			1.0			
27232	TREAT THIGH FRACTURE	090	353	397	44	12%	11.72	14.30	2.58	22%	0			2.0				8.0			1.0			
27235	TREAT THIGH FRACTURE	090	360	395.5	35.5	10%	13	15.42	2.42	19%	0			4.0				5.5			1.0			
27236	TREAT THIGH FRACTURE	090	418	438	20	5%	17.61	19.68	2.07	12%	0			1.0	3.0			1.0	2.0		1.0			
27238	TREAT THIGH FRACTURE	090	207	216.5	9.5	5%	5.75	6.86	1.11	19%	0			3.5				0.5			1.0			
27240	TREAT THIGH FRACTURE	090	454	509	55	12%	13.81	17.29	3.48	25%	0			5.0				9.0			1.0			
27244	TREAT THIGH FRACTURE	090	438	463	25	6%	18.18	20.49	2.31	13%	0			1.0	3.0			2.0	2.0		1.0			
27245	TREAT THIGH FRACTURE	090	443	468	25	6%	18.18	20.49	2.31	13%	0			1.0	3.0			2.0	2.0		1.0			
27246	TREAT THIGH FRACTURE	090	141	146	5	4%	4.83	5.60	0.77	16%	0			2.5							1.0			
27248	TREAT THIGH FRACTURE	090	384	394	10	3%	10.78	12.63	1.85	17%	0			3.0	1.0			1.0	2.0		1.0			
27252	TREAT HIP DISLOCATION	090	284	311	27	10%	11.03	12.98	1.95	18%	0			3.5				4.0			1.0			
27253	TREAT HIP DISLOCATION	090	344	372	28	8%	13.58	15.64	2.06	15%	0			4.0				4.0			1.0			
27254	TREAT HIP DISLOCATION	090	413	442	29	7%	18.94	21.11	2.17	11%	0			4.5				4.0			1.0			
27256	TREAT HIP DISLOCATION	010	154	161	7	5%	4.28	4.96	0.68	16%	0			1.0				1.0			1.0			
27257	TREAT HIP DISLOCATION	010	173	180	7	4%	5.38	6.06	0.68	13%	0			1.0				1.0			1.0			
27258	TREAT HIP DISLOCATION	090	395	426.5	31.5	8%	16.18	18.47	2.29	14%	0			4.5				4.5			1.0			
27259	TREAT HIP DISLOCATION	090	537	582	45	8%	23.26	25.61	2.35	10%	-2				3.0	1.0		3.0			1.0			
27265	TREAT HIP DISLOCATION	090	150	158	8	5%	5.24	6.23	0.99	19%	0			4.0							0.5			
27266	TREAT HIP DISLOCATION	090	202	214	12	6%	7.78	9.01	1.23	16%	0			3.5				1.0			1.0			
27267	CLTX THIGH FX	090	171	189	18	11%	5.5	7.08	1.58	29%	0			4.0				2.0			1.0			
27268	CLTX THIGH FX W/MNPJ	090	196	214	18	9%	7.12	8.70	1.58	22%	0			4.0				2.0			1.0			
27269	OPTX THIGH FX	090	404	423	19	5%	18.89	20.78	1.89	10%	0			3.0	1.0			2.0	1.0		1.0			
27275	MANIPULATION OF HIP JOINT	010	110	112	2	2%	2.32	2.76	0.44	19%	0			1.0							1.0			
27278	ARTHRD SI JT PRQ WO TFXJ DEV	090	185	199	14	8%	7.86	8.63	0.77	10%	0				2.0						0.5			
27279	ARTHRD SI JT PERQ/MIN NVAS	090	241	257	16	7%	12.13	13.12	0.99	8%	0			1.0	2.0						0.5			
27280	ARTHR SI JT OPN B1GRF INSTRM	090	383	400	17	4%	20	21.54	1.54	8%	0			1.0	2.0			1.0	1.0		1.0			
27282	ARTHRODESIS SYMPHYSIS PUBIS	090	342	363.5	21.5	6%	11.85	13.66	1.81	15%	0			4.5				2.5			1.0			
27284	ARTHRODESIS HIP JOINT	090	497	529	32	6%	25.06	27.19	2.13	8%	0				3.0			3.0	1.0		1.0			
27286	ARTHRD HIP JT SBTRCHC OSTEOT	090	540	588	48	9%	25.17	27.67	2.50	10%	0				4.0			4.0			1.0			
27290	AMPUTATION OF LEG AT HIP	090	615	668.5	53.5	9%	24.55	28.02	3.47	14%	0			5.5				8.5			1.0			
27295	AMPUTATION OF LEG AT HIP	090	499	542	43	9%	19.66	22.44	2.78	14%	0			4.0				7.0			1.0			
27301	DRAIN THIGH/KNEE LESION	090	220	232	12	5%	6.78	8.01	1.23	18%	0			3.5				1.0			1.0			
27303	DRAINAGE OF BONE LESION	090	249	263.5	14.5	6%	8.63	9.98	1.35	16%	0			3.5				1.5			1.0			
27305	INCISE THIGH TENDON & FASCIA	090	207	218	11	5%	6.18	7.30	1.12	18%	0			3.0				1.0			1.0			
27306	INCISION OF THIGH TENDON	090	162	167	5	3%	4.74	5.51	0.77	16%	0			2.5							1.0			
27307	INCISION OF THIGH TENDONS	090	206	217	11	5%	6.06	7.18	1.12	18%	0			3.0				1.0			1.0			
27310	EXPLORATION OF KNEE JOINT	090	311	341.5	30.5	10%	10	12.18	2.18	22%	0			4.0				4.5			1.0			
27323	BIOPSY THIGH SOFT TISSUES	010	74	76	2	3%	2.33	2.55	0.22	9%	0			1.0										
27324	BIOPSY THIGH SOFT TISSUES	090	168	174	6	4%	5.04	5.81	0.77	15%	0			3.0							0.5			
27325	NEURECTOMY HAMSTRING	090	229	238.5	9.5	4%	7.2	8.31	1.11	15%	0			3.5				0.5			1.0			
27326	NEURECTOMY POPLITEAL	090	215	222	7	3%	6.47	7.46	0.99	15%	0			3.5							1.0			
27327	EXC THIGH/KNEE LES SC < 3 CM	090	140	149	9	6%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
27328	EXC THIGH/KNEE TUM DEEP <5CM	090	261	277	16	6%	8.85	10.08	1.23	14%	0			2.0	1.0			1.0			1.0			
27329	RESECT THIGH/KNEE TUM < 5 CM	090	413	437	24	6%	15.72	17.59	1.87	12%	0			1.0	3.0			1.0	1.0		1.0			
27330	BIOPSY KNEE JOINT LINING	090	165	171	6	4%	5.11	5.88	0.77	15%	0			3.0							0.5			
27331	EXPLORE/TREAT KNEE JOINT	090	200	206	6	3%	6.02	6.90	0.88	15%	0			3.0							1.0			
27332	REMOVAL OF KNEE CARTILAGE	090	235	243	8	3%	8.46	9.56	1.10	13%	0			4.0							1.0			
27333	REMOVAL OF KNEE CARTILAGE	090	263	273.5	10.5	4%	7.55	8.77	1.22	16%	0			4.0				0.5			1.0			
27334	REMOVE KNEE JOINT LINING	090	294	314.5	20.5	7%	9.19	10.89	1.70	18%	0			4.0				2.5			1.0			
27335	REMOVE KNEE JOINT LINING	090	329	352	23	7%	10.55	12.37	1.82	17%	0			4.0				3.0			1.0			
27337	EXC THIGH/KNEE LES SC 3 CM/>	090	181	190	9	5%	5.91	6.57	0.66	11%	0			1.0	1.0						0.5			
27339	EXC THIGH/KNEE TUM DEP 5CM/	090	310	331	21	7%	11.13	12.47	1.34	12%	0			1.0	2.0			1.0			1.0			
27340	REMOVAL OF KNEECAP BURSA	090	155	161	6	4%	4.32	5.09	0.77	18%	0			3.0							0.5			
27345	REMOVAL OF KNEE CYST	090	204	211	7	3%	6.09	6.97	0.88	14%	0			3.5							0.5			
27347	REMOVE KNEE CYST	090	214	235	21	10%	6.73	7.72	0.99	15%	0				3.0									
27350	REMOVAL OF KNEECAP	090	289	309.5	20.5	7%	8.66	10.36	1.70	20%	0			4.0				2.5			1.0			

27355	REMOVE FEMUR LESION	090	258	272.5	14.5	6%	8	9.35	1.35	17%	0			3.5				1.5			1.0			
27356	REMOVE FEMUR LESION/GRAFT	090	331	356.5	25.5	8%	10.09	12.03	1.94	19%	0			4.0				3.5			1.0			
27357	REMOVE FEMUR LESION/GRAFT	090	361	387.5	26.5	7%	11.16	13.21	2.05	18%	0			4.5				3.5			1.0			
27360	PARTIAL REMOVAL LEG BONE(S)	090	386	426.5	40.5	10%	11.46	14.12	2.66	23%	0			4.0				6.5			1.0			
27364	RESECT THIGH/KNEE TUM 5 CM/>	090	550	577	27	5%	24.49	26.89	2.40	10%	-2			1.0	2.0	1.0		2.0	2.0		1.0			
27365	RESECT FEMUR/KNEE TUMOR	090	633	656	23	4%	32.21	34.81	2.60	8%	-2			1.0	2.0	1.0		2.0	3.0		1.0			
27372	REMOVAL OF FOREIGN BODY	090	168	174	6	4%	5.21	5.98	0.77	15%	0			3.0							0.5			
27380	REPAIR OF KNEECAP TENDON	090	235	247	12	5%	7.45	8.68	1.23	17%	0			3.5				1.0			1.0			
27381	REPAIR/GRAFT KNEECAP TENDON	090	320	338	18	6%	10.76	12.34	1.58	15%	0			4.0				2.0			1.0			
27385	REPAIR OF THIGH MUSCLE	090	237	250	13	5%	6.93	8.03	1.10	16%	0			3.0	1.0						0.5			
27386	REPAIR/GRAFT OF THIGH MUSCLE	090	350	374	24	7%	11.13	13.06	1.93	17%	0			4.5				3.0			1.0			
27390	INCISION OF THIGH TENDON	090	184	192.5	8.5	5%	5.53	6.53	1.00	18%	0			3.0				0.5			1.0			
27391	INCISION OF THIGH TENDONS	090	233	245	12	5%	7.49	8.72	1.23	16%	0			3.5				1.0			1.0			
27392	INCISION OF THIGH TENDONS	090	292	310	18	6%	9.63	11.21	1.58	16%	0			4.0				2.0			1.0			
27393	LENGTHENING OF THIGH TENDON	090	197	205.5	8.5	4%	6.59	7.59	1.00	15%	0			3.0				0.5			1.0			
27394	LENGTHENING OF THIGH TENDON	090	248	260	12	5%	8.79	10.02	1.23	14%	0			3.5				1.0			1.0			
27395	LENGTHENING OF THIGH TENDON	090	348	369.5	21.5	6%	12.24	14.05	1.81	15%	0			4.5				2.5			1.0			
27396	TRANSPLANT OF THIGH TENDON	090	254	266	12	5%	8.15	9.38	1.23	15%	0			3.5				1.0			1.0			
27397	TRANSPLANTS OF THIGH TENDON	090	360	393	33	9%	12.66	14.44	1.78	14%	0				4.0			1.0			1.0			
27400	REVISE THIGH MUSCLES/TENDON	090	274	287	13	5%	9.33	10.67	1.34	14%	0			4.0				1.0			1.0			
27403	REPAIR OF KNEE CARTILAGE	090	257	269	12	5%	8.62	9.85	1.23	14%	0			3.5				1.0			1.0			
27405	REPAIR OF KNEE LIGAMENT	090	282	300	18	6%	9.08	10.66	1.58	17%	0			4.0				2.0			1.0			
27407	REPAIR OF KNEE LIGAMENT	090	349	373	24	7%	10.85	12.78	1.93	18%	0			4.5				3.0			1.0			
27409	REPAIR OF KNEE LIGAMENTS	090	410	444	34	8%	13.71	16.12	2.41	18%	0			4.5				5.0			1.0			
27412	AUTOCHONDROCYTE IMPLANT KN	090	484	510	26	5%	24.74	26.83	2.09	8%	0			2.0	3.0			1.0	1.0		1.0			
27415	OSTEOCHONDRAL KNEE ALLOGRA	090	424	450	26	6%	20	22.09	2.09	10%	0			2.0	3.0			1.0	1.0		1.0			
27416	OSTEOCHONDRAL KNEE AUTOGR	090	287	305	18	6%	14.16	15.37	1.21	9%	0			2.0	2.0						0.5			
27418	REPAIR DEGENERATED KNEECAP	090	358	389.5	31.5	9%	11.6	13.89	2.29	20%	0			4.5				4.5			1.0			
27420	REVISION OF UNSTABLE KNEECAP	090	295	313	18	6%	10.26	11.84	1.58	15%	0			4.0				2.0			1.0			
27422	REVISION OF UNSTABLE KNEECAP	090	297	315	18	6%	10.21	11.79	1.58	15%	0			4.0				2.0			1.0			
27424	REVISION/REMOVAL OF KNEECAP	090	298	316	18	6%	10.24	11.82	1.58	15%	0			4.0				2.0			1.0			
27425	LAT RETINACULAR RELEASE OPEN	090	159	166	7	4%	5.39	6.16	0.77	14%	0			3.5										
27427	RECONSTRUCTION KNEE	090	302	320	18	6%	9.79	11.37	1.58	16%	0			4.0				2.0			1.0			
27428	RECONSTRUCTION KNEE	090	363	398	35	10%	15.58	17.45	1.87	12%	0				5.0						1.0			
27429	RECONSTRUCTION KNEE	090	466	513	47	10%	17.54	19.98	2.44	14%	0				6.0			1.0			1.0			
27430	REVISION OF THIGH MUSCLES	090	303	323.5	20.5	7%	10.16	11.86	1.70	17%	0			4.0				2.5			1.0			
27435	INCISION OF KNEE JOINT	090	340	373	33	10%	10.88	12.66	1.78	16%	0				4.0			1.0			1.0			
27437	REVISE KNEECAP	090	273	292.5	19.5	7%	8.93	10.52	1.59	18%	0			3.5				2.5			1.0			
27438	REVISE KNEECAP WITH IMPLANT	090	332	360	28	8%	11.89	13.95	2.06	17%	0			4.0				4.0			1.0			
27440	REVISION OF KNEE JOINT	090	334	362	28	8%	11.09	13.15	2.06	19%	0			4.0				4.0			1.0			
27441	REVISION OF KNEE JOINT	090	360	390.5	30.5	8%	11.54	13.72	2.18	19%	0			4.0				4.5			1.0			
27442	REVISION OF KNEE JOINT	090	307	327.5	20.5	7%	12.37	14.07	1.70	14%	0			4.0				2.5			1.0			
27443	REVISION OF KNEE JOINT	090	323	343.5	20.5	6%	11.41	13.11	1.70	15%	0			4.0				2.5			1.0			
27445	REVISION OF KNEE JOINT	090	447	488.5	41.5	9%	18.66	21.43	2.77	15%	0			4.5				6.5			1.0			
27446	REVISION OF KNEE JOINT	090	310	333	23	7%	17.13	18.32	1.19	7%	-2				2.0	1.0					0.5			
27447	TOTAL KNEE ARTHROPLASTY	090	374	387	13	3%	19.6	21.21	1.61	8%	0				3.0				2.0		1.0			
27448	INCISION OF THIGH	090	324	347	23	7%	11.6	13.42	1.82	16%	0			4.0				3.0			1.0			
27450	INCISION OF THIGH	090	392	418.5	26.5	7%	14.61	16.66	2.05	14%	0			4.5				3.5			1.0			
27454	REALIGNMENT OF THIGH BONE	090	430	473	43	10%	19.17	21.43	2.26	12%	0				4.0			3.0			1.0			
27455	REALIGNMENT OF KNEE	090	344	367	23	7%	13.36	15.18	1.82	14%	0			4.0				3.0			1.0			
27457	REALIGNMENT OF KNEE	090	370	394.5	24.5	7%	14.03	15.86	1.83	13%	0			3.5				3.5			1.0			
27465	SHORTENING OF THIGH BONE	090	383.5	416.5	33	9%	18.6	20.64	2.04	11%	0			2.0	2.0			3.0			1.0			
27466	LENGTHENING OF THIGH BONE	090	467	507	40	9%	17.28	20.04	2.76	16%	0			5.0				6.0			1.0			
27468	SHORTEN/LENGTHEN THIGHS	090	515	557.5	42.5	8%	19.97	22.85	2.88	14%	0			5.0				6.5			1.0			
27470	REPAIR OF THIGH	090	400	421	21	5%	17.14	19.25	2.11	12%	0			4.0	1.0			2.0	1.0		1.0			
27472	REPAIR/GRAFT OF THIGH	090	502	544.5	42.5	8%	18.72	21.60	2.88	15%	0			5.0				6.5			1.0			
27475	SURGERY TO STOP LEG GROWTH	090	252	264	12	5%	8.93	10.16	1.23	14%	0			3.5				1.0			1.0			
27477	SURGERY TO STOP LEG GROWTH	090	262	274	12	5%	10.14	11.37	1.23	12%	0			3.5				1.0			1.0			
27479	SURGERY TO STOP LEG GROWTH	090	326	341.5	15.5	5%	13.16	14.62	1.46	11%	0			4.0				1.5			1.0			
27485	SURGERY TO STOP LEG GROWTH	090	241	253	12	5%	9.13	10.36	1.23	13%	0			3.5				1.0			1.0			
27486	REVISE/REPLACE KNEE JOINT	090	470	523	53	11%	21.12	23.86	2.74	13%	0				4.0			5.0			1.0			
27487	REVISE/REPLACE KNEE JOINT	090	520	573	53	10%	27.11	29.85	2.74	10%	0				4.0			5.0			1.0			
27488	REMOVAL OF KNEE PROSTHESIS	090	470	523	53	11%	17.6	20.34	2.74	16%	0				4.0			5.0			1.0			
27495	REINFORCE THIGH	090	452	493.5	41.5	9%	16.54	19.31	2.77	17%	0			4.5				6.5			1.0			
27496	DECOMPRESSION OF THIGH/KNEE	090	287	315	28	10%	6.78	8.84	2.06	30%	0			4.0				4.0			1.0			
27497	DECOMPRESSION OF THIGH/KNEE	090	301	327	26	9%	7.79	9.63	1.84	24%	0			3.0				4.0			1.0			
27498	DECOMPRESSION OF THIGH/KNEE	090	327	355	28	9%	8.66	10.72	2.06	24%	0			4.0				4.0			1.0			
27499	DECOMPRESSION OF THIGH/KNEE	090	332	350	18	5%	9.43	11.01	1.58	17%	0			4.0				2.0			1.0			
27500	TREATMENT OF THIGH FRACTURE	090	216	232	16	7%	6.3	7.66	1.36	22%	0			3.0				2.0			1.0			
27501	TREATMENT OF THIGH FRACTURE	090	169	185	16	9%	6.45	7.68	1.23	19%	0			2.0	1.0			1.0			1.0			
27502	TREATMENT OF THIGH FRACTURE	090	328	361	33	10%	11.36	13.66	2.30	20%	0			4.0				5.0			1.0			
27503	TREATMENT OF THIGH FRACTURE	090	249	272	23	9%	11.27	12.96	1.69	15%	0			3.0	1.0			2.0			1.0			
27506	TREATMENT OF THIGH FRACTURE	090	501.5	565.5	64	13%	19.65	22.92	3.27	17%	0				4.5			6.5			1.0			

27507	TREATMENT OF THIGH FRACTURE	090	376	397	21	6%	14.48	16.08	1.60	11%	0			3.0				3.0			1.0			
27508	TREATMENT OF THIGH FRACTURE	090	221	236.5	15.5	7%	6.2	7.66	1.46	24%	0			4.0				1.5			1.0			
27509	TREATMENT OF THIGH FRACTURE	090	297	315	18	6%	8.14	9.72	1.58	19%	0			4.0				2.0			1.0			
27510	TREATMENT OF THIGH FRACTURE	090	298	326	28	9%	9.8	11.86	2.06	21%	0			4.0				4.0			1.0			
27511	TREATMENT OF THIGH FRACTURE	090	439	449	10	2%	15.11	16.96	1.85	12%	0			3.0	1.0			1.0	2.0		1.0			
27513	TREATMENT OF THIGH FRACTURE	090	464	474	10	2%	19.25	21.10	1.85	10%	0			3.0	1.0			1.0	2.0		1.0			
27514	TREATMENT OF THIGH FRACTURE	090	409	419	10	2%	14.6	16.45	1.85	13%	0			3.0	1.0			1.0	2.0		1.0			
27516	TREAT THIGH FX GROWTH PLATE	090	215	224	9	4%	5.59	6.80	1.21	22%	0			4.5							1.0			
27517	TREAT THIGH FX GROWTH PLATE	090	249	263	14	6%	9.12	10.57	1.45	16%	0			4.5				1.0			1.0			
27519	TREAT THIGH FX GROWTH PLATE	090	359	373	14	4%	13.25	14.90	1.65	12%	0			3.0	1.0			1.0	1.0		1.0			
27520	TREAT KNEECAP FRACTURE	090	124	131	7	6%	3.04	3.81	0.77	25%	0			3.5										
27524	TREAT KNEECAP FRACTURE	090	274	289.5	15.5	6%	10.37	11.83	1.46	14%	0			4.0				1.5			1.0			
27530	TREAT KNEE FRACTURE	090	91	99	8	9%	2.65	3.53	0.88	33%	0			4.0										
27532	TREAT KNEE FRACTURE	090	218	228.5	10.5	5%	7.55	8.77	1.22	16%	0			4.0				0.5			1.0			
27535	TREAT KNEE FRACTURE	090	389	394	5	1%	13.41	15.02	1.61	12%	0			3.0	1.0				2.0		1.0			
27536	TREAT KNEE FRACTURE	090	475	523	48	10%	17.39	19.89	2.50	14%	0				4.0			4.0			1.0			
27538	TREAT KNEE FRACTURE(S)	090	140	149	9	6%	5.09	6.08	0.99	19%	0			4.5										
27540	TREAT KNEE FRACTURE	090	334	343	9	3%	11.3	12.71	1.41	12%	0			3.0	1.0				1.0		1.0			
27550	TREAT KNEE DISLOCATION	090	143	152	9	6%	5.98	6.97	0.99	17%	0			4.5										
27552	TREAT KNEE DISLOCATION	090	228	239.5	11.5	5%	8.18	9.51	1.33	16%	0			4.5				0.5			1.0			
27556	TREAT KNEE DISLOCATION	090	369	383	14	4%	13	14.65	1.65	13%	0			3.0	1.0			1.0	1.0		1.0			
27557	TREAT KNEE DISLOCATION	090	399	413	14	4%	15.9	17.55	1.65	10%	0			3.0	1.0			1.0	1.0		1.0			
27558	TREAT KNEE DISLOCATION	090	429	443	14	3%	18.39	20.04	1.65	9%	0			3.0	1.0			1.0	1.0		1.0			
27560	TREAT KNEECAP DISLOCATION	090	105	112	7	7%	3.99	4.76	0.77	19%	0			3.5										
27562	TREAT KNEECAP DISLOCATION	090	168	176	8	5%	5.98	6.97	0.99	17%	0			4.0							0.5			
27566	TREAT KNEECAP DISLOCATION	090	303	323.5	20.5	7%	12.71	14.41	1.70	13%	0			4.0				2.5			1.0			
27570	FIXATION OF KNEE JOINT	010	71	73	2	3%	1.79	2.01	0.22	12%	0			1.0										
27580	FUSION OF KNEE	090	450	498	48	11%	21.1	23.60	2.50	12%	0				4.0			4.0			1.0			
27590	AMPUTATE LEG AT THIGH	090	449	509.5	60.5	13%	13.47	17.09	3.62	27%	0			4.0				10.5			1.0			
27591	AMPUTATE LEG AT THIGH	090	462	515	53	11%	13.94	17.20	3.26	23%	0			4.0				9.0			1.0			
27592	AMPUTATE LEG AT THIGH	090	358	398.5	40.5	11%	10.98	13.64	2.66	24%	0			4.0				6.5			1.0			
27594	AMPUTATION FOLLOW-UP SURGI	090	268	283.5	15.5	6%	7.29	8.75	1.46	20%	0			4.0				1.5			1.0			
27596	AMPUTATION FOLLOW-UP SURGI	090	345	374	29	8%	11.29	13.46	2.17	19%	0			4.5				4.0			1.0			
27598	AMPUTATE LOWER LEG AT KNEE	090	340	369	29	9%	11.22	13.39	2.17	19%	0			4.5				4.0			1.0			
27600	DECOMPRESSION OF LOWER LEG	090	211	227	16	8%	6.03	7.39	1.36	23%	0			3.0				2.0			1.0			
27601	DECOMPRESSION OF LOWER LEG	090	220	237	17	8%	6.05	7.52	1.47	24%	0			3.5				2.0			1.0			
27602	DECOMPRESSION OF LOWER LEG	090	253	272.5	19.5	8%	7.82	9.41	1.59	20%	0			3.5				2.5			1.0			
27603	DRAIN LOWER LEG LESION	090	199	211	12	6%	5.23	6.46	1.23	24%	0			3.5				1.0			1.0			
27604	DRAIN LOWER LEG BURSA	090	130	135	5	4%	4.59	5.25	0.66	14%	0			2.5							0.5			
27605	INCISION OF ACHILLES TENDON	010	88	90	2	2%	2.92	3.14	0.22	8%	0			1.0										
27606	INCISION OF ACHILLES TENDON	010	131	133	2	2%	4.18	4.62	0.44	11%	0			1.0							1.0			
27607	TREAT LOWER LEG BONE LESION	090	281	308	27	10%	8.62	10.57	1.95	23%	0			3.5				4.0			1.0			
27610	EXPLORE/TREAT ANKLE JOINT	090	311	344	33	11%	9.13	11.43	2.30	25%	0			4.0				5.0			1.0			
27612	EXPLORATION OF ANKLE JOINT	090	353	387	34	10%	8.15	10.56	2.41	30%	0			4.5				5.0			1.0			
27613	BIOPSY LOWER LEG SOFT TISSUE	010	77	79	2	3%	2.22	2.44	0.22	10%	0			1.0										
27614	BIOPSY LOWER LEG SOFT TISSUE	090	192	198	6	3%	5.8	6.68	0.88	15%	0			3.0							1.0			
27615	RESECT LEG/ANKLE TUM < 5 CM	090	416	440	24	6%	15.72	17.59	1.87	12%	0			1.0	3.0			1.0	1.0		1.0			
27616	RESECT LEG/ANKLE TUM 5 CM/>	090	463	489	26	6%	19.63	21.59	1.96	10%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
27618	EXC LEG/ANKLE TUM < 3 CM	090	137	146	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
27619	EXC LEG/ANKLE TUM DEEP	090	225	236	11	5%	6.91	7.79	0.88	13%	0			2.0	1.0						0.5			
27620	EXPLORE/TREAT ANKLE JOINT	090	180	187	7	4%	6.15	7.03	0.88	14%	0			3.5							0.5			
27625	REMOVE ANKLE JOINT LINING	090	249	257	8	3%	8.49	9.59	1.10	13%	0			4.0							1.0			
27626	REMOVE ANKLE JOINT LINING	090	268	276	8	3%	9.1	10.20	1.10	12%	0			4.0							1.0			
27630	REMOVAL OF TENDON LESION	090	146	152	6	4%	4.94	5.60	0.66	13%	0			3.0										
27632	EXC LEG/ANKLE LES SC 3 CM/>	090	183	192	9	5%	5.91	6.57	0.66	11%	0			1.0	1.0						0.5			
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	090	281	302	21	7%	10.13	11.47	1.34	13%	0			1.0	2.0			1.0			1.0			
27635	REMOVE LOWER LEG BONE LESIO	090	267	277.5	10.5	4%	8.03	9.25	1.22	15%	0			4.0				0.5			1.0			
27637	REMOVE/GRAFT LEG BONE LESIO	090	336	355	19	6%	10.31	12.00	1.69	16%	0			4.5				2.0			1.0			
27638	REMOVE/GRAFT LEG BONE LESIO	090	315	333	18	6%	10.99	12.57	1.58	14%	0			4.0				2.0			1.0			
27640	PARTIAL REMOVAL OF TIBIA	090	382	418.5	36.5	10%	12.24	14.77	2.53	21%	0			4.5				5.5			1.0			
27641	PARTIAL REMOVAL OF FIBULA	090	319	344.5	25.5	8%	9.84	11.78	1.94	20%	0			4.0				3.5			1.0			
27645	RESECT TIBIA TUMOR	090	553	580	27	5%	27.21	29.61	2.40	9%	-2			1.0	2.0	1.0		2.0	2.0		1.0			
27646	RESECT FIBULA TUMOR	090	540	562	22	4%	23.21	25.37	2.16	9%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
27647	RESECT TALUS/CALCANEUS TUM	090	469	484	15	3%	20.26	22.09	1.83	9%	-2			1.0	1.0	1.0		1.0	2.0		1.0			
27650	REPAIR ACHILLES TENDON	090	239	264	25	10%	9.21	10.75	1.54	17%	0			2.0	3.0						0.5			
27652	REPAIR/GRAFT ACHILLES TENDON	090	312	331	19	6%	10.78	12.47	1.69	16%	0			4.5				2.0			1.0			
27654	REPAIR OF ACHILLES TENDON	090	283	308	25	9%	10.53	12.07	1.54	15%	0			2.0	3.0						0.5			
27656	REPAIR LEG FASCIA DEFECT	090	171	177	6	4%	4.71	5.48	0.77	16%	0			3.0							0.5			
27658	REPAIR OF LEG TENDON EACH	090	196	202	6	3%	5.12	6.00	0.88	17%	0			3.0							1.0			
27659	REPAIR OF LEG TENDON EACH	090	246	258	12	5%	7.1	8.33	1.23	17%	0			3.5				1.0			1.0			
27664	REPAIR OF LEG TENDON EACH	090	173	179	6	3%	4.73	5.50	0.77	16%	0			3.0							0.5			
27665	REPAIR OF LEG TENDON EACH	090	201	208	7	3%	5.57	6.45	0.88	16%	0			3.5							0.5			
27675	REPAIR LOWER LEG TENDONS	090	228	235	7	3%	7.35	8.34	0.99	13%	0			3.5							1.0			

27676	REPAIR LOWER LEG TENDONS	090	274	287	13	5%	8.73	10.07	1.34	15%	0			4.0				1.0			1.0			
27680	RELEASE OF LOWER LEG TENDON	090	197	203	6	3%	5.88	6.76	0.88	15%	0			3.0							1.0			
27681	RELEASE OF LOWER LEG TENDON	090	232	241.5	9.5	4%	7.05	8.16	1.11	16%	0			3.5				0.5			1.0			
27685	REVISION OF LOWER LEG TENDOI	090	200	208	8	4%	6.69	7.68	0.99	15%	0			4.0							0.5			
27686	REVISE LOWER LEG TENDONS	090	252	264	12	5%	7.75	8.98	1.23	16%	0			3.5				1.0			1.0			
27687	REVISION OF CALF TENDON	090	199	206	7	4%	6.41	7.29	0.88	14%	0			3.5							0.5			
27690	REVISE LOWER LEG TENDON	090	258	283	25	10%	9.17	10.71	1.54	17%	0			2.0	3.0						0.5			
27691	REVISE LOWER LEG TENDON	090	292	317	25	9%	10.49	12.14	1.65	16%	0			2.0	3.0						1.0			
27695	REPAIR OF ANKLE LIGAMENT	090	225	233	8	4%	6.7	7.80	1.10	16%	0			4.0							1.0			
27696	REPAIR OF ANKLE LIGAMENTS	090	280	293	13	5%	8.58	9.92	1.34	16%	0			4.0				1.0			1.0			
27698	REPAIR OF ANKLE LIGAMENT	090	275	285.5	10.5	4%	9.61	10.83	1.22	13%	0			4.0				0.5			1.0			
27700	REVISION OF ANKLE JOINT	090	310	325.5	15.5	5%	9.66	11.12	1.46	15%	0			4.0				1.5			1.0			
27702	RECONSTRUCT ANKLE JOINT	090	416	447.5	31.5	8%	14.42	16.71	2.29	16%	0			4.5				4.5			1.0			
27703	RECONSTRUCTION ANKLE JOINT	090	488	533	45	9%	16.94	19.94	3.00	18%	0			5.0				7.0			1.0			
27704	REMOVAL OF ANKLE IMPLANT	090	251	259	8	3%	7.81	8.91	1.10	14%	0			4.0							1.0			
27705	OSTEOTOMY TIBIA	090	303	323.5	20.5	7%	10.86	12.56	1.70	16%	0			4.0				2.5			1.0			
27707	OSTEOTOMY FIBULA	090	243	260	17	7%	4.78	6.25	1.47	31%	0			3.5				2.0			1.0			
27709	OSTEOTOMY TIBIA & FIBULA	090	346	374	28	8%	17.48	19.28	1.80	10%	0			2.0	2.0			2.0			1.0			
27712	OSTEOT MLT RELIGNMT IMED RO	090	400	443	43	11%	15.87	18.13	2.26	14%	0				4.0			3.0			1.0			
27715	OSTPL TIBFIB LNGTH/SHRT	090	457	503.5	46.5	10%	15.5	18.51	3.01	19%	0			4.5				7.5			1.0			
27720	REPAIR OF TIBIA	090	356	380	24	7%	12.36	14.29	1.93	16%	0			4.5				3.0			1.0			
27722	REPAIR/GRAFT OF TIBIA	090	389	415.5	26.5	7%	12.45	14.50	2.05	16%	0			4.5				3.5			1.0			
27724	REPAIR/GRAFT OF TIBIA	090	460	477	17	4%	19.31	20.85	1.54	8%	0			1.0	2.0			1.0	1.0		1.0			
27725	REPAIR OF LOWER LEG	090	464	511	47	10%	17.41	19.85	2.44	14%	-4				2.0	2.0		3.0			1.0			
27726	REPAIR FIBULA NONUNION	090	319	337	18	6%	14.34	15.79	1.45	10%	0			3.0	1.0			1.0			1.0			
27727	REPAIR OF LOWER LEG	090	445	480	35	8%	14.84	17.36	2.52	17%	0			5.0				5.0			1.0			
27730	REPAIR OF TIBIA EPIPHYSIS	090	241	253	12	5%	7.7	8.93	1.23	16%	0			3.5				1.0			1.0			
27732	REPAIR OF FIBULA EPIPHYSIS	090	183	189	6	3%	5.46	6.23	0.77	14%	0			3.0							0.5			
27734	REPAIR LOWER LEG EPIPHYSES	090	273	287.5	14.5	5%	8.83	10.18	1.35	15%	0			3.5				1.5			1.0			
27740	REPAIR OF LEG EPIPHYSES	090	315	328	13	4%	9.61	10.95	1.34	14%	0			4.0				1.0			1.0			
27742	REPAIR OF LEG EPIPHYSES	090	340	354	14	4%	10.63	12.08	1.45	14%	0			4.5				1.0			1.0			
27745	REINFORCE TIBIA	090	312	330	18	6%	10.49	12.07	1.58	15%	0			4.0				2.0			1.0			
27750	TREATMENT OF TIBIA FRACTURE	090	143	150	7	5%	3.37	4.25	0.88	26%	0			3.5							0.5			
27752	TREATMENT OF TIBIA FRACTURE	090	250	268	18	7%	6.27	7.85	1.58	25%	0			4.0				2.0			1.0			
27756	TREATMENT OF TIBIA FRACTURE	090	344	372	28	8%	7.45	9.51	2.06	28%	0			4.0				4.0			1.0			
27758	TREATMENT OF TIBIA FRACTURE	090	435	471.5	36.5	8%	12.54	15.07	2.53	20%	0			4.5				5.5			1.0			
27759	TREATMENT OF TIBIA FRACTURE	090	324	347	23	7%	14.45	16.14	1.69	12%	0			3.0	1.0			2.0			1.0			
27760	CLTX MEDIAL ANKLE FX	090	124	132	8	6%	3.21	4.09	0.88	27%	0			4.0										
27762	CLTX MED ANKLE FX W/MNPJ	090	212	221	9	4%	5.47	6.68	1.21	22%	0			4.5							1.0			
27766	OPTX MEDIAL ANKLE FX	090	266	289	23	9%	7.89	9.45	1.56	20%	0			2.0	2.0			1.0			1.0			
27767	CLTX POST ANKLE FX	090	96	109	13	14%	2.64	3.63	0.99	38%	0			3.0	1.0									
27768	CLTX POST ANKLE FX W/MNPJ	090	170	183	13	8%	5.14	6.24	1.10	21%	0			3.0	1.0						0.5			
27769	OPTX POST ANKLE FX	090	279	297	18	6%	10.14	11.59	1.45	14%	0			3.0	1.0			1.0			1.0			
27780	TREATMENT OF FIBULA FRACTUR	090	110	117	7	6%	2.83	3.60	0.77	27%	0			3.5										
27781	TREATMENT OF FIBULA FRACTUR	090	146	154	8	5%	4.59	5.47	0.88	19%	0			4.0										
27784	TREATMENT OF FIBULA FRACTUR	090	281	304	23	8%	9.67	11.23	1.56	16%	0			2.0	2.0			1.0			1.0			
27786	TREATMENT OF ANKLE FRACTURE	090	114	121	7	6%	3.02	3.79	0.77	25%	0			3.5										
27788	TREATMENT OF ANKLE FRACTURE	090	148	156	8	5%	4.64	5.52	0.88	19%	0			4.0										
27792	TREATMENT OF ANKLE FRACTURE	090	245	263	18	7%	8.75	9.96	1.21	14%	0			2.0	2.0						0.5			
27808	TREATMENT OF ANKLE FRACTURE	090	127	135	8	6%	3.03	3.91	0.88	29%	0			4.0										
27810	TREATMENT OF ANKLE FRACTURE	090	180	188	8	4%	5.32	6.31	0.99	19%	0			4.0							0.5			
27814	TREATMENT OF ANKLE FRACTURE	090	346	360	14	4%	10.62	12.14	1.52	14%	0			2.0	2.0				1.0		1.0			
27816	TREATMENT OF ANKLE FRACTURE	090	119	126	7	6%	3.07	3.84	0.77	25%	0			3.5										
27818	TREATMENT OF ANKLE FRACTURE	090	193	201	8	4%	5.69	6.68	0.99	17%	0			4.0							0.5			
27822	TREATMENT OF ANKLE FRACTURE	090	353	372	19	5%	11.21	12.84	1.63	15%	0			1.0	3.0				1.0		1.0			
27823	TREATMENT OF ANKLE FRACTURE	090	366	385	19	5%	13.16	14.79	1.63	12%	0			1.0	3.0				1.0		1.0			
27824	TREAT LOWER LEG FRACTURE	090	137	148	11	8%	3.31	4.08	0.77	23%	0			2.0	1.0									
27825	TREAT LOWER LEG FRACTURE	090	345	366	21	6%	6.69	8.29	1.60	24%	0			3.0				3.0			1.0			
27826	TREAT LOWER LEG FRACTURE	090	328	347	19	6%	11.1	12.73	1.63	15%	0			1.0	3.0				1.0		1.0			
27827	TREAT LOWER LEG FRACTURE	090	441	472	31	7%	14.79	16.99	2.20	15%	0			1.0	4.0			1.0	1.0		1.0			
27828	TREAT LOWER LEG FRACTURE	090	471	502	31	7%	18.43	20.63	2.20	12%	0			1.0	4.0			1.0	1.0		1.0			
27829	TREAT LOWER LEG JOINT	090	271	294	23	8%	8.8	10.36	1.56	18%	0			2.0	2.0			1.0			1.0			
27830	TREAT LOWER LEG DISLOCATION	090	152	159	7	5%	3.96	4.84	0.88	22%	0			3.5							0.5			
27831	TREAT LOWER LEG DISLOCATION	090	166	173	7	4%	4.73	5.61	0.88	19%	0			3.5							0.5			
27832	TREAT LOWER LEG DISLOCATION	090	301	324	23	8%	10.17	11.73	1.56	15%	0			2.0	2.0			1.0			1.0			
27840	TREAT ANKLE DISLOCATION	090	160	168	8	5%	4.77	5.76	0.99	21%	0			4.0							0.5			
27842	TREAT ANKLE DISLOCATION	090	225	235.5	10.5	5%	6.46	7.68	1.22	19%	0			4.0				0.5			1.0			
27846	TREAT ANKLE DISLOCATION	090	312	332.5	20.5	7%	10.28	11.98	1.70	17%	0			4.0				2.5			1.0			
27848	TREAT ANKLE DISLOCATION	090	334	354.5	20.5	6%	11.68	13.38	1.70	15%	0			4.0				2.5			1.0			
27860	FIXATION OF ANKLE JOINT	010	105	107	2	2%	2.39	2.61	0.22	9%	0			1.0										
27870	FUSION OF ANKLE JOINT OPEN	090	400	438	38	10%	15.41	17.43	2.02	13%	0				4.0			2.0			1.0			
27871	FUSION OF TIBIOFIBULAR JOINT	090	301	316.5	15.5	5%	9.54	11.00	1.46	15%	0			4.0				1.5			1.0			
27880	AMPUTATION OF LOWER LEG	090	400	437	37	9%	15.37	17.87	2.50	16%	0			1.0	2.0			5.0	1.0		1.0			

27881	AMPUTATION OF LOWER LEG	090	468	515.5	47.5	10%	13.47	16.59	3.12	23%	0			5.0				7.5			1.0			
27882	AMPUTATION OF LOWER LEG	090	331	366.5	35.5	11%	9.79	12.21	2.42	25%	0			4.0				5.5			1.0			
27884	AMPUTATION FOLLOW-UP SURG	090	292	315	23	8%	8.76	10.58	1.82	21%	0			4.0				3.0			1.0			
27886	AMPUTATION FOLLOW-UP SURG	090	340	369	29	9%	10.02	12.19	2.17	22%	0			4.5				4.0			1.0			
27888	AMPUTATION OF FOOT AT ANKLE	090	335	364	29	9%	10.37	12.54	2.17	21%	0			4.5				4.0			1.0			
27889	ANKLE DISARTICULATION	090	361	397.5	36.5	10%	10.86	13.39	2.53	23%	0			4.5				5.5			1.0			
27892	DECOMPRESSION OF LEG	090	307	330	23	7%	7.94	9.76	1.82	23%	0			4.0				3.0			1.0			
27893	DECOMPRESSION OF LEG	090	307	330	23	7%	7.9	9.72	1.82	23%	0			4.0				3.0			1.0			
27894	DECOMPRESSION OF LEG	090	433	493	60	14%	12.67	15.74	3.07	24%	0				5.0			5.0			1.0			
28005	TREAT FOOT BONE LESION	090	320	351.5	31.5	10%	9.44	11.73	2.29	24%	0			4.5				4.5			1.0			
28008	INCISION OF FOOT FASCIA	090	159	165	6	4%	4.59	5.36	0.77	17%	0			3.0							0.5			
28010	INCISION OF TOE TENDON	090	90	95	5	6%	2.97	3.52	0.55	19%	0			2.5										
28011	INCISION OF TOE TENDONS	090	123	129	6	5%	4.28	4.94	0.66	15%	0			3.0										
28020	EXPLORATION OF FOOT JOINT	090	161	167	6	4%	5.15	5.92	0.77	15%	0			3.0							0.5			
28022	EXPLORATION OF FOOT JOINT	090	157	163	6	4%	4.81	5.58	0.77	16%	0			3.0							0.5			
28024	EXPLORATION OF TOE JOINT	090	151	157	6	4%	4.52	5.29	0.77	17%	0			3.0							0.5			
28035	DECOMPRESSION OF TIBIA NERVE	090	169	175	6	4%	5.23	6.00	0.77	15%	0			3.0							0.5			
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	090	153	162	9	6%	5.42	6.08	0.66	12%	0			1.0	1.0						0.5			
28041	EXC FOOT/TOE TUM DEP 1.5CM/	090	217	233	16	7%	7.13	8.12	0.99	14%	0			1.0	2.0						0.5			
28043	EXC FOOT/TOE TUM SC < 1.5 CM	090	138	147	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
28045	EXC FOOT/TOE TUM DEEP <1.5CM	090	169	180	11	7%	5.45	6.33	0.88	16%	0			2.0	1.0						0.5			
28046	RESECT FOOT/TOE TUMOR < 3 CM	090	334	367	33	10%	12.38	14.29	1.91	15%	0			1.0	3.0			2.0			1.0			
28047	RESECT FOOT/TOE TUMOR 3 CM/	090	413	439	26	6%	17.45	19.41	1.96	11%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
28050	BIOPSY OF FOOT JOINT LINING	090	163	169	6	4%	4.39	5.16	0.77	18%	0			3.0							0.5			
28052	BIOPSY OF FOOT JOINT LINING	090	149	154	5	3%	4.06	4.72	0.66	16%	0			2.5							0.5			
28054	BIOPSY OF TOE JOINT LINING	090	133	138	5	4%	3.57	4.23	0.66	18%	0			2.5							0.5			
28055	NEURECTOMY FOOT	090	197	203	6	3%	6.29	7.17	0.88	14%	0			3.0							1.0			
28060	PARTIAL REMOVAL FOOT FASCIA	090	156	163	7	4%	5.4	6.17	0.77	14%	0			3.5										
28062	REMOVAL OF FOOT FASCIA	090	221	228	7	3%	6.69	7.57	0.88	13%	0			3.5							0.5			
28070	REMOVAL OF FOOT JOINT LINING	090	190	196	6	3%	5.24	6.12	0.88	17%	0			3.0							1.0			
28072	REMOVAL OF FOOT JOINT LINING	090	166	172	6	4%	4.72	5.49	0.77	16%	0			3.0							0.5			
28080	REMOVAL OF FOOT LESION	090	169	197	28	17%	4.86	6.18	1.32	27%	-2		1.0		4.0									
28086	EXCISE FOOT TENDON SHEATH	090	172	178	6	3%	4.92	5.69	0.77	16%	0			3.0							0.5			
28088	EXCISE FOOT TENDON SHEATH	090	142	147	5	4%	3.98	4.64	0.66	17%	0			2.5							0.5			
28090	REMOVAL OF FOOT LESION	090	130	136	6	5%	4.55	5.21	0.66	15%	0			3.0										
28092	REMOVAL OF TOE LESIONS	090	115	121	6	5%	3.78	4.44	0.66	17%	0			3.0										
28100	REMOVAL OF ANKLE/HEEL LESION	090	195	202	7	4%	5.83	6.71	0.88	15%	0			3.5							0.5			
28102	REMOVE/GRAFT FOOT LESION	090	273	281	8	3%	7.92	9.02	1.10	14%	0			4.0							1.0			
28103	REMOVE/GRAFT FOOT LESION	090	233	240	7	3%	6.67	7.66	0.99	15%	0			3.5							1.0			
28104	REMOVAL OF FOOT LESION	090	173	179	6	3%	5.26	6.03	0.77	15%	0			3.0							0.5			
28106	REMOVE/GRAFT FOOT LESION	090	243	251	8	3%	7.35	8.45	1.10	15%	0			4.0							1.0			
28107	REMOVE/GRAFT FOOT LESION	090	232	239	7	3%	5.73	6.72	0.99	17%	0			3.5							1.0			
28108	REMOVAL OF TOE LESIONS	090	134	140	6	4%	4.3	4.96	0.66	15%	0			3.0										
28110	PART REMOVAL OF METATARSAL	090	151	157	6	4%	4.22	4.99	0.77	18%	0			3.0							0.5			
28111	PART REMOVAL OF METATARSAL	090	171	177	6	4%	5.15	5.92	0.77	15%	0			3.0							0.5			
28112	PART REMOVAL OF METATARSAL	090	163	169	6	4%	4.63	5.40	0.77	17%	0			3.0							0.5			
28113	PART REMOVAL OF METATARSAL	090	178	208	30	17%	6.11	7.65	1.54	25%	0			1.0	4.0									
28114	REMOVAL OF METATARSAL HEAD	090	339	387	48	14%	12	14.25	2.25	19%	-6				3.0	3.0								
28116	REVISION OF FOOT	090	320	353	33	10%	9.14	10.92	1.78	19%	0				4.0			1.0			1.0			
28118	REMOVAL OF HEEL BONE	090	196	203	7	4%	6.13	7.01	0.88	14%	0			3.5							0.5			
28119	REMOVAL OF HEEL SPUR	090	183	190	7	4%	5.56	6.44	0.88	16%	0			3.5							0.5			
28120	PART REMOVAL OF ANKLE/HEEL	090	251	271	20	8%	7.31	8.74	1.43	20%	0			3.0	2.0						0.5			
28122	PARTIAL REMOVAL OF FOOT BON	090	230	248	18	8%	6.76	7.97	1.21	18%	0			2.0	2.0						0.5			
28124	PARTIAL REMOVAL OF TOE	090	151	159	8	5%	5	5.88	0.88	18%	0			4.0										
28126	PARTIAL REMOVAL OF TOE	090	116	121	5	4%	3.64	4.19	0.55	15%	0			2.5										
28130	REMOVAL OF ANKLE BONE	090	330	363	33	10%	9.5	11.28	1.78	19%	0				4.0			1.0			1.0			
28140	REMOVAL OF METATARSAL	090	228	237.5	9.5	4%	7.14	8.25	1.11	16%	0			3.5				0.5			1.0			
28150	REMOVAL OF TOE	090	151	157	6	4%	4.23	5.00	0.77	18%	0			3.0							0.5			
28153	PARTIAL REMOVAL OF TOE	090	142	148	6	4%	3.8	4.57	0.77	20%	0			3.0							0.5			
28160	PARTIAL REMOVAL OF TOE	090	129	135	6	5%	3.88	4.54	0.66	17%	0			3.0										
28171	RESECT TARSAL TUMOR	090	365	388	23	6%	16.41	17.84	1.43	9%	-2			1.0	1.0	1.0		1.0			1.0			
28173	RESECT METATARSAL TUMOR	090	304	327	23	8%	14.16	15.59	1.43	10%	-2			1.0	1.0	1.0		1.0			1.0			
28175	RESECT PHALANX OF TOE TUMOR	090	205	223	18	9%	8.29	9.37	1.08	13%	-2			1.0	1.0	1.0					0.5			
28190	REMOVAL OF FOOT FOREIGN BOD	010	64	66	2	3%	2.01	2.23	0.22	11%	0			1.0										
28192	REMOVAL OF FOOT FOREIGN BOD	090	141	147	6	4%	4.78	5.44	0.66	14%	0			3.0										
28193	REMOVAL OF FOOT FOREIGN BOD	090	189	196	7	4%	5.9	6.78	0.88	15%	0			3.5							0.5			
28200	REPAIR OF FOOT TENDON	090	149	155	6	4%	4.74	5.40	0.66	14%	0			3.0										
28202	REPAIR/GRAFT OF FOOT TENDON	090	240	249.5	9.5	4%	7.07	8.18	1.11	16%	0			3.5				0.5			1.0			
28208	REPAIR OF FOOT TENDON	090	154	160	6	4%	4.51	5.28	0.77	17%	0			3.0							0.5			
28210	REPAIR/GRAFT OF FOOT TENDON	090	209	216	7	3%	6.52	7.51	0.99	15%	0			3.5							1.0			
28220	RELEASE OF FOOT TENDON	090	149	155	6	4%	4.67	5.44	0.77	16%	0			3.0							0.5			
28222	RELEASE OF FOOT TENDONS	090	175	181	6	3%	5.76	6.53	0.77	13%	0			3.0							0.5			
28225	RELEASE OF FOOT TENDON	090	133	138	5	4%	3.78	4.44	0.66	17%	0			2.5							0.5			

28226	RELEASE OF FOOT TENDONS	090	162	168	6	4%	4.67	5.44	0.77	16%	0			3.0							0.5			
28230	INCISION OF FOOT TENDON(S)	090	143	148	5	3%	4.36	5.02	0.66	15%	0			2.5							0.5			
28232	INCISION OF TOE TENDON	090	107	112	5	5%	3.51	4.06	0.55	16%	0			2.5										
28234	INCISION OF FOOT TENDON	090	122	129	7	6%	3.54	4.31	0.77	22%	0			3.5										
28238	REVISION OF FOOT TENDON	090	248	257.5	9.5	4%	7.96	9.07	1.11	14%	0			3.5				0.5			1.0			
28240	RELEASE OF BIG TOE	090	139	144	5	4%	4.48	5.14	0.66	15%	0			2.5							0.5			
28250	REVISION OF FOOT FASCIA	090	164	170	6	4%	6.06	6.83	0.77	13%	0			3.0							0.5			
28260	RELEASE OF MIDFOOT JOINT	090	225	234.5	9.5	4%	8.19	9.30	1.11	14%	0			3.5				0.5			1.0			
28261	REVISION OF FOOT TENDON	090	343	376	33	10%	13.11	14.89	1.78	14%	0				4.0			1.0			1.0			
28262	REVISION OF FOOT AND ANKLE	090	380	413	33	9%	17.21	18.99	1.78	10%	0				4.0			1.0			1.0			
28264	RELEASE OF MIDFOOT JOINT	090	269	282	13	5%	10.65	11.99	1.34	13%	0			4.0				1.0			1.0			
28270	RELEASE OF FOOT CONTRACTURE	090	145	152	7	5%	4.93	5.70	0.77	16%	0			3.5										
28272	RELEASE OF TOE JOINT EACH	090	113	118	5	4%	3.92	4.47	0.55	14%	0			2.5										
28280	FUSION OF TOES	090	167	173	6	4%	5.33	6.10	0.77	14%	0			3.0							0.5			
28285	REPAIR OF HAMMERTOE	090	190	208	18	9%	5.62	6.83	1.21	22%	0			2.0	2.0						0.5			
28286	REPAIR OF HAMMERTOE	090	145	151	6	4%	4.7	5.36	0.66	14%	0			3.0										
28288	PARTIAL REMOVAL OF FOOT BON	090	169	197	28	17%	6.02	7.34	1.32	22%	-2		1.0		4.0									
28289	CORRJ HALUX RIGDUS W/O IMPL	090	210	228	18	9%	6.9	8.11	1.21	18%	0			2.0	2.0						0.5			
28291	CORRJ HALUX RIGDUS W/IMPLT	090	215	233	18	8%	8.01	9.22	1.21	15%	0			2.0	2.0						0.5			
28292	COR HLX VLGS RSC PRX PHLX BS	090	226	246	20	9%	7.44	8.87	1.43	19%	0			3.0	2.0						0.5			
28295	COR HLX VLGS PRX MTAR OSTEO	090	241	261	20	8%	8.57	10.00	1.43	17%	0			3.0	2.0						0.5			
28296	COR HLX VLGS DSTL MTAR OSTEO	090	241	261	20	8%	8.25	9.68	1.43	17%	0			3.0	2.0						0.5			
28297	COR HLX VLGS JT ARTHRD	090	256	276	20	8%	9.29	10.72	1.43	15%	0			3.0	2.0						0.5			
28298	COR HLX VLGS PRX PHLX OSTEOT	090	225	243	18	8%	7.75	8.96	1.21	16%	0			2.0	2.0						0.5			
28299	COR HLX VLGS DOUBLE OSTEOT	090	256	276	20	8%	9.29	10.72	1.43	15%	0			3.0	2.0						0.5			
28300	INCISION OF HEEL BONE	090	218	226	8	4%	9.73	10.72	0.99	10%	0			4.0							0.5			
28302	INCISION OF ANKLE BONE	090	234	242	8	3%	9.74	10.84	1.10	11%	0			4.0							1.0			
28304	INCISION OF MIDFOOT BONES	090	239	249.5	10.5	4%	9.41	10.63	1.22	13%	0			4.0				0.5			1.0			
28305	INCISE/GRAFT MIDFOOT BONES	090	283	294.5	11.5	4%	10.77	12.10	1.33	12%	0			4.5				0.5			1.0			
28306	INCISION OF METATARSAL	090	163	169	6	4%	6	6.66	0.66	11%	0			3.0										
28307	INCISION OF METATARSAL	090	213	220	7	3%	6.5	7.38	0.88	14%	0			3.5							0.5			
28308	INCISION OF METATARSAL	090	165	173	8	5%	5.48	6.36	0.88	16%	0			4.0										
28309	INCISION OF METATARSALS	090	350	383	33	9%	14.16	15.94	1.78	13%	0				4.0			1.0			1.0			
28310	REVISION OF BIG TOE	090	165	171	6	4%	5.57	6.34	0.77	14%	0			3.0							0.5			
28312	REVISION OF TOE	090	160	166	6	4%	4.69	5.46	0.77	16%	0			3.0							0.5			
28313	REPAIR DEFORMITY OF TOE	090	151	157	6	4%	5.15	5.92	0.77	15%	0			3.0							0.5			
28315	REMOVAL OF SESAMOID BONE	090	156	162	6	4%	5	5.77	0.77	15%	0			3.0							0.5			
28320	REPAIR OF FOOT BONES	090	254	262	8	3%	9.37	10.47	1.10	12%	0			4.0							1.0			
28322	REPAIR OF METATARSALS	090	221	229	8	4%	8.53	9.52	0.99	12%	0			4.0							0.5			
28340	RESECT ENLARGED TOE TISSUE	090	230	237	7	3%	7.15	8.14	0.99	14%	0			3.5							1.0			
28341	RESECT ENLARGED TOE	090	298	311	13	4%	8.72	10.06	1.34	15%	0			4.0				1.0			1.0			
28344	REPAIR EXTRA TOE(S)	090	185	191	6	3%	4.4	5.28	0.88	20%	0			3.0							1.0			
28345	REPAIR WEBBED TOE(S)	090	222	229	7	3%	6.09	7.08	0.99	16%	0			3.5							1.0			
28360	RECONSTRUCT CLEFT FOOT	090	395	430	35	9%	14.92	16.57	1.65	11%	0				5.0									
28400	TREATMENT OF HEEL FRACTURE	090	97	103	6	6%	2.31	2.97	0.66	29%	0			3.0										
28405	TREATMENT OF HEEL FRACTURE	090	164	171	7	4%	4.74	5.62	0.88	19%	0			3.5							0.5			
28406	TREATMENT OF HEEL FRACTURE	090	229	239.5	10.5	5%	6.56	7.78	1.22	19%	0			4.0				0.5			1.0			
28415	TREAT HEEL FRACTURE	090	441	472	31	7%	16.19	18.39	2.20	14%	0			1.0	4.0			1.0	1.0		1.0			
28420	TREAT/GRAFT HEEL FRACTURE	090	481	512	31	6%	17.52	19.72	2.20	13%	0			1.0	4.0			1.0	1.0		1.0			
28430	TREATMENT OF ANKLE FRACTURE	090	89	94	5	6%	2.22	2.77	0.55	25%	0			2.5										
28435	TREATMENT OF ANKLE FRACTURE	090	116	122	6	5%	3.54	4.20	0.66	19%	0			3.0										
28436	TREATMENT OF ANKLE FRACTURE	090	190	198	8	4%	4.9	5.89	0.99	20%	0			4.0							0.5			
28445	TREAT ANKLE FRACTURE	090	444	475	31	7%	15.76	17.96	2.20	14%	0			1.0	4.0			1.0	1.0		1.0			
28446	OSTEOCHONDRAL TALUS AUTOGI	090	339	364	25	7%	17.71	19.36	1.65	9%	0			2.0	3.0						1.0			
28450	TREAT MIDFOOT FRACTURE EACH	090	87	92	5	6%	2.03	2.58	0.55	27%	0			2.5										
28455	TREAT MIDFOOT FRACTURE EACH	090	113	119	6	5%	3.24	3.90	0.66	20%	0			3.0										
28456	TREAT MIDFOOT FRACTURE	090	182	189	7	4%	2.86	3.74	0.88	31%	0			3.5							0.5			
28465	TREAT MIDFOOT FRACTURE EACH	090	257	275	18	7%	8.8	10.01	1.21	14%	0			2.0	2.0						0.5			
28470	TREAT METATARSAL FRACTURE	090	77	83	6	8%	2.03	2.69	0.66	33%	0			3.0										
28475	TREAT METATARSAL FRACTURE	090	80.5	80.5	0	0%	3.01	3.01	-	0%	-7		3.5											
28476	TREAT METATARSAL FRACTURE	090	168	177	9	5%	3.6	4.59	0.99	28%	0			4.5										
28485	TREAT METATARSAL FRACTURE	090	242	260	18	7%	7.44	8.65	1.21	16%	0			2.0	2.0						0.5			
28490	TREAT BIG TOE FRACTURE	090	64	67	3	5%	1.17	1.50	0.33	28%	0			1.5										
28495	TREAT BIG TOE FRACTURE	090	89	93	4	4%	1.68	2.12	0.44	26%	0			2.0										
28496	TREAT BIG TOE FRACTURE	090	142	148	6	4%	2.48	3.14	0.66	27%	0			3.0										
28505	TREAT BIG TOE FRACTURE	090	227	245	18	8%	7.44	8.65	1.21	16%	0			2.0	2.0						0.5			
28510	TREATMENT OF TOE FRACTURE	090	53	56	3	6%	1.17	1.50	0.33	28%	0			1.5										
28515	TREATMENT OF TOE FRACTURE	090	71	75	4	6%	1.56	2.00	0.44	28%	0			2.0										
28525	TREAT TOE FRACTURE	090	207	225	18	9%	5.62	6.83	1.21	22%	0			2.0	2.0						0.5			
28530	TREAT SESAMOID BONE FRACTUR	090	56	58	2	4%	1.11	1.33	0.22	20%	0			1.0										
28531	TREAT SESAMOID BONE FRACTUR	090	225	234	9	4%	2.57	3.47	0.90	35%	0			2.0				1.0			1.0			
28540	TREAT FOOT DISLOCATION	090	106	112	6	6%	2.19	2.85	0.66	30%	0			3.0										
28545	TREAT FOOT DISLOCATION	090	142	148	6	4%	2.6	3.37	0.77	30%	0			3.0							0.5			

28546	TREAT FOOT DISLOCATION	090	184	192	8	4%	3.4	4.39	0.99	29%	0			4.0							0.5			
28555	REPAIR FOOT DISLOCATION	090	281	304	23	8%	9.65	11.21	1.56	16%	0			2.0	2.0			1.0			1.0			
28570	TREAT FOOT DISLOCATION	090	92	96	4	4%	1.76	2.20	0.44	25%	0			2.0										
28575	TREAT FOOT DISLOCATION	090	178	185	7	4%	3.49	4.48	0.99	28%	0			3.5							1.0			
28576	TREAT FOOT DISLOCATION	090	277	295	18	6%	4.6	6.18	1.58	34%	0			4.0				2.0			1.0			
28585	REPAIR FOOT DISLOCATION	090	324	354	30	9%	11.13	13.02	1.89	17%	0			2.0	3.0			1.0			1.0			
28600	TREAT FOOT DISLOCATION	090	105	110	5	5%	2.02	2.57	0.55	27%	0			2.5										
28605	TREAT FOOT DISLOCATION	090	156	163	7	4%	2.89	3.77	0.88	30%	0			3.5							0.5			
28606	TREAT FOOT DISLOCATION	090	224	232	8	4%	5.09	6.19	1.10	22%	0			4.0							1.0			
28615	REPAIR FOOT DISLOCATION	090	323	355	32	10%	10.7	12.81	2.11	20%	0			3.0	3.0			1.0			1.0			
28630	TREAT TOE DISLOCATION	010	55	57	2	4%	1.75	1.97	0.22	13%	0			1.0										
28635	TREAT TOE DISLOCATION	010	61	63	2	3%	1.96	2.18	0.22	11%	0			1.0										
28645	REPAIR TOE DISLOCATION	090	217	235	18	8%	7.44	8.65	1.21	16%	0			2.0	2.0						0.5			
28660	TREAT TOE DISLOCATION	010	49	51	2	4%	1.28	1.50	0.22	17%	0			1.0										
28665	TREAT TOE DISLOCATION	010	53	55	2	4%	1.97	2.19	0.22	11%	0			1.0										
28675	REPAIR OF TOE DISLOCATION	090	197	215	18	9%	5.62	6.83	1.21	22%	0			2.0	2.0						0.5			
28705	ARTHRODESIS PANTALAR	090	490	516	26	5%	20.33	22.29	1.96	10%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
28715	ARTHRODESIS TRIPLE	090	366	398	32	9%	13.42	15.29	1.87	14%	0			2.0	4.0						0.5			
28725	ARTHRODESIS SUBTALAR	090	298	323	25	8%	11.22	12.76	1.54	14%	0			2.0	3.0						0.5			
28730	FUSION OF FOOT BONES	090	308	333	25	8%	10.7	12.24	1.54	14%	0			2.0	3.0						0.5			
28735	FUSION OF FOOT BONES	090	360	393	33	9%	12.23	14.01	1.78	15%	0				4.0			1.0			1.0			
28737	REVISION OF FOOT BONES	090	340	373	33	10%	11.03	12.81	1.78	16%	0				4.0			1.0			1.0			
28740	FUSION OF FOOT BONES	090	266	294	28	11%	9.29	10.72	1.43	15%	0				4.0						0.5			
28750	FUSION OF BIG TOE JOINT	090	237	265	28	12%	8.57	9.89	1.32	15%	0				4.0									
28755	FUSION OF BIG TOE JOINT	090	172	178	6	3%	4.88	5.65	0.77	16%	0			3.0							0.5			
28760	FUSION OF BIG TOE JOINT	090	330	363	33	10%	9.14	10.92	1.78	19%	0				4.0			1.0			1.0			
28800	AMPUTATION OF MIDFOOT	090	306	330	24	8%	8.79	10.72	1.93	22%	0			4.5				3.0			1.0			
28805	AMPUTATION THRU METATARSA	090	376	424	48	13%	12.71	15.47	2.76	22%	0			2.0	2.0			6.0			1.0			
28810	AMPUTATION TOE & METATARSA	090	251	269	18	7%	6.64	8.22	1.58	24%	0			4.0				2.0			1.0			
28890	HI ENRGY ESWT PLANTAR FASCIA	090	140	146	6	4%	3.45	4.22	0.77	22%	0			3.0							0.5			
29800	JAW ARTHROSCOPY/SURGERY	090	161	172	11	7%	6.84	7.72	0.88	13%	0			2.0	1.0						0.5			
29804	JAW ARTHROSCOPY/SURGERY	090	206	224	18	9%	8.87	10.08	1.21	14%	0			2.0	2.0						0.5			
29805	SHO ARTHRS DX +- SYNOVIAL BX	090	154	160	6	4%	6.03	6.69	0.66	11%	0			3.0										
29806	SHO ARTHRS SRG CAPSULORRAPH	090	298	318	20	7%	15.14	16.57	1.43	9%	0			3.0	2.0						0.5			
29807	SHO ARTHRS SRG RPR SLAP LES	090	288	308	20	7%	14.67	16.10	1.43	10%	0			3.0	2.0						0.5			
29819	SHO ARTHRS SRG RMVL LOOSE/F	090	196	203	7	4%	7.79	8.67	0.88	11%	0			3.5							0.5			
29820	SHO ARTHRS SRG PRTL SYNVCT	090	189	195	6	3%	7.21	7.98	0.77	11%	0			3.0							0.5			
29821	SHO ARTHRS SRG COMPL SYNVCT	090	223	230	7	3%	7.89	8.77	0.88	11%	0			3.5							0.5			
29822	SHO ARTHRS SRG LMTD DBRDMT	090	191	207	16	8%	7.03	8.02	0.99	14%	0			1.0	2.0						0.5			
29823	SHO ARTHRS SRG XTNSV DBRDMT	090	211	227	16	8%	7.98	8.97	0.99	12%	0			1.0	2.0						0.5			
29824	SHO ARTHRS SRG DSTL CLAVICLC	090	225	243	18	8%	8.98	10.19	1.21	13%	0			2.0	2.0						0.5			
29825	SHO ARTHRS SRG LSS&RESCJ ADS	090	212	219	7	3%	7.79	8.67	0.88	11%	0			3.5							0.5			
29827	SHO ARTHRS SRG RT8TR CUF RPR	090	334	344	10	3%	15.59	16.80	1.21	8%	0			5.0							0.5			
29828	SHO ARTHRS SRG BICP TENODSIS	090	252	270	18	7%	13.16	14.37	1.21	9%	0			2.0	2.0						0.5			
29830	ELBOW ARTHROSCOPY	090	132	137	5	4%	5.88	6.43	0.55	9%	0			2.5										
29834	ELBOW ARTHROSCOPY/SURGERY	090	153	159	6	4%	6.42	7.08	0.66	10%	0			3.0										
29835	ELBOW ARTHROSCOPY/SURGERY	090	160	166	6	4%	6.62	7.28	0.66	10%	0			3.0										
29836	ELBOW ARTHROSCOPY/SURGERY	090	196	203	7	4%	7.72	8.49	0.77	10%	0			3.5										
29837	ELBOW ARTHROSCOPY/SURGERY	090	165	171	6	4%	7.01	7.67	0.66	9%	0			3.0										
29838	ELBOW ARTHROSCOPY/SURGERY	090	220	227	7	3%	7.88	8.76	0.88	11%	0			3.5							0.5			
29840	WRIST ARTHROSCOPY	090	146	152	6	4%	5.68	6.34	0.66	12%	0			3.0										
29843	WRIST ARTHROSCOPY/SURGERY	090	157	163	6	4%	6.15	6.81	0.66	11%	0			3.0										
29844	WRIST ARTHROSCOPY/SURGERY	090	160	166	6	4%	6.51	7.17	0.66	10%	0			3.0										
29845	WRIST ARTHROSCOPY/SURGERY	090	199	206	7	4%	7.69	8.46	0.77	10%	0			3.5										
29846	WRIST ARTHROSCOPY/SURGERY	090	179	185	6	3%	6.89	7.55	0.66	10%	0			3.0										
29847	WRIST ARTHROSCOPY/SURGERY	090	190	196	6	3%	7.22	7.88	0.66	9%	0			3.0										
29848	WRIST ENDOSCOPY/SURGERY	090	179	200	21	12%	6.39	7.38	0.99	15%	0				3.0									
29850	KNEE ARTHROSCOPY/SURGERY	090	192	198	6	3%	8.27	9.04	0.77	9%	0			3.0							0.5			
29851	KNEE ARTHROSCOPY/SURGERY	090	274	297	23	8%	13.26	14.58	1.32	10%	0			1.0	3.0						0.5			
29855	TIBIAL ARTHROSCOPY/SURGERY	090	255	273	18	7%	10.76	11.97	1.21	11%	0			2.0	2.0						0.5			
29856	TIBIAL ARTHROSCOPY/SURGERY	090	314	332	18	6%	14.28	15.60	1.32	9%	0			2.0	2.0						1.0			
29860	HIP ARTHROSCOPY DX	090	244	265	21	9%	9	9.99	0.99	11%	0				3.0									
29861	HIP ARTHRO W/FB REMOVAL	090	254	275	21	8%	10.1	11.09	0.99	10%	0				3.0									
29862	HIP ARTHR0 W/DEBRIDEMENT	090	297	325	28	9%	11.17	12.49	1.32	12%	0				4.0									
29863	HIP ARTHR0 W/SYNOVECTOMY	090	297	325	28	9%	11.17	12.49	1.32	12%	0				4.0									
29866	AUTGRFT IMPLNT KNEE W/SCOPE	090	308	328	20	6%	14.67	16.10	1.43	10%	0			3.0	2.0						0.5			
29867	ALLGRFT IMPLNT KNEE W/SCOPE	090	404	425	21	5%	18.39	20.24	1.85	10%	0			2.0	3.0				1.0		1.0			
29868	MENISCAL TRNSPL KNEE W/SCPE	090	484	510	26	5%	25.1	27.19	2.09	8%	0			2.0	3.0			1.0	1.0		1.0			
29870	KNEE ARTHROSCOPY DX	090	129	134	5	4%	5.19	5.74	0.55	11%	0			2.5										
29871	KNEE ARTHROSCOPY/DRAINAGE	090	184	190	6	3%	6.69	7.46	0.77	12%	0			3.0							0.5			
29873	KNEE ARTHROSCOPY/SURGERY	090	249	259	10	4%	6.24	7.45	1.21	19%	0			5.0							0.5			
29874	KNEE ARTHROSCOPY/SURGERY	090	181	187	6	3%	7.19	7.96	0.77	11%	0			3.0							0.5			
29875	KNEE ARTHROSCOPY/SURGERY	090	168	174	6	4%	6.45	7.11	0.66	10%	0			3.0										

29876	KNEE ARTHROSCOPY/SURGERY	090	233	254	21	9%	8.87	9.97	1.10	12%	0				3.0						0.5			
29877	KNEE ARTHROSCOPY/SURGERY	090	197	218	21	11%	8.3	9.29	0.99	12%	0				3.0									
29879	KNEE ARTHROSCOPY/SURGERY	090	217	238	21	10%	8.99	10.09	1.10	12%	0				3.0						0.5			
29880	KNEE ARTHROSCOPY/SURGERY	090	199	215	16	8%	7.39	8.38	0.99	13%	0			1.0	2.0						0.5			
29881	KNEE ARTHROSCOPY/SURGERY	090	194	210	16	8%	7.03	8.02	0.99	14%	0			1.0	2.0						0.5			
29882	KNEE ARTHROSCOPY/SURGERY	090	244	265	21	9%	9.6	10.70	1.10	11%	0				3.0						0.5			
29883	KNEE ARTHROSCOPY/SURGERY	090	311	329	18	6%	11.77	13.09	1.32	11%	0			2.0	2.0						1.0			
29884	KNEE ARTHROSCOPY/SURGERY	090	208	229	21	10%	8.28	9.38	1.10	13%	0				3.0						0.5			
29885	KNEE ARTHROSCOPY/SURGERY	090	250.5	275	24.5	10%	10.21	11.48	1.27	12%	0				3.5						0.5			
29886	KNEE ARTHROSCOPY/SURGERY	090	221	242	21	10%	8.49	9.59	1.10	13%	0				3.0						0.5			
29887	KNEE ARTHROSCOPY/SURGERY	090	261.5	286	24.5	9%	10.16	11.43	1.27	12%	0				3.5						0.5			
29888	KNEE ARTHROSCOPY/SURGERY	090	295	313	18	6%	14.3	15.51	1.21	8%	0			2.0	2.0						0.5			
29889	KNEE ARTHROSCOPY/SURGERY	090	433	465	32	7%	17.41	19.26	1.85	11%	-2			1.0	3.0	1.0					1.0			
29891	ANKLE ARTHROSCOPY/SURGERY	090	227	255	28	12%	9.67	10.99	1.32	14%	0				4.0									
29892	ANKLE ARTHROSCOPY/SURGERY	090	272	300	28	10%	10.27	11.59	1.32	13%	0				4.0									
29893	SCOPE PLANTAR FASCIOTOMY	090	247	274	27	11%	6.32	7.97	1.65	26%	0			3.0	3.0									
29894	ANKLE ARTHROSCOPY/SURGERY	090	179	185	6	3%	7.35	8.12	0.77	10%	0			3.0							0.5			
29895	ANKLE ARTHROSCOPY/SURGERY	090	178	184	6	3%	7.13	7.90	0.77	11%	0			3.0							0.5			
29897	ANKLE ARTHROSCOPY/SURGERY	090	186	192	6	3%	7.32	8.09	0.77	11%	0			3.0							0.5			
29898	ANKLE ARTHROSCOPY/SURGERY	090	222	229	7	3%	8.49	9.37	0.88	10%	0			3.5							0.5			
29899	ANKLE ARTHROSCOPY/SURGERY	090	395	433	38	10%	15.41	17.43	2.02	13%	0				4.0			2.0			1.0			
29900	MCP JOINT ARTHROSCOPY DX	090	220	233	13	6%	5.88	6.98	1.10	19%	0			3.0	1.0						0.5			
29901	MCP JOINT ARTHROSCOPY SURG	090	235	248	13	6%	6.59	7.69	1.10	17%	0			3.0	1.0						0.5			
29902	MCP JOINT ARTHROSCOPY SURG	090	250	263	13	5%	7.16	8.26	1.10	15%	0			3.0	1.0						0.5			
29904	SUBTALAR ARTHRO W/FB RMVL	090	228	249	21	9%	8.65	9.75	1.10	13%	0				3.0						0.5			
29905	SUBTALAR ARTHRO W/EXC	090	244	267	23	9%	9.18	10.50	1.32	14%	0			1.0	3.0						0.5			
29906	SUBTALAR ARTHRO W/DEB	090	244	267	23	9%	9.65	10.97	1.32	14%	0			1.0	3.0						0.5			
29907	SUBTALAR ARTHRO W/FUSION	090	293	316	23	8%	12.18	13.61	1.43	12%	0			1.0	3.0						1.0			
29914	HIP ARTHRO W/FEMOROPLASTY	090	280	298	18	6%	14.67	15.88	1.21	8%	0			2.0	2.0						0.5			
29915	HIP ARTHRO ACETABULOPLASTY	090	270	288	18	7%	15	16.21	1.21	8%	0			2.0	2.0						0.5			
29916	HIP ARTHRO W/LABRAL REPAIR	090	270	288	18	7%	15	16.21	1.21	8%	0			2.0	2.0						0.5			
30000	DRAINAGE OF NOSE LESION	010	56	58	2	4%	1.48	1.70	0.22	15%	0			1.0										
30020	DRAINAGE OF NOSE LESION	010	57	59	2	4%	1.48	1.70	0.22	15%	0			1.0										
30110	REMOVAL OF NOSE POLYP(S)	010	62	64	2	3%	1.68	1.90	0.22	13%	0			1.0										
30115	REMOVAL OF NOSE POLYP(S)	090	120	124	4	3%	4.44	4.88	0.44	10%	0			2.0										
30117	REMOVAL OF INTRANASAL LESIOI	090	133	147	14	11%	3.91	4.68	0.77	20%	0				2.0						0.5			
30118	REMOVAL OF INTRANASAL LESIOI	090	211	232	21	10%	7.75	8.85	1.10	14%	0				3.0						0.5			
30120	REVISION OF NOSE	090	160	165	5	3%	5.39	5.94	0.55	10%	0			2.5										
30124	REMOVAL OF NOSE LESION	090	101	105	4	4%	3.2	3.64	0.44	14%	0			2.0										
30125	REMOVAL OF NOSE LESION	090	252	258	6	2%	7.3	8.18	0.88	12%	0			3.0							1.0			
30130	EXCISE INFERIOR TURBINATE	090	122	126	4	3%	3.47	4.02	0.55	16%	0			2.0							0.5			
30150	RHINECTOMY PARTIAL	090	267	284	17	6%	9.55	11.02	1.47	15%	0			3.5				2.0			1.0			
30160	RHINECTOMY TOTAL	090	302	319	17	6%	9.99	11.46	1.47	15%	0			3.5				2.0			1.0			
30210	NASAL SINUS THERAPY	010	39	41	2	5%	1.13	1.35	0.22	19%	0			1.0										
30220	INSERT NASAL SEPTAL BUTTON	010	51	53	2	4%	1.59	1.81	0.22	14%	0			1.0										
30300	REMOVE NASAL FOREIGN BODY	010	46	48	2	4%	1.09	1.31	0.22	20%	0			1.0										
30310	REMOVE NASAL FOREIGN BODY	010	68	70	2	3%	2.01	2.23	0.22	11%	0			1.0										
30320	REMOVE NASAL FOREIGN BODY	090	151	156	5	3%	4.64	5.19	0.55	12%	0			2.5										
30400	RECONSTRUCTION OF NOSE	090	312	338	26	8%	10.86	12.58	1.72	16%	-4			4.0		2.0								
30410	RECONSTRUCTION OF NOSE	090	362	388	26	7%	14	15.72	1.72	12%	-4			4.0		2.0								
30420	RECONSTRUCTION OF NOSE	090	399	425	26	7%	16.9	18.62	1.72	10%	-4			4.0		2.0								
30430	REVISION OF NOSE	090	274	300	26	9%	8.24	9.96	1.72	21%	-4			4.0		2.0								
30435	REVISION OF NOSE	090	354	380	26	7%	12.73	14.45	1.72	14%	-4			4.0		2.0								
30450	REVISION OF NOSE	090	414	440	26	6%	19.66	21.38	1.72	9%	-4			4.0		2.0								
30460	REVISION OF NOSE	090	232	241	9	4%	10.32	10.87	0.55	5%	0			1.0	1.0									
30462	REVISION OF NOSE	090	388	406	18	5%	20.28	21.38	1.10	5%	0			2.0	2.0									
30465	REPAIR NASAL STENOSIS	090	277	295	18	6%	12.36	13.57	1.21	10%	0			2.0	2.0						0.5			
30520	REPAIR OF NASAL SEPTUM	090	210.5	228.5	18	9%	7.01	8.22	1.21	17%	0			2.0	2.0						0.5			
30540	RPR CHOANAL ATRESIA NTRANAS	090	196	203	7	4%	7.92	8.80	0.88	11%	0			3.5							0.5			
30545	RPR CHOANAL ATRESIA TRSNPLTN	090	305	315.5	10.5	3%	11.62	12.84	1.22	10%	0			4.0				0.5			1.0			
30560	LYSIS INTRANASAL SYNECHIA	010	46	48	2	4%	1.31	1.53	0.22	17%	0			1.0										
30580	REPAIR UPPER JAW FISTULA	090	204	212	8	4%	6.88	7.76	0.88	13%	0			4.0										
30600	REPAIR MOUTH/NOSE FISTULA	090	167	173	6	4%	6.16	6.82	0.66	11%	0			3.0										
30620	INTRANASAL RECONSTRUCTION	090	234	242	8	3%	6.16	7.26	1.10	18%	0			4.0							1.0			
30630	REPAIR NASAL SEPTUM DEFECT	090	260	267	7	3%	7.29	8.17	0.88	12%	0			3.5							0.5			
30801	ABLATE INF TURBINATE SUPERF	010	46	48	2	4%	1.14	1.36	0.22	19%	0			1.0										
30802	ABLATE INF TURBINATE SUBMUC	010	56	58	2	4%	2.08	2.30	0.22	11%	0			1.0										
30915	LIGATION NASAL SINUS ARTERY	090	242	252	10	4%	7.44	8.45	1.01	14%	0			2.5				1.0			1.0			
30920	LIGATION UPPER JAW ARTERY	090	428	441	13	3%	11.14	13.01	1.87	17%	0			2.0	1.0			2.0	2.0		1.0			
30930	THER FX NASAL INF TURBINATE	010	56	58	2	4%	1.31	1.53	0.22	17%	0			1.0										
31000	IRRIGATION MAXILLARY SINUS	010	52	54	2	4%	1.2	1.42	0.22	18%	0			1.0										
31002	IRRIGATION SPHENOID SINUS	010	62	64	2	3%	1.96	2.18	0.22	11%	0			1.0										
31020	EXPLORATION MAXILLARY SINUS	090	105	110	5	5%	3.07	3.62	0.55	18%	0			2.5										

31030	EXPLORATION MAXILLARY SINUS	090	167	171	4	2%	6.01	6.67	0.66	11%	0			2.0							1.0			
31032	EXPLORE SINUS REMOVE POLYPS	090	211	216	5	2%	6.69	7.46	0.77	12%	0			2.5							1.0			
31040	EXPLORATION BEHIND UPPER JAV	090	300	314.5	14.5	5%	9.77	11.12	1.35	14%	0			3.5				1.5			1.0			
31050	EXPLORATION SPHENOID SINUS	090	147	151	4	3%	5.37	5.92	0.55	10%	0			2.0							0.5			
31051	SPHENOID SINUS SURGERY	090	179	185	6	3%	7.25	8.02	0.77	11%	0			3.0							0.5			
31070	EXPLORATION OF FRONTAL SINUS	090	144	149	5	3%	4.4	5.06	0.66	15%	0			2.5							0.5			
31075	EXPLORATION OF FRONTAL SINUS	090	263	277.5	14.5	6%	9.51	10.86	1.35	14%	0			3.5				1.5			1.0			
31080	REMOVAL OF FRONTAL SINUS	090	343	373.5	30.5	9%	12.74	14.40	1.66	13%	0				4.0			0.5			1.0			
31081	REMOVAL OF FRONTAL SINUS	090	365	400.5	35.5	10%	14.19	16.09	1.90	13%	0				4.0			1.5			1.0			
31084	REMOVAL OF FRONTAL SINUS	090	387	422.5	35.5	9%	14.95	16.85	1.90	13%	0				4.0			1.5			1.0			
31085	REMOVAL OF FRONTAL SINUS	090	400	435.5	35.5	9%	15.64	17.54	1.90	12%	0				4.0			1.5			1.0			
31086	REMOVAL OF FRONTAL SINUS	090	370	408	38	10%	14.36	16.38	2.02	14%	0				4.0			2.0			1.0			
31087	REMOVAL OF FRONTAL SINUS	090	423.5	463	39.5	9%	14.57	16.67	2.10	14%	0				3.5			3.0			1.0			
31090	EXPLORATION OF SINUSES	090	425	464	39	9%	11.17	13.35	2.18	20%	-4			1.0	2.0	2.0		1.0			1.0			
31200	REMOVAL OF ETHMOID SINUS	090	186	193	7	4%	5.14	6.02	0.88	17%	0			3.5							0.5			
31201	REMOVAL OF ETHMOID SINUS	090	237	246.5	9.5	4%	8.6	9.71	1.11	13%	0			3.5				0.5			1.0			
31205	REMOVAL OF ETHMOID SINUS	090	258	272.5	14.5	6%	10.58	11.93	1.35	13%	0			3.5				1.5			1.0			
31225	REMOVAL OF UPPER JAW	090	608	634	26	4%	26.7	29.59	2.89	11%	-2			1.0	3.0	1.0		1.0	2.0	1.0	1.0			
31230	REMOVAL OF UPPER JAW	090	688	719	31	5%	30.82	33.95	3.13	10%	-2			1.0	3.0	1.0		2.0	2.0	1.0	1.0			
31239	NSL/SINUS ENDOSCOPY SURG DC	010	168	175	7	4%	9.04	9.48	0.44	5%	0				1.0						0.5			
31241	NSL/SNS NDSC LIG SPHNPTN ART	000	142	142	0	0%	8	8.11	0.11	1%	0										0.5			
31290	NASAL/SINUS ENDOSCOPY SURG	010	578	600	22	4%	18.61	20.64	2.03	11%	-1						1.0	3.0	2.0		1.0			
31291	NASAL/SINUS ENDOSCOPY SURG	010	581	603	22	4%	19.56	21.59	2.03	10%	-1						1.0	3.0	2.0		1.0			
31292	NSL/SINS NDSC MED/INF DCMPR	010	453	465	12	3%	15.9	17.45	1.55	10%	-1						1.0	1.0	2.0		1.0			
31293	NSL/SINS NDSC MED&INF DCMPR	010	528	545	17	3%	17.47	19.26	1.79	10%	-1						1.0	2.0	2.0		1.0			
31294	NSL/SINS NDSC SURG ON DCMPR	010	563	580	17	3%	20.31	22.10	1.79	9%	-1						1.0	2.0	2.0		1.0			
31300	REMOVAL OF LARYNX LESION	090	414	457	43	10%	15.91	18.17	2.26	14%	0				4.0			3.0			1.0			
31360	REMOVAL OF LARYNX	090	768	809	41	5%	29.91	33.90	3.99	13%	-4			1.0	3.0	2.0		3.0	3.0	1.0	1.0			
31365	REMOVAL OF LARYNX	090	893	939	46	5%	38.81	43.04	4.23	11%	-4			1.0	3.0	2.0		4.0	3.0	1.0	1.0			
31367	PARTIAL REMOVAL OF LARYNX	090	728	764	36	5%	30.57	34.32	3.75	12%	-4			1.0	3.0	2.0		2.0	3.0	1.0	1.0			
31368	PARTIAL REMOVAL OF LARYNX	090	858	899	41	5%	34.19	38.18	3.99	12%	-4			1.0	3.0	2.0		3.0	3.0	1.0	1.0			
31370	PARTIAL REMOVAL OF LARYNX	090	728	764	36	5%	27.57	31.32	3.75	14%	-4			1.0	3.0	2.0		2.0	3.0	1.0	1.0			
31375	PARTIAL REMOVAL OF LARYNX	090	698	734	36	5%	26.07	29.82	3.75	14%	-4			1.0	3.0	2.0		2.0	3.0	1.0	1.0			
31380	PARTIAL REMOVAL OF LARYNX	090	708	744	36	5%	25.57	29.32	3.75	15%	-4			1.0	3.0	2.0		2.0	3.0	1.0	1.0			
31382	PARTIAL REMOVAL OF LARYNX	090	728	764	36	5%	28.57	32.32	3.75	13%	-4			1.0	3.0	2.0		2.0	3.0	1.0	1.0			
31390	REMOVAL OF LARYNX & PHARYNX	090	988	1026	38	4%	42.51	46.90	4.39	10%	-4			1.0	3.0	2.0		3.0	3.0	2.0	1.0			
31395	RECONSTRUCT LARYNX & PHARYN	090	1048	1091	43	4%	43.8	48.43	4.63	11%	-4			1.0	3.0	2.0		4.0	3.0	2.0	1.0			
31400	REVISION OF LARYNX	090	481	514	33	7%	11.6	13.90	2.30	20%	0			4.0				5.0			1.0		1.0	
31420	EPIGLOTTIDECTOMY	090	436	465.5	29.5	7%	11.43	13.50	2.07	18%	0			3.5				4.5			1.0		1.0	
31545	REMOVE VC LESION W/SCOPE	000	154	154	0	0%	6.3	6.41	0.11	2%	0										0.5			
31546	REMOVE VC LESION SCOPE/GRAF	000	189	189	0	0%	9.73	9.84	0.11	1%	0										0.5			
31551	LARYNGOPLASTY LARYNGEAL STE	090	658	684	26	4%	21.5	24.43	2.93	14%	0				3.0			3.0	1.0	2.0	1.0		1.0	
31552	LARYNGOPLASTY LARYNGEAL STE	090	505	527	22	4%	20.5	22.15	1.65	8%	0				3.0			1.0	1.0		1.0		1.0	
31553	LARYNGOPLASTY LARYNGEAL STE	090	718	717	-1	0%	22	24.81	2.81	13%	0				3.0				4.0	2.0	1.0		1.0	
31554	LARYNGOPLASTY LARYNGEAL STE	090	540	567	27	5%	22	23.89	1.89	9%	0				3.0			2.0	1.0		1.0		1.0	
31561	LARYNSCOP REMVE CART + SCOP	000	218	218	0	0%	5.99	6.21	0.22	4%	0										1.0			
31571	LARYNGOSCOP W/VC INJ + SCOPE	000	129	129	0	0%	4.26	4.37	0.11	3%	0										0.5			
31580	LARYNGOPLASTY LARYNGEAL WE	090	405	431	26	6%	14.6	16.05	1.45	10%	0				3.0			1.0			1.0		1.0	
31584	LARYNGOPLASTY FX RDCTJ FIXJ	090	445	467	22	5%	17.58	19.23	1.65	9%	0				3.0			1.0	1.0		1.0		1.0	
31587	LARYNGOPLASTY CRICOID SPLIT	090	445	474	29	7%	15.27	17.80	2.53	17%	0				3.0			3.0	1.0	1.0	1.0			
31590	REINNERVATE LARYNX	090	291	313	22	8%	7.85	9.26	1.41	18%	-2			3.0	1.0	1.0								
31591	LARYNGOPLASTY MEDIALIZATION	090	275	296	21	8%	13.56	14.66	1.10	8%	0				3.0						0.5			
31592	CRICOTRACHEAL RESECTION	090	738	741	3	0%	25	27.61	2.61	10%	0				3.0				3.0	2.0	1.0		1.0	
31610	TRACHEOSTOMY FENEST SKIN FLP	090	367	391	24	7%	12	14.29	2.29	19%	0				3.0			2.0	1.0	1.0	1.0			
31611	CONSTJ TRACHESOPHGL FSTL	090	164	169	5	3%	6	6.66	0.66	11%	0			2.5							0.5			
31613	TRACHEOSTOMA REVJ SIMPLE	090	155	160	5	3%	4.71	5.48	0.77	16%	0			2.5							1.0			
31614	TRACHEOSTOMA REVJ COMPLEX	090	346	361	15	4%	8.63	10.59	1.96	23%	0			2.0	2.0			1.0	2.0		1.0			
31750	TRACHEOPLASTY CERVICAL	090	540	561	21	4%	15.39	17.77	2.38	15%	0				4.0			1.0	3.0		1.0			
31755	TRACHPLSTY TRCHPHRYNGL FSTL	090	414	452	38	9%	17.54	19.70	2.16	12%	-4			3.0	2.0	2.0								
31760	TRACHEOPLASTY INTRATHORACIC	090	623	671	48	8%	23.48	26.50	3.02	13%	0			4.0				8.0			1.0			
31766	CARINAL RECONSTRUCTION	090	788	841.5	53.5	7%	31.67	34.83	3.16	10%	0			3.0				9.5			1.0			
31770	REPAIR/GRAFT OF BRONCHUS	090	544	588	44	8%	23.54	26.12	2.58	11%	0			2.0				8.0			1.0			
31775	RECONSTRUCT BRONCHUS	090	557	602	45	8%	24.59	27.28	2.69	11%	0			2.5				8.0			1.0			
31780	RECONSTRUCT WINDPIPE	090	619	631	12	2%	19.84	22.57	2.73	14%	0			3.0	1.0			3.0	4.0		1.0			
31781	RECONSTRUCT WINDPIPE	090	602	637	35	6%	24.85	27.06	2.21	9%	0			2.5				6.0			1.0		1.0	
31785	REMOVE WINDPIPE LESION	090	524	550.5	26.5	5%	18.35	20.09	1.74	9%	0			2.0				4.5			1.0		1.0	
31786	REMOVE WINDPIPE LESION	090	722	762	40	6%	25.42	27.87	2.45	10%	0			2.5				7.0			1.0		1.0	
31800	REPAIR OF WINDPIPE INJURY	090	301	311	10	3%	8.18	9.19	1.01	12%	0			2.5				1.0			1.0		1.0	
31805	REPAIR OF WINDPIPE INJURY	090	382	394.5	12.5	3%	13.42	14.55	1.13	8%	0			2.5				1.5			1.0			
31820	CLOSURE OF WINDPIPE LESION	090	168	174.5	6.5	4%	4.64	5.42	0.78	17%	0			2.0				0.5			1.0			
31825	REPAIR OF WINDPIPE DEFECT	090	230	241	11	5%	7.07	8.19	1.12	16%	0			3.0				1.0			1.0			
31830	REVISE WINDPIPE SCAR	090	153	158	5	3%	4.62	5.28	0.66	14%	0			2.5							0.5			
32035	THORACOSTOMY W/RIB RESECTIO	090	667	723	56	8%	11.29	14.57	3.28	29%	0			3.0				10.0			1.0		2.5	

32036	THORACOSTOMY W/FLAP DRAIN/	090	674	730	56	8%	12.3	15.58	3.28	27%	0			3.0				10.0			1.0		2.5	
32096	OPEN WEDGE/BX LUNG INFILTR	090	436	434	-2	0%	13.75	15.74	1.99	14%	0				1.0			1.0	2.0	2.0	1.0			
32097	OPEN WEDGE/BX LUNG NODULE	090	401	402	1	0%	13.75	15.34	1.59	12%	0				1.0			1.0	2.0	1.0	1.0			
32098	OPEN BIOPSY OF LUNG PLEURA	090	341	346	5	1%	12.91	14.30	1.39	11%	0				1.0			1.0	1.0	1.0	1.0			
32100	EXPLORATION OF CHEST	090	411	412	1	0%	13.75	15.34	1.59	12%	0				1.0			1.0	2.0	1.0	1.0			
32110	EXPLORE/REPAIR CHEST	090	561	580	19	3%	25.28	27.33	2.05	8%	-2				1.0	1.0		2.0	1.0	1.0	1.0		1.0	
32120	RE-EXPLORATION OF CHEST	090	647	700.5	53.5	8%	14.39	17.16	2.77	19%	-3					1.5		8.0			1.0		2.5	
32124	EXPLORE CHEST FREE ADHESIONS	090	696	744.5	48.5	7%	15.45	17.98	2.53	16%	-3					1.5		7.0			1.0		2.5	
32140	REMOVAL OF LUNG LESION(S)	090	664	712.5	48.5	7%	16.66	19.19	2.53	15%	-3					1.5		7.0			1.0		2.5	
32141	REMOVE/TREAT LUNG LESIONS	090	673	662	-11	-2%	27.18	30.19	3.01	11%	0			1.0	1.0			1.0	4.0	3.0	1.0			
32150	REMOVAL OF LUNG LESION(S)	090	626	672	46	7%	16.82	19.23	2.41	14%	-3					1.5		6.5			1.0		2.5	
32151	REMOVE LUNG FOREIGN BODY	090	656	704.5	48.5	7%	16.94	19.47	2.53	15%	-3					1.5		7.0			1.0		2.5	
32160	OPEN CHEST HEART MASSAGE	090	788	832	44	6%	13.1	15.42	2.32	18%	-2					1.0		7.0			1.0		5.0	
32200	DRAIN OPEN LUNG LESION	090	691	758.5	67.5	10%	18.68	22.11	3.43	18%	-5					2.5		9.0			1.0		2.5	
32215	TREAT CHEST LINING	090	471	509.5	38.5	8%	13.05	15.10	2.05	16%	-3					1.5		5.0			1.0		1.0	
32220	RELEASE OF LUNG	090	722	756	34	5%	26.65	29.51	2.86	11%	-2			2.0	2.0	1.0		3.0	2.0		1.0		1.0	
32225	PARTIAL RELEASE OF LUNG	090	716	767	51	7%	16.75	19.40	2.65	16%	-3					1.5		7.5			1.0		2.5	
32310	REMOVAL OF CHEST LINING	090	516	559.5	43.5	8%	15.28	17.57	2.29	15%	-3					1.5		6.0			1.0		1.0	
32320	FREE/REMOVE CHEST LINING	090	735	765	30	4%	27.25	30.49	3.24	12%	-2			1.0	2.0	1.0		3.0	1.0	2.0	1.0		1.0	
32440	REMOVE LUNG PNEUMONECTOM	090	628	638	10	2%	27.28	29.55	2.27	8%	0			2.0	1.0			2.0	2.0	1.0	1.0		1.0	
32442	SLEEVE PNEUMONECTOMY	090	1035	1020	-15	-1%	56.47	60.79	4.32	8%	0				2.0			1.0	4.0	6.0	1.0			
32445	REMOVAL OF LUNG EXTRAPLEUR	090	1182	1180	-2	0%	63.84	68.89	5.05	8%	-4			1.0	1.0	2.0		1.0	4.0	6.0	1.0		1.0	
32480	PARTIAL REMOVAL OF LUNG	090	593	612	19	3%	25.82	28.13	2.31	9%	0			2.0	1.0			3.0	1.0	1.0	1.0		1.0	
32482	BILOBECTOMY	090	680	706	26	4%	27.44	29.95	2.51	9%	-2			1.0	1.0	1.0		3.0	1.0	1.0	1.0		1.0	
32484	SEGMENTECTOMY	090	561	561	0	0%	25.38	27.59	2.21	9%	0			1.0	1.0			1.0	2.0	2.0	1.0			
32486	SLEEVE LOBECTOMY	090	812	802	-10	-1%	42.88	46.09	3.21	7%	0			1.0	1.0			1.0	3.0	4.0	1.0			
32488	COMPLETION PNEUMONECTOMY	090	836	839	3	0%	42.99	46.42	3.43	8%	-2			1.0	1.0	1.0		1.0	2.0	4.0	1.0		1.0	
32491	LUNG VOLUME REDUCTION	090	887	1000	113	13%	25.24	31.65	6.41	25%	0				3.0			20.0	2.0		1.0			
32503	RESECT APICAL LUNG TUMOR	090	645	687	42	7%	31.74	34.48	2.74	9%	0			1.0	2.0			6.0	1.0		1.0			
32504	RESECT APICAL LUNG TUM/CHES	090	705	747	42	6%	36.54	39.28	2.74	7%	0			1.0	2.0			6.0	1.0		1.0			
32505	WEDGE RESECT OF LUNG INITIAL	090	427	430	3	1%	15.75	17.56	1.81	11%	0			1.0	1.0			1.0	2.0	1.0	1.0			
32540	REMOVAL OF LUNG LESION	090	740	732	-8	-1%	30.35	33.89	3.54	12%	0			1.0	2.0			1.0	5.0	3.0	1.0			
32552	REMOVE LUNG CATHETER	010	82	84	2	2%	2.53	2.86	0.33	13%	0			1.0							0.5			
32601	THORACOSCOPY DIAGNOSTIC	000	193	189	-4	-2%	5.5	5.70	0.20	4%	0								1.0					
32607	THORACOSCOPY W/BX INFILTRAT	000	178	174	-4	-2%	5.5	5.70	0.20	4%	0								1.0					
32608	THORACOSCOPY W/BX NODULE	000	195	191	-4	-2%	6.84	7.04	0.20	3%	0								1.0					
32609	THORACOSCOPY W/BX PLEURA	000	178	174	-4	-2%	4.58	4.78	0.20	4%	0								1.0					
32650	THORACOSCOPY W/PLEURODESIS	090	290	304	14	5%	10.83	11.97	1.14	11%	0			2.0				2.0			1.0			
32651	THORACOSCOPY REMOVE CORTE	090	502	496	-6	-1%	18.78	20.79	2.01	11%	0			1.0	1.0			1.0	5.0		1.0			
32652	THORACOSCOPY REM TOTL CORT	090	645	648	3	0%	29.13	31.87	2.74	9%	0			1.0	2.0			1.0	3.0	2.0	1.0			
32653	THORACOSCOPY REMOV FB/FIBR	090	509	503	-6	-1%	18.17	20.18	2.01	11%	0			1.0	1.0			1.0	5.0		1.0			
32654	THORACOSCOPY CONTRL BLEEDIN	090	515	507	-8	-2%	20.52	23.13	2.61	13%	0			1.0	1.0			1.0	4.0	2.0	1.0			
32655	THORACOSCOPY RESECT BULLAE	090	425	427	2	0%	16.17	17.78	1.61	10%	0			1.0	1.0			1.0	3.0		1.0			
32656	THORACOSCOPY W/PLEURECTOM	090	377	401	24	6%	13.26	14.75	1.49	11%	0			1.0	1.0			3.0			1.0			
32658	THORACOSCOPY W/SAC FB REMO	090	330	339	9	3%	11.71	12.61	0.90	8%	0			2.0				1.0			1.0			
32659	THORACOSCOPY W/SAC DRAINAG	090	357	376	19	5%	11.94	13.19	1.25	10%	0			1.0	1.0			2.0			1.0			
32661	THORACOSCOPY W/PERICARD EX	090	300	309	9	3%	13.33	14.23	0.90	7%	0			2.0				1.0			1.0			
32662	THORACOSCOPY W/MEDIAST EXC	090	350	355	5	1%	14.99	15.96	0.97	6%	0			1.0	1.0				1.0		1.0			
32663	THORACOSCOPY W/LOBECTOMY	090	507	511	4	1%	24.64	26.65	2.01	8%	0			1.0	1.0			1.0	1.0	2.0	1.0			
32664	THORACOSCOPY W/ TH NRV EXC	090	330	339	9	3%	14.28	15.18	0.90	6%	0			2.0				1.0			1.0			
32665	THORACOSCOP W/ESOPH MUSC	090	512	511	-1	0%	21.53	23.54	2.01	9%	0			1.0	1.0			1.0	3.0	1.0	1.0			
32666	THORACOSCOPY W/WEDGE RESE	090	332	343	11	3%	14.5	15.91	1.41	10%	0			1.0	1.0			1.0		1.0	1.0			
32669	THORACOSCOPY REMOVE SEGME	090	502	506	4	1%	23.53	25.54	2.01	9%	0			1.0	1.0			1.0	1.0	2.0	1.0			
32670	THORACOSCOPY BILOBECTOMY	090	532	536	4	1%	28.52	30.53	2.01	7%	0			1.0	1.0			1.0	1.0	2.0	1.0			
32671	THORACOSCOPY PNEUMONECTO	090	602	606	4	1%	31.92	33.93	2.01	6%	0			1.0	1.0			1.0	1.0	2.0	1.0		1.0	
32672	THORACOSCOPY FOR LVRS	090	567	564	-3	-1%	27	29.61	2.61	10%	0			1.0	1.0			1.0	2.0	3.0	1.0			
32673	THORACOSCOPY W/THYMUS RES	090	447	454	7	2%	21.13	22.74	1.61	8%	0			1.0	1.0			1.0	1.0	1.0	1.0			
32800	REPAIR LUNG HERNIA	090	578	629	51	9%	15.71	18.36	2.65	17%	-3					1.5		7.5			1.0		1.0	
32810	CLOSE CHEST AFTER DRAINAGE	090	523	569	46	9%	14.95	17.36	2.41	16%	-3					1.5		6.5			1.0		1.0	
32815	CLOSE BRONCHIAL FISTULA	090	1147	1133	-14	-1%	50.03	55.68	5.65	11%	-4			1.0	1.0	2.0		1.0	7.0	6.0	1.0		1.0	
32820	RECONSTRUCT INJURED CHEST	090	854	894.5	40.5	5%	22.51	24.65	2.14	10%	-2				2.0	1.0		3.5			1.0		4.5	
32851	LUNG TRANSPLANT SINGLE	090	1165	1182	17	1%	59.64	63.04	3.40	6%	-3					1.0	1.0	1.0	3.0	3.0		1.0	3.0	1.0
32852	LUNG TRANSPLANT WITH BYPASS	090	1320	1330	10	1%	65.5	69.50	4.00	6%	-3					1.0	1.0	1.0	4.0	4.0		1.0	3.0	1.0
32853	LUNG TRANSPLANT DOUBLE	090	1440	1447	7	0%	84.48	88.88	4.40	5%	-3					1.0	1.0	1.0	4.0	5.0		1.0	3.0	1.0
32854	LUNG TRANSPLANT WITH BYPASS	090	1600	1596	-4	0%	90	95.20	5.20	6%	-3					1.0	1.0	1.0	6.0	6.0		1.0	3.0	1.0
32900	REMOVAL OF RIB(S)	090	821	872	51	6%	23.81	26.46	2.65	11%	-3					1.5		7.5			1.0		4.0	
32905	REVISE & REPAIR CHEST WALL	090	721	762	41	6%	23.29	25.46	2.17	9%	-3					1.5		5.5			1.0		2.5	
32906	REVISE & REPAIR CHEST WALL	090	751	792	41	5%	29.3	31.47	2.17	7%	-3					1.5		5.5			1.0		2.5	
32940	REVISION OF LUNG	090	546	582	36	7%	21.34	23.27	1.93	9%	-3					1.5		4.5			1.0		1.5	
32997	TOTAL LUNG LAVAGE	000	424	435	11	3%	7.31	8.83	1.52	21%	0				2.0			1.0	2.0		1.0			
33020	INCISION OF HEART SAC	090	321	326	5	2%	14.31	15.70	1.39	10%	0				1.0			1.0	1.0	1.0	1.0			
33025	INCISION OF HEART SAC	090	301	310	9	3%	13.2	14.39	1.19	9%	0				1.0			1.0		1.0	1.0			
33030	PARTIAL REMOVAL OF HEART SAC	090	739	746	7	1%	36	38.41	2.41	7%	-2				1.0	1.0		1.0	2.0	2.0	1.0		2.0	

33031	PARTIAL REMOVAL OF HEART SAC	090	839	852	13	2%	45	47.84	2.84	6%	-2				1.0	1.0		1.0	2.0	3.0		1.0	2.0	
33050	RESECT HEART SAC LESION	090	623	666.5	43.5	7%	16.97	19.26	2.29	13%	-3					1.5		6.0			1.0		2.5	
33120	EXC ICAR TUM RESC W/CARD BYP	090	686	686	0	0%	38.45	40.53	2.08	5%	-2					1.0		1.0	2.0	2.0	1.0		1.0	
33130	RESCJ EXTERNAL CARDIAC TUMO	090	719	770	51	7%	24.17	26.82	2.65	11%	-3					1.5		7.5			1.0		2.5	
33140	HEART REVASCULARIZE (TMR)	090	621	622	1	0%	28.34	30.62	2.28	8%	-2					1.0		1.0	1.0	3.0	1.0		1.0	
33202	INSERT EPICARD ELTRD OPEN	090	301	309	8	3%	13.2	14.19	0.99	8%	0				1.0			1.0	1.0		1.0			
33203	INSERT EPICARD ELTRD ENDO	090	326	334	8	2%	13.97	14.96	0.99	7%	0				1.0			1.0	1.0		1.0			
33206	INSERT HEART PM ATRIAL	090	248.5	269	20.5	8%	7.14	8.34	1.20	17%	0				1.5			2.0			1.0			
33207	INSERT HEART PM VENTRICULAR	090	233.5	236.5	3	1%	7.8	8.55	0.75	10%	0				1.0				1.0		1.0			
33208	INSRT HEART PM ATRIAL & VENT	090	231	234	3	1%	8.52	9.27	0.75	9%	0				1.0				1.0		1.0			
33212	INSERT PULSE GEN SNGL LEAD	090	124	131	7	6%	5.01	5.45	0.44	9%	0				1.0						0.5			
33213	INSERT PULSE GEN DUAL LEADS	090	125	132	7	6%	5.28	5.72	0.44	8%	0				1.0						0.5			
33214	UPGRADE OF PACEMAKER SYSTEM	090	262	266	4	2%	7.59	8.03	0.44	6%	0			2.0										
33215	REPOSITION PACING-DEFIB LEAD	090	179	186	7	4%	4.92	5.60	0.68	14%	0			1.0				1.0			1.0			
33216	INSERT 1 ELECTRODE PM-DEFIB	090	262	266	4	2%	5.62	6.06	0.44	8%	0			2.0										
33217	INSERT 2 ELECTRODE PM-DEFIB	090	262	266	4	2%	5.59	6.03	0.44	8%	0			2.0										
33218	REPAIR LEAD PACE-DEFIB ONE	090	246	260	14	6%	5.82	6.48	0.66	11%	0				2.0									
33220	REPAIR LEAD PACE-DEFIB DUAL	090	276	290	14	5%	5.9	6.56	0.66	11%	0				2.0									
33221	INSERT PULSE GEN MULT LEADS	090	129	136	7	5%	5.55	5.99	0.44	8%	0				1.0						0.5			
33222	RELOCATION POCKET PACEMAKE	090	275	281	6	2%	4.85	5.51	0.66	14%	0			3.0										
33223	RELOCATE POCKET FOR DEFIB	090	230	234	4	2%	6.3	6.74	0.44	7%	0			2.0										
33224	INSERT PACING LEAD & CONNECT	000	204	204	0	0%	9.04	9.15	0.11	1%	0										0.5			
33226	REPOSITION L VENTRIC LEAD	000	189	189	0	0%	8.68	8.79	0.11	1%	0										0.5			
33227	REMOVE&REPLACE PM GEN SING	090	124	131	7	6%	5.25	5.69	0.44	8%	0				1.0						0.5			
33228	REMV&REPLC PM GEN DUAL LEA	090	129	136	7	5%	5.52	5.96	0.44	8%	0				1.0						0.5			
33229	REMV&REPLC PM GEN MULT LEA	090	139	146	7	5%	5.79	6.23	0.44	8%	0				1.0						0.5			
33230	INSRT PULSE GEN W/DUAL LEADS	090	150	157	7	5%	6.07	6.51	0.44	7%	0				1.0						0.5			
33231	INSRT PULSE GEN W/MULT LEADS	090	150	157	7	5%	6.34	6.78	0.44	7%	0				1.0						0.5			
33233	REMOVAL OF PM GENERATOR	090	150	154	4	3%	3.14	3.58	0.44	14%	0			2.0										
33234	REMOVAL OF PACEMAKER SYSTEI	090	292	296	4	1%	7.66	8.10	0.44	6%	0			2.0										
33235	REMOVAL PACEMAKER ELECTROI	090	390	420	30	8%	9.9	11.28	1.38	14%	-2						2.0							
33236	REMOVE ELECTRODE/THORACOT	090	346	372	26	8%	12.73	14.57	1.84	14%	0			3.0				4.0			1.0			
33237	REMOVE ELECTRODE/THORACOT	090	456	487	31	7%	13.84	15.92	2.08	15%	0			3.0				5.0			1.0			
33238	REMOVE ELECTRODE/THORACOT	090	472	505	33	7%	15.4	17.70	2.30	15%	0			4.0				5.0			1.0			
33240	INSRT PULSE GEN W/SINGL LEAD	090	135	142	7	5%	5.8	6.24	0.44	8%	0				1.0						0.5			
33241	REMOVE PULSE GENERATOR	090	171	173	2	1%	3.04	3.26	0.22	7%	0			1.0										
33243	REMOVE ELTRD/THORACOTOMY	090	537	583	46	9%	23.57	25.98	2.41	10%	0				3.0			5.0			1.0			
33244	REMOVE ELCTRD TRANSVENOUSL	090	310	320	10	3%	13.74	14.84	1.10	8%	0			5.0										
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	090	239	260	21	9%	14.92	15.91	0.99	7%	0				3.0									
33250	ABLATE HEART DYSRHYTHM FOCU	090	983	1034	51	5%	25.9	28.55	2.65	10%	-3					1.5		7.5			1.0		5.0	
33251	ABLATE HEART DYSRHYTHM FOCU	090	1001	1052	51	5%	28.92	31.57	2.65	9%	-3					1.5		7.5			1.0		5.0	
33254	ABLATE ATRIA LMTD	090	416	433	17	4%	23.71	25.12	1.41	6%	-2				1.0	1.0		1.0	1.0		1.0			
33255	ABLATE ATRIA W/O BYPASS EXT	090	516	529	13	3%	29.04	30.65	1.61	6%	-2				1.0	1.0		1.0	2.0		1.0			
33256	ABLATE ATRIA W/BYPASS EXTEN	090	646	655	9	1%	34.9	36.71	1.81	5%	-2				1.0	1.0		1.0	3.0		1.0		1.0	
33257	ABLATE ATRIA LMTD ADD-ON	ZZZ	180.35	185.52	5.17	3%	9.63	10.31	0.68	7%	0				1.0					0.6	0.5		0.6	
33258	ABLATE ATRIA X10SV ADD-ON	ZZZ	190.3	196.28	5.98	3%	11	11.58	0.58	5%	0				1.0					0.3	0.5		0.8	
33259	ABLATE ATRIA W/BYPASS ADD-ON	ZZZ	222.75	234.92	12.17	5%	14.14	15.15	1.01	7%	0				2.0					0.6	0.5		0.7	
33261	ABLATE HEART DYSRHYTHM FOCU	090	1004	1055	51	5%	28.92	31.57	2.65	9%	-3					1.5		7.5			1.0		5.0	
33262	RMVL& REPLC PULSE GEN 1 LEAD	090	150	157	7	5%	5.81	6.25	0.44	8%	0				1.0						0.5			
33263	RMVL & RPLCMT DFB GEN 2 LEAD	090	150	157	7	5%	6.08	6.52	0.44	7%	0				1.0						0.5			
33264	RMVL & RPLCMT DFB GEN MLT L	090	150	157	7	5%	6.35	6.79	0.44	7%	0				1.0						0.5			
33265	ABLATE ATRIA LMTD ENDO	090	446	463	17	4%	23.71	25.12	1.41	6%	-2				1.0	1.0		1.0	1.0		1.0			
33266	ABLATE ATRIA X10SV ENDO	090	536	549	13	2%	33.04	34.65	1.61	5%	-2				1.0	1.0		1.0	2.0		1.0			
33267	EXCL LAA OPEN ANY METHOD	090	401	400	-1	0%	18.5	19.45	0.95	5%	0				1.0				2.0		1.0		1.0	
33269	EXCL LAA THRSCP ANY METHOD	090	323	323	0	0%	14.31	15.46	1.15	8%	0				1.0				1.0	1.0	1.0			
33270	INS/REP SUBQ DEFIBRILLATOR	090	232	241	9	4%	9.1	9.74	0.64	7%	-2					1.0					1.0			
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	090	202	211	9	4%	7.5	8.14	0.64	9%	-2					1.0					1.0			
33272	RMVL OF SUBQ DEFIBRILLATOR	090	151	158	7	5%	5.42	5.86	0.44	8%	0				1.0						0.5			
33273	REPOS PREV IMPLTBL SUBQ DFB	090	202	211	9	4%	6.5	7.14	0.64	10%	-2					1.0					1.0			
33274	TCAT INSJ/RPL PERM LDLS PM	090	173	180	7	4%	7.8	8.24	0.44	6%	0				1.0						0.5			
33275	TCAT RMVL PERM LDLS PM W/IM	090	188	195	7	4%	8.59	9.03	0.44	5%	0				1.0						0.5			
33276	INSJ PHRNC NRV STIM SYS	090	253	262	9	4%	9.5	10.03	0.53	6%	-2					1.0					0.5			
33278	RMVL PHRNC NRV STIM SYS	090	239	246	7	3%	9.55	9.99	0.44	5%	0				1.0						0.5			
33279	RMVL PHRNC NRV STIM TRANSVI	090	239	246	7	3%	5.42	5.86	0.44	8%	0				1.0						0.5			
33280	RMVL PHRNC NRV STIM PG ONLY	090	155	162	7	5%	3.04	3.48	0.44	14%	0				1.0						0.5			
33281	REPOSG PHRNC NRV STIM TRNSV	090	246	255	9	4%	6	6.53	0.53	9%	-2					1.0					0.5			
33287	RMV&RPLCMT PHRNC NRV STIM	090	177	186	9	5%	6.05	6.58	0.53	9%	-2					1.0					0.5			
33288	RMV&RPLCMT PHRNC NRV STIM	090	256	265	9	4%	8.51	9.04	0.53	6%	-2					1.0					0.5			
33300	REPAIR OF HEART WOUND	090	859	853	-6	-1%	44.97	47.85	2.88	6%	-2					1.0		1.0	2.0	4.0	1.0		3.0	1.0
33305	REPAIR OF HEART WOUND	090	1251	1245	-6	0%	76.93	79.81	2.88	4%	-2					1.0		1.0	2.0	4.0	1.0		6.0	2.0
33310	EXPLORATORY HEART SURGERY	090	532	575.5	43.5	8%	20.34	22.63	2.29	11%	-3					1.5		6.0			1.0		1.0	
33315	EXPLORATORY HEART SURGERY	090	621	625	4	1%	35	36.88	1.88	5%	-2					1.0		1.0	1.0	2.0	1.0		1.0	
33320	REPAIR MAJOR BLOOD VESSEL(S)	090	516.5	559.5	43	8%	18.54	20.82	2.28	12%	0				1.5			6.5			1.0		1.0	

33321	REPAIR MAJOR VESSEL	090	754	808	54	7%	20.81	23.61	2.80	13%	0				2.0			8.0			1.0			
33322	REPAIR MAJOR BLOOD VESSEL(S)	090	884	935	51	6%	24.42	27.07	2.65	11%	-3					1.5		7.5			1.0		4.5	
33330	INSERT MAJOR VESSEL GRAFT	090	916	969.5	53.5	6%	25.29	28.06	2.77	11%	-3					1.5		8.0			1.0		4.5	
33335	INSERT MAJOR VESSEL GRAFT	090	963	1019	56	6%	33.91	36.80	2.89	9%	-3					1.5		8.5			1.0		4.5	
33361	REPLACE AORTIC VALVE PERQ	000	275	275	0	0%	22.47	22.47	-	0%	0												1.0	
33362	REPLACE AORTIC VALVE OPEN	000	303	303	0	0%	24.54	24.54	-	0%	0												1.0	
33363	REPLACE AORTIC VALVE OPEN	000	300	300	0	0%	25.47	25.47	-	0%	0												1.0	
33364	REPLACE AORTIC VALVE OPEN	000	294	294	0	0%	25.97	25.97	-	0%	0												1.0	
33365	REPLACE AORTIC VALVE OPEN	000	320	320	0	0%	26.59	26.59	-	0%	0												1.0	
33366	TRCATH REPLACE AORTIC VALVE	000	320	320	0	0%	29.35	29.35	-	0%	0												1.0	
33390	VALVULOPLASTY AORTIC VALVE	090	622	625	3	0%	35	36.81	1.81	5%	0			1.0	1.0			1.0	2.0	1.0	1.0		1.0	
33391	VALVULOPLASTY AORTIC VALVE	090	676	686	10	1%	41.5	43.51	2.01	5%	-2				1.0	1.0		1.0	2.0	1.0	1.0		1.0	
33404	PREPARE HEART-AORTA CONDUIT	090	846	899.5	53.5	6%	31.37	34.14	2.77	9%	-3					1.5		8.0			1.0		2.5	
33405	REPLACEMENT AORTIC VALVE OP	090	768	772	4	1%	41.32	44.13	2.81	7%	-2				1.0	1.0		1.0	2.0	3.0	1.0		1.0	
33406	REPLACEMENT AORTIC VALVE OP	090	853	857	4	0%	52.68	55.49	2.81	5%	-2				1.0	1.0		1.0	2.0	3.0	1.0		1.0	
33410	REPLACEMENT AORTIC VALVE OP	090	800	804	4	0%	46.41	49.22	2.81	6%	-2				1.0	1.0		1.0	2.0	3.0	1.0		1.0	
33411	REPLACEMENT OF AORTIC VALVE	090	1059	1052	-7	-1%	62.07	65.68	3.61	6%	-2				1.0	1.0		1.0	4.0	4.0	1.0		2.0	
33412	REPLACEMENT OF AORTIC VALVE	090	866	867	1	0%	59	61.28	2.28	4%	-2					1.0		1.0	1.0	3.0	1.0		2.0	
33413	REPLACEMENT OF AORTIC VALVE	090	898	906	8	1%	59.87	62.48	2.61	4%	-2				1.0	1.0		1.0	1.0	3.0	1.0		2.0	
33414	REPAIR OF AORTIC VALVE	090	763	764	1	0%	39.37	41.65	2.28	6%	-2					1.0		1.0	1.0	3.0	1.0		1.0	
33415	REVISION SUBVALVULAR TISSUE	090	679	679	0	0%	37.27	39.35	2.08	6%	-2					1.0		1.0	2.0	2.0	1.0		1.0	
33416	REVISE VENTRICLE MUSCLE	090	664	683	19	3%	36.56	38.61	2.05	6%	-2				1.0	1.0		2.0	1.0	1.0	1.0		1.0	
33417	REPAIR OF AORTIC VALVE	090	750	780.5	30.5	4%	29.33	30.99	1.66	6%	-4					2.0		2.5			1.0		2.5	
33418	REPAIR TCAT MITRAL VALVE	090	561	580	19	3%	32.25	33.74	1.49	5%	-4					2.0			2.0			1.0	1.0	
33420	REVISION OF MITRAL VALVE	090	761	814.5	53.5	7%	25.79	28.56	2.77	11%	-3					1.5		8.0			1.0		3.0	
33422	REVISION OF MITRAL VALVE	090	892	943	51	6%	29.73	32.38	2.65	9%	-3					1.5		7.5			1.0		4.5	
33425	REPAIR OF MITRAL VALVE	090	880	881	1	0%	49.96	53.17	3.21	6%	-2				1.0	1.0		1.0	2.0	4.0	1.0		1.0	
33426	REPAIR OF MITRAL VALVE	090	776	780	4	1%	43.28	46.09	2.81	6%	-2				1.0	1.0		1.0	2.0	3.0	1.0		1.0	
33427	REPAIR OF MITRAL VALVE	090	737	744	7	1%	44.83	47.24	2.41	5%	-2				1.0	1.0		1.0	2.0	2.0	1.0		1.0	
33430	REPLACEMENT OF MITRAL VALVE	090	913	933	20	2%	50.93	54.10	3.17	6%	-2				2.0	1.0		1.0	2.0	3.0		1.0	2.0	
33440	RPLCMT A-VALVE TLCJ AUTOL PV	090	998	996	-2	0%	64	66.92	2.92	5%	-2					1.0		2.0	3.0	3.0	1.0		2.0	
33460	REVISION OF TRICUSPID VALVE	090	877	867	-10	-1%	44.7	47.78	3.08	7%	-2					1.0		1.0	3.0	4.0	1.0		2.0	
33463	VALVULOPLASTY TRICUSPID	090	1127	1108	-19	-2%	57.08	61.29	4.21	7%	-2				1.0	1.0		1.0	7.0	4.0	1.0		2.0	
33464	VALVULOPLASTY TRICUSPID	090	871	868	-3	0%	44.62	48.03	3.41	8%	-2				1.0	1.0		1.0	3.0	4.0	1.0		1.0	
33465	REPLACE TRICUSPID VALVE	090	972	964	-8	-1%	50.72	54.13	3.41	7%	-2				1.0	1.0		1.0	5.0	3.0	1.0		2.0	
33468	REVISION OF TRICUSPID VALVE	090	806	807	1	0%	45.13	47.41	2.28	5%	-2					1.0		1.0	1.0	3.0	1.0		2.0	
33474	REVISION OF PULMONARY VALVE	090	738	745	7	1%	39.4	41.81	2.41	6%	-2				1.0	1.0		1.0	2.0	2.0	1.0		1.0	
33475	REPLACEMENT PULMONARY VALV	090	750	757	7	1%	42.4	44.81	2.41	6%	-2				1.0	1.0		1.0	2.0	2.0	1.0		1.0	
33476	REVISION OF HEART CHAMBER	090	859	877	18	2%	26.57	27.63	1.06	4%	-4					2.0					1.0		5.0	
33478	REVISION OF HEART CHAMBER	090	882	900	18	2%	27.54	28.60	1.06	4%	-4					2.0					1.0		5.0	
33496	REPAIR PROSTH VALVE CLOT	090	881	887	6	1%	29.84	32.29	2.45	8%	-2				1.0	1.0		2.0	5.0		1.0			
33500	REPAIR HEART VESSEL FISTULA	090	690	736	46	7%	27.94	30.35	2.41	9%	-3					1.5		6.5			1.0		2.0	
33501	REPAIR HEART VESSEL FISTULA	090	411	419	8	2%	19.51	21.56	2.05	11%	0			1.0	1.0			2.0	2.0	1.0	1.0			
33502	CORONARY ARTERY CORRECTION	090	688	718.5	30.5	4%	21.85	23.51	1.66	8%	-4					2.0		2.5			1.0		2.5	
33503	CORONARY ARTERY GRAFT	090	838	895.5	57.5	7%	22.51	25.43	2.92	13%	-2						2.0	5.5			1.0		2.5	
33504	CORONARY ARTERY GRAFT	090	789	829.5	40.5	5%	25.46	27.60	2.14	8%	-4					2.0		4.5			1.0		2.5	
33505	REPAIR ARTERY W/TUNNEL	090	678	727	49	7%	38.4	41.51	3.11	8%	0				1.0			9.0		1.0	1.0		1.0	
33506	REPAIR ARTERY TRANSLOCATION	090	678	727	49	7%	37.85	40.96	3.11	8%	0				1.0			9.0		1.0	1.0		1.0	
33507	REPAIR ART INTRAMURAL	090	563.5	576.5	13	2%	31.4	32.63	1.23	4%	0				1.0			2.0	1.0		1.0		1.0	
33510	CABG VEIN SINGLE	090	718	717	-1	0%	34.98	37.68	2.70	8%	-2			1.0		1.0		1.0	2.0	3.0	1.0		1.0	
33511	CABG VEIN TWO	090	750	749	-1	0%	38.45	41.15	2.70	7%	-2			1.0		1.0		1.0	2.0	3.0	1.0		1.0	
33512	CABG VEIN THREE	090	832	828	-4	0%	43.98	47.08	3.10	7%	-2			1.0		1.0		1.0	2.0	4.0	1.0		1.0	
33513	CABG VEIN FOUR	090	850	846	-4	0%	45.37	48.47	3.10	7%	-2			1.0		1.0		1.0	2.0	4.0	1.0		1.0	
33514	CABG VEIN FIVE	090	867	863	-4	0%	48.08	51.18	3.10	6%	-2			1.0		1.0		1.0	2.0	4.0	1.0		1.0	
33516	CABG VEIN SIX OR MORE	090	883	879	-4	0%	49.76	52.86	3.10	6%	-2			1.0		1.0		1.0	2.0	4.0	1.0		1.0	
33517	CABG ARTERY-VEIN SINGLE	ZZZ	53.5	52.6	-0.9	-2%	3.61	3.73	0.12	3%	0									0.3			0.2	
33518	CABG ARTERY-VEIN TWO	ZZZ	112.6	110.56	-2.04	-2%	7.93	8.20	0.27	3%	0									0.7			0.4	
33519	CABG ARTERY-VEIN THREE	ZZZ	139.8	137.52	-2.28	-2%	10.49	10.79	0.30	3%	0									0.8			0.4	
33521	CABG ARTERY-VEIN FOUR	ZZZ	158.05	155.68	-2.37	-1%	12.59	12.91	0.32	3%	0									0.8			0.4	
33522	CABG ARTERY-VEIN FIVE	ZZZ	174.45	171.72	-2.73	-2%	14.14	14.50	0.36	3%	0									0.9			0.3	
33523	CABG ART-VEIN SIX OR MORE	ZZZ	193	190	-3	-2%	16.08	16.48	0.40	2%	0									1.0			0.4	
33533	CABG ARTERIAL SINGLE	090	682	685	3	0%	33.75	36.25	2.50	7%	-2			1.0		1.0		1.0	1.0	3.0	1.0		1.0	
33534	CABG ARTERIAL TWO	090	717	720	3	0%	39.88	42.38	2.50	6%	-2			1.0		1.0		1.0	1.0	3.0	1.0		1.0	
33535	CABG ARTERIAL THREE	090	755	758	3	0%	44.75	47.25	2.50	6%	-2			1.0		1.0		1.0	1.0	3.0	1.0		1.0	
33536	CABG ARTERIAL FOUR OR MORE	090	783	786	3	0%	48.43	50.93	2.50	5%	-2			1.0		1.0		1.0	1.0	3.0	1.0		1.0	
33542	REMOVAL OF HEART LESION	090	848	852	4	0%	48.21	51.02	2.81	6%	-2				1.0	1.0		1.0	2.0	3.0	1.0		2.0	
33545	REPAIR OF HEART DAMAGE	090	939	953	14	1%	57.06	60.10	3.04	5%	-2				1.0	1.0		1.0	1.0	4.0		1.0	2.0	1.0
33548	RESTORE/REMODEL VENTRICLE	090	928	948	20	2%	54.14	57.31	3.17	6%	-2				2.0	1.0		1.0	2.0	3.0		1.0	2.0	1.0
33600	CLOSURE OF VALVE	090	628	676	48	8%	30.31	32.81	2.50	8%	-4					2.0		6.0			1.0			
33602	CLOSURE OF VALVE	090	628	676	48	8%	29.34	31.84	2.50	9%	-4					2.0		6.0			1.0			
33606	ANASTOMOSIS/ARTERY-AORTA	090	728	786	58	8%	31.53	34.51	2.98	9%	-4					2.0		8.0			1.0			
33608	REPAIR ANOMALY W/CONDUIT	090	668	711	43	6%	31.88	34.14	2.26	7%	-4					2.0		5.0			1.0			
33610	REPAIR BY ENLARGEMENT	090	648	701	53	8%	31.4	34.14	2.74	9%	-4					2.0		7.0			1.0			

33611	REPAIR DOUBLE VENTRICLE	090	673	732	59	9%	35.57	38.61	3.04	9%	-2					1.0		10.0			1.0			
33612	REPAIR DOUBLE VENTRICLE	090	673	732	59	9%	36.57	39.61	3.04	8%	-2					1.0		10.0			1.0			
33615	REPAIR MODIFIED FONTAN	090	696	762	66	9%	35.89	39.26	3.37	9%	-2				1.0	1.0		10.0			1.0			
33617	REPAIR SINGLE VENTRICLE	090	811	868	57	7%	39.09	42.42	3.33	9%	-2				1.0	1.0		9.0	1.0		1.0			
33619	REPAIR SINGLE VENTRICLE	090	1039	1058	19	2%	48.76	52.90	4.14	8%	-12		5.0	1.0		1.0		7.0	6.0	1.0	1.0			
33620	APPLY R&L PULM ART BANDS	090	609	630	21	3%	30	32.55	2.55	9%	0				1.0			5.0	2.0	1.0	1.0		1.0	
33621	TRANSTHOR CATH FOR STENT	090	363.5	385.5	22	6%	16.18	17.23	1.05	6%	0				1.0			3.0					1.0	
33622	REDO COMPL CARDIAC ANOMALY	090	986	1017	31	3%	64	67.72	3.72	6%	-2					1.0		7.0	1.0	3.0	1.0		2.0	
33641	REPAIR HEART SEPTUM DEFECT	090	562	569	7	1%	29.58	31.06	1.48	5%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33645	REVISION OF HEART VEINS	090	546	553	7	1%	31.3	32.78	1.48	5%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33647	REPAIR HEART SEPTUM DEFECTS	090	614	618	4	1%	33	34.88	1.88	6%	-2					1.0		1.0	1.0	2.0	1.0		1.0	
33660	REPAIR OF HEART DEFECTS	090	613	620	7	1%	31.83	33.31	1.48	5%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33665	REPAIR OF HEART DEFECTS	090	613	620	7	1%	34.85	36.33	1.48	4%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33670	REPAIR OF HEART CHAMBERS	090	626	645	19	3%	36.63	38.30	1.67	5%	0				1.0			3.0		1.0	1.0		1.0	
33675	CLOSE MULT VSD	090	628	644	16	3%	35.95	37.71	1.76	5%	-2					1.0		3.0	2.0		1.0		1.0	
33676	CLOSE MULT VSD W/RESECTION	090	658	674	16	2%	36.95	38.71	1.76	5%	-2					1.0		3.0	2.0		1.0		1.0	
33677	CL MULT VSD W/REM PUL BAND	090	688	704	16	2%	38.45	40.21	1.76	5%	-2					1.0		3.0	2.0		1.0		1.0	
33681	CLOSURE 1 VSD W/WO PATCH	090	506.5	559.5	53	10%	32.34	35.08	2.74	8%	-2				2.0	1.0		6.0			1.0			
33684	CLSR 1 VSD W/WO PATCH W/VLV	090	616	623	7	1%	34.37	35.85	1.48	4%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33688	CLSR 1VSD W/WO PTCH RMVL BN	090	628	635	7	1%	34.75	36.23	1.48	4%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33690	BANDING PULMONARY ARTERY	090	636	666.5	30.5	5%	20.36	22.02	1.66	8%	-4					2.0		2.5			1.0		2.5	
33692	COMP RPR TOF WO PULM ATRES	090	684	697	13	2%	36.15	38.31	2.16	6%	-2					1.0		3.0	2.0	1.0	1.0		1.0	
33694	CMP RPR TOF WO PLM ATRS PTC	090	718	777	59	8%	35.57	38.61	3.04	9%	-2					1.0		10.0			1.0			
33697	COMPL RPR TOF W/PULM ATRESI	090	693	752	59	9%	37.57	40.61	3.04	8%	-2					1.0		10.0			1.0			
33702	REPAIR OF HEART DEFECTS	090	751	769.5	18.5	2%	27.24	28.33	1.09	4%	-2				1.0	1.0		0.5			1.0		3.5	
33710	REPAIR OF HEART DEFECTS	090	656	663	7	1%	37.5	38.98	1.48	4%	-2					1.0		1.0	1.0	1.0	1.0		2.0	
33720	REPAIR OF HEART DEFECT	090	770	786	16	2%	27.26	28.23	0.97	4%	-2				1.0	1.0					1.0		4.0	
33724	REPAIR VENOUS ANOMALY	090	559	574	15	3%	27.63	28.95	1.32	5%	-2					1.0		2.0	1.0		1.0		1.0	
33726	REPAIR PUL VENOUS STENOSIS	090	643	663	20	3%	37.12	38.68	1.56	4%	-2					1.0		3.0	1.0		1.0		1.0	
33730	REPAIR HEART-VEIN DEFECT(S)	090	671	737	66	10%	36.14	39.51	3.37	9%	-2				1.0	1.0		10.0			1.0			
33732	REPAIR HEART-VEIN DEFECT	090	578	621	43	7%	28.96	31.22	2.26	8%	-4					2.0		5.0			1.0			
33735	REVISION OF HEART CHAMBER	090	770	800.5	30.5	4%	22.2	23.86	1.66	7%	-4					2.0		2.5			1.0		3.5	
33736	REVISION OF HEART CHAMBER	090	548	591	43	8%	24.32	26.58	2.26	9%	-4					2.0		5.0			1.0			
33750	SHUNT SUBCLAVIAN TO PULM AR	090	722	750	28	4%	22.22	23.76	1.54	7%	-4					2.0		2.0			1.0		3.0	
33755	SHUNT AS-AORT TO PULM ART	090	750	775.5	25.5	3%	22.6	24.02	1.42	6%	-4					2.0		1.5			1.0		3.5	
33762	SHUNT DESC AORTA TO PULM AR	090	755	780.5	25.5	3%	22.6	24.02	1.42	6%	-4					2.0		1.5			1.0		3.5	
33764	SHUNT CENTRAL W/PROSTC GRA	090	750	775.5	25.5	3%	22.6	24.02	1.42	6%	-4					2.0		1.5			1.0		3.5	
33766	SHUNT SUPR V/C P-ART 1 LUNG	090	756	781.5	25.5	3%	23.57	24.99	1.42	6%	-4					2.0		1.5			1.0		3.5	
33767	SHUNT SUPR V/C P-ART BTH LNG	090	608	651	43	7%	25.3	27.56	2.26	9%	-4					2.0		5.0			1.0			
33770	RPR TGA W/O SURG ENLGMNT V	090	696	716	20	3%	39.07	41.18	2.11	5%	0				1.0			4.0	1.0	1.0	1.0		1.0	
33771	RPR TGA W/SURG ENLGMNT VSD	090	716	736	20	3%	40.63	42.74	2.11	5%	0				1.0			4.0	1.0	1.0	1.0		1.0	
33774	RPR TGA ATRIAL BAFFLE PX	090	998	1024.5	26.5	3%	31.73	33.18	1.45	5%	-3					1.0	1.0	0.5			1.0		6.5	
33775	RPR TGA ATR BFL RMVL PLM BND	090	1043	1063.5	20.5	2%	32.99	34.17	1.18	4%	-4					2.0		0.5			1.0		6.5	
33776	RPR TGA ATR BFL CLSR VSD	090	1096	1133.5	37.5	3%	34.75	36.71	1.96	6%	-2						2.0	1.5			1.0		6.5	
33777	RPR TGA BFL RPR SBPULM OBSTR	090	993	1040.5	47.5	5%	34.17	36.61	2.44	7%	-2						2.0	3.5			1.0		4.5	
33778	RPR TGA AORTIC PULM ART RCNS	090	838.5	887.5	49	6%	42.75	46.48	3.73	9%	-2				1.0	1.0		9.0	3.0		1.0			
33779	RPR TGA RCNSTJ RMVL PLM BND	090	733	755	22	3%	43.23	45.43	2.20	5%	-2					1.0		4.0	1.0	1.0	1.0		1.0	
33780	RPR TGA RCNSTJ CLSR VSD	090	731	760	29	4%	43.9	46.29	2.39	5%	0				1.0			6.0	2.0		1.0		1.0	
33781	RPR TGA RCNSTJ RPR SBPL OBST	090	738	767	29	4%	43.21	45.60	2.39	6%	0				1.0			6.0	2.0		1.0		1.0	
33782	NIKAIDOH PROC	090	866	867	1	0%	60.08	62.36	2.28	4%	-2					1.0		1.0	1.0	3.0	1.0		2.0	
33783	NIKAIDOH PROC W/OSTIA IMPLT	090	926	927	1	0%	65.08	67.36	2.28	4%	-2					1.0		1.0	1.0	3.0	1.0		2.0	
33786	REPAIR ARTERIAL TRUNK	090	838.5	892.5	54	6%	41.87	45.84	3.97	9%	-2				1.0	1.0		10.0	3.0		1.0			
33788	REVISION OF PULMONARY ARTER	090	736	766.5	30.5	4%	27.42	29.08	1.66	6%	-4					2.0		2.5			1.0		2.5	
33800	AORTIC SUSPENSION	090	375	386	11	3%	17.28	18.61	1.33	8%	0				1.0			2.0	1.5		1.0			
33802	DIVISION ABERRANT VESSEL	090	556	584.5	28.5	5%	18.37	19.94	1.57	9%	-2				1.0	1.0		2.5			1.0		1.5	
33803	DIV ABERRANT VSL W/REANAST	090	586	614.5	28.5	5%	20.31	21.88	1.57	8%	-2				1.0	1.0		2.5			1.0		1.5	
33814	OBLTRJ A-PULM SEP DEF W/BYP	090	838	856	18	2%	26.57	27.63	1.06	4%	-4					2.0					1.0		5.0	
33820	REPAIR PDA BY LIGATION	090	414	428	14	3%	16.69	17.57	0.88	5%	-2					1.0		1.0			1.0		1.0	
33822	REPAIR PDA DIV	090	463	472	9	2%	17.71	18.35	0.64	4%	-2					1.0					1.0		2.0	
33824	REPAIR PDA DIV 18 YRS&OLDER	090	615	633.5	18.5	3%	20.23	21.32	1.09	5%	-2				1.0	1.0		0.5			1.0		2.5	
33840	EXC COA W/DIRECT ANASTOMOS	090	639	662.5	23.5	4%	21.34	22.67	1.33	6%	-2				1.0	1.0		1.5			1.0		2.5	
33845	EXCISION COA W/GRAFT	090	726	749	23	3%	22.93	24.23	1.30	6%	-4					2.0		1.0			1.0		3.0	
33851	EXC COA RPR L SUBCL ART/PRST	090	700	726	26	4%	21.98	23.43	1.45	7%	-2				1.0	1.0		2.0			1.0		3.0	
33852	RPR HYPOPL A-ARCH WO BYP	090	719	745	26	4%	24.41	25.86	1.45	6%	-2				1.0	1.0		2.0			1.0		3.0	
33853	RPR HYPOPL A-ARCH W/BYP	090	668	726	58	9%	32.51	35.49	2.98	9%	-4					2.0		8.0			1.0			
33858	AS-AORT GRF F/AORTIC DSJ	090	911	922	11	1%	63.4	65.61	2.21	3%	-2				1.0	1.0		1.0	1.0	2.0	1.0		3.0	
33859	AS-AORT GRF F/DS OTH/THN DSJ	090	778	782	4	1%	45.13	47.01	1.88	4%	-2					1.0		1.0	1.0	2.0	1.0		2.0	
33863	ASCENDING AORTIC GRAFT	090	838	842	4	0%	58.79	60.67	1.88	3%	-2					1.0		1.0	1.0	2.0	1.0		2.0	
33864	ASCENDING AORTIC GRAFT	090	838	842	4	0%	60.08	61.96	1.88	3%	-2					1.0		1.0	1.0	2.0	1.0		2.0	
33871	TRANSVRS A-ARCH GRF HYPTHRM	090	901	905	4	0%	60.88	62.76	1.88	3%	-2					1.0		1.0	1.0	2.0	1.0		2.0	
33875	THORACIC AORTIC GRAFT	090	993	1006	13	1%	50.72	53.56	2.84	6%	-2				1.0	1.0		1.0	2.0	3.0		1.0	3.0	
33877	THORACOABDOMINAL GRAFT	090	1110	1130	20	2%	69.03	72.20	3.17	5%	-2				2.0	1.0		1.0	2.0	3.0		1.0	3.0	
33880	ENDOVASC TAA REPR INCL SUBCL	090	599	611	12	2%	34.58	36.30	1.72	5%	0				2.0			1.0	1.0	1.0	1.0			

33881	ENDOVASC TAA REPR W/O SUBCL	090	554	566	12	2%	29.58	31.30	1.72	6%	0				2.0			1.0	1.0	1.0	1.0			
33883	INSERT ENDOVASC PROSTH TAA	090	404	419	15	4%	21.09	22.41	1.32	6%	0				2.0			1.0	1.0		1.0			
33886	ENDOVASC PROSTH DELAYED	090	379	394	15	4%	18.09	19.41	1.32	7%	0				2.0			1.0	1.0		1.0			
33910	REMOVE LUNG ARTERY EMBOLI	090	889	893	4	0%	48.21	51.02	2.81	6%	-2				1.0	1.0		1.0	2.0	3.0	1.0		3.0	
33915	REMOVE LUNG ARTERY EMBOLI	090	858	904	46	5%	24.95	27.36	2.41	10%	-3					1.5		6.5			1.0		5.0	
33916	SURGERY OF GREAT VESSEL	090	1259	1258	-1	0%	78	82.05	4.05	5%	-2				1.0	1.0		2.0	3.0	5.0	1.0		3.0	1.0
33917	REPAIR PULMONARY ARTERY	090	608	651	43	7%	25.3	27.56	2.26	9%	-4					2.0		5.0			1.0			
33920	REPAIR PULMONARY ATRESIA	090	658	706	48	7%	32.74	35.24	2.50	8%	-4					2.0		6.0			1.0			
33922	TRANSECT PULMONARY ARTERY	090	546	587	41	8%	24.22	26.39	2.17	9%	-2				1.0	1.0		5.0			1.0			
33925	RPR PUL ART UNIFOCAL W/O CPB	090	641	665	24	4%	31.3	33.21	1.91	6%	0				1.0			4.0		1.0	1.0		1.0	
33926	REPR PUL ART UNIFOCAL W/CPB	090	846	891	45	5%	44.73	48.04	3.31	7%	0				1.0			9.0	1.0	1.0	1.0		1.0	
33935	TRANSPLANTATION HEART/LUNG	090	1713	1708	-5	0%	91.78	97.71	5.93	6%	-3				1.0	1.0	1.0	1.0	8.0	6.0		1.0	3.0	1.0
33945	TRANSPLANTATION OF HEART	090	1716	1745	29	2%	89.5	95.71	6.21	7%	-5				3.0	2.0	1.0	1.0	6.0	5.0		1.0	3.0	1.0
33951	ECMO/ECLS INSJ PRPH CANNULA	000	170	175	5	3%	8.15	8.39	0.24	3%	0							1.0						
33952	ECMO/ECLS INSJ PRPH CANNULA	000	158	163	5	3%	8.15	8.39	0.24	3%	0							1.0						
33953	ECMO/ECLS INSJ PRPH CANNULA	000	190	186	-4	-2%	9.11	9.31	0.20	2%	0								1.0					
33954	ECMO/ECLS INSJ PRPH CANNULA	000	178	174	-4	-2%	9.11	9.31	0.20	2%	0								1.0					
33955	ECMO/ECLS INSJ CTR CANNULA	000	250	250	0	0%	16	16.00	-	0%	0												1.0	
33956	ECMO/ECLS INSJ CTR CANNULA	000	250	250	0	0%	16	16.00	-	0%	0												1.0	
33957	ECMO/ECLS REPOS PERPH CNULA	000	130	135	5	4%	3.51	3.75	0.24	7%	0							1.0						
33958	ECMO/ECLS REPOS PERPH CNULA	000	118	123	5	4%	3.51	3.75	0.24	7%	0							1.0						
33959	ECMO/ECLS REPOS PERPH CNULA	000	130	135	5	4%	4.47	4.71	0.24	5%	0							1.0						
33962	ECMO/ECLS REPOS PERPH CNULA	000	118	123	5	4%	4.47	4.71	0.24	5%	0							1.0						
33963	ECMO/ECLS REPOS PERPH CNULA	000	183	180	-3	-2%	9	9.40	0.40	4%	0									1.0				
33964	ECMO/ECLS REPOS PERPH CNULA	000	195	192	-3	-2%	9.5	9.90	0.40	4%	0									1.0				
33965	ECMO/ECLS RMVL PERPH CANNU	000	130	135	5	4%	3.51	3.75	0.24	7%	0							1.0						
33966	ECMO/ECLS RMVL PRPH CANNUL	000	133	138	5	4%	4.5	4.74	0.24	5%	0							1.0						
33969	ECMO/ECLS RMVL PERPH CANNU	000	163	159	-4	-2%	5.22	5.42	0.20	4%	0								1.0					
33971	AORTIC CIRCULATION ASSIST	090	494	518	24	5%	11.99	13.35	1.36	11%	-2					1.0		3.0			1.0		3.0	
33974	REMOVE INTRA-AORTIC BALLOON	090	314	333	19	6%	15.03	16.15	1.12	7%	0				2.0			1.0			1.0			
33984	ECMO/ECLS RMVL PRPH CANNUL	000	153	149	-4	-3%	5.46	5.66	0.20	4%	0								1.0					
33985	ECMO/ECLS RMVL CTR CANNULA	000	200	197	-3	-2%	9.89	10.29	0.40	4%	0									1.0				
33986	ECMO/ECLS RMVL CTR CANNULA	000	205	202	-3	-1%	10	10.40	0.40	4%	0									1.0				
33988	INSERTION OF LEFT HEART VENT	000	250	250	0	0%	15	15.00	-	0%	0												1.0	
33989	REMOVAL OF LEFT HEART VENT	000	205	202	-3	-1%	9.5	9.90	0.40	4%	0									1.0				
34001	REMOVAL OF ARTERY CLOT	090	384	386	2	1%	17.88	19.36	1.48	8%	0				2.0				3.0		1.0			
34051	REMOVAL OF ARTERY CLOT	090	594	636.5	42.5	7%	16.99	19.56	2.57	15%	0			2.5				7.5			1.0		1.5	
34101	REMOVAL OF ARTERY CLOT	090	322	337	15	5%	10.93	12.38	1.45	13%	0			1.0	1.0			2.0	1.0		1.0			
34111	REMOVAL OF ARM ARTERY CLOT	090	307	322	15	5%	10.93	12.38	1.45	13%	0			1.0	1.0			2.0	1.0		1.0			
34151	REMOVAL OF ARTERY CLOT	090	508	531	23	5%	26.52	28.87	2.35	9%	0			2.0	1.0			4.0	2.0		1.0			
34201	REMOVAL OF ARTERY CLOT	090	422	438	16	4%	19.48	21.24	1.76	9%	0				2.0			2.0	2.0		1.0			
34203	REMOVAL OF LEG ARTERY CLOT	090	413	440	27	7%	17.86	19.88	2.02	11%	0			1.0	2.0			3.0	1.0		1.0			
34401	REMOVAL OF VEIN CLOT	090	503	526	23	5%	26.52	28.87	2.35	9%	0			2.0	1.0			4.0	2.0		1.0			
34421	REMOVAL OF VEIN CLOT	090	412	428	16	4%	13.37	15.26	1.89	14%	0			1.0	1.0			3.0	2.0		1.0			
34451	REMOVAL OF VEIN CLOT	090	533	556	23	4%	28.52	30.87	2.35	8%	0			2.0	1.0			4.0	2.0		1.0			
34471	REMOVAL OF VEIN CLOT	090	453	475	22	5%	21.11	23.02	1.91	9%	0			2.0	1.0			3.0	1.0		1.0			
34490	REMOVAL OF VEIN CLOT	090	367	387	20	5%	10.91	12.60	1.69	15%	0			1.0	1.0			3.0	1.0		1.0			
34501	REPAIR VALVE FEMORAL VEIN	090	393	405	12	3%	16.85	18.28	1.43	8%	0			2.0	1.0			1.0	1.0		1.0			
34502	RECONSTRUCT VENA CAVA	090	741	796	55	7%	28.07	30.90	2.83	10%	-4				1.0	2.0		6.0			1.0			
34510	TRANSPOSITION OF VEIN VALVE	090	448	465	17	4%	19.91	21.58	1.67	8%	0			2.0	1.0			2.0	1.0		1.0			
34520	CROSS-OVER VEIN GRAFT	090	443	465	22	5%	19.18	20.96	1.78	9%	0			1.0	2.0			2.0	1.0		1.0			
34530	LEG VEIN FUSION	090	436	460	24	6%	17.93	19.93	2.00	11%	0			2.0	2.0			2.0	1.0		1.0			
34701	EVASC RPR A-AO NDGFT	090	482	484	2	0%	23.71	25.08	1.37	6%	0			1.0	1.0				1.0	1.0	1.0			
34702	EVASC RPR A-AO NDGFT RPT	090	677	686	9	1%	36	38.63	2.63	7%	-2			1.0	1.0	1.0		1.0	2.0	2.0	1.0		1.0	
34703	EVASC RPR A-UNILAC NDGFT	090	507	509	2	0%	26.52	27.89	1.37	5%	0			1.0	1.0				1.0	1.0	1.0			
34704	EVASC RPR A-UNILAC NDGFT RPT	090	737	746	9	1%	45	47.63	2.63	6%	-2			1.0	1.0	1.0		1.0	2.0	2.0	1.0		1.0	
34705	EVAC RPR A-BIILIAC NDGFT	090	512	514	2	0%	29.58	30.95	1.37	5%	0			1.0	1.0				1.0	1.0	1.0			
34706	EVASC RPR A-BIILIAC RPT	090	735	744	9	1%	45	47.63	2.63	6%	-2			1.0	1.0	1.0		1.0	2.0	2.0	1.0		1.0	
34707	EVASC RPR ILIO-ILIAC NDGFT	090	482	484	2	0%	22.28	23.65	1.37	6%	0			1.0	1.0				1.0	1.0	1.0			
34708	EVASC RPR ILIO-ILIAC RPT	090	677	686	9	1%	36.5	39.13	2.63	7%	-2			1.0	1.0	1.0		1.0	2.0	2.0	1.0		1.0	
34710	DLYD PLMT XTN PROSTH 1ST VSL	090	397	407	10	3%	15	16.21	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
34712	TCAT DLVR ENHNCD FIXJ DEV	090	307	317	10	3%	12	13.21	1.21	10%	0			1.0	1.0			1.0	1.0		1.0			
34718	EVASC RPR N/A A-ILIAC NDGFT	090	477	479	2	0%	24	25.37	1.37	6%	0			1.0	1.0				1.0	1.0	1.0			
34830	OPEN AORTIC TUBE PROSTH REPF	090	665	682	17	3%	35.23	38.25	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
34831	OPEN AORTOILIAC PROSTH REPR	090	690	707	17	2%	37.98	41.00	3.02	8%	0			1.0	2.0			3.0	2.0	2.0	1.0			
34832	OPEN AORTOFEMOR PROSTH REF	090	710	727	17	2%	37.98	41.00	3.02	8%	0			1.0	2.0			3.0	2.0	2.0	1.0			
35001	REPAIR DEFECT OF ARTERY	090	568	617.5	49.5	9%	20.81	23.84	3.03	15%	0			3.5				8.5			1.0			
35002	REPAIR ARTERY RUPTURE NECK	090	592	644	52	9%	22.23	25.38	3.15	14%	0			3.5				9.0			1.0			
35005	REPAIR DEFECT OF ARTERY	090	551	600.5	49.5	9%	19.29	22.32	3.03	16%	0			3.5				8.5			1.0			
35011	REPAIR DEFECT OF ARTERY	090	357	376	19	5%	18.58	19.83	1.25	7%	0			1.0	1.0			2.0			1.0			
35013	REPAIR ARTERY RUPTURE ARM	090	433	455	22	5%	23.23	25.01	1.78	8%	0			1.0	2.0			2.0	1.0		1.0			
35021	REPAIR DEFECT OF ARTERY	090	745	797.5	52.5	7%	22.17	25.22	3.05	14%	0			2.5				9.5			1.0		2.5	
35022	REPAIR ARTERY RUPTURE CHEST	090	764	816.5	52.5	7%	25.7	28.75	3.05	12%	0			2.5				9.5			1.0		2.5	

35045	REPAIR DEFECT OF ARM ARTERY	090	329	342	13	4%	18.01	18.91	0.90	5%	0			0.5	1.0			1.0			1.0			
35081	REPAIR DEFECT OF ARTERY	090	677	693	16	2%	33.53	35.80	2.27	7%	-2			1.0	1.0	1.0		2.0	3.0		1.0		1.0	
35082	REPAIR ARTERY RUPTURE AORTA	090	792	810	18	2%	42.09	45.00	2.91	7%	-2			1.0	1.0	1.0		3.0	3.0	1.0	1.0		2.0	
35091	REPAIR DEFECT OF ARTERY	090	790	845	55	7%	35.35	38.21	2.86	8%	0							11.0			1.0		2.0	
35092	REPAIR ARTERY RUPTURE AORTA	090	1172	1179	7	1%	50.97	54.44	3.47	7%	-2			1.0	1.0	1.0		2.0	3.0	3.0	1.0		5.0	
35102	REPAIR DEFECT OF ARTERY	090	732	748	16	2%	36.53	38.80	2.27	6%	-2			1.0	1.0	1.0		2.0	3.0		1.0		1.0	
35103	REPAIR ARTERY RUPTURE AORTA	090	740	764	24	3%	43.62	46.28	2.66	6%	0			1.0	2.0			4.0	3.0		1.0		2.0	
35111	REPAIR DEFECT OF ARTERY	090	483	496	13	3%	26.28	28.15	1.87	7%	0			2.0	1.0			2.0	2.0		1.0			
35112	REPAIR ARTERY RUPTURE SPLEEN	090	690	708	18	3%	32.57	34.55	1.98	6%	0			1.0	2.0			2.0	2.0		1.0		2.0	
35121	REPAIR DEFECT OF ARTERY	090	563	586	23	4%	31.52	33.87	2.35	7%	0			2.0	1.0			4.0	2.0		1.0			
35122	REPAIR ARTERY RUPTURE BELLY	090	770	784	14	2%	37.89	40.07	2.18	6%	0			1.0	2.0			2.0	3.0		1.0		2.0	
35131	REPAIR DEFECT OF ARTERY	090	528	546	18	3%	26.4	28.51	2.11	8%	0			2.0	1.0			3.0	2.0		1.0			
35132	REPAIR ARTERY RUPTURE GROIN	090	655	673	18	3%	32.57	34.55	1.98	6%	0			1.0	2.0			2.0	2.0		1.0		2.0	
35141	REPAIR DEFECT OF ARTERY	090	427	442	15	4%	20.91	22.36	1.45	7%	0			1.0	1.0			2.0	1.0		1.0			
35142	REPAIR ARTERY RUPTURE THIGH	090	555	582	27	5%	25.16	27.18	2.02	8%	0			1.0	2.0			3.0	1.0		1.0		1.0	
35151	REPAIR DEFECT OF ARTERY	090	473	495	22	5%	23.72	25.63	1.91	8%	0			2.0	1.0			3.0	1.0		1.0			
35152	REPAIR RUPTD POPLITEAL ART	090	590	605	15	3%	27.66	30.04	2.38	9%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35180	RPR CGEN AV FISTULA HEAD&NCI	090	500	541	41	8%	15.1	17.66	2.56	17%	0			3.0				7.0			1.0		1.0	
35182	RPR CGEN AV FISTULA THRX&ABI	090	553	572	19	3%	31.71	33.89	2.18	7%	0			1.0	2.0			2.0	1.0	1.0	1.0			
35184	RPR CGEN AV FISTULA XTR	090	413	424	11	3%	18.82	20.14	1.32	7%	0			1.5	1.0			1.0	1.0		1.0			
35188	RPR ACQ AV FISTULA HEAD&NECI	090	380	390	10	3%	18	19.21	1.21	7%	0			1.0	1.0			1.0	1.0		1.0			
35189	RPR ACQ AV FISTULA THRX&ABD	090	548	560.5	12.5	2%	29.98	32.24	2.26	8%	0			1.0	2.0			1.5	2.0	1.0	1.0			
35190	REPAIR ACQ AV FISTULA XTR	090	416	444.5	28.5	7%	13.42	15.38	1.96	15%	0			3.0				4.5			1.0			
35201	REPAIR BLOOD VESSEL DIR NECK	090	382	415.5	33.5	9%	16.93	19.13	2.20	13%	0			3.0				5.5			1.0			
35206	REPAIR BLOOD VESSEL DIR UXTR	090	282	301	19	7%	13.84	15.09	1.25	9%	0			1.0	1.0			2.0			1.0			
35207	RPR BLD VSL DIR HAND FINGER	090	376	409.5	33.5	9%	10.94	13.14	2.20	20%	0			3.0				5.5			1.0			
35211	RPR BLVSL DIR NTRATHRC W/BYP	090	806	856	50	6%	24.58	27.51	2.93	12%	0			2.5				9.0			1.0		2.5	
35216	RPR BLVSL DIR NTRTHRC WO BYP	090	658	677	19	3%	36.61	38.90	2.29	6%	-4		1.0		1.0	1.0		3.0	3.0		1.0		1.0	
35221	RPR BLD VSL DIR INTRA-ABDL	090	545	553	8	1%	26.62	28.67	2.05	8%	0			1.0	1.0			2.0	2.0	1.0	1.0		1.0	
35226	REPAIR BLOOD VESSEL DIR LXTR	090	327	337	10	3%	15.3	16.51	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
35231	REPAIR BLVSL VN GRF NECK	090	382	384	2	1%	21.16	22.53	1.37	6%	0			1.0	1.0				1.0	1.0	1.0			
35236	REPAIR BLVSL VN GRF UXTR	090	367	382	15	4%	18.02	19.47	1.45	8%	0			1.0	1.0			2.0	1.0		1.0			
35241	RPR BLVSL VN GRF NTRTHRC W/E	090	797	847	50	6%	25.58	28.51	2.93	11%	0			2.5				9.0			1.0		2.5	
35246	RPR BLVSL VN GRF NTRTHRC W/C	090	577	584	7	1%	28.23	29.84	1.61	6%	0			1.0	1.0			1.0	1.0	1.0	1.0		1.0	
35251	RPR BLVSL VN GRF INTRA-ABDL	090	532	540	8	2%	31.91	33.96	2.05	6%	0			1.0	1.0			2.0	2.0	1.0	1.0			
35256	REPAIR BLVSL VN GRF LXTR	090	347	371	24	7%	19.06	20.55	1.49	8%	0			1.0	1.0			3.0			1.0			
35261	RPR BLVSL GRF OTH/THN VN NCK	090	382	384	2	1%	18.96	20.33	1.37	7%	0			1.0	1.0				1.0	1.0	1.0			
35266	RPR BLVSL GRF OTH/TH VN UXTR	090	337	352	15	4%	15.83	17.28	1.45	9%	0			1.0	1.0			2.0	1.0		1.0			
35271	RPR BLVS GR OT/TH VN NTRTH W	090	778	828	50	6%	24.58	27.51	2.93	12%	0			2.5				9.0			1.0		2.5	
35276	RPR BLVS GR OT/T VN NTRTH WO	090	553.5	572	18.5	3%	25.83	27.45	1.62	6%	0			1.0	1.5			2.0	1.0		1.0		1.0	
35281	RPR BLVSL GR OT/TH VN NTR-AB	090	595	613	18	3%	30.06	32.04	1.98	7%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35286	RPR BLVSL GRF OTH/TH VN LXTR	090	350	381	31	9%	17.19	19.01	1.82	11%	0			1.0	2.0			3.0			1.0			
35301	RECHANNELING OF ARTERY	090	404	411	7	2%	21.16	22.64	1.48	7%	0				2.0				1.0	1.0	1.0			
35302	RECHANNELING OF ARTERY	090	392	402	10	3%	21.35	22.56	1.21	6%	0			1.0	1.0			1.0	1.0		1.0			
35303	RECHANNELING OF ARTERY	090	392	402	10	3%	23.6	24.81	1.21	5%	0			1.0	1.0			1.0	1.0		1.0			
35304	RECHANNELING OF ARTERY	090	422	432	10	2%	24.6	25.81	1.21	5%	0			1.0	1.0			1.0	1.0		1.0			
35305	RECHANNELING OF ARTERY	090	402	412	10	2%	23.6	24.81	1.21	5%	0			1.0	1.0			1.0	1.0		1.0			
35311	RECHANNELING OF ARTERY	090	532	535	3	1%	28.6	30.41	1.81	6%	0			1.0	1.0			1.0	2.0	1.0	1.0			
35321	RECHANNELING OF ARTERY	090	337	356	19	6%	16.59	17.84	1.25	8%	0			1.0	1.0			2.0			1.0			
35331	RECHANNELING OF ARTERY	090	558	581	23	4%	27.72	30.07	2.35	8%	0			2.0	1.0			4.0	2.0		1.0			
35341	RECHANNELING OF ARTERY	090	549	596	47	9%	26.21	29.12	2.91	11%	0			3.5				8.0			1.0			
35351	RECHANNELING OF ARTERY	090	502	505	3	1%	24.61	26.42	1.81	7%	0			1.0	1.0			1.0	2.0	1.0	1.0			
35355	RECHANNELING OF ARTERY	090	457	473	16	4%	19.86	21.75	1.89	10%	0			1.0	1.0			3.0	2.0		1.0			
35361	RECHANNELING OF ARTERY	090	605	620	15	2%	30.24	32.62	2.38	8%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35363	RECHANNELING OF ARTERY	090	655	675	20	3%	32.35	34.97	2.62	8%	0			1.0	2.0			3.0	2.0	1.0	1.0			
35371	RECHANNELING OF ARTERY	090	325	344	19	6%	15.31	16.56	1.25	8%	0			1.0	1.0			2.0			1.0			
35372	RECHANNELING OF ARTERY	090	347	366	19	5%	18.58	19.83	1.25	7%	0			1.0	1.0			2.0			1.0			
35501	ART BYP GRFT IPSILAT CAROTID	090	449	464	15	3%	29.09	30.41	1.32	5%	0				2.0			1.0	1.0		1.0			
35506	ART BYP GRFT SUBCLAV-CAROTID	090	452	464	12	3%	25.33	27.05	1.72	7%	0				2.0			1.0	1.0	1.0	1.0			
35508	ART BYP GRFT CAROTID-VERTBRL	090	404	419	15	4%	26.09	27.41	1.32	5%	0				2.0			1.0	1.0		1.0			
35509	ART BYP GRFT CONTRAL CAROTID	090	439	454	15	3%	28.09	29.41	1.32	5%	0				2.0			1.0	1.0		1.0			
35510	ART BYP GRFT CAROTID-BRCHIAL	090	497	508	11	2%	24.39	25.91	1.52	6%	0				2.0			1.0	2.0		1.0			
35511	ART BYP GRFT SUBCLAV-SUBCLAV	090	407	408	1	0%	22.2	23.37	1.17	5%	0			1.0	1.0				2.0		1.0			
35512	ART BYP GRFT SUBCLAV-BRCHIAL	090	462	473	11	2%	23.89	25.41	1.52	6%	0				2.0			1.0	2.0		1.0			
35515	ART BYP GRFT SUBCLAV-VERTBRL	090	414	429	15	4%	26.09	27.41	1.32	5%	0				2.0			1.0	1.0		1.0			
35516	ART BYP GRFT SUBCLAV-AXILARY	090	424	444	20	5%	24.21	25.77	1.56	6%	0				2.0			2.0	1.0		1.0			
35518	ART BYP GRFT AXILLARY-AXILRY	090	457	459	2	0%	22.65	24.26	1.61	7%	0			1.0	1.0			1.0	3.0		1.0			
35521	ART BYP GRFT AXILL-FEMORAL	090	530	540	10	2%	24.13	26.27	2.14	9%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35522	ART BYP GRFT AXILL-BRACHIAL	090	497	508	11	2%	23.15	24.67	1.52	7%	0				2.0			1.0	2.0		1.0			
35523	ART BYP GRFT BRCHL-ULNR-RDL	090	485	498	13	3%	24.13	25.87	1.74	7%	0			1.0	2.0			1.0	2.0		1.0			
35525	ART BYP GRFT BRACHIAL-BRCHL	090	415	430	15	4%	21.69	23.01	1.32	6%	0				2.0			1.0	1.0		1.0			
35526	ART BYP GRFT AOR/CAROT/INNO	090	562	565	3	1%	31.55	33.36	1.81	6%	0			1.0	1.0			1.0	2.0	1.0	1.0			
35531	ART BYP GRFT AORCEL/AORMESE	090	740	747	7	1%	39.11	41.65	2.54	6%	0			1.0	2.0			1.0	2.0	2.0	1.0		1.0	

35533	ART BYP GRFT AXILL/FEM/FEM	090	615	625	10	2%	29.92	32.06	2.14	7%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35535	ART BYP GRFT HEPATORENAL	090	690	705	15	2%	38.13	40.51	2.38	6%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
35536	ART BYP GRFT SPLENORENAL	090	550	565	15	3%	33.73	36.11	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35537	ART BYP GRFT AORTOILIAC	090	683	696	13	2%	41.88	43.62	1.74	4%	0			1.0	2.0			1.0	2.0		1.0		1.0	
35538	ART BYP GRFT AORTOBI-ILIAC	090	798	820	22	3%	47.03	49.19	2.16	5%	-2			1.0	2.0	1.0		1.0	2.0		1.0		1.0	
35539	ART BYP GRFT AORTOFEMORAL	090	720	738	18	2%	44.11	46.09	1.98	4%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35540	ART BYP GRFT AORTBIFEMORAL	090	780	798	18	2%	49.33	51.31	1.98	4%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35556	ART BYP GRFT FEM-POPLITEAL	090	586	605	19	3%	26.75	28.93	2.18	8%	0			1.0	2.0			2.0	1.0	1.0	1.0			
35558	ART BYP GRFT FEM-FEMORAL	090	530	540	10	2%	23.13	25.27	2.14	9%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35560	ART BYP GRFT AORTORENAL	090	590	605	15	3%	34.03	36.41	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35563	ART BYP GRFT ILIOILIAC	090	535	545	10	2%	26.12	28.26	2.14	8%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35565	ART BYP GRFT ILIOFEMORAL	090	535	545	10	2%	25.13	27.27	2.14	9%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35566	ART BYP FEM-ANT-POST TIB/PRL	090	718	747	29	4%	32.35	35.00	2.65	8%	0			1.0	2.0			3.0	2.0	1.0		1.0		
35570	ART BYP TIBIAL-TIB/PERONEAL	090	667	683	16	2%	29.15	31.84	2.69	9%	0				3.0			2.0	3.0	1.0	1.0			
35571	ART BYP POP-TIBL-PRL-OTHER	090	510	542	32	6%	25.52	27.78	2.26	9%	0			1.0	2.0			4.0	1.0		1.0			
35583	VEIN BYP GRFT FEM-POPLITEAL	090	588	607	19	3%	27.75	29.93	2.18	8%	0			1.0	2.0			2.0	1.0	1.0	1.0			
35585	VEIN BYP FEM-TIBIAL PERONEAL	090	717	746	29	4%	32.35	35.00	2.65	8%	0			1.0	2.0			3.0	2.0	1.0		1.0		
35587	VEIN BYP POP-TIBL PERONEAL	090	523	555	32	6%	26.21	28.47	2.26	9%	0			1.0	2.0			4.0	1.0		1.0			
35601	ART BYP COMMON IPSI CAROTID	090	484	496	12	2%	27.09	28.81	1.72	6%	0				2.0			1.0	1.0	1.0	1.0			
35606	ART BYP CAROTID-SUBCLAVIAN	090	414	421	7	2%	22.46	23.94	1.48	7%	0				2.0				1.0	1.0	1.0			
35612	ART BYP SUBCLAV-SUBCLAVIAN	090	485	498	13	3%	20.35	22.09	1.74	9%	0			1.0	2.0			1.0	2.0		1.0			
35616	ART BYP SUBCLAV-AXILLARY	090	367	377	10	3%	21.82	23.03	1.21	6%	0			1.0	1.0			1.0	1.0		1.0			
35621	ART BYP AXILLARY-FEMORAL	090	412	432	20	5%	21.03	22.72	1.69	8%	0			1.0	1.0			3.0	1.0		1.0			
35623	ART BYP AXILLARY-POP-TIBIAL	090	475	485	10	2%	25.92	28.06	2.14	8%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35626	ART BYP AORSUBCL/CAROT/INNC	090	520	532	12	2%	29.14	30.99	1.85	6%	0			1.0	1.0			2.0	1.0	1.0	1.0			
35631	ART BYP AOR-CELIAC-MSN-RENAL	090	648	663	15	2%	36.03	38.41	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35632	ART BYP ILIO-CELIAC	090	690	705	15	2%	36.13	38.51	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
35633	ART BYP ILIO-MESENTERIC	090	705	723	18	3%	39.11	41.09	1.98	5%	0			1.0	2.0			2.0	2.0		1.0		2.0	
35634	ART BYP ILIORENAL	090	680	695	15	2%	35.33	37.71	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
35636	ART BYP SPENORENAL	090	603	609	6	1%	31.75	34.09	2.34	7%	0			1.0	2.0			1.0	3.0	1.0	1.0			
35637	ART BYP AORTOILIAC	090	605	623	18	3%	33.05	35.03	1.98	6%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35638	ART BYP AORTOBI-ILIAC	090	635	653	18	3%	33.6	35.58	1.98	6%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35642	ART BYP CAROTID-VERTEBRAL	090	463	504	41	9%	18.94	21.50	2.56	14%	0			3.0				7.0			1.0			
35645	ART BYP SUBCLAV-VERTEBRL	090	463	504	41	9%	18.43	20.99	2.56	14%	0			3.0				7.0			1.0			
35646	ART BYP AORTOBIFEMORAL	090	645	662	17	3%	32.98	35.58	2.60	8%	-2			2.0		1.0		3.0	2.0	1.0	1.0			
35647	ART BYP AORTOFEMORAL	090	573	587	14	2%	29.73	32.04	2.31	8%	0			2.0	1.0			3.0	3.0		1.0			
35650	ART BYP AXILLARY-AXILLARY	090	382	384	2	1%	20.16	21.53	1.37	7%	0			1.0	1.0				1.0	1.0	1.0			
35654	ART BYP AXILL-FEM-FEMORAL	090	513	526	13	3%	26.28	28.15	1.87	7%	0			2.0	1.0			2.0	2.0		1.0			
35656	ART BYP FEMORAL-POPLITEAL	090	447	481	34	8%	20.47	22.44	1.97	10%	0			1.0	1.0			5.0			1.0			
35661	ART BYP FEMORAL-FEMORAL	090	440	467	27	6%	20.35	22.37	2.02	10%	0			1.0	2.0			3.0	1.0		1.0			
35663	ART BYP ILIOILIAC	090	503	513	10	2%	23.93	26.07	2.14	9%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35665	ART BYP ILIOFEMORAL	090	480	507	27	6%	22.35	24.37	2.02	9%	0			1.0	2.0			3.0	1.0		1.0			
35666	ART BYP FEM-ANT-POST TIB/PRL	090	490	522	32	7%	23.66	25.92	2.26	10%	0			1.0	2.0			4.0	1.0		1.0			
35671	ART BYP POP-TIBL-PRL-OTHER	090	435	448	13	3%	20.77	22.51	1.74	8%	0			1.0	2.0			1.0	2.0		1.0			
35691	ART TRNSPOSJ VERTBRL CAROTID	090	417	433	16	4%	18.41	19.77	1.36	7%	0			3.0				2.0			1.0			
35693	ART TRNSPOSJ SUBCLAVIAN	090	372	388	16	4%	15.73	17.09	1.36	9%	0			3.0				2.0			1.0			
35694	ART TRNSPOSJ SUBCLAV CAROTID	090	456	472	16	4%	19.28	20.64	1.36	7%	0			3.0				2.0			1.0			
35695	ART TRNSPOSJ CAROTID SUBCLAV	090	532	535	3	1%	20.06	21.58	1.52	8%	0			3.0				1.0	2.0		1.0			
35701	EXPL N/FLWD SURG NECK ART	090	229	236	7	3%	7.5	8.18	0.68	9%	0			1.0				1.0			1.0			
35702	EXPL N/FLWD SURG UXTR ART	090	219	226	7	3%	7.12	7.80	0.68	10%	0			1.0				1.0			1.0			
35703	EXPL N/FLWD SURG LXTR ART	090	229	236	7	3%	7.5	8.18	0.68	9%	0			1.0				1.0			1.0			
35800	EXPLORE NECK VESSELS	090	336	345	9	3%	12	13.83	1.83	15%	0			2.0	1.0			1.0	1.0	1.0	1.0			
35820	EXPLORE CHEST VESSELS	090	799	787	-12	-2%	36.89	40.57	3.68	10%	-2					1.0		1.0	2.0	6.0	1.0		1.0	
35840	EXPLORE ABDOMINAL VESSELS	090	431	433	2	0%	20.75	23.18	2.43	12%	0			2.0	1.0			1.0	2.0	2.0	1.0			
35860	EXPLORE LIMB VESSELS	090	406	411	5	1%	15.25	17.28	2.03	13%	0			2.0	1.0			1.0	2.0	1.0	1.0			
35870	REPAIR VESSEL GRAFT DEFECT	090	715	759.5	44.5	6%	24.5	27.29	2.79	11%	0			3.5				7.5			1.0		2.5	
35875	REMOVAL OF CLOT IN GRAFT	090	297	316	19	6%	10.72	11.97	1.25	12%	0			1.0	1.0			2.0			1.0			
35876	REMOVAL OF CLOT IN GRAFT	090	402	431	29	7%	17.82	19.55	1.73	10%	0			1.0	1.0			4.0			1.0			
35879	REVISE GRAFT W/VEIN	090	421	448	27	6%	17.41	19.30	1.89	11%	-2				1.0	1.0		3.0	1.0		1.0			
35881	REVISE GRAFT W/VEIN	090	450	477	27	6%	19.35	21.37	2.02	10%	0			1.0	2.0			3.0	1.0		1.0			
35883	REVJ FEM ANAST NONAUTOG GR	090	462	468	6	1%	23.15	24.56	1.41	6%	0			1.0	1.0			1.0	2.0		1.0			
35884	REVJ FEM ANAST AUTOG VN GRF	090	482	488	6	1%	24.65	26.06	1.41	6%	0			1.0	1.0			1.0	2.0		1.0			
35901	EXCISION GRAFT NECK	090	482	510	28	6%	8.38	10.44	2.06	25%	0			4.0				4.0			1.0			
35903	EXCISION GRAFT EXTREMITY	090	416	437	21	5%	9.53	11.13	1.60	17%	0			3.0				3.0			1.0			
35905	EXCISION GRAFT THORAX	090	720	745	25	3%	33.52	36.38	2.86	9%	0			1.0	2.0			4.0	2.0	1.0	1.0			
35907	EXCISION GRAFT ABDOMEN	090	720	745	25	3%	37.27	40.13	2.86	8%	0			1.0	2.0			4.0	2.0	1.0	1.0			
36260	INSERTION OF INFUSION PUMP	090	287	295.5	8.5	3%	9.91	10.91	1.00	10%	0			3.0				0.5			1.0			
36261	REVISION OF INFUSION PUMP	090	233	240.5	7.5	3%	5.63	6.52	0.89	16%	0			2.5				0.5			1.0			
36262	REMOVAL OF INFUSION PUMP	090	181	185	4	2%	4.11	4.77	0.66	16%	0			2.0							1.0			
36557	INSERT TUNNELED CV CATH	010	117	119	2	2%	4.89	5.22	0.33	7%	0			1.0							0.5			
36558	INSERT TUNNELED CV CATH	010	111	113	2	2%	4.59	4.92	0.33	7%	0			1.0							0.5			
36560	INSERT TUNNELED CV CATH	010	134	136	2	1%	6.04	6.37	0.33	5%	0			1.0							0.5			
36561	INSERT TUNNELED CV CATH	010	120	122	2	2%	5.79	6.12	0.33	6%	0			1.0							0.5			

36563	INSERT TUNNELED CV CATH	010	140	142	2	1%	5.99	6.32	0.33	6%	0			1.0							0.5			
36565	INSERT TUNNELED CV CATH	010	120	122	2	2%	5.79	6.12	0.33	6%	0			1.0							0.5			
36566	INSERT TUNNELED CV CATH	010	135	137	2	1%	6.29	6.62	0.33	5%	0			1.0							0.5			
36570	INSERT PICVAD CATH	010	135	137	2	1%	5.11	5.44	0.33	6%	0			1.0							0.5			
36571	INSERT PICVAD CATH	010	130	132	2	2%	5.09	5.42	0.33	6%	0			1.0							0.5			
36576	REPAIR TUNNELED CV CATH	010	114	116	2	2%	2.99	3.32	0.33	11%	0			1.0							0.5			
36578	REPLACE TUNNELED CV CATH	010	106	108	2	2%	3.29	3.62	0.33	10%	0			1.0							0.5			
36581	REPLACE TUNNELED CV CATH	010	110	112	2	2%	3.23	3.56	0.33	10%	0			1.0							0.5			
36582	REPLACE TUNNELED CV CATH	010	146	148	2	1%	4.99	5.32	0.33	7%	0			1.0							0.5			
36583	REPLACE TUNNELED CV CATH	010	147	149	2	1%	5.04	5.37	0.33	7%	0			1.0							0.5			
36585	REPLACE PICVAD CATH	010	131	133	2	2%	4.59	4.92	0.33	7%	0			1.0							0.5			
36589	REMOVAL TUNNELED CV CATH	010	79	79	0	0%	2.28	2.39	0.11	5%	-2		1.0								0.5			
36590	REMOVAL TUNNELED CV CATH	010	105	107	2	2%	3.1	3.43	0.33	11%	0			1.0							0.5			
36818	AV FUSE UPPR ARM CEPHALIC	090	248	257	9	4%	12.39	13.05	0.66	5%	0			1.0	1.0						0.5			
36819	AV FUSE UPPR ARM BASILIC	090	283	292	9	3%	13.29	13.95	0.66	5%	0			1.0	1.0						0.5			
36820	AV FUSION/FOREARM VEIN	090	258	267	9	3%	13.07	13.73	0.66	5%	0			1.0	1.0						0.5			
36821	AV FUSION DIRECT ANY SITE	090	233	242	9	4%	11.9	12.56	0.66	6%	0			1.0	1.0						0.5			
36823	INSERTION OF CANNULA(S)	090	606	618	12	2%	22.98	25.34	2.36	10%	0			2.0	2.0			1.0	2.0	1.0	1.0			
36825	ARTERY-VEIN AUTOGRAFT	090	306	322	16	5%	14.17	15.16	0.99	7%	0			1.0	2.0						0.5			
36830	ARTERY-VEIN NONAUTOGRAFT	090	248	257	9	4%	12.03	12.69	0.66	5%	0			1.0	1.0						0.5			
36831	OPEN THROMBECT AV FISTULA	090	248	257	9	4%	11	11.66	0.66	6%	0			1.0	1.0						0.5			
36832	AV FISTULA REVISION OPEN	090	276	292	16	6%	13.5	14.49	0.99	7%	0			1.0	2.0						0.5			
36833	AV FISTULA REVISION	090	306	322	16	5%	14.5	15.49	0.99	7%	0			1.0	2.0						0.5			
36835	INSERTION THOMAS SHUNT	090	242	257	15	6%	7.51	8.76	1.25	17%	0			2.5				2.0			1.0			
36838	DIST REVAS LIGATION HEMO	090	424	439	15	4%	21.69	23.01	1.32	6%	0				2.0			1.0	1.0		1.0			
37140	REVISION OF CIRCULATION	090	845	866	21	2%	40	42.93	2.93	7%	0				3.0			3.0	3.0	1.0	1.0		2.0	
37145	REVISION OF CIRCULATION	090	798	823	25	3%	37	39.73	2.73	7%	0				3.0			3.0	2.0	1.0	1.0		2.0	
37160	REVISION OF CIRCULATION	090	785	810	25	3%	38	40.73	2.73	7%	0				3.0			3.0	2.0	1.0	1.0		2.0	
37180	REVISION OF CIRCULATION	090	805	830	25	3%	36.5	39.23	2.73	7%	0				3.0			3.0	2.0	1.0	1.0		2.0	
37181	SPLICE SPLEEN/KIDNEY VEINS	090	785	801	16	2%	40	42.69	2.69	7%	0				3.0			2.0	3.0	1.0	1.0		1.0	
37215	TRANSCATH STENT CCA W/EPS	090	337	347	10	3%	17.75	18.83	1.08	6%	0				2.0				1.0		1.0			
37216	TRANSCATH STENT CCA W/O EPS	090	341	351	10	3%	17.98	19.06	1.08	6%	0				2.0				1.0		1.0			
37217	STENT PLACEMT RETRO CAROTID	090	403	410	7	2%	20.38	21.86	1.48	7%	0				2.0				1.0	1.0	1.0			
37218	STENT PLACEMT ANTE CAROTID	090	255	274	19	7%	14.75	15.87	1.12	8%	0				2.0			1.0			1.0			
37500	ENDOSCOPY LIGATE PERF VEINS	090	261	277	16	6%	11.67	12.66	0.99	8%	0			1.0	2.0						0.5			
37565	LIGATION INT JUGULAR VEIN	090	312	314	2	1%	12.05	13.42	1.37	11%	0			1.0	1.0				1.0	1.0	1.0			
37600	LIGATION XTRNL CAROTID ART	090	322	324	2	1%	12.42	13.79	1.37	11%	0			1.0	1.0				1.0	1.0	1.0			
37605	LIGATION INT/COM CAROTID ART	090	342	344	2	1%	14.28	15.65	1.37	10%	0			1.0	1.0				1.0	1.0	1.0			
37606	LIG INT/COM CAROTID ART OCCL	090	606	637	31	5%	8.81	10.89	2.08	24%	0			3.0				5.0			1.0		3.5	
37607	LIG/BANDING ANGIOACS AV FSTL	090	242	246	4	2%	6.25	6.69	0.44	7%	0			2.0										
37609	LIGATION/BX TEMPORAL ARTERY	010	130	132	2	2%	3.05	3.38	0.33	11%	0			1.0							0.5			
37615	LIGATION MAJOR ARTERY NECK	090	489	511.5	22.5	5%	7.8	9.41	1.61	21%	0			2.5				3.5			1.0		3.0	
37616	LIGATION MAJOR ARTERY CHEST	090	656	696	40	6%	18.97	21.42	2.45	13%	0			2.5				7.0			1.0		3.0	
37617	LIGATION MAJOR ARTERY ABD	090	475	483	8	2%	23.79	25.84	2.05	9%	0			1.0	1.0			2.0	2.0	1.0	1.0			
37618	LIGATION MAJOR ARTERY XTR	090	359	376.5	17.5	5%	6.03	7.40	1.37	23%	0			2.5				2.5			1.0		1.5	
37619	LIGATION OF INF VENA CAVA	090	683	698	15	2%	30	32.38	2.38	8%	0			1.0	2.0			2.0	2.0	1.0	1.0		2.0	
37650	LIGATION OF FEMORAL VEIN	090	262	267	5	2%	8.49	9.46	0.97	11%	0			1.0	1.0				1.0		1.0			
37660	LIGATION COMMON ILIAC VEIN	090	397	404	7	2%	22.28	23.89	1.61	7%	0			1.0	1.0			1.0	1.0	1.0	1.0			
37700	LIGATION&DIV LONG SAPH VEIN	090	152	156	4	3%	3.82	4.37	0.55	14%	0			2.0							0.5			
37718	LIG DIV&STRPG SHORT SAPH VN	090	178	187	9	5%	7.13	7.79	0.66	9%	0			1.0	1.0						0.5			
37722	LIG DIV&STRPG LONG SAPH VEIN	090	198	207	9	5%	8.16	8.82	0.66	8%	0			1.0	1.0						0.5			
37735	LIG&DIV&COMPL STRPG SAPH VN	090	365	381	16	4%	10.9	12.26	1.36	12%	0			3.0				2.0			1.0			
37760	LIG PRFRATR VN RADICAL 1 LEG	090	335	348.5	13.5	4%	10.78	12.02	1.24	12%	0			3.0				1.5			1.0			
37761	LIGATE LEG VEINS OPEN	090	224	240	16	7%	9.13	10.12	0.99	11%	0			1.0	2.0						0.5			
37765	STAB PHLEB VEINS XTR 10-20	010	117	124	7	6%	4.8	5.13	0.33	7%	0				1.0									
37766	PHLEB VEINS - EXTREM 20+	010	133	140	7	5%	6	6.33	0.33	5%	0				1.0									
37780	REVISION OF LEG VEIN	090	179	183	4	2%	3.93	4.59	0.66	17%	0			2.0							1.0			
37785	LIGATE/DIVIDE/EXCISE VEIN	090	177	181	4	2%	3.93	4.48	0.55	14%	0			2.0							0.5			
37788	REVASCULARIZATION PENIS	090	627	624	-3	0%	23.33	25.23	1.90	8%	0			4.0					2.0	1.0	1.0			
37790	PENILE VENOUS OCCLUSION	090	257	261	4	2%	8.43	8.87	0.44	5%	0			2.0										
38100	REMOVAL OF SPLEEN TOTAL	090	442	459	17	4%	19.55	21.64	2.09	11%	0			1.0	1.0			3.0	1.0	1.0	1.0			
38101	REMOVAL OF SPLEEN PARTIAL	090	442	459	17	4%	19.55	21.64	2.09	11%	0			1.0	1.0			3.0	1.0	1.0	1.0			
38115	REPAIR OF RUPTURED SPLEEN	090	492	505	13	3%	21.88	24.17	2.29	10%	0			1.0	1.0			3.0	2.0	1.0	1.0			
38120	LAPAROSCOPY SPLENECTOMY	090	434	468	34	8%	17.07	18.91	1.84	11%	0				2.0			4.0			1.0			
38300	DRAINAGE LYMPH NODE LESION	010	134	143	9	7%	2.36	2.91	0.55	23%	0			1.0	1.0									
38305	DRAINAGE LYMPH NODE LESION	090	186	202	16	9%	6.68	7.67	0.99	15%	0			1.0	2.0						0.5			
38308	INCISION OF LYMPH CHANNELS	090	178	187	9	5%	6.81	7.47	0.66	10%	0			1.0	1.0						0.5			
38380	THORACIC DUCT PROCEDURE	090	350	370.5	20.5	6%	8.46	10.16	1.70	20%	0			4.0				2.5			1.0		1.0	
38381	THORACIC DUCT PROCEDURE	090	348	369.5	21.5	6%	13.38	14.88	1.50	11%	0			2.0				3.5			1.0			
38382	THORACIC DUCT PROCEDURE	090	335	359	24	7%	10.65	12.58	1.93	18%	0			4.5				3.0			1.0			
38500	BIOPSY/REMOVAL LYMPH NODES	010	115	117	2	2%	3.79	4.12	0.33	9%	0			1.0							0.5			
38510	BIOPSY/REMOVAL LYMPH NODES	010	152	159	7	5%	6.74	7.18	0.44	7%	0				1.0						0.5			
38520	BIOPSY/REMOVAL LYMPH NODES	090	193	202	9	5%	7.03	7.69	0.66	9%	0			1.0	1.0						0.5			

38525	BIOPSY/REMOVAL LYMPH NODES	090	178	187	9	5%	6.43	7.09	0.66	10%	0			1.0	1.0						0.5			
38530	BIOPSY/REMOVAL LYMPH NODES	090	205.5	214.5	9	4%	8.34	9.00	0.66	8%	0			1.0	1.0						0.5			
38531	OPEN BX/EXC INGUINOFEM NOD	090	223	237	14	6%	6.74	7.51	0.77	11%	0				2.0						0.5			
38542	EXPLORE DEEP NODE(S) NECK	090	198	212	14	7%	7.95	8.72	0.77	10%	0				2.0						0.5			
38550	REMOVAL NECK/ARMPIT LESION	090	211	219	8	4%	7.11	8.10	0.99	14%	0			4.0							0.5			
38555	REMOVAL NECK/ARMPIT LESION	090	536	564.5	28.5	5%	15.59	17.86	2.27	15%	0			5.5				3.5			1.0		1.5	
38562	REMOVAL PELVIC LYMPH NODES	090	326	350	24	7%	11.06	12.99	1.93	17%	0			4.5				3.0			1.0			
38564	REMOVAL ABDOMEN LYMPH NO	090	349	372.5	23.5	7%	11.38	13.10	1.72	15%	0			3.0				3.5			1.0			
38570	LAPAROSCOPY LYMPH NODE BIO	010	220	229	9	4%	8.49	9.26	0.77	9%	0			1.0	1.0						1.0			
38571	LAPAROSCOPY LYMPHADENECTO	010	250	259	9	4%	12	12.77	0.77	6%	0			1.0	1.0						1.0			
38572	LAPAROSCOPY LYMPHADENECTO	010	321	337	16	5%	15.6	16.57	0.97	6%	-2				1.0	1.0					1.0			
38573	LAPS PELVIC LYMPHADEC	010	360	376	16	4%	20	20.86	0.86	4%	-2				1.0	1.0					0.5			
38700	REMOVAL OF LYMPH NODES NEC	090	300	321	21	7%	12.81	14.15	1.34	10%	0			1.0	2.0			1.0			1.0			
38720	REMOVAL OF LYMPH NODES NEC	090	482	518	36	7%	21.95	24.26	2.31	11%	-2				3.0	1.0		2.0	1.0		1.0			
38724	REMOVAL OF LYMPH NODES NEC	090	512	548	36	7%	23.95	26.26	2.31	10%	-2				3.0	1.0		2.0	1.0		1.0			
38740	REMOVE ARMPIT LYMPH NODES	090	231	247	16	7%	10.7	11.69	0.99	9%	0			1.0	2.0						0.5			
38745	REMOVE ARMPIT LYMPH NODES	090	270.5	288.5	18	7%	13.87	14.95	1.08	8%	-2			1.0	1.0	1.0					0.5			
38760	REMOVE GROIN LYMPH NODES	090	241	257	16	7%	13.62	14.61	0.99	7%	0			1.0	2.0						0.5			
38765	REMOVE GROIN LYMPH NODES	090	465	475	10	2%	21.91	24.05	2.14	10%	0			1.0	2.0			1.0	2.0	1.0	1.0			
38770	REMOVE PELVIS LYMPH NODES	090	403	438	35	9%	14.06	16.27	2.21	16%	0			2.5				6.0			1.0			
38780	REMOVE ABDOMEN LYMPH NOD	090	551	597.5	46.5	8%	17.7	20.71	3.01	17%	0			4.5				7.5			1.0			
38794	ACCESS THORACIC LYMPH DUCT	090	207	214	7	3%	4.62	5.61	0.99	21%	0			3.5							1.0			
39000	EXPLORATION OF CHEST	090	381.5	412	30.5	8%	7.57	9.25	1.68	22%	0				1.5			4.0			1.0		1.0	
39010	EXPLORATION OF CHEST	090	423.5	451.5	28	7%	13.19	14.75	1.56	12%	0				1.5			3.5			1.0		1.0	
39200	RESECT MEDIASTINAL CYST	090	459	493.5	34.5	8%	15.09	16.96	1.87	12%	0				1.0			5.5			1.0		1.0	
39220	RESECT MEDIASTINAL TUMOR	090	436	442	6	1%	19.55	20.96	1.41	7%	0			1.0	1.0			1.0	2.0		1.0			
39401	MEDIASTINOSCPY W/MEDSTNL B	000	142	142	0	0%	5.44	5.55	0.11	2%	0										0.5			
39402	MEDIASTINOSCPY W/LMPH NOD	000	157	157	0	0%	7.25	7.36	0.11	2%	0										0.5			
39501	REPAIR DIAPHRAGM LACERATION	090	378	411.5	33.5	9%	13.98	16.18	2.20	16%	0			3.0				5.5			1.0			
39503	REPAIR OF DIAPHRAGM HERNIA	090	2138	2139	1	0%	108.91	113.68	4.77	4%	-2			2.0	2.0	1.0			5.0	5.0		1.0	14.0	6.0
39540	REPAIR OF DIAPHRAGM HERNIA	090	490	521.5	31.5	6%	14.57	16.55	1.98	14%	0			2.0				5.5			1.0		1.0	
39541	REPAIR OF DIAPHRAGM HERNIA	090	522	557	35	7%	15.75	17.96	2.21	14%	0			2.5				6.0			1.0		1.0	
39545	REVISION OF DIAPHRAGM	090	466	499.5	33.5	7%	14.67	16.87	2.20	15%	0			3.0				5.5			1.0		1.0	
39560	RESECT DIAPHRAGM SIMPLE	090	323	350	27	8%	13.06	15.12	2.06	16%	0			3.0				5.0	1.0					
39561	RESECT DIAPHRAGM COMPLEX	090	505	549	44	9%	19.99	22.85	2.86	14%	-6					3.0		5.0	2.0					
40500	PARTIAL EXCISION OF LIP	090	206	214	8	4%	4.47	5.35	0.88	20%	0			4.0										
40510	PARTIAL EXCISION OF LIP	090	153	158	5	3%	4.82	5.37	0.55	11%	0			2.5										
40520	PARTIAL EXCISION OF LIP	090	151	156	5	3%	4.79	5.34	0.55	11%	0			2.5										
40525	RECONSTRUCT LIP WITH FLAP	090	270	277	7	3%	7.72	8.60	0.88	11%	0			3.5							0.5			
40527	RECONSTRUCT LIP WITH FLAP	090	316	324	8	3%	9.32	10.42	1.10	12%	0			4.0							1.0			
40530	PARTIAL REMOVAL OF LIP	090	191	197	6	3%	5.54	6.31	0.77	14%	0			3.0							0.5			
40650	RPR LIP FTH VERMILION ONLY	090	126	132	6	5%	3.78	4.44	0.66	17%	0			3.0										
40652	RPR LIP FTH	090	154	161	7	5%	4.43	5.20	0.77	17%	0			3.5										
40654	RPR LIP FTH>1HALF VER HT/CPX	090	183	190	7	4%	5.48	6.25	0.77	14%	0			3.5										
40700	REPAIR CLEFT LIP/NASAL	090	337	370	33	10%	14.17	15.95	1.78	13%	0				4.0			1.0			1.0			
40701	REPAIR CLEFT LIP/NASAL	090	380	413	33	9%	17.23	19.01	1.78	10%	0				4.0			1.0			1.0			
40702	REPAIR CLEFT LIP/NASAL	090	348.5	378	29.5	8%	14.27	15.89	1.62	11%	0				3.5			1.0			1.0			
40720	REPAIR CLEFT LIP/NASAL	090	357.5	384.5	27	8%	14.72	16.22	1.50	10%	0				3.5			0.5			1.0			
40761	REPAIR CLEFT LIP/NASAL	090	387	415.5	28.5	7%	15.84	17.41	1.57	10%	0				3.0			1.5			1.0			
40800	DRAINAGE OF MOUTH LESION	010	63	65	2	3%	1.23	1.45	0.22	18%	-2		1.0	1.0										
40801	DRAINAGE OF MOUTH LESION	010	87	91	4	5%	2.63	3.07	0.44	17%	0			2.0										
40804	REMOVAL FOREIGN BODY MOUT	010	78	80	2	3%	1.3	1.52	0.22	17%	-2		1.0	1.0										
40805	REMOVAL FOREIGN BODY MOUT	010	97	101	4	4%	2.79	3.23	0.44	16%	0			2.0										
40808	BIOPSY OF MOUTH LESION	010	46	48	2	4%	1.05	1.27	0.22	21%	0			1.0										
40810	EXCISION OF MOUTH LESION	010	56	58	2	4%	1.36	1.58	0.22	16%	0			1.0										
40812	EXCISE/REPAIR MOUTH LESION	010	68	70	2	3%	2.37	2.59	0.22	9%	-2		1.0	1.0										
40814	EXCISE/REPAIR MOUTH LESION	090	96	100	4	4%	3.52	3.96	0.44	13%	-2		1.0	2.0										
40816	EXCISION OF MOUTH LESION	090	114	118	4	4%	3.77	4.21	0.44	12%	-2		1.0	2.0										
40818	EXCISE ORAL MUCOSA FOR GRAF	090	123	134	11	9%	2.83	3.60	0.77	27%	0			2.0	1.0									
40819	EXCISE LIP OR CHEEK FOLD	090	77	81	4	5%	2.51	2.95	0.44	18%	0			2.0										
40820	TREATMENT OF MOUTH LESION	010	68	70	2	3%	1.34	1.56	0.22	16%	-2		1.0	1.0										
40830	REPAIR MOUTH LACERATION	010	68	70	2	3%	1.82	2.04	0.22	12%	-2		1.0	1.0										
40831	REPAIR MOUTH LACERATION	010	99	103	4	4%	2.57	3.01	0.44	17%	-2		1.0	2.0										
40840	RECONSTRUCTION OF MOUTH	090	272	283	11	4%	9.15	9.92	0.77	8%	-2		1.0	2.0	1.0									
40842	RECONSTRUCTION OF MOUTH	090	250	261	11	4%	9.15	9.92	0.77	8%	-2		1.0	2.0	1.0									
40843	RECONSTRUCTION OF MOUTH	090	370	392	22	6%	12.79	13.81	1.02	8%	-3		1.0		1.0		1.0							
40844	RECONSTRUCTION OF MOUTH	090	417	443	26	6%	16.8	18.26	1.46	9%	-3		1.0	2.0	1.0		1.0							
40845	RECONSTRUCTION OF MOUTH	090	397	423	26	7%	19.36	20.82	1.46	8%	-3		1.0	2.0	1.0		1.0							
41000	DRAINAGE OF MOUTH LESION	010	51	53	2	4%	1.35	1.57	0.22	16%	0			1.0										
41005	DRAINAGE OF MOUTH LESION	010	53	55	2	4%	1.31	1.53	0.22	17%	0			1.0										
41006	DRAINAGE OF MOUTH LESION	090	104	108	4	4%	3.34	3.89	0.55	16%	0			2.0							0.5			
41007	DRAINAGE OF MOUTH LESION	090	106	110	4	4%	3.2	3.75	0.55	17%	0			2.0							0.5			
41008	DRAINAGE OF MOUTH LESION	090	109	113	4	4%	3.46	4.01	0.55	16%	0			2.0							0.5			

41009	DRAINAGE OF MOUTH LESION	090	119	124	5	4%	3.71	4.37	0.66	18%	0			2.5							0.5			
41010	INCISION OF TONGUE FOLD	010	40	42	2	5%	1.11	1.33	0.22	20%	0			1.0										
41015	DRAINAGE OF MOUTH LESION	090	131	136	5	4%	4.08	4.74	0.66	16%	0			2.5							0.5			
41016	DRAINAGE OF MOUTH LESION	090	169	174	5	3%	4.19	4.96	0.77	18%	0			2.5							1.0			
41017	DRAINAGE OF MOUTH LESION	090	176	181	5	3%	4.19	4.96	0.77	18%	0			2.5							1.0			
41018	DRAINAGE OF MOUTH LESION	090	179	184	5	3%	5.22	5.99	0.77	15%	0			2.5							1.0			
41100	BIOPSY OF TONGUE	010	66	68	2	3%	1.42	1.64	0.22	15%	0			1.0										
41105	BIOPSY OF TONGUE	010	51	53	2	4%	1.47	1.69	0.22	15%	0			1.0										
41108	BIOPSY OF FLOOR OF MOUTH	010	42	44	2	5%	1.1	1.32	0.22	20%	0			1.0										
41110	EXCISION OF TONGUE LESION	010	56	58	2	4%	1.56	1.78	0.22	14%	0			1.0										
41112	EXCISION OF TONGUE LESION	090	93	97	4	4%	2.83	3.27	0.44	16%	0			2.0										
41113	EXCISION OF TONGUE LESION	090	104	108	4	4%	3.29	3.73	0.44	13%	0			2.0										
41114	EXCISION OF TONGUE LESION	090	275	289.5	14.5	5%	8.82	10.17	1.35	15%	0			3.5				1.5			1.0			
41115	EXCISION OF TONGUE FOLD	010	48	50	2	4%	1.79	2.01	0.22	12%	0			1.0										
41116	EXCISION OF MOUTH LESION	090	74	77	3	4%	2.52	2.85	0.33	13%	0			1.5										
41120	PARTIAL REMOVAL OF TONGUE	090	278	308	30	11%	11.14	12.66	1.52	14%	-2				3.0	1.0					0.5			
41130	PARTIAL REMOVAL OF TONGUE	090	407	452	45	11%	15.74	18.09	2.35	15%	-2				3.0	1.0		3.0			1.0			
41135	TONGUE AND NECK SURGERY	090	696	734	38	5%	30.14	33.60	3.46	11%	-2			1.0	4.0	1.0		2.0	2.0	1.0	1.0			
41140	REMOVAL OF TONGUE	090	728	769	41	6%	29.15	33.14	3.99	14%	-4			1.0	3.0	2.0		3.0	3.0	1.0	1.0			
41145	TONGUE REMOVAL NECK SURGEF	090	913	964	51	6%	37.93	42.40	4.47	12%	-4			1.0	3.0	2.0		5.0	3.0	1.0	1.0			
41150	TONGUE MOUTH JAW SURGERY	090	713	758	45	6%	29.86	33.65	3.79	13%	-4			1.0	3.0	2.0		3.0	2.0	1.0	1.0			
41153	TONGUE MOUTH NECK SURGERY	090	826	865	39	5%	33.59	37.49	3.90	12%	-2			1.0	4.0	1.0		3.0	3.0	1.0	1.0			
41155	TONGUE JAW & NECK SURGERY	090	968	1011	43	4%	44.3	48.93	4.63	10%	-4			1.0	3.0	2.0		4.0	3.0	2.0	1.0			
41250	REPAIR TONGUE LACERATION	010	69	71	2	3%	1.96	2.18	0.22	11%	0			1.0										
41251	REPAIR TONGUE LACERATION	010	80	82	2	2%	2.32	2.54	0.22	9%	0			1.0										
41252	REPAIR TONGUE LACERATION	010	91	93	2	2%	3.02	3.24	0.22	7%	0			1.0										
41510	TONGUE TO LIP SURGERY	090	97	101	4	4%	3.51	3.95	0.44	13%	0			2.0										
41512	TONGUE SUSPENSION	090	209	220	11	5%	6.86	7.74	0.88	13%	0			2.0	1.0						0.5			
41520	RECONSTRUCTION TONGUE FOLD	090	90	94	4	4%	2.83	3.27	0.44	16%	0			2.0										
41800	DRAINAGE OF GUM LESION	010	59	63	4	7%	1.27	1.71	0.44	35%	0			2.0										
41805	REMOVAL FOREIGN BODY GUM	010	55	59	4	7%	1.34	1.78	0.44	33%	0			2.0										
41806	REMOVAL FOREIGN BODY JAWBO	010	80	84	4	5%	2.79	3.23	0.44	16%	0			2.0										
41822	EXCISION OF GUM LESION	010	107	111	4	4%	2.41	2.85	0.44	18%	0			2.0										
41823	EXCISION OF GUM LESION	090	138	151	13	9%	3.77	4.76	0.99	26%	0			3.0	1.0									
41825	EXCISION OF GUM LESION	010	57	61	4	7%	1.41	1.85	0.44	31%	0			2.0										
41826	EXCISION OF GUM LESION	010	73	77	4	5%	2.41	2.85	0.44	18%	0			2.0										
41827	EXCISION OF GUM LESION	090	141	152	11	8%	3.83	4.60	0.77	20%	0			2.0	1.0									
41828	EXCISION OF GUM LESION	010	129	131	2	2%	3.14	3.36	0.22	7%	0			1.0										
41830	REMOVAL OF GUM TISSUE	010	154	158	4	3%	3.45	3.89	0.44	13%	-2		1.0	2.0										
41872	GINGIVOPLASTY EACH QUADRAN	090	122	133	11	9%	3.01	3.78	0.77	26%	0			2.0	1.0									
41874	ALVEOLOPLASTY EACH QUADRAN	090	152	156	4	3%	3.19	3.63	0.44	14%	0			2.0										
42000	DRAINAGE MOUTH ROOF LESION	010	49	51	2	4%	1.28	1.50	0.22	17%	0			1.0										
42100	BIOPSY ROOF OF MOUTH	010	42	44	2	5%	1.36	1.58	0.22	16%	0			1.0										
42104	EXCISION LESION MOUTH ROOF	010	52	54	2	4%	1.69	1.91	0.22	13%	0			1.0										
42106	EXCISION LESION MOUTH ROOF	010	68	70	2	3%	2.15	2.37	0.22	10%	0			1.0										
42107	EXCISION LESION MOUTH ROOF	090	160	165	5	3%	4.56	5.22	0.66	14%	0			2.5							0.5			
42120	REMOVE PALATE/LESION	090	306	329	23	8%	11.86	13.42	1.56	13%	0			2.0	2.0			1.0			1.0			
42140	EXCISION OF UVULA	090	84	87	3	4%	1.7	2.03	0.33	19%	0			1.5										
42145	REPAIR PALATE PHARYNX/UVULA	090	262	283	21	8%	9.78	10.99	1.21	12%	0				3.0						1.0			
42160	TREATMENT MOUTH ROOF LESIO	010	54	56	2	4%	1.85	2.07	0.22	12%	0			1.0										
42180	REPAIR LAC PALATE	010	65	67	2	3%	2.55	2.77	0.22	9%	0			1.0										
42182	REPAIR PALATE	010	90	92	2	2%	3.87	4.09	0.22	6%	0			1.0										
42200	RECONSTRUCT CLEFT PALATE	090	330	346	16	5%	12.53	13.76	1.23	10%	-2		1.0	2.0	1.0			1.0			1.0			
42205	RECONSTRUCT CLEFT PALATE	090	288	304	16	6%	13.66	15.02	1.36	10%	0			3.0				2.0			1.0			
42210	RECONSTRUCT CLEFT PALATE	090	390	406	16	4%	15.03	16.26	1.23	8%	-2		1.0	2.0	1.0			1.0			1.0			
42215	RECONSTRUCT CLEFT PALATE	090	265	272	7	3%	8.99	9.98	0.99	11%	0			3.5							1.0			
42220	RECONSTRUCT CLEFT PALATE	090	260	266	6	2%	7.16	8.04	0.88	12%	0			3.0							1.0			
42225	RECONSTRUCT CLEFT PALATE	090	287	296.5	9.5	3%	9.77	10.88	1.11	11%	0			3.5				0.5			1.0			
42226	LENGTHENING OF PALATE	090	316	330.5	14.5	5%	10.35	11.70	1.35	13%	0			3.5				1.5			1.0			
42227	LENGTHENING OF PALATE	090	291	307	16	5%	9.9	11.26	1.36	14%	0			3.0				2.0			1.0			
42235	REPAIR PALATE	090	248	254	6	2%	8.01	8.89	0.88	11%	0			3.0							1.0			
42260	REPAIR NOSE TO LIP FISTULA	090	280	291	11	4%	10.22	11.21	0.99	10%	-2		1.0	2.0	1.0						1.0			
42280	PREPARATION PALATE MOLD	010	53	55	2	4%	1.59	1.81	0.22	14%	0			1.0										
42281	INSERTION PALATE PROSTHESIS	010	83	85	2	2%	1.98	2.31	0.33	17%	0			1.0							0.5			
42300	DRAINAGE OF SALIVARY GLAND	010	66	68	2	3%	1.98	2.20	0.22	11%	0			1.0										
42305	DRAINAGE OF SALIVARY GLAND	090	203	213	10	5%	6.31	7.32	1.01	16%	0			2.5				1.0			1.0			
42310	DRAINAGE OF SALIVARY GLAND	010	57	59	2	4%	1.61	1.83	0.22	14%	0			1.0										
42320	DRAINAGE OF SALIVARY GLAND	010	77	79	2	3%	2.4	2.62	0.22	9%	0			1.0										
42330	REMOVAL OF SALIVARY STONE	010	63	65	2	3%	2.26	2.48	0.22	10%	0			1.0										
42335	REMOVAL OF SALIVARY STONE	090	98	102	4	4%	3.41	3.85	0.44	13%	0			2.0										
42340	REMOVAL OF SALIVARY STONE	090	136	141	5	4%	4.72	5.27	0.55	12%	0			2.5										
42405	BIOPSY OF SALIVARY GLAND	010	95	97	2	2%	3.34	3.56	0.22	7%	0			1.0										
42408	EXCISION OF SALIVARY CYST	090	134	139	5	4%	4.66	5.21	0.55	12%	0			2.5										

42409	DRAINAGE OF SALIVARY CYST	090	87	91	4	5%	2.91	3.35	0.44	15%	0			2.0									
42410	EXCISE PAROTID GLAND/LESION	090	285	294.5	9.5	3%	9.57	10.68	1.11	12%	0			3.5				0.5			1.0		
42415	EXCISE PAROTID GLAND/LESION	090	333	349	16	5%	17.16	18.15	0.99	6%	0			1.0	2.0						0.5		
42420	EXCISE PAROTID GLAND/LESION	090	383	399	16	4%	19.53	20.52	0.99	5%	0			1.0	2.0						0.5		
42425	EXCISE PAROTID GLAND/LESION	090	348	365	17	5%	13.42	14.89	1.47	11%	0			3.5				2.0			1.0		
42426	EXCISE PAROTID GLAND/LESION	090	654	692	38	6%	22.66	25.20	2.54	11%	0			4.0				6.0			1.0		1.0
42440	EXCISE SUBMAXILLARY GLAND	090	198	207	9	5%	6.14	6.80	0.66	11%	0			1.0	1.0						0.5		
42450	EXCISE SUBLINGUAL GLAND	090	155	160	5	3%	4.74	5.40	0.66	14%	0			2.5							0.5		
42500	REPAIR SALIVARY DUCT	090	148	153	5	3%	4.42	5.08	0.66	15%	0			2.5							0.5		
42505	REPAIR SALIVARY DUCT	090	207	213	6	3%	6.32	7.09	0.77	12%	0			3.0							0.5		
42507	PAROTID DUCT DIVERSION	090	191	197	6	3%	6.25	6.91	0.66	11%	0			3.0									
42509	PAROTID DUCT DIVERSION	090	349	358.5	9.5	3%	11.76	12.87	1.11	9%	0			3.5				0.5			1.0		
42510	PAROTID DUCT DIVERSION	090	270	278.5	8.5	3%	8.35	9.35	1.00	12%	0			3.0				0.5			1.0		
42600	CLOSURE OF SALIVARY FISTULA	090	163	168	5	3%	4.94	5.60	0.66	13%	0			2.5							0.5		
42665	LIGATION OF SALIVARY DUCT	090	92	96	4	4%	2.63	3.07	0.44	17%	0			2.0									
42700	DRAINAGE OF TONSIL ABSCESS	010	53	55	2	4%	1.67	1.89	0.22	13%	0			1.0									
42720	DRAINAGE OF THROAT ABSCESS	010	278	280	2	1%	6.31	7.41	1.10	17%	0							2.0	2.0		1.0		
42725	DRAINAGE OF THROAT ABSCESS	090	390	413	23	6%	12.41	14.63	2.22	18%	0			1.0	2.0			3.0	2.0		1.0		
42800	BIOPSY OF THROAT	010	45	47	2	4%	1.44	1.66	0.22	15%	0			1.0									
42804	BIOPSY OF UPPER NOSE/THROAT	010	49	51	2	4%	1.29	1.51	0.22	17%	0			1.0									
42806	BIOPSY OF UPPER NOSE/THROAT	010	74	76	2	3%	1.63	1.85	0.22	13%	0			1.0									
42808	EXCISE PHARYNX LESION	010	87	89	2	2%	2.35	2.57	0.22	9%	0			1.0									
42809	REMOVE PHARYNX FOREIGN BOD	010	72	74	2	3%	1.86	2.08	0.22	12%	0			1.0									
42810	EXCISION OF NECK CYST	090	126	131	5	4%	3.38	3.93	0.55	16%	0			2.5									
42815	EXCISION OF NECK CYST	090	240	250	10	4%	7.31	8.32	1.01	14%	0			2.5				1.0			1.0		
42820	REMOVE TONSILS AND ADENOIDS	090	151	158	7	5%	4.22	4.77	0.55	13%	0				1.0						1.0		
42821	REMOVE TONSILS AND ADENOIDS	090	141	144	3	2%	4.36	4.80	0.44	10%	0			1.5							0.5		
42825	REMOVAL OF TONSILS	090	130	134	4	3%	3.51	4.06	0.55	16%	0			2.0							0.5		
42826	REMOVAL OF TONSILS	090	124	127	3	2%	3.45	3.89	0.44	13%	0			1.5							0.5		
42830	REMOVAL OF ADENOIDS	090	103	106	3	3%	2.65	2.98	0.33	12%	0			1.5									
42831	REMOVAL OF ADENOIDS	090	93	97	4	4%	2.81	3.25	0.44	16%	0			2.0									
42835	REMOVAL OF ADENOIDS	090	81	84	3	4%	2.38	2.71	0.33	14%	0			1.5									
42836	REMOVAL OF ADENOIDS	090	84	87	3	4%	3.26	3.59	0.33	10%	0			1.5									
42842	EXTENSIVE SURGERY OF THROAT	090	330	360	30	9%	12.23	13.99	1.76	14%	-2			1.0	2.0	1.0		1.0			1.0		
42844	EXTENSIVE SURGERY OF THROAT	090	445	476	31	7%	17.78	19.98	2.20	12%	-2			1.0	2.0	1.0		2.0	1.0		1.0		
42845	EXTENSIVE SURGERY OF THROAT	090	825	852	27	3%	32.56	36.44	3.88	12%	-2			1.0	2.0	1.0		4.0	3.0	2.0	1.0		
42860	EXCISION OF TONSIL TAGS	090	76	79	3	4%	2.3	2.63	0.33	14%	0			1.5									
42870	EXCISION OF LINGUAL TONSIL	090	167	172	5	3%	5.52	6.18	0.66	12%	0			2.5							0.5		
42890	LIMITED PHARYNGECTOMY	090	510	542	32	6%	19.13	21.77	2.64	14%	-2			1.0	2.0	1.0		3.0	2.0		1.0		
42892	REVISION OF PHARYNGEAL WALL	090	643	679	36	6%	26.03	29.40	3.37	13%	-2			1.0	3.0	1.0		3.0	2.0	1.0	1.0		
42894	REVISION OF PHARYNGEAL WALL	090	836	871	35	4%	33.92	38.02	4.10	12%	-2			1.0	4.0	1.0		3.0	4.0	1.0	1.0		
42900	REPAIR THROAT WOUND	010	163	165	2	1%	5.29	5.73	0.44	8%	0			1.0							1.0		
42950	RECONSTRUCTION OF THROAT	090	293	300	7	2%	8.27	9.26	0.99	12%	0			3.5							1.0		
42953	REPAIR THROAT ESOPHAGUS	090	409	429.5	20.5	5%	9.45	11.15	1.70	18%	0			4.0				2.5			1.0		
42955	SURGICAL OPENING OF THROAT	090	282	308	26	9%	8.01	9.85	1.84	23%	0			3.0				4.0			1.0		
42960	CONTROL THROAT BLEEDING	010	70	72	2	3%	2.38	2.60	0.22	9%	0			1.0									
42961	CONTROL THROAT BLEEDING	090	193	200.5	7.5	4%	5.77	6.66	0.89	15%	0			2.5				0.5			1.0		
42962	CONTROL THROAT BLEEDING	090	234	245	11	5%	7.4	8.52	1.12	15%	0			3.0				1.0			1.0		
42970	CONTROL NOSE/THROAT BLEEDIN	090	193	209.5	16.5	9%	5.82	7.08	1.26	22%	0			2.0				2.5			1.0		
42971	CONTROL NOSE/THROAT BLEEDIN	090	227	243.5	16.5	7%	6.6	7.86	1.26	19%	0			2.0				2.5			1.0		
42972	CONTROL NOSE/THROAT BLEEDIN	090	243	259.5	16.5	7%	7.59	8.85	1.26	17%	0			2.0				2.5			1.0		
43020	INCISION OF ESOPHAGUS	090	221	227	6	3%	8.23	9.11	0.88	11%	0			3.0							1.0		
43030	CRICOPHARYNGEAL MYOTOMY	090	244	256.5	12.5	5%	7.99	9.12	1.13	14%	0			2.5				1.5			1.0		
43045	ESOPHAGOTOMY THRC RMVL FB	090	536.5	588.5	52	10%	21.88	24.58	2.70	12%	0				3.5			5.5			1.0		
43100	EXCISION OF ESOPHAGUS LESION	090	334	353.5	19.5	6%	9.66	11.25	1.59	16%	0			3.5				2.5			1.0		
43101	EXCISION OF ESOPHAGUS LESION	090	459	494	35	8%	17.07	19.28	2.21	13%	0			2.5				6.0			1.0		
43107	REMOVAL OF ESOPHAGUS	090	977	1003	26	3%	52.05	55.48	3.43	7%	-2			1.0	2.0	1.0		2.0	3.0	2.0		1.0	2.0
43108	REMOVAL OF ESOPHAGUS	090	1358	1358	0	0%	82.87	87.86	4.99	6%	-2			1.0	2.0	1.0		1.0	6.0	5.0		1.0	1.0
43112	ESPHG TOT W/THRCM	090	1097	1128	31	3%	62	65.67	3.67	6%	-2			1.0	2.0	1.0		3.0	3.0	2.0		1.0	2.0
43113	REMOVAL OF ESOPHAGUS	090	1358	1358	0	0%	80.06	85.05	4.99	6%	-2			1.0	2.0	1.0		1.0	6.0	5.0		1.0	2.0
43116	PARTIAL REMOVAL OF ESOPHAGU	090	1403	1406	3	0%	92.99	97.58	4.59	5%	-2			1.0	2.0	1.0		1.0	6.0	4.0		1.0	1.0
43117	PARTIAL REMOVAL OF ESOPHAGU	090	1067	1098	31	3%	57.5	61.17	3.67	6%	-2			1.0	2.0	1.0		3.0	3.0	2.0		1.0	2.0
43118	PARTIAL REMOVAL OF ESOPHAGU	090	1184	1188	4	0%	67.07	71.86	4.79	7%	-2			1.0	2.0	1.0		1.0	5.0	5.0		1.0	1.0
43121	PARTIAL REMOVAL OF ESOPHAGU	090	962	977	15	2%	51.43	55.42	3.99	8%	-2			1.0	2.0	1.0		1.0	3.0	4.0		1.0	1.0
43122	PARTIAL REMOVAL OF ESOPHAGU	090	1015	1054	39	4%	44.18	47.69	3.51	8%	-2			1.0	2.0	1.0		4.0	3.0	1.0		1.0	2.0
43123	PARTIAL REMOVAL OF ESOPHAGU	090	1419	1411	-8	-1%	83.12	88.51	5.39	6%	-2			1.0	2.0	1.0		1.0	8.0	5.0		1.0	1.0
43124	REMOVAL OF ESOPHAGUS	090	1398	1398	0	0%	69.09	75.01	5.92	9%	-2			1.0	3.0	1.0		1.0	7.0	6.0		1.0	3.0
43130	REMOVAL OF ESOPHAGUS POUCH	090	362	395	33	9%	12.53	14.83	2.30	18%	0			4.0				5.0			1.0		
43135	REMOVAL OF ESOPHAGUS POUCH	090	571	570	-1	0%	26.17	28.18	2.01	8%	0			1.0	1.0			1.0	3.0	1.0	1.0		
43180	ESOPHAGOSCOPY RIGID TRNSO	090	201	208	7	3%	9.03	9.58	0.55	6%	0				1.0						1.0		
43279	LAP MYOTOMY HELLER	090	404	419	15	4%	22.1	23.42	1.32	6%	0				2.0			1.0	1.0		1.0		
43280	LAPAROSCOPY FUNDOPLASTY	090	404	428	24	6%	18.1	19.46	1.36	8%	0				2.0			2.0			1.0		
43281	LAP PARAESOPHAG HERN REPAIR	090	424	439	15	4%	26.6	27.92	1.32	5%	0				2.0			1.0	1.0		1.0		

43282	LAP PARAESOPH HER RPR W/MES	090	454	469	15	3%	30.1	31.42	1.32	4%	0				2.0			1.0	1.0		1.0			
43284	LAPS ESOPHGL SPHNCTR AGMNT	090	218	232	14	6%	10.13	10.90	0.77	8%	0				2.0						0.5			
43285	RMVL ESOPHGL SPHNCTR DEV	090	233	247	14	6%	10.47	11.24	0.77	7%	0				2.0						0.5			
43286	ESPHG TOT W/LAPS MOBLJ	090	957	983	26	3%	55	58.43	3.43	6%	-2			1.0	2.0	1.0		2.0	3.0	2.0		1.0	1.0	
43287	ESPHG DSTL 2/3 W/LAPS MOBLJ	090	1097	1123	26	2%	63	66.43	3.43	5%	-2			1.0	2.0	1.0		2.0	3.0	2.0		1.0	2.0	
43288	ESPHG THRSC MOBLJ	090	1157	1183	26	2%	66.42	69.85	3.43	5%	-2			1.0	2.0	1.0		2.0	3.0	2.0		1.0	2.0	
43300	REPAIR OF ESOPHAGUS	090	312	320	8	3%	9.33	10.43	1.10	12%	0			4.0							1.0			
43305	REPAIR ESOPHAGUS AND FISTULA	090	403	433.5	30.5	8%	18.1	20.28	2.18	12%	0			4.0				4.5			1.0			
43310	REPAIR OF ESOPHAGUS	090	528	565.5	37.5	7%	26.26	28.59	2.33	9%	0			2.5				6.5			1.0			
43312	REPAIR ESOPHAGUS AND FISTULA	090	563	599	36	6%	29.25	31.26	2.01	7%	0			0.5				7.0			1.0			
43313	ESOPHAGOPLASTY CONGENITAL	090	713	758	45	6%	48.45	51.72	3.27	7%	-2				4.0	1.0		2.0	2.0	1.0		1.0		
43314	TRACHEO-ESOPHAGOPLASTY CON	090	713	758	45	6%	53.43	56.70	3.27	6%	-2				4.0	1.0		2.0	2.0	1.0		1.0		
43320	FUSE ESOPHAGUS & STOMACH	090	740	748	8	1%	23.31	26.29	2.98	13%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
43325	REVISE ESOPHAGUS & STOMACH	090	600	612	12	2%	22.6	25.38	2.78	12%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43327	ESOPH FUNDOPLASTY LAP	090	412	424	12	3%	13.35	15.07	1.72	13%	0				2.0			1.0	1.0	1.0	1.0			
43328	ESOPH FUNDOPLASTY THOR	090	514	523	9	2%	19.91	22.03	2.12	11%	0				2.0			1.0	1.0	2.0	1.0			
43330	ESOPHAGOMYOTOMY ABDOMIN	090	550	557	7	1%	22.19	24.73	2.54	11%	0			1.0	2.0			1.0	2.0	2.0	1.0			
43331	ESOPHAGOMYOTOMY THORACIC	090	620	627	7	1%	23.06	25.60	2.54	11%	0			1.0	2.0			1.0	2.0	2.0	1.0		1.0	
43332	TRANSAB ESOPH HIAT HERN RPR	090	482	490	8	2%	19.62	21.54	1.92	10%	0				2.0			1.0	2.0	1.0	1.0			
43333	TRANSAB ESOPH HIAT HERN RPR	090	512	520	8	2%	21.46	23.38	1.92	9%	0				2.0			1.0	2.0	1.0	1.0			
43334	TRANSTHOR DIAPHRAG HERN RPI	090	549	562	13	2%	22.12	24.28	2.16	10%	0				2.0			2.0	2.0	1.0	1.0			
43335	TRANSTHOR DIAPHRAG HERN RPI	090	569	582	13	2%	23.97	26.13	2.16	9%	0				2.0			2.0	2.0	1.0	1.0			
43336	THORABD DIAPHR HERN REPAIR	090	695	710	15	2%	25.81	28.19	2.38	9%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
43337	THORABD DIAPHR HERN REPAIR	090	715	730	15	2%	27.65	30.03	2.38	9%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
43340	FUSE ESOPHAGUS & INTESTINE	090	770	778	8	1%	22.99	25.97	2.98	13%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
43341	FUSE ESOPHAGUS & INTESTINE	090	770	778	8	1%	24.23	27.21	2.98	12%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
43351	SURGICAL OPENING ESOPHAGUS	090	778	793	15	2%	22.05	25.36	3.31	15%	0			1.0	3.0			2.0	3.0	2.0	1.0		1.0	
43352	SURGICAL OPENING ESOPHAGUS	090	570	582	12	2%	17.81	20.59	2.78	16%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43360	GASTROINTESTINAL REPAIR	090	830	852	22	3%	40.11	43.75	3.64	9%	-2			1.0	2.0	1.0		3.0	3.0	2.0	1.0			
43361	GASTROINTESTINAL REPAIR	090	1108	1120	12	1%	45.68	49.39	3.71	8%	0			1.0	3.0			2.0	3.0	3.0	1.0		3.0	
43400	LIGATE ESOPHAGUS VEINS	090	835	843	8	1%	25.6	28.58	2.98	12%	0			1.0	2.0			2.0	3.0	2.0	1.0		3.0	
43405	LIGATE/STAPLE ESOPHAGUS	090	873	888	15	2%	24.73	28.04	3.31	13%	0			1.0	3.0			2.0	3.0	2.0	1.0		3.0	
43410	REPAIR ESOPHAGUS WOUND	090	590	597	7	1%	16.41	18.95	2.54	15%	0			1.0	2.0			1.0	2.0	2.0	1.0		1.0	
43415	REPAIR ESOPHAGUS WOUND	090	842	863	21	2%	44.88	47.53	2.65	6%	-4			1.0	1.0	2.0		1.0	2.0	1.0	1.0		3.0	
43420	REPAIR ESOPHAGUS OPENING	090	520	527	7	1%	16.78	19.32	2.54	15%	0			1.0	2.0			1.0	2.0	2.0	1.0			
43425	REPAIR ESOPHAGUS OPENING	090	845	858	13	2%	25.04	28.26	3.22	13%	0			1.0	2.0			3.0	3.0	2.0	1.0		2.0	
43496	FREE JEJUNUM FLAP MICROVASC	090	902	979	77	9%	0	4.14	4.14	#DIV/0!	0			2.0	4.0			9.0			1.0			
43497	TRANSORL LWR ESOPHGL MYOTO	090	281	295	14	5%	13.29	14.06	0.77	6%	0				2.0						0.5			
43500	SURGICAL OPENING OF STOMACH	090	402	410	8	2%	12.79	14.84	2.05	16%	0			1.0	1.0			2.0	2.0	1.0	1.0			
43501	SURGICAL REPAIR OF STOMACH	090	555	570	15	3%	22.6	24.98	2.38	11%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
43502	SURGICAL REPAIR OF STOMACH	090	555	570	15	3%	25.69	28.07	2.38	9%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
43510	SURGICAL OPENING OF STOMACH	090	485	500	15	3%	15.14	17.52	2.38	16%	0			1.0	2.0			2.0	2.0	1.0	1.0			
43520	INCISION OF PYLORIC MUSCLE	090	342	349	7	2%	11.29	12.90	1.61	14%	0			1.0	1.0			1.0	1.0	1.0	1.0			
43605	BIOPSY OF STOMACH	090	402	410	8	2%	13.72	15.77	2.05	15%	0			1.0	1.0			2.0	2.0	1.0	1.0			
43610	EXCISION OF STOMACH LESION	090	432	440	8	2%	16.34	18.39	2.05	13%	0			1.0	1.0			2.0	2.0	1.0	1.0			
43611	EXCISION OF STOMACH LESION	090	520	532	12	2%	20.38	23.16	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43620	REMOVAL OF STOMACH	090	695	711	16	2%	34.04	36.86	2.82	8%	0			1.0	2.0			3.0	3.0	1.0	1.0		1.0	
43621	REMOVAL OF STOMACH	090	790	803	13	2%	39.53	42.75	3.22	8%	0			1.0	2.0			3.0	3.0	2.0	1.0		1.0	
43622	REMOVAL OF STOMACH	090	790	803	13	2%	40.03	43.25	3.22	8%	0			1.0	2.0			3.0	3.0	2.0	1.0		1.0	
43631	REMOVAL OF STOMACH PARTIAL	090	535	568	33	6%	24.51	27.21	2.70	11%	0			1.0	2.0			5.0	2.0		1.0			
43632	REMOVAL OF STOMACH PARTIAL	090	725	743	18	2%	35.14	38.60	3.46	10%	0			1.0	2.0			4.0	3.0	2.0	1.0			
43633	REMOVAL OF STOMACH PARTIAL	090	740	758	18	2%	33.14	36.60	3.46	10%	0			1.0	2.0			4.0	3.0	2.0	1.0			
43634	REMOVAL OF STOMACH PARTIAL	090	740	758	18	2%	36.64	40.10	3.46	9%	0			1.0	2.0			4.0	3.0	2.0	1.0			
43640	VAGOTOMY & PYLORUS REPAIR	090	540	552	12	2%	19.56	22.34	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43641	VAGOTOMY & PYLORUS REPAIR	090	570	582	12	2%	19.81	22.59	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	090	502	517	15	3%	29.4	31.23	1.83	6%	-2			1.0	1.0	1.0		1.0	2.0		1.0			
43645	LAP GASTR BYPASS INCL SMLL I	090	537	552	15	3%	31.53	33.36	1.83	6%	-2			1.0	1.0	1.0		1.0	2.0		1.0			
43653	LAPAROSCOPY GASTROSTOMY	090	264	283	19	7%	8.48	9.60	1.12	13%	0				2.0			1.0			1.0			
43770	LAP PLACE GASTR ADJ DEVICE	090	367	384	17	5%	18	19.41	1.41	8%	0				3.0				1.0		1.0			
43771	LAP REVISE GASTR ADJ DEVICE	090	377	394	17	5%	20.79	22.20	1.41	7%	0				3.0				1.0		1.0			
43772	LAP RMVL GASTR ADJ DEVICE	090	317	322	5	2%	15.7	16.67	0.97	6%	0			1.0	1.0				1.0		1.0			
43773	LAP REPLACE GASTR ADJ DEVICE	090	377	394	17	5%	20.79	22.20	1.41	7%	0				3.0				1.0		1.0			
43774	LAP RMVL GASTR ADJ ALL PARTS	090	304	323	19	6%	15.76	16.88	1.12	7%	0				2.0			1.0			1.0			
43775	LAP SLEEVE GASTRECTOMY	090	412	431	19	5%	20.38	22.01	1.63	8%	-2			1.0	1.0	1.0		1.0	1.0		1.0			
43800	PYLOROPLASTY	090	432	440	8	2%	15.43	17.48	2.05	13%	0			1.0	1.0			2.0	2.0	1.0	1.0			
43810	GASTRODUODENOSTOMY	090	502	507	5	1%	16.88	19.33	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0			
43820	GASTROJEJUNOSTOMY WO VAGO	090	545	561	16	3%	22.53	25.35	2.82	13%	0			1.0	2.0			3.0	3.0	1.0	1.0			
43825	GASTROJEJUNOSTOMY W/VAGOT	090	540	552	12	2%	21.76	24.54	2.78	13%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43830	GSTRST OPEN WO CONSTJ TUBE	090	319	344	25	8%	10.85	12.65	1.80	17%	0				2.0			3.0	1.0		1.0			
43831	GASTROSTOMY OPEN NEONATAL	090	293	320	27	9%	8.49	10.44	1.95	23%	0			3.5				4.0			1.0			
43832	GSTRST OPEN W/CONSTJ TUBE	090	417	425	8	2%	17.34	19.39	2.05	12%	0			1.0	1.0			2.0	2.0	1.0	1.0			
43840	REPAIR OF STOMACH LESION	090	565	590	25	4%	22.83	25.69	2.86	13%	0			1.0	2.0			4.0	2.0	1.0	1.0		1.0	
43842	V-BAND GASTROPLASTY	090	585	600	15	3%	21.03	23.41	2.38	11%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	

43843	GASTROPLASTY W/O V-BAND	090	585	600	15	3%	21.21	23.59	2.38	11%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
43845	GASTROPLASTY DUODENAL SWIT	090	628	648	20	3%	33.3	35.37	2.07	6%	0			1.0	3.0			1.0	2.0		1.0		1.0	
43846	GASTRIC BYPASS FOR OBESITY	090	693	712	19	3%	27.41	30.52	3.11	11%	0			1.0	3.0			2.0	2.0	2.0	1.0		1.0	
43847	GASTRIC BYPASS INCL SMALL I	090	733	752	19	3%	30.28	33.39	3.11	10%	0			1.0	3.0			2.0	2.0	2.0	1.0		1.0	
43848	REVISION GASTROPLASTY	090	708	727	19	3%	32.75	35.86	3.11	9%	0			1.0	3.0			2.0	2.0	2.0	1.0		1.0	
43860	REVISE STOMACH-BOWEL FUSION	090	675	702	27	4%	27.89	31.39	3.50	13%	0			1.0	2.0			5.0	2.0	2.0	1.0			
43865	REVISE STOMACH-BOWEL FUSION	090	615	627	12	2%	29.05	31.83	2.78	10%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43870	REPAIR STOMACH OPENING	090	402	410	8	2%	11.44	13.49	2.05	18%	0			1.0	1.0			2.0	2.0	1.0	1.0			
43880	REPAIR STOMACH-BOWEL FISTUL	090	540	552	12	2%	27.18	29.96	2.78	10%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43886	REVISE GASTRIC PORT OPEN	090	155	169	14	9%	4.64	5.41	0.77	17%	0				2.0						0.5			
43887	REMOVE GASTRIC PORT OPEN	090	148	157	9	6%	4.32	4.98	0.66	15%	0			1.0	1.0						0.5			
43888	CHANGE GASTRIC PORT OPEN	090	180	194	14	8%	6.44	7.21	0.77	12%	0				2.0						0.5			
44005	FREEING OF BOWEL ADHESION	090	517	522	5	1%	18.46	20.91	2.45	13%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44010	INCISION OF SMALL BOWEL	090	432	440	8	2%	14.26	16.31	2.05	14%	0			1.0	1.0			2.0	2.0	1.0	1.0			
44020	EXPLORE SMALL INTESTINE	090	487	492	5	1%	16.22	18.67	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44021	DECOMPRESS SMALL BOWEL	090	487	492	5	1%	16.31	18.76	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44025	INCISION OF LARGE BOWEL	090	487	492	5	1%	16.51	18.96	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44050	REDUCE BOWEL OBSTRUCTION	090	409.5	430.5	21	5%	15.52	17.65	2.13	14%	0			1.0	1.0			4.0	2.0		1.0			
44055	CORRECT MALROTATION OF BOW	090	663	659	-4	-1%	25.63	28.15	2.52	10%	0				2.0			1.0	5.0	1.0	1.0		1.0	1.0
44110	EXCISE INTESTINE LESION(S)	090	487	492	5	1%	14.04	16.49	2.45	17%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44111	EXCISION OF BOWEL LESION(S)	090	517	522	5	1%	16.52	18.97	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44120	REMOVAL OF SMALL INTESTINE	090	611	622	11	2%	20.82	23.95	3.13	15%	0			1.0	1.0			4.0	3.0	2.0	1.0			
44125	REMOVAL OF SMALL INTESTINE	090	524	534	10	2%	20.03	22.59	2.56	13%	0				2.0			2.0	2.0	2.0	1.0			
44126	ENTERECTOMY W/O TAPER CONG	090	1125	1167	42	4%	42.23	48.55	6.32	15%	-2			1.0	2.0	1.0		10.0	6.0	3.0	1.0		2.0	
44127	ENTERECTOMY W/TAPER CONG	090	1357	1416	59	4%	49.3	56.97	7.67	16%	-2			1.0	2.0	1.0		13.0	7.0	4.0		1.0	2.0	1.0
44130	BOWEL TO BOWEL FUSION	090	516	550	34	7%	22.11	25.01	2.90	13%	0			1.0	2.0			5.0	1.0	1.0	1.0			
44140	PARTIAL REMOVAL OF COLON	090	480	517	37	8%	22.59	25.09	2.50	11%	0			1.0	2.0			5.0	1.0		1.0			
44141	PARTIAL REMOVAL OF COLON	090	672	696	24	4%	29.91	33.26	3.35	11%	-2			1.0	1.0	1.0		4.0	2.0	2.0	1.0			
44143	PARTIAL REMOVAL OF COLON	090	607	626	19	3%	27.79	30.90	3.11	11%	-2			1.0	1.0	1.0		3.0	2.0	2.0	1.0			
44144	PARTIAL REMOVAL OF COLON	090	677	701	24	4%	29.91	33.26	3.35	11%	-2			1.0	1.0	1.0		4.0	2.0	2.0	1.0			
44145	PARTIAL REMOVAL OF COLON	090	615	635	20	3%	28.58	31.20	2.62	9%	0			1.0	2.0			3.0	2.0	1.0	1.0			
44146	PARTIAL REMOVAL OF COLON	090	692	714	22	3%	35.3	38.01	2.71	8%	-2			1.0	1.0	1.0		3.0	2.0	1.0	1.0			
44147	PARTIAL REMOVAL OF COLON	090	710	727	17	2%	33.69	36.71	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
44150	REMOVAL OF COLON	090	638	658	20	3%	30.18	33.31	3.13	10%	-2			2.0	1.0	1.0		3.0	3.0	1.0	1.0			
44151	REMOVAL OF COLON/ILEOSTOMY	090	738	768	30	4%	34.92	38.53	3.61	10%	-2			2.0	1.0	1.0		5.0	3.0	1.0	1.0			
44155	REMOVAL OF COLON/ILEOSTOMY	090	738	768	30	4%	34.42	38.03	3.61	10%	-2			2.0	1.0	1.0		5.0	3.0	1.0	1.0			
44156	REMOVAL OF COLON/ILEOSTOMY	090	798	828	30	4%	37.42	41.03	3.61	10%	-2			2.0	1.0	1.0		5.0	3.0	1.0	1.0			
44157	COLECTOMY W/ILEOANAL ANAST	090	705	743	38	5%	35.7	39.02	3.32	9%	-2			1.0	2.0	1.0		5.0	3.0		1.0			
44158	COLECTOMY W/NEO-RECTUM PO	090	725	763	38	5%	36.7	40.02	3.32	9%	-2			1.0	2.0	1.0		5.0	3.0		1.0			
44160	REMOVAL OF COLON	090	551	558	7	1%	20.89	23.56	2.67	13%	0			2.0	1.0			2.0	2.0	2.0	1.0			
44180	LAP ENTEROLYSIS	090	407	436	29	7%	15.27	17.00	1.73	11%	0			1.0	1.0			4.0			1.0			
44186	LAP JEJUNOSTOMY	090	267	286	19	7%	10.38	11.63	1.25	12%	0			1.0	1.0			2.0			1.0			
44187	LAP ILEO/JEJUNO-STOMY	090	385	398	13	3%	17.4	19.14	1.74	10%	0			1.0	2.0			1.0	2.0		1.0			
44188	LAP COLOSTOMY	090	407	425	18	4%	19.35	21.20	1.85	10%	0				3.0			1.0	2.0		1.0			
44202	LAP ENTERECTOMY	090	505	532	27	5%	23.39	25.41	2.02	9%	0			1.0	2.0			3.0	1.0		1.0			
44204	LAPARO PARTIAL COLECTOMY	090	455	482	27	6%	26.42	28.44	2.02	8%	0			1.0	2.0			3.0	1.0		1.0			
44205	LAP COLECTOMY PART W/ILEUM	090	428.5	459.5	31	7%	22.95	25.03	2.08	9%	0			3.0				5.0			1.0			
44206	LAP PART COLECTOMY W/STOMA	090	647	662	15	2%	29.79	32.86	3.07	10%	-2			1.0	1.0	1.0		2.0	1.0	3.0	1.0			
44207	L COLECTOMY/COLOPROCTOSTO	090	560	570	10	2%	31.92	34.06	2.14	7%	0			1.0	2.0			1.0	2.0	1.0	1.0			
44208	L COLECTOMY/COLOPROCTOSTO	090	595	614	19	3%	33.99	36.41	2.42	7%	0			1.0	2.0			3.0	3.0		1.0			
44210	LAPARO TOTAL PROCTOCOLECTO	090	630	662	32	5%	30.09	32.73	2.64	9%	-2			1.0	2.0	1.0		3.0	2.0		1.0			
44211	LAP COLECTOMY W/PROCTECTOM	090	695	727	32	5%	37.08	39.72	2.64	7%	-2			1.0	2.0	1.0		3.0	2.0		1.0			
44212	LAPARO TOTAL PROCTOCOLECTO	090	660	692	32	5%	34.58	37.22	2.64	8%	-2			1.0	2.0	1.0		3.0	2.0		1.0			
44227	LAP CLOSE ENTEROSTOMY	090	530	541	11	2%	28.62	30.96	2.34	8%	0			1.0	2.0			1.0	1.0	2.0	1.0			
44300	OPEN BOWEL TO SKIN	090	389	410	21	5%	13.75	15.75	2.00	15%	0				2.0			3.0	2.0		1.0			
44310	ILEOSTOMY/JEJUNOSTOMY	090	391.5	412.5	21	5%	17.59	19.59	2.00	11%	0				2.0			3.0	2.0		1.0			
44312	REVISION OF ILEOSTOMY	090	349	360	11	3%	9.43	10.95	1.52	16%	0				2.0			1.0	2.0		1.0			
44314	REVISION OF ILEOSTOMY	090	465	488	23	5%	16.74	18.96	2.22	13%	0			1.0	2.0			3.0	2.0		1.0			
44316	DEVISE BOWEL POUCH	090	590	606	16	3%	23.59	26.41	2.82	12%	0			1.0	2.0			3.0	3.0	1.0	1.0			
44320	COLOSTOMY	090	507	529	22	4%	19.91	22.62	2.71	14%	-2			1.0	1.0	1.0		3.0	2.0	1.0	1.0			
44322	COLOSTOMY WITH BIOPSIES	090	483	539	56	12%	13.32	16.91	3.59	27%	0			5.5				9.0			1.0			
44340	REVISION OF COLOSTOMY	090	382	397	15	4%	9.28	11.11	1.83	20%	-2			1.0	1.0	1.0		1.0	2.0		1.0			
44345	REVISION OF COLOSTOMY	090	482	507	25	5%	17.22	19.53	2.31	13%	-2			1.0	1.0	1.0		3.0	2.0		1.0			
44346	REVISION OF COLOSTOMY	090	572	586	14	2%	19.63	22.50	2.87	15%	-2			1.0	1.0	1.0		2.0	2.0	2.0	1.0			
44602	SUTURE SMALL INTESTINE	090	562	571	9	2%	24.72	27.21	2.49	10%	0			1.0	1.0			3.0	3.0	1.0	1.0		1.0	
44603	SUTURE SMALL INTESTINE	090	635	656	21	3%	28.16	31.22	3.06	11%	0			1.0	2.0			4.0	3.0	1.0	1.0		1.0	
44604	SUTURE LARGE INTESTINE	090	459	477	18	4%	18.16	20.56	2.40	13%	0				2.0			3.0	2.0	1.0	1.0			
44605	REPAIR OF BOWEL LESION	090	562	563	1	0%	22.08	24.73	2.65	12%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44615	INTESTINAL STRICTUROPLASTY	090	502	507	5	1%	18.16	20.61	2.45	13%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44620	REPAIR BOWEL OPENING	090	487	492	5	1%	14.43	16.88	2.45	17%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44625	REPAIR BOWEL OPENING	090	517	522	5	1%	17.28	19.73	2.45	14%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44626	REPAIR BOWEL OPENING	090	587	588	1	0%	27.9	30.55	2.65	9%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44640	REPAIR BOWEL-SKIN FISTULA	090	587	588	1	0%	24.2	26.85	2.65	11%	0			1.0	1.0			2.0	3.0	2.0	1.0			

44650	REPAIR BOWEL FISTULA	090	587	588	1	0%	25.12	27.77	2.65	11%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44660	REPAIR BOWEL-BLADDER FISTULA	090	587	588	1	0%	23.91	26.56	2.65	11%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44661	REPAIR BOWEL-BLADDER FISTULA	090	617	618	1	0%	27.35	30.00	2.65	10%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44680	SURGICAL REVISION INTESTINE	090	602	603	1	0%	17.96	20.61	2.65	15%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44700	SUSPEND BOWEL W/PROSTHESIS	090	402	418	16	4%	17.48	19.37	1.89	11%	0			1.0	1.0			3.0	2.0		1.0			
44800	EXCISION OF BOWEL POUCH	090	366	400.5	34.5	9%	12.05	14.36	2.31	19%	0			3.5				5.5			1.0			
44820	EXCISION OF MESENTERY LESION	090	404	425	21	5%	13.73	15.73	2.00	15%	0				2.0			3.0	2.0		1.0			
44850	REPAIR OF MESENTERY	090	367	383	16	4%	12.11	14.00	1.89	16%	0			1.0	1.0			3.0	2.0		1.0			
44900	DRAIN APPENDIX ABSCESS OPEN	090	450	457	7	2%	12.57	15.11	2.54	20%	0			1.0	2.0			1.0	2.0	2.0	1.0			
44950	APPENDECTOMY	090	252	271	19	8%	10.6	11.85	1.25	12%	0			1.0	1.0			2.0			1.0			
44960	APPENDECTOMY	090	458	460	2	0%	14.5	16.93	2.43	17%	0			2.0	1.0			1.0	2.0	2.0	1.0			
44970	LAPAROSCOPY APPENDECTOMY	090	242	261	19	8%	9.45	10.57	1.12	12%	0				2.0			1.0			1.0			
45000	DRAINAGE OF PELVIC ABSCESS	090	384	387	3	1%	6.3	7.98	1.68	27%	0				2.0				2.0	1.0	1.0			
45005	DRAINAGE OF RECTAL ABSCESS	010	54	55	1	2%	2.02	2.13	0.11	5%	0			0.5										
45020	DRAINAGE OF RECTAL ABSCESS	090	255	276	21	8%	8.56	9.90	1.34	16%	0			1.0	2.0			1.0			1.0			
45100	BIOPSY OF RECTUM	090	178	187	9	5%	4.04	4.70	0.66	16%	0			1.0	1.0						0.5			
45108	ANORECTAL MYOMECTOMY	090	193	202	9	5%	5.12	5.78	0.66	13%	0			1.0	1.0						0.5			
45110	REMOVAL OF RECTUM	090	678	703	25	4%	30.76	34.13	3.37	11%	-2			2.0	1.0	1.0		4.0	3.0	1.0	1.0			
45111	PARTIAL REMOVAL OF RECTUM	090	496	539	43	9%	18.01	20.79	2.78	15%	0			4.0				7.0			1.0		1.0	
45112	REMOVAL OF RECTUM	090	675	692	17	3%	33.18	36.20	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
45113	PARTIAL PROCTECTOMY	090	675	692	17	3%	33.22	36.24	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
45114	PARTIAL REMOVAL OF RECTUM	090	792	802	10	1%	30.79	33.86	3.07	10%	-2			1.0	1.0	1.0		2.0	3.0	2.0	1.0		1.0	
45116	PARTIAL REMOVAL OF RECTUM	090	702	716	14	2%	27.72	30.59	2.87	10%	-2			1.0	1.0	1.0		2.0	2.0	2.0	1.0		1.0	
45119	REMOVE RECTUM W/RESERVOIR	090	685	702	17	2%	33.48	36.50	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
45120	REMOVAL OF RECTUM	090	689	744	55	8%	26.4	29.88	3.48	13%	0			5.0				9.0			1.0		1.0	
45121	REMOVAL OF RECTUM AND COLO	090	741	806	65	9%	29.08	33.04	3.96	14%	0			5.0				11.0			1.0		1.0	
45123	PARTIAL PROCTECTOMY	090	687	704	17	2%	18.86	21.33	2.47	13%	-2			1.0	1.0	1.0		2.0	2.0	1.0	1.0			
45126	PELVIC EXENTERATION	090	755	776	21	3%	49.1	52.30	3.20	7%	-2			1.0	2.0	1.0		2.0	2.0	2.0	1.0		2.0	
45130	EXCISION OF RECTAL PROLAPSE	090	520	535	15	3%	18.5	20.88	2.38	13%	0			1.0	2.0			2.0	2.0	1.0	1.0			
45135	EXCISION OF RECTAL PROLAPSE	090	735	761	26	4%	22.36	25.80	3.44	15%	-2			1.0	2.0	1.0		3.0	2.0	2.0	1.0			
45136	EXCISE ILEOANAL RESERVIOR	090	783	795	12	2%	30.82	34.11	3.29	11%	-2			2.0	1.0	1.0		2.0	3.0	2.0	1.0		1.0	
45150	EXCISION OF RECTAL STRICTURE	090	184	191.5	7.5	4%	5.85	6.74	0.89	15%	0			2.5				0.5			1.0			
45160	EXCISION OF RECTAL LESION	090	342	370	28	8%	16.33	18.00	1.67	10%	-2			1.0	1.0	1.0		2.0			1.0			
45171	EXC RECT TUM TRANSANAL PART	090	209	225	16	8%	8.13	9.12	0.99	12%	0			1.0	2.0						0.5			
45172	EXC RECT TUM TRANSANAL FULL	090	290	311	21	7%	12.13	13.47	1.34	11%	0			1.0	2.0			1.0			1.0			
45190	DESTRUCTION RECTAL TUMOR	090	266	282	16	6%	10.42	11.41	0.99	10%	0			1.0	2.0						0.5			
45395	LAP REMOVAL OF RECTUM	090	645	669	24	4%	33	35.80	2.80	8%	-2			1.0	2.0	1.0		2.0	2.0	1.0	1.0			
45397	LAP REMOVE RECTUM W/POUCH	090	675	699	24	4%	36.5	39.30	2.80	8%	-2			1.0	2.0	1.0		2.0	2.0	1.0	1.0			
45400	LAPAROSCOPIC PROC	090	410	437	27	7%	19.44	21.46	2.02	10%	0			1.0	2.0			3.0	1.0		1.0			
45402	LAP PROCTOPEXY W/SIG RESECT	090	470	483	13	3%	26.51	28.25	1.74	7%	0			1.0	2.0			1.0	2.0		1.0			
45500	REPAIR OF RECTUM	090	266	284.5	18.5	7%	7.73	9.21	1.48	19%	0			3.0				2.5			1.0			
45505	REPAIR OF RECTUM	090	300.5	318.5	18	6%	8.36	9.44	1.08	13%	-2			1.0	1.0	1.0					0.5			
45540	CORRECT RECTAL PROLAPSE	090	481.5	493.5	12	2%	18.12	20.08	1.96	11%	0				2.0			2.0	3.0		1.0			
45541	CORRECT RECTAL PROLAPSE	090	420	433	13	3%	14.85	16.59	1.74	12%	0			1.0	2.0			1.0	2.0		1.0			
45550	REPAIR RECTUM/REMOVE SIGMO	090	540	568	28	5%	24.8	27.26	2.46	10%	0			1.0	2.0			4.0	2.0		1.0			
45560	REPAIR OF RECTOCELE	090	367	382	15	4%	11.5	12.95	1.45	13%	0			1.0	1.0			2.0	1.0		1.0			
45562	EXPLORATION/REPAIR OF RECTUI	090	561	575	14	2%	17.98	20.98	3.00	17%	0			2.0	2.0			2.0	2.0	2.0	1.0			
45563	EXPLORATION/REPAIR OF RECTUI	090	636	646	10	2%	26.38	29.58	3.20	12%	0			2.0	2.0			2.0	3.0	2.0	1.0			
45800	REPAIR RECT/BLADDER FISTULA	090	570	582	12	2%	20.31	23.09	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0			
45805	REPAIR FISTULA W/COLOSTOMY	090	595	607	12	2%	23.32	26.10	2.78	12%	0			1.0	2.0			2.0	2.0	2.0	1.0			
45820	REPAIR RECTOURETHRAL FISTULA	090	480	494	14	3%	20.37	22.55	2.18	11%	0			1.0	2.0			2.0	3.0		1.0			
45825	REPAIR FISTULA W/COLOSTOMY	090	646	656	10	2%	24.17	27.37	3.20	13%	0			2.0	2.0			2.0	3.0	2.0	1.0			
45900	REDUCTION OF RECTAL PROLAPSI	010	219	217	-2	-1%	2.99	3.63	0.64	21%	0			1.0					1.0		1.0			
45905	DILATION OF ANAL SPHINCTER	010	130	132	2	2%	2.35	2.68	0.33	14%	0			1.0							0.5			
45910	DILATION OF RECTAL NARROWIN	010	130	132	2	2%	2.85	3.18	0.33	12%	0			1.0							0.5			
45915	REMOVE RECTAL OBSTRUCTION	010	145	147	2	1%	3.19	3.52	0.33	10%	0			1.0							0.5			
46040	INCISION OF RECTAL ABSCESS	090	184	195	11	6%	5.37	6.25	0.88	16%	0			2.0	1.0						0.5			
46045	INCISION OF RECTAL ABSCESS	090	197	206	9	5%	5.87	6.64	0.77	13%	0			1.0	1.0						1.0			
46050	INCISION OF ANAL ABSCESS	010	59	61	2	3%	1.24	1.46	0.22	18%	0			1.0										
46060	INCISION OF RECTAL ABSCESS	090	201	217	16	8%	6.37	7.36	0.99	16%	0			1.0	2.0						0.5			
46070	INCISION ANAL SEPTUM INFANT	090	74	77	3	4%	2.79	3.12	0.33	12%	0			1.5										
46080	INCISION OF ANAL SPHINCTER	010	99	100	1	1%	2.52	2.74	0.22	9%	0			0.5							0.5			
46083	INCISE EXTERNAL HEMORRHOID	010	51	53	2	4%	1.45	1.67	0.22	15%	0			1.0										
46200	REMOVAL OF ANAL FISSURE	090	171	178	7	4%	3.59	4.47	0.88	25%	0			3.5							0.5			
46220	EXCISE ANAL EXT TAG/PAPILLA	010	67	69	2	3%	1.61	1.83	0.22	14%	0			1.0										
46221	LIGATION OF HEMORRHOID(S)	010	68	75	7	10%	2.36	2.69	0.33	14%	0				1.0									
46230	REMOVAL OF ANAL TAGS	010	74	76	2	3%	2.62	2.84	0.22	8%	0			1.0										
46250	REMOVE EXT HEM GROUPS 2+	090	188	197	9	5%	4.25	4.91	0.66	16%	0			1.0	1.0						0.5			
46255	REMOVE INT/EXT HEM 1 GROUP	090	193	202	9	5%	4.96	5.62	0.66	13%	0			1.0	1.0						0.5			
46257	REMOVE IN/EX HEM GRP & FISS	090	203	212	9	4%	5.76	6.42	0.66	11%	0			1.0	1.0						0.5			
46258	REMOVE IN/EX HEM GRP W/FIST	090	241	257	16	7%	6.41	7.40	0.99	15%	0			1.0	2.0						0.5			
46260	REMOVE IN/EX HEM GROUPS 2+	090	208	217	9	4%	6.73	7.39	0.66	10%	0			1.0	1.0						0.5			
46261	REMOVE IN/EX HEM GRPS & FISS	090	241	257	16	7%	7.76	8.75	0.99	13%	0			1.0	2.0						0.5			

46262	REMOVE IN/EX HEM GRPS W/FIS	090	179	190	11	6%	7.91	8.79	0.88	11%	0			2.0	1.0						0.5			
46270	REMOVE ANAL FIST SUBQ	090	169	180	11	7%	4.92	5.80	0.88	18%	0			2.0	1.0						0.5			
46275	REMOVE ANAL FIST INTER	090	184	195	11	6%	5.42	6.30	0.88	16%	0			2.0	1.0						0.5			
46280	REMOVE ANAL FIST COMPLEX	090	199	210	11	6%	6.39	7.27	0.88	14%	0			2.0	1.0						0.5			
46285	REMOVE ANAL FIST 2 STAGE	090	184	195	11	6%	5.42	6.30	0.88	16%	0			2.0	1.0						0.5			
46288	REPAIR ANAL FISTULA	090	236	252	16	7%	7.81	8.80	0.99	13%	0			1.0	2.0						0.5			
46320	REMOVAL OF HEMORRHOID CLO	010	55	56	1	2%	1.64	1.75	0.11	7%	0			0.5										
46500	INJECTION INTO HEMORRHOID(S)	010	61	68	7	11%	1.74	2.07	0.33	19%	0				1.0									
46505	CHEMODENERVATION ANAL MUS	010	102	109	7	7%	3.18	3.62	0.44	14%	0				1.0						0.5			
46700	REPAIR OF ANAL STRICTURE	090	283.5	299.5	16	6%	9.81	10.80	0.99	10%	0			1.0	2.0						0.5			
46705	REPAIR OF ANAL STRICTURE	090	277	299	22	8%	7.43	9.14	1.71	23%	0			3.5				3.0			1.0			
46706	REPR OF ANAL FISTULA W/GLUE	010	100	102	2	2%	2.44	2.77	0.33	14%	0			1.0							0.5			
46707	REPAIR ANORECTAL FIST W/PLUG	090	187	198	11	6%	6.39	7.27	0.88	14%	0			2.0	1.0						0.5			
46710	REPR PER/VAG POUCH SNGL PRO	090	370	387	17	5%	17.14	18.68	1.54	9%	0			1.0	2.0			1.0	1.0		1.0			
46712	REPR PER/VAG POUCH DBL PROC	090	670	677	7	1%	36.45	38.99	2.54	7%	0			1.0	2.0			1.0	2.0	2.0	1.0			
46715	REP PERF ANOPER FISTU	090	265	282.5	17.5	7%	7.62	8.99	1.37	18%	0			2.5				2.5			1.0			
46716	REP PERF ANOPER/VESTIB FISTU	090	530	594	64	12%	17.54	20.37	2.83	16%	-10					5.0		2.0				1.0		
46730	CONSTRUCTION OF ABSENT ANUS	090	775	832	57	7%	30.65	34.46	3.81	12%	-12					6.0		1.0	2.0	1.0		1.0		
46735	CONSTRUCTION OF ABSENT ANUS	090	850	916	66	8%	36.14	40.23	4.09	11%	-12					6.0		3.0	3.0			1.0		
46740	CONSTRUCTION OF ABSENT ANUS	090	775	832	57	7%	33.9	37.71	3.81	11%	-12					6.0		1.0	2.0	1.0		1.0		
46742	REPAIR OF IMPERFORATED ANUS	090	895	953	58	6%	40.14	44.39	4.25	11%	-12					6.0		2.0	3.0	1.0		1.0		
46744	REPAIR OF CLOACAL ANOMALY	090	1303	1355	52	4%	58.94	63.99	5.05	9%	-12					6.0		2.0	3.0	3.0		1.0	2.0	
46746	REPAIR OF CLOACAL ANOMALY	090	1566	1625	59	4%	65.44	71.20	5.76	9%	-11					5.0	1.0	3.0	4.0	3.0		1.0	3.0	
46748	REPAIR OF CLOACAL ANOMALY	090	1686	1745	59	3%	71.42	77.18	5.76	8%	-11					5.0	1.0	3.0	4.0	3.0		1.0	3.0	
46750	REPAIR OF ANAL SPHINCTER	090	475	489	14	3%	12.15	14.33	2.18	18%	0			1.0	2.0			2.0	3.0		1.0			
46751	REPAIR OF ANAL SPHINCTER	090	299	321	22	7%	9.3	11.01	1.71	18%	0			3.5				3.0			1.0			
46753	RECONSTRUCTION OF ANUS	090	297	316	19	6%	8.89	10.14	1.25	14%	0			1.0	1.0			2.0			1.0			
46754	REMOVAL OF SUTURE FROM ANU	010	175	196	21	12%	3.01	4.35	1.34	45%	0			1.0	2.0			1.0			1.0			
46760	REPAIR OF ANAL SPHINCTER	090	676	699	23	3%	17.45	20.87	3.42	20%	-2			2.0	2.0	1.0		2.0	2.0	2.0	1.0			
46761	REPAIR OF ANAL SPHINCTER	090	410	423	13	3%	15.29	17.03	1.74	11%	0			1.0	2.0			1.0	2.0		1.0			
46900	DESTRUCTION ANAL LESION(S)	010	63	70	7	11%	1.91	2.24	0.33	17%	0				1.0									
46910	DESTRUCTION ANAL LESION(S)	010	73	75	2	3%	1.91	2.13	0.22	12%	0			1.0										
46916	CRYOSURGERY ANAL LESION(S)	010	67	69	2	3%	1.91	2.13	0.22	12%	0			1.0										
46917	LASER SURGERY ANAL LESIONS	010	73	75	2	3%	1.91	2.13	0.22	12%	0			1.0										
46922	EXCISION OF ANAL LESION(S)	010	83	85	2	2%	1.91	2.13	0.22	12%	0			1.0										
46924	DESTRUCTION ANAL LESION(S)	010	93	95	2	2%	2.81	3.03	0.22	8%	0			1.0										
46930	DESTROY INTERNAL HEMORRHOI	090	46	53	7	15%	1.61	1.94	0.33	20%	0				1.0									
46940	TREATMENT OF ANAL FISSURE	010	63	64	1	2%	2.35	2.46	0.11	5%	0			0.5										
46942	TREATMENT OF ANAL FISSURE	010	67	68	1	1%	2.07	2.18	0.11	5%	0			0.5										
46945	INT HRHC LIG 1 HROID W/O IMG	090	133	142	9	7%	3.69	4.35	0.66	18%	0			1.0	1.0						0.5			
46946	INT HRHC LIG 2+HROID W/O IMG	090	148	157	9	6%	4.5	5.16	0.66	15%	0			1.0	1.0						0.5			
46947	HEMORRHOIDOPEXY BY STAPLIN	090	170	179	9	5%	5.57	6.23	0.66	12%	0			1.0	1.0						0.5			
46948	INT HRHC TRANAL DARTLZJ 2+	090	163	172	9	6%	5.57	6.23	0.66	12%	0			1.0	1.0						0.5			
47010	HEPATOT OPN DRG ABSC/CST 1/2	090	645	653	8	1%	19.4	22.38	2.98	15%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
47015	LAPT ASPIR&/NJX HEP PRST CST	090	665	673	8	1%	18.5	21.48	2.98	16%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
47100	WEDGE BIOPSY OF LIVER	090	345	367	22	6%	12.91	14.69	1.78	14%	0			1.0	2.0			2.0	1.0		1.0			
47120	PARTIAL REMOVAL OF LIVER	090	803	815	12	1%	39.01	42.30	3.29	8%	-2			2.0	1.0	1.0		2.0	3.0	2.0	1.0		1.0	
47122	EXTENSIVE REMOVAL OF LIVER	090	1000	1008	8	1%	59.48	62.46	2.98	5%	0			1.0	2.0			2.0	3.0	2.0	1.0		3.0	
47125	PARTIAL REMOVAL OF LIVER	090	855	863	8	1%	53.04	56.02	2.98	6%	0			1.0	2.0			2.0	3.0	2.0	1.0		2.0	
47130	PARTIAL REMOVAL OF LIVER	090	870	878	8	1%	57.19	60.17	2.98	5%	0			1.0	2.0			2.0	3.0	2.0	1.0		2.0	
47135	TRANSPLANTATION OF LIVER	090	1648	1708	60	4%	90	97.03	7.03	8%	-13				1.0	6.0	1.0	1.0	3.0	6.0		1.0	2.0	1.0
47140	PARTIAL REMOVAL DONOR LIVER	090	1073	1088	15	1%	59.4	63.95	4.55	8%	0			1.0	3.0			3.0	2.0	5.0	1.0			
47141	PARTIAL REMOVAL DONOR LIVER	090	1101	1135	34	3%	71.5	76.02	4.52	6%	0			1.0	4.0			4.0	1.0	4.0	1.0			
47142	PARTIAL REMOVAL DONOR LIVER	090	1221	1256	35	3%	79.44	84.40	4.96	6%	0			1.0	4.0			5.0	2.0	4.0	1.0			
47300	SURGERY FOR LIVER LESION	090	605	617	12	2%	18.14	20.92	2.78	15%	0			1.0	2.0			2.0	2.0	2.0	1.0		1.0	
47350	REPAIR LIVER WOUND	090	575	582	7	1%	22.49	25.03	2.54	11%	0			1.0	2.0			1.0	2.0	2.0	1.0		1.0	
47360	REPAIR LIVER WOUND	090	857.5	865.5	8	1%	31.31	34.29	2.98	10%	0			1.0	2.0			2.0	3.0	2.0	1.0		3.0	
47361	REPAIR LIVER WOUND	090	1035	1045	10	1%	52.6	56.22	3.62	7%	0			1.0	2.0			3.0	3.0	3.0	1.0		4.0	
47362	REPAIR LIVER WOUND	090	880	893	13	1%	23.54	26.76	3.22	14%	0			1.0	2.0			3.0	3.0	2.0	1.0		4.0	
47370	LAPARO ABLATE LIVER TUMOR RF	090	450	467	17	4%	20.8	22.34	1.54	7%	0			1.0	2.0			1.0	1.0		1.0			
47371	LAPARO ABLATE LIVER CRYOSURG	090	455	472	17	4%	20.8	22.34	1.54	7%	0			1.0	2.0			1.0	1.0		1.0			
47380	OPEN ABLATE LIVER TUMOR RF	090	550	568	18	3%	24.56	26.54	1.98	8%	0			1.0	2.0			2.0	2.0		1.0			
47381	OPEN ABLATE LIVER TUMOR CRY	090	576	596	20	3%	24.88	27.08	2.20	9%	0			2.0	2.0			2.0	2.0		1.0			
47382	PERCUT ABLATE LIVER RF	010	265	267	2	1%	14.97	15.30	0.33	2%	0			1.0							0.5			
47383	PERQ ABLTJ LVR CRYOABLATION	010	196	198	2	1%	8.88	9.21	0.33	4%	0			1.0							0.5			
47400	INCISION OF LIVER DUCT	090	810	818	8	1%	36.36	39.34	2.98	8%	0			1.0	2.0			2.0	3.0	2.0	1.0		2.0	
47420	INCISION OF BILE DUCT	090	588	590	2	0%	22.03	24.46	2.43	11%	0			2.0	1.0			1.0	2.0	2.0	1.0			
47425	INCISION OF BILE DUCT	090	628	626	-2	0%	22.31	24.94	2.63	12%	0			2.0	1.0			1.0	3.0	2.0	1.0			
47460	INCISE BILE DUCT SPHINCTER	090	578	576	-2	0%	20.52	23.15	2.63	13%	0			2.0	1.0			1.0	3.0	2.0	1.0			
47480	INCISION OF GALLBLADDER	090	495	502	7	1%	13.25	15.79	2.54	19%	0			1.0	2.0			1.0	2.0	2.0	1.0			
47490	INCISION OF GALLBLADDER	010	133	143	10	8%	4.76	5.24	0.48	10%	0							2.0						
47562	LAPAROSCOPIC CHOLECYSTECTOI	090	251	267	16	6%	10.47	11.46	0.99	9%	0			1.0	2.0						0.5			
47563	LAPARO CHOLECYSTECTOMY/GRA	090	238	247	9	4%	11.47	12.13	0.66	6%	0			1.0	1.0						0.5			

47564	LAPARO CHOLECYSTECTOMY/EXP	090	415	428	13	3%	18	19.74	1.74	10%	0			1.0	2.0			1.0	2.0		1.0			
47600	CHOLECYSTECTOMY	090	475	485	10	2%	17.48	19.62	2.14	12%	0			1.0	2.0			1.0	2.0	1.0	1.0			
47605	CHOLECYSTECTOMY W/CHOLANG	090	490	500	10	2%	18.48	20.62	2.14	12%	0			1.0	2.0			1.0	2.0	1.0	1.0			
47610	REMOVAL OF GALLBLADDER	090	512	512	0	0%	20.92	23.13	2.21	11%	0			1.0	1.0			1.0	2.0	2.0	1.0			
47612	REMOVAL OF GALLBLADDER	090	597	593	-4	-1%	21.21	23.62	2.41	11%	0			1.0	1.0			1.0	3.0	2.0	1.0			
47620	REMOVAL OF GALLBLADDER	090	627	623	-4	-1%	23.07	25.48	2.41	10%	0			1.0	1.0			1.0	3.0	2.0	1.0			
47700	EXPLORATION OF BILE DUCTS	090	456	493	37	8%	16.5	18.93	2.43	15%	0			3.5				6.0			1.0			
47701	BILE DUCT REVISION	090	498	537.5	39.5	8%	28.73	31.28	2.55	9%	0			3.5				6.5			1.0			
47711	EXCISION OF BILE DUCT TUMOR	090	670	678	8	1%	25.9	28.88	2.98	12%	0			1.0	2.0			2.0	3.0	2.0	1.0			
47712	EXCISION OF BILE DUCT TUMOR	090	790	803	13	2%	33.72	36.94	3.22	10%	0			1.0	2.0			3.0	3.0	2.0	1.0		1.0	
47715	EXCISION OF BILE DUCT CYST	090	650	653	3	0%	21.55	24.29	2.74	13%	0			1.0	2.0			1.0	3.0	2.0	1.0			
47720	FUSE GALLBLADDER & BOWEL	090	520	527	7	1%	18.34	20.88	2.54	14%	0			1.0	2.0			1.0	2.0	2.0	1.0			
47721	FUSE UPPER GI STRUCTURES	090	610	618	8	1%	21.99	24.97	2.98	14%	0			1.0	2.0			2.0	3.0	2.0	1.0			
47740	FUSE GALLBLADDER & BOWEL	090	590	593	3	1%	21.23	23.97	2.74	13%	0			1.0	2.0			1.0	3.0	2.0	1.0			
47741	FUSE GALLBLADDER & BOWEL	090	640	648	8	1%	24.21	27.19	2.98	12%	0			1.0	2.0			2.0	3.0	2.0	1.0			
47760	FUSE BILE DUCTS AND BOWEL	090	759	783	24	3%	38.32	41.54	3.22	8%	-2				2.0	1.0		3.0	2.0	2.0	1.0		1.0	
47765	FUSE LIVER DUCTS & BOWEL	090	882	911	29	3%	52.19	55.65	3.46	7%	-2				2.0	1.0		4.0	2.0	2.0	1.0		1.0	
47780	FUSE BILE DUCTS AND BOWEL	090	799	823	24	3%	42.32	45.54	3.22	8%	-2				2.0	1.0		3.0	2.0	2.0	1.0		1.0	
47785	FUSE BILE DUCTS AND BOWEL	090	939	968	29	3%	56.19	59.65	3.46	6%	-2				2.0	1.0		4.0	2.0	2.0	1.0		1.0	
47800	RECONSTRUCTION OF BILE DUCTS	090	652.5	660.5	8	1%	26.17	29.15	2.98	11%	0			1.0	2.0			2.0	3.0	2.0	1.0			
47801	PLACEMENT BILE DUCT SUPPORT	090	525	532	7	1%	17.6	20.14	2.54	14%	0			1.0	2.0			1.0	2.0	2.0	1.0			
47900	SUTURE BILE DUCT INJURY	090	570	582	12	2%	22.44	25.22	2.78	12%	0			1.0	2.0			2.0	2.0	2.0	1.0			
48000	DRAINAGE OF ABDOMEN	090	743	751	8	1%	31.95	34.93	2.98	9%	0			1.0	2.0			2.0	3.0	2.0	1.0		2.0	
48001	PLACEMENT OF DRAIN PANCREAS	090	815.5	815.5	0	0%	39.69	42.83	3.14	8%	0			1.0	2.0			1.0	3.0	3.0	1.0		2.0	
48020	REMOVAL OF PANCREATIC STONE	090	678	686	8	1%	19.09	22.07	2.98	16%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
48100	BIOPSY OF PANCREAS OPEN	090	497.5	502.5	5	1%	14.46	16.91	2.45	17%	0			1.0	1.0			2.0	2.0	2.0	1.0			
48102	NEEDLE BIOPSY PANCREAS	010	120	121	1	1%	4.7	4.92	0.22	5%	0			0.5							0.5			
48105	RESECT/DEBRIDE PANCREAS	090	1220	1250.5	30.5	2%	49.26	55.18	5.92	12%	-2			1.0	2.0	1.0		7.5	5.0	4.0	1.0		3.0	
48120	REMOVAL OF PANCREAS LESION	090	595	596	1	0%	18.41	21.06	2.65	14%	0			1.0	1.0			2.0	3.0	2.0	1.0			
48140	PARTIAL REMOVAL OF PANCREAS	090	725	733	8	1%	26.32	29.30	2.98	11%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
48145	PARTIAL REMOVAL OF PANCREAS	090	762.5	770.5	8	1%	27.39	30.37	2.98	11%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
48146	PANCREATECTOMY	090	893	908	15	2%	30.6	33.91	3.31	11%	0			1.0	3.0			2.0	3.0	2.0	1.0		2.0	
48148	REMOVAL OF PANCREATIC DUCT	090	700	712	12	2%	20.39	23.17	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0		1.0	
48150	PARTIAL REMOVAL OF PANCREAS	090	1110	1133	23	2%	52.84	56.92	4.08	8%	-2			1.0	2.0	1.0		4.0	4.0	2.0	1.0		2.0	
48152	PANCREATECTOMY	090	1063	1085	22	2%	48.65	52.84	4.19	9%	0			1.0	3.0			4.0	3.0	3.0	1.0		2.0	
48153	PANCREATECTOMY	090	1078	1100	22	2%	52.79	56.98	4.19	8%	0			1.0	3.0			4.0	3.0	3.0	1.0		2.0	
48154	PANCREATECTOMY	090	1033	1050	17	2%	48.88	52.83	3.95	8%	0			1.0	3.0			3.0	3.0	3.0	1.0		2.0	
48155	REMOVAL OF PANCREAS	090	1043	1060	17	2%	29.45	33.40	3.95	13%	0			1.0	3.0			3.0	3.0	3.0	1.0		2.0	
48500	SURGERY OF PANCREATIC CYST	090	603	611	8	1%	18.16	21.14	2.98	16%	0			1.0	2.0			2.0	3.0	2.0	1.0			
48510	DRAIN PANCREATIC PSEUDOCYST	090	580.5	588.5	8	1%	17.19	20.17	2.98	17%	0			1.0	2.0			2.0	3.0	2.0	1.0			
48520	FUSE PANCREAS CYST AND BOWE	090	580	581	1	0%	18.15	20.80	2.65	15%	0			1.0	1.0			2.0	3.0	2.0	1.0			
48540	FUSE PANCREAS CYST AND BOWE	090	560	565	5	1%	21.94	24.39	2.45	11%	0			1.0	1.0			2.0	2.0	2.0	1.0			
48545	PANCREATORRHAPHY	090	773	782	9	1%	22.23	25.41	3.18	14%	0			1.0	2.0			2.0	2.0	3.0	1.0		2.0	
48547	DUODENAL EXCLUSION	090	903	912	9	1%	30.38	33.56	3.18	10%	0			1.0	2.0			2.0	2.0	3.0	1.0		3.0	
48548	FUSE PANCREAS AND BOWEL	090	765	773	8	1%	28.09	31.07	2.98	11%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
48554	TRANSPL ALLOGRAFT PANCREAS	090	1237	1337	100	8%	37.8	42.45	4.65	12%	-9				4.0	3.0	3.0							
48556	REMOVAL ALLOGRAFT PANCREAS	090	952	1011	59	6%	19.47	24.06	4.59	24%	-2				3.0	1.0		9.0	4.0		1.0			
49000	EXPLORATION OF ABDOMEN	090	304	328	24	8%	12.54	13.90	1.36	11%	0				2.0			2.0			1.0			
49002	REOPENING OF ABDOMEN	090	437	450	13	3%	17.63	19.92	2.29	13%	0			1.0	1.0			3.0	2.0	1.0	1.0			
49010	EXPLORATION BEHIND ABDOMEN	090	357	377	20	6%	16.06	17.75	1.69	11%	0			1.0	1.0			3.0	1.0		1.0			
49020	DRAINAGE ABDOM ABSCESS OPE	090	710	746	36	5%	26.67	30.59	3.92	15%	-2			1.0	2.0	1.0		5.0	2.0	2.0	1.0		1.0	
49040	DRAIN OPEN ABDOM ABSCESS	090	603	601	-2	0%	16.52	19.15	2.63	16%	0			2.0	1.0			1.0	3.0	2.0	1.0		1.0	
49060	DRAIN OPEN RETROPERI ABSCESS	090	563	565	2	0%	18.53	20.96	2.43	13%	0			2.0	1.0			1.0	2.0	2.0	1.0		1.0	
49062	DRAIN TO PERITONEAL CAVITY	090	334	358	24	7%	12.22	13.58	1.36	11%	0				2.0			2.0			1.0			
49186	OPN EXC/DSTR NTRA-ABD 5 CM/<	090	442	471	29	7%	22	23.98	1.98	9%	-2				2.0	1.0		2.0	1.0		1.0			
49187	OPN EXC/DSTR NTRA-ABD 5.1-10	090	542	568	26	5%	28.65	31.03	2.38	8%	-2				2.0	1.0		2.0	1.0	1.0	1.0			
49188	OPN EXC/DST NTRA-ABD 10.1-20	090	717	747	30	4%	34	37.10	3.10	9%	-2				3.0	1.0		1.0	2.0	2.0		1.0		
49189	OPN EXC/DST NTRA-ABD 20.1-30	090	814	849	35	4%	40	43.34	3.34	8%	-2				3.0	1.0		2.0	2.0	2.0		1.0		
49190	OPN EXC/DSTR NTRA-ABD >30 CM	090	1046	1069	23	2%	50	54.39	4.39	9%	-4				2.0	2.0		1.0	2.0	5.0		1.0		
49215	EXCISE SACRAL SPINE TUMOR	090	855	859	4	0%	37.81	40.62	2.81	7%	0				3.0				2.0	3.0	1.0		2.0	1.0
49250	EXCISION OF UMBILICUS	090	292	319.5	27.5	9%	9.01	10.86	1.85	21%	0			2.5				4.5			1.0			
49255	REMOVAL OF OMENTUM	090	345	386	41	12%	12.56	14.73	2.17	17%	0				3.0			4.0			1.0			
49320	DIAG LAPARO SEPARATE PROC	010	157	164	7	4%	5.14	5.58	0.44	9%	0				1.0						0.5			
49321	LAPAROSCOPY BIOPSY	010	201	213	12	6%	5.44	6.23	0.79	15%	0				1.0			1.0			1.0			
49322	LAPAROSCOPY ASPIRATION	010	133	140	7	5%	6.01	6.34	0.33	5%	0				1.0									
49323	LAPARO DRAIN LYMPHOCELE	090	299	318	19	6%	10.23	11.35	1.12	11%	0				2.0			1.0			1.0			
49324	LAP INSERT TUNNEL IP CATH	010	162	169	7	4%	6.32	6.76	0.44	7%	0				1.0						0.5			
49325	LAP REVISION PERM IP CATH	010	162	169	7	4%	6.82	7.26	0.44	6%	0				1.0						0.5			
49402	REMOVE FOREIGN BODY ADBOM	090	422	421	-1	0%	14.09	16.10	2.01	14%	0			1.0	1.0			1.0	3.0	1.0	1.0			
49419	INSERT TUN IP CATH W/PORT	090	231	243	12	5%	7.08	7.87	0.79	11%	0				1.0			1.0			1.0			
49425	INSERT ABDOMEN-VENOUS DRAI	090	367	403	36	10%	12.22	14.54	2.32	19%	0			3.0				6.0			1.0			
49426	REVISE ABDOMEN-VENOUS SHUN	090	330	362.5	32.5	10%	10.41	12.50	2.09	20%	0			2.5				5.5			1.0			
49428	LIGATION OF SHUNT	010	239.5	249.5	10	4%	6.87	8.08	1.21	18%	0			1.0	1.0			1.0	1.0		1.0			

49429	REMOVAL OF SHUNT	010	317	349	32	10%	7.44	9.32	1.88	25%	0			1.0				6.0			1.0			
49436	EMBEDDED IP CATH EXIT-SITE	010	93	95	2	2%	2.72	3.05	0.33	12%	0			1.0							0.5			
49440	PLACE GASTROSTOMY TUBE PERC	010	116	121	5	4%	3.93	4.17	0.24	6%	0							1.0						
49441	PLACE DUOD/JEJ TUBE PERC	010	123	128	5	4%	4.52	4.76	0.24	5%	0							1.0						
49442	PLACE CECOSTOMY TUBE PERC	010	108	113	5	5%	3.75	3.99	0.24	6%	0							1.0						
49491	RPR HERN PREEMIE REDUC	090	398	406	8	2%	12.53	13.92	1.39	11%	0			2.0	1.0					1.0	1.0		1.0	
49492	RPR ING HERN PREMIE BLOCKED	090	398	406	8	2%	15.43	16.82	1.39	9%	0			2.0	1.0					1.0	1.0		1.0	
49495	RPR ING HERNIA BABY REDUC	090	148	155	7	5%	6.2	6.53	0.33	5%	0				1.0									
49496	RPR ING HERNIA BABY BLOCKED	090	246	260	14	6%	9.42	10.08	0.66	7%	0				2.0									
49500	RPR ING HERNIA INIT REDUCE	090	178	187	9	5%	5.84	6.50	0.66	11%	0			1.0	1.0						0.5			
49501	RPR ING HERNIA INIT BLOCKED	090	232	246	14	6%	9.36	10.37	1.01	11%	0			1.0	1.0			1.0			1.0			
49505	PRP I/HERN INIT REDUC >5 YR	090	198	207	9	5%	7.96	8.62	0.66	8%	0			1.0	1.0						0.5			
49507	PRP I/HERN INIT BLOCK >5 YR	090	231	240	9	4%	9.09	9.75	0.66	7%	0			1.0	1.0						0.5			
49520	REREPAIR ING HERNIA REDUCE	090	185.5	194.5	9	5%	9.99	10.65	0.66	7%	0			1.0	1.0						0.5			
49521	REREPAIR ING HERNIA BLOCKED	090	251	260	9	4%	11.48	12.14	0.66	6%	0			1.0	1.0						0.5			
49525	REPAIR ING HERNIA SLIDING	090	193	202	9	5%	8.93	9.59	0.66	7%	0			1.0	1.0						0.5			
49540	REPAIR LUMBAR HERNIA	090	218	227	9	4%	10.74	11.40	0.66	6%	0			1.0	1.0						0.5			
49550	RPR REM HERNIA INIT REDUCE	090	193	202	9	5%	8.99	9.65	0.66	7%	0			1.0	1.0						0.5			
49553	RPR FEM HERNIA INIT BLOCKED	090	247	261	14	6%	9.92	10.93	1.01	10%	0			1.0	1.0			1.0			1.0			
49555	REREPAIR FEM HERNIA REDUCE	090	218	227	9	4%	9.39	10.05	0.66	7%	0			1.0	1.0						0.5			
49557	REREPAIR FEM HERNIA BLOCKED	090	262	276	14	5%	11.62	12.63	1.01	9%	0			1.0	1.0			1.0			1.0			
49600	REPAIR UMBILICAL LESION	090	286	311	25	9%	11.55	13.28	1.73	15%	0			2.5				4.0			1.0			
49605	REPAIR UMBILICAL LESION	090	1720	1746	26	2%	87.09	92.80	5.71	7%	-6					3.0		5.0	5.0	5.0		1.0	9.0	2.0
49606	REPAIR UMBILICAL LESION	090	297	314.5	17.5	6%	19	20.37	1.37	7%	0			2.5				2.5			1.0			
49610	REPAIR UMBILICAL LESION	090	282	299.5	17.5	6%	10.91	12.28	1.37	13%	0			2.5				2.5			1.0			
49611	REPAIR UMBILICAL LESION	090	270	287.5	17.5	6%	9.34	10.71	1.37	15%	0			2.5				2.5			1.0			
49650	LAP ING HERNIA REPAIR INIT	090	147	151	4	3%	6.36	6.80	0.44	7%	0			2.0										
49651	LAP ING HERNIA REPAIR RECUR	090	193	199	6	3%	8.38	9.04	0.66	8%	0			3.0										
49900	REPAIR OF ABDOMINAL WALL	090	567	658	91	16%	12.41	16.98	4.57	37%	0				3.0			14.0			1.0			2.0
49904	OMENTAL FLAP EXTRA-ABDOM	090	670	703	33	5%	22.35	25.69	3.34	15%	0			3.0	2.0			5.0	3.0		1.0			
49906	FREE OMENTAL FLAP MICROVASC	090	892	964	72	8%	0	3.90	3.90	#DIV/0!	0			2.0	4.0			8.0			1.0			
50010	RENAL EXPLORATION	090	341	377	36	11%	12.28	14.21	1.93	16%	0				3.0			3.0			1.0			
50020	DRG PERIRNL/RENAL ABSC OPEN	090	650	697	47	7%	18.08	22.10	4.02	22%	0				4.0			7.0	4.0		1.0			
50040	NFROS NFROT W/DRG	090	405	453	48	12%	16.68	19.18	2.50	15%	0				4.0			4.0			1.0			
50045	NEPHROTOMY W/EXPLORATION	090	382	420.5	38.5	10%	16.82	18.87	2.05	12%	0				3.0			3.5			1.0			
50060	NL REMOVAL CALCULUS	090	440	491	51	12%	20.95	23.60	2.65	13%	0				3.0			6.0			1.0			
50065	NL SEC SURG OPERJ CALCULUS	090	471	517	46	10%	22.32	24.73	2.41	11%	0				3.0			5.0			1.0			
50070	NL COMP CGEN KDN ABNORMAL	090	482	528	46	10%	21.85	24.26	2.41	11%	0				3.0			5.0			1.0			
50075	NL RMVL LG STAGHORN CALCULU	090	569.5	621.5	52	9%	27.09	29.79	2.70	10%	0				3.5			5.5			1.0			
50080	PERQ NL/PL LITHOTRP SMPL<2CM	090	244	258	14	6%	12.41	13.18	0.77	6%	0				2.0						0.5			
50081	PERQ NL/PL LITHOTRP CPLX>2CM	090	302	316	14	5%	20.91	21.68	0.77	4%	0				2.0						0.5			
50100	TRNSXJ/REPOS ABRRNT RNL VSLS	090	400	438.5	38.5	10%	17.45	19.50	2.05	12%	0				3.0			3.5			1.0			
50120	PYELOTOMY W/EXPLORATION	090	362	398	36	10%	17.21	19.14	1.93	11%	0				3.0			3.0			1.0			
50125	PYELOTOMY W/DRG PYELOSTOM	090	364	400	36	10%	17.82	19.75	1.93	11%	0				3.0			3.0			1.0			
50130	PYELOTOMY W/REMOVAL CALCU	090	427	473	46	11%	18.82	21.23	2.41	13%	0				3.0			5.0			1.0			
50205	RENAL BX SURG EXPOSURE KDN	090	324	353	29	9%	12.29	13.89	1.60	13%	0				2.0			3.0			1.0			
50220	REMOVE KIDNEY OPEN	090	432	478	46	11%	18.68	21.09	2.41	13%	0				3.0			5.0			1.0			
50225	REMOVAL KIDNEY OPEN COMPLE	090	512	563	51	10%	21.88	24.53	2.65	12%	0				3.0			6.0			1.0			
50230	REMOVAL KIDNEY OPEN RADICAL	090	573.5	631	57.5	10%	23.81	26.78	2.97	12%	0				2.5			8.0			1.0			
50234	REMOVAL OF KIDNEY & URETER	090	512	563	51	10%	24.05	26.70	2.65	11%	0				3.0			6.0			1.0			
50236	REMOVAL OF KIDNEY & URETER	090	570	633	63	11%	26.94	30.16	3.22	12%	0				4.0			7.0			1.0			
50240	NEPHRECTOMY PARTIAL	090	605	673	68	11%	24.21	27.67	3.46	14%	0				4.0			8.0			1.0			
50250	OPN ABLTJ 1/> RNL MAS CRYSRG	090	541	563	22	4%	22.22	25.06	2.84	13%	0			2.0	2.0			3.0	2.0	1.0	1.0			
50280	EXC/UNROOFING CYST KIDNEY	090	379	420	41	11%	17.09	19.26	2.17	13%	0				3.0			4.0			1.0			
50290	EXCISION PERINEPHRIC CYST	090	386	427	41	11%	16.15	18.32	2.17	13%	0				3.0			4.0			1.0			
50320	REMOVE KIDNEY LIVING DONOR	090	524	554	30	6%	22.43	24.71	2.28	10%	0			5.0				4.0			1.0			
50340	RECIPIENT NEPHRECTOMY	090	436.5	493.5	57	13%	14.04	16.98	2.94	21%	0				3.5			6.5			1.0			
50360	RNL ALTRNSPLJ W/O RCP NFRCT	090	774	805	31	4%	39.88	43.40	3.52	9%	-5				1.0	2.0	1.0	1.0	2.0	2.0	1.0			
50365	RNL ALTRNSPLJ W/RCP NFRCT	090	1446	1455	9	1%	46.13	52.02	5.89	13%	0				9.0				13.5		1.0		4.0	
50370	RMVL TRANSPLANTED RNL ALGRF	090	898	961	63	7%	18.88	22.10	3.22	17%	0				4.0			7.0			1.0		6.0	
50380	RNL AUTOTRNSPLJ RIMPLTJ KDN	090	1469	1478	9	1%	30.11	36.00	5.89	20%	0				9.0				13.5		1.0		4.0	
50400	REVISION OF KIDNEY/URETER	090	483	539	56	12%	21.27	24.16	2.89	14%	0				3.0			7.0			1.0			
50405	REVISION OF KIDNEY/URETER	090	550.5	610	59.5	11%	25.86	28.92	3.06	12%	0				3.5			7.0			1.0			
50500	REPAIR OF KIDNEY WOUND	090	463	514	51	11%	21.22	23.87	2.65	12%	0				3.0			6.0			1.0			
50520	CLOSE KIDNEY-SKIN FISTULA	090	465	516	51	11%	18.88	21.53	2.65	14%	0				3.0			6.0			1.0			
50525	CLOSE NEPHROVISCERAL FISTULA	090	569.5	636.5	67	12%	24.39	27.81	3.42	14%	0				3.5			8.5			1.0			
50526	CLOSE NEPHROVISCERAL FISTULA	090	624.5	699	74.5	12%	26.31	30.09	3.78	14%	0				3.5			10.0			1.0			
50540	REVISION OF HORSESHOE KIDNEY	090	421	452	31	7%	21.1	22.79	1.69	8%	0				3.0			2.0			1.0			
50541	LAPARO ABLATE RENAL CYST	090	319	343	24	8%	16.86	18.22	1.36	8%	0				2.0			2.0			1.0			
50542	LAPARO ABLATE RENAL MASS	090	449	468	19	4%	21.36	22.86	1.50	7%	-2				2.0	1.0			1.0		1.0			
50543	LAPARO PARTIAL NEPHRECTOMY	090	557	593	36	6%	27.41	29.72	2.31	8%	-2				3.0	1.0		2.0	1.0		1.0			
50544	LAPAROSCOPY PYELOPLASTY	090	459	488	29	6%	23.37	24.97	1.60	7%	0				2.0			3.0			1.0			
50545	LAPARO RADICAL NEPHRECTOMY	090	491	522	31	6%	25.06	26.75	1.69	7%	-2				1.0	1.0		3.0			1.0			

50546	LAPAROSCOPIC NEPHRECTOMY	090	466.5	504.5	38	8%	21.87	23.89	2.02	9%	-2				2.0	1.0		3.0			1.0			
50547	LAPARO REMOVAL DONOR KIDNE	090	501.5	525.5	24	5%	26.34	27.70	1.36	5%	0				2.0			2.0			1.0			
50548	LAPARO REMOVE W/URETER	090	494	523	29	6%	25.36	26.96	1.60	6%	0				2.0			3.0			1.0			
50562	RENAL SCOPE W/TUMOR RESECT	090	187.5	187.5	0	0%	10.9	11.01	0.11	1%	0										0.5			
50590	FRAGMENTING OF KIDNEY STONE	090	207	223	16	8%	9.77	10.76	0.99	10%	0			1.0	2.0						0.5			
50592	PERC RF ABLATE RENAL TUMOR	010	145	147	2	1%	6.55	6.88	0.33	5%	0			1.0							0.5			
50593	PERC CRYO ABLATE RENAL TUM	010	207	214	7	3%	8.88	9.32	0.44	5%	0				1.0						0.5			
50600	EXPLORATION OF URETER	090	361.5	401.5	40	11%	17.17	19.30	2.13	12%	0				2.5			4.5			1.0			
50605	INSERT URETERAL SUPPORT	090	361.5	401.5	40	11%	16.79	18.92	2.13	13%	0				2.5			4.5			1.0			
50610	REMOVAL OF URETER STONE	090	354.5	394.5	40	11%	17.25	19.38	2.13	12%	0				2.5			4.5			1.0			
50620	REMOVAL OF URETER STONE	090	330.5	368	37.5	11%	16.43	18.44	2.01	12%	0				2.5			4.0			1.0			
50630	REMOVAL OF URETER STONE	090	339.5	377	37.5	11%	16.21	18.22	2.01	12%	0				2.5			4.0			1.0			
50650	REMOVAL OF URETER	090	387	428	41	11%	18.82	20.99	2.17	12%	0				3.0			4.0			1.0			
50660	REMOVAL OF URETER	090	434	477.5	43.5	10%	21.02	23.31	2.29	11%	0				3.0			4.5			1.0			
50688	CHANGE OF URETER TUBE/STENT	010	52	53	1	2%	1.2	1.31	0.11	9%	0			0.5										
50700	REVISION OF URETER	090	415	458.5	43.5	10%	16.69	18.98	2.29	14%	0				3.0			4.5			1.0			
50715	RELEASE OF URETER	090	467	504	37	8%	20.64	23.01	2.37	11%	0				3.0			4.0	1.0		1.0			
50722	RELEASE OF URETER	090	423	471.5	48.5	11%	17.95	20.48	2.53	14%	0				3.0			5.5			1.0			
50725	RELEASE/REVISE URETER	090	486	539.5	53.5	11%	20.2	22.97	2.77	14%	0				3.0			6.5			1.0			
50727	REVISE URETER	090	225	241	16	7%	8.28	9.51	1.23	15%	0			2.0	1.0			1.0			1.0			
50728	REVISE URETER	090	286	314	28	10%	12.18	13.85	1.67	14%	0			1.0	3.0			1.0			1.0			
50740	FUSION OF URETER & KIDNEY	090	465	516	51	11%	20.07	22.72	2.65	13%	0				3.0			6.0			1.0			
50750	FUSION OF URETER & KIDNEY	090	507	560.5	53.5	11%	21.22	23.99	2.77	13%	0				3.0			6.5			1.0			
50760	URETEROURETEROSTOMY	090	451	502	51	11%	20.07	22.72	2.65	13%	0				3.0			6.0			1.0			
50770	SPLICING OF URETERS	090	489	542.5	53.5	11%	21.22	23.99	2.77	13%	0				3.0			6.5			1.0			
50780	REIMPLANT URETER IN BLADDER	090	413	461.5	48.5	12%	19.95	22.48	2.53	13%	0				3.0			5.5			1.0			
50782	REIMPLANT URETER IN BLADDER	090	384	415	31	8%	19.66	21.35	1.69	9%	0				3.0			2.0			1.0			
50783	REIMPLANT URETER IN BLADDER	090	427	460	33	8%	20.7	22.61	1.91	9%	0			1.0	3.0			2.0			1.0			
50785	REIMPLANT URETER IN BLADDER	090	485	538.5	53.5	11%	22.23	25.00	2.77	12%	0				3.0			6.5			1.0			
50800	IMPLANT URETER IN BOWEL	090	470.5	527.5	57	12%	16.41	19.35	2.94	18%	0				3.5			6.5			1.0			
50810	FUSION OF URETER & BOWEL	090	731.5	810.5	79	11%	22.61	26.60	3.99	18%	0				4.5			9.5			1.0			
50815	URINE SHUNT TO INTESTINE	090	630	703	73	12%	22.26	25.96	3.70	17%	0				4.0			9.0			1.0			
50820	CONSTRUCT BOWEL BLADDER	090	606.5	676	69.5	11%	24.07	27.61	3.54	15%	0				3.5			9.0			1.0			
50825	CONSTRUCT BOWEL BLADDER	090	761	841.5	80.5	11%	30.68	34.74	4.06	13%	0				4.0			10.5			1.0			
50830	REVISE URINE FLOW	090	761	841.5	80.5	11%	33.77	37.83	4.06	12%	0				4.0			10.5			1.0			
50840	REPLACE URETER BY BOWEL	090	678	753.5	75.5	11%	22.39	26.21	3.82	17%	0				4.0			9.5			1.0			
50845	APPENDICO-VESICOSTOMY	090	613	673	60	10%	22.46	25.53	3.07	14%	0				5.0			5.0			1.0			
50860	TRANSPLANT URETER TO SKIN	090	434	487.5	53.5	12%	17.08	19.85	2.77	16%	0				3.0			6.5			1.0			
50900	REPAIR OF URETER	090	363	404	41	11%	15.04	17.21	2.17	14%	0				3.0			4.0			1.0			
50920	CLOSURE URETER/SKIN FISTULA	090	409	452.5	43.5	11%	15.81	18.10	2.29	14%	0				3.0			4.5			1.0			
50930	CLOSURE URETER/BOWEL FISTUL	090	438	481.5	43.5	10%	20.19	22.48	2.29	11%	0				3.0			4.5			1.0			
50940	RELEASE OF URETER	090	383	424	41	11%	15.93	18.10	2.17	14%	0				3.0			4.0			1.0			
50945	LAPAROSCOPY URETEROLITHOTO	090	341.5	370.5	29	8%	17.97	19.57	1.60	9%	0				2.0			3.0			1.0			
50947	LAPARO NEW URETER/BLADDER	090	512	548	36	7%	25.78	27.71	1.93	7%	0				3.0			3.0			1.0			
50948	LAPARO NEW URETER/BLADDER	090	506	524	18	4%	23.82	25.43	1.61	7%	-2				1.0	1.0		1.0		1.0	1.0			
51020	CYSTOTOMY/CYSTOSTOMY W/FU	090	266.5	291.5	25	9%	7.69	9.10	1.41	18%	0				2.5			1.5			1.0			
51040	INCISE & DRAIN BLADDER	090	139	143	4	3%	4.49	5.04	0.55	12%	0			2.0							0.5			
51045	INCISE BLADDER/DRAIN URETER	090	271.5	299	27.5	10%	7.81	9.34	1.53	20%	0				2.5			2.0			1.0			
51050	REMOVAL OF BLADDER STONE	090	276	307.5	31.5	11%	7.97	9.69	1.72	22%	0				2.0			3.5			1.0			
51060	REMOVAL OF URETER STONE	090	319.5	349.5	30	9%	9.95	11.60	1.65	17%	0				2.5			2.5			1.0			
51065	REMOVE URETER CALCULUS	090	318.5	348.5	30	9%	9.95	11.60	1.65	17%	0				2.5			2.5			1.0			
51080	DRAINAGE OF BLADDER ABSCESS	090	238	257	19	8%	6.71	7.83	1.12	17%	0				2.0			1.0			1.0			
51500	REMOVAL OF BLADDER CYST	090	290.5	313	22.5	8%	11.05	12.34	1.29	12%	0				2.5			1.0			1.0			
51520	REMOVAL OF BLADDER LESION	090	271.5	294	22.5	8%	10.21	11.50	1.29	13%	0				2.5			1.0			1.0			
51525	REMOVAL OF BLADDER LESION	090	386.5	431.5	45	12%	15.42	17.79	2.37	15%	0				2.5			5.5			1.0			
51530	REMOVAL OF BLADDER LESION	090	357.5	397.5	40	11%	13.71	15.84	2.13	15%	0				2.5			4.5			1.0			
51535	REPAIR OF URETER LESION	090	374.5	414.5	40	11%	13.9	16.03	2.13	15%	0				2.5			4.5			1.0			
51550	PARTIAL REMOVAL OF BLADDER	090	419.5	469.5	50	12%	17.23	19.84	2.61	15%	0				2.5			6.5			1.0			
51555	PARTIAL REMOVAL OF BLADDER	090	534	597.5	63.5	12%	23.18	26.43	3.25	14%	0				3.0			8.5			1.0			
51565	REVISE BLADDER & URETER(S)	090	571.5	636	64.5	11%	23.68	26.98	3.30	14%	0				3.5			8.0			1.0			
51570	REMOVAL OF BLADDER	090	710	773.5	63.5	9%	27.46	30.71	3.25	12%	0				3.0			8.5			1.0		2.5	
51575	REMOVAL OF BLADDER & NODES	090	863.5	945.5	82	9%	34.18	38.32	4.14	12%	0				3.5			11.5			1.0		2.5	
51580	REMOVE BLADDER/REVISE TRACT	090	987.5	1086.5	99	10%	35.37	40.32	4.95	14%	0				4.5			13.5			1.0		2.5	
51585	REMOVAL OF BLADDER & NODES	090	1073.5	1177.5	104	10%	39.64	44.83	5.19	13%	0				4.5			14.5			1.0		2.5	
51590	REMOVE BLADDER/REVISE TRACT	090	990.5	1070	79.5	8%	36.33	40.35	4.02	11%	0				3.5			11.0			1.0		2.5	
51595	REMOVE BLADDER/REVISE TRACT	090	1039	1137	98	9%	41.32	46.22	4.90	12%	0				4.0			14.0			1.0		2.5	
51596	REMOVE BLADDER/CREATE POUC	090	1231	1346	115	9%	44.26	49.97	5.71	13%	0				5.0			16.0			1.0		2.5	
51597	REMOVAL OF PELVIC STRUCTURE	090	1023	1093	70	7%	42.86	48.37	5.51	13%	0				5.0			11.0	5.0		1.0			
51800	REVISION OF BLADDER/URETHRA	090	434	477.5	43.5	10%	18.89	21.18	2.29	12%	0				3.0			4.5			1.0			
51820	REVISION OF URINARY TRACT	090	511.5	561	49.5	10%	19.59	22.17	2.58	13%	0				3.5			5.0			1.0			
51840	ATTACH BLADDER/URETHRA	090	319	346.5	27.5	9%	11.36	13.21	1.85	16%	0			2.5				4.5			1.0			
51841	ATTACH BLADDER/URETHRA	090	354	381.5	27.5	8%	13.68	15.53	1.85	14%	0			2.5				4.5			1.0			
51845	REPAIR BLADDER NECK	090	265	282.5	17.5	7%	10.15	11.52	1.37	13%	0			2.5				2.5			1.0			

51860	REPAIR OF BLADDER WOUND	090	308	332.5	24.5	8%	12.6	14.43	1.83	15%	0			3.5				3.5			1.0			
51865	REPAIR OF BLADDER WOUND	090	398	430	32	8%	15.8	17.99	2.19	14%	0			3.5				5.0			1.0			
51880	REPAIR OF BLADDER OPENING	090	216	225	9	4%	7.87	8.77	0.90	11%	0			2.0				1.0			1.0			
51900	REPAIR BLADDER/VAGINA LESION	090	487	538	51	10%	14.63	17.28	2.65	18%	0				3.0			6.0			1.0			
51920	CLOSE BLADDER-UTERUS FISTULA	090	458	506.5	48.5	11%	13.41	15.94	2.53	19%	0				3.0			5.5			1.0			
51925	HYSTERECTOMY/BLADDER REPAI	090	536.5	596	59.5	11%	17.53	20.59	3.06	17%	0				3.5			7.0			1.0			
51940	CORRECTION OF BLADDER DEFEC	090	671.5	743.5	72	11%	30.66	34.32	3.66	12%	0				3.5			9.5			1.0			
51960	REVISION OF BLADDER & BOWEL	090	663	738.5	75.5	11%	25.4	29.22	3.82	15%	0				4.0			9.5			1.0			
51980	CONSTRUCT BLADDER OPENING	090	320.5	355.5	35	11%	12.57	14.46	1.89	15%	0				2.5			3.5			1.0			
51990	LAPARO URETHRAL SUSPENSION	090	324	348	24	7%	13.36	14.72	1.36	10%	0				2.0			2.0			1.0			
51992	LAPARO SLING OPERATION	090	324	348	24	7%	14.87	16.23	1.36	9%	0				2.0			2.0			1.0			
52301	CYSTOSCOPY AND TREATMENT	000	183	183	0	0%	5.5	5.72	0.22	4%	0										1.0			
52400	CYSTOURETERO W/CONGEN REPF	090	197.5	199.5	2	1%	8.69	9.02	0.33	4%	0			1.0							0.5			
52450	INCISION OF PROSTATE	090	209	230	21	10%	7.78	8.88	1.10	14%	0				3.0						0.5			
52500	REVISION OF BLADDER NECK	090	230.5	251.5	21	9%	8.14	9.24	1.10	14%	0				3.0						0.5			
52601	PROSTATECTOMY (TURP)	090	236	250	14	6%	13.16	13.93	0.77	6%	0				2.0						0.5			
52630	REMOVE PROSTATE REGROWTH	090	222	233	11	5%	6.55	7.43	0.88	13%	0			2.0	1.0						0.5			
52640	RELIEVE BLADDER CONTRACTURE	090	184	200	16	9%	4.79	5.78	0.99	21%	0			1.0	2.0						0.5			
52647	LASER SURGERY OF PROSTATE	090	219	240	21	10%	11.3	12.29	0.99	9%	0				3.0									
52648	LASER SURGERY OF PROSTATE	090	249	270	21	8%	12.15	13.14	0.99	8%	0				3.0									
52649	PROSTATE LASER ENUCLEATION	090	279	295	16	6%	14.56	15.55	0.99	7%	0			1.0	2.0						0.5			
52700	DRAINAGE OF PROSTATE ABSCESS	090	201	217.5	16.5	8%	7.49	8.49	1.00	13%	0				2.0			0.5			1.0			
53000	INCISION OF URETHRA	010	138	140	2	1%	2.33	2.77	0.44	19%	0			1.0							1.0			
53010	INCISION OF URETHRA	090	228	249.5	21.5	9%	4.45	5.69	1.24	28%	0				2.0			1.5			1.0			
53040	DRAINAGE OF URETHRA ABSCESS	090	179	185.5	6.5	4%	6.55	7.33	0.78	12%	0			2.0				0.5			1.0			
53060	DRAINAGE OF URETHRA ABSCESS	010	68	70	2	3%	2.68	2.90	0.22	8%	0			1.0										
53080	DRAINAGE OF URINARY LEAKAGE	090	193	207	14	7%	6.92	7.80	0.88	13%	0				2.0						1.0			
53085	DRAINAGE OF URINARY LEAKAGE	090	254.5	277	22.5	9%	11.18	12.47	1.29	11%	0				2.5			1.0			1.0			
53210	REMOVAL OF URETHRA	090	325.5	358	32.5	10%	13.72	15.49	1.77	13%	0				2.5			3.0			1.0			
53215	REMOVAL OF URETHRA	090	371.5	409	37.5	10%	16.85	18.86	2.01	12%	0				2.5			4.0			1.0			
53220	TREATMENT OF URETHRA LESION	090	201	215	14	7%	7.63	8.51	0.88	12%	0				2.0						1.0			
53230	REMOVAL OF URETHRA LESION	090	267.5	287.5	20	7%	10.44	11.61	1.17	11%	0				2.5			0.5			1.0			
53235	REMOVAL OF URETHRA LESION	090	281.5	301.5	20	7%	10.99	12.16	1.17	11%	0				2.5			0.5			1.0			
53240	SURGERY FOR URETHRA POUCH	090	199	213	14	7%	7.08	7.96	0.88	12%	0				2.0						1.0			
53250	REMOVAL OF URETHRA GLAND	090	153	167	14	9%	6.52	7.18	0.66	10%	0				2.0									
53260	TREATMENT OF URETHRA LESION	010	74	76	2	3%	3.03	3.25	0.22	7%	0			1.0										
53265	TREATMENT OF URETHRA LESION	010	76	78	2	3%	3.17	3.39	0.22	7%	0			1.0										
53270	REMOVAL OF URETHRA GLAND	010	93	95	2	2%	3.14	3.47	0.33	11%	0			1.0							0.5			
53275	REPAIR OF URETHRA DEFECT	010	121	123	2	2%	4.57	4.90	0.33	7%	0			1.0							0.5			
53400	REVISE URETHRA STAGE 1	090	343	381.5	38.5	11%	14.13	16.18	2.05	15%	0				3.0			3.5			1.0			
53405	REVISE URETHRA STAGE 2	090	330	361	31	9%	15.66	17.35	1.69	11%	0				3.0			2.0			1.0			
53410	RECONSTRUCTION OF URETHRA	090	364	397.5	33.5	9%	17.68	19.49	1.81	10%	0				3.0			2.5			1.0			
53415	RECONSTRUCTION OF URETHRA	090	424	460	36	8%	20.7	22.63	1.93	9%	0				3.0			3.0			1.0			
53420	RECONSTRUCT URETHRA STAGE 1	090	340.5	370.5	30	9%	15.17	16.82	1.65	11%	0				2.5			2.5			1.0			
53425	RECONSTRUCT URETHRA STAGE 2	090	349.5	379.5	30	9%	17.07	18.72	1.65	10%	0				2.5			2.5			1.0			
53430	RECONSTRUCTION OF URETHRA	090	344.5	374.5	30	9%	17.43	19.08	1.65	9%	0				2.5			2.5			1.0			
53431	RECONSTRUCT URETHRA/BLADDE	090	426	462	36	8%	21.18	23.11	1.93	9%	0				3.0			3.0			1.0			
53440	MALE SLING PROCEDURE	090	248	264	16	6%	13.36	14.35	0.99	7%	0			1.0	2.0						0.5			
53442	REMOVE/REVISE MALE SLING	090	395	415	20	5%	13.49	15.43	1.94	14%	0				4.0				2.0		1.0			
53444	INSERT TANDEM CUFF	090	320	341	21	7%	14.19	15.53	1.34	9%	0			1.0	2.0			1.0			1.0			
53445	INSERT URO/VES NCK SPHINCTER	090	314	337	23	7%	13	14.32	1.32	10%	0			1.0	3.0						0.5			
53446	REMOVE URO SPHINCTER	090	300	321	21	7%	11.02	12.36	1.34	12%	0			1.0	2.0			1.0			1.0			
53447	REMOVE/REPLACE UR SPHINCTER	090	340	361	21	6%	14.28	15.62	1.34	9%	0			1.0	2.0			1.0			1.0			
53448	REMOV/REPLC UR SPHINCTR CON	090	564	604	40	7%	23.44	26.34	2.90	12%	-2				2.0	1.0		5.0	2.0		1.0			
53449	REPAIR URO SPHINCTER	090	280.5	300.5	20	7%	10.56	11.73	1.17	11%	0				2.5			0.5			1.0			
53450	REVISION OF URETHRA	090	202	216	14	7%	6.77	7.65	0.88	13%	0				2.0						1.0			
53460	REVISION OF URETHRA	090	205	219	14	7%	7.75	8.63	0.88	11%	0				2.0						1.0			
53500	URETHRLYS TRANSVAG W/ SCOPE	090	289	310	21	7%	13	14.34	1.34	10%	0			1.0	2.0			1.0			1.0			
53502	REPAIR OF URETHRA INJURY	090	212	226	14	7%	8.26	9.14	0.88	11%	0				2.0						1.0			
53505	REPAIR OF URETHRA INJURY	090	218	232	14	6%	8.26	9.14	0.88	11%	0				2.0						1.0			
53510	REPAIR OF URETHRA INJURY	090	270.5	290.5	20	7%	10.96	12.13	1.17	11%	0				2.5			0.5			1.0			
53515	REPAIR OF URETHRA INJURY	090	322.5	345	22.5	7%	14.22	15.51	1.29	9%	0				2.5			1.0			1.0			
53520	REPAIR OF URETHRA DEFECT	090	250.5	268	17.5	7%	9.48	10.53	1.05	11%	0				2.5						1.0			
53850	PROSTATIC MICROWAVE THERM(	090	151	172	21	14%	5.42	6.41	0.99	18%	0				3.0									
53852	PROSTATIC RF THERMOTX	090	142	163	21	15%	5.93	6.92	0.99	17%	0				3.0									
53854	TRURL DSTRJ PRST8 TISS RF WV	090	137	158	21	15%	5.93	6.92	0.99	17%	0				3.0									
53860	TRANSURETHRAL RF TREATMENT	090	98	112	14	14%	3.97	4.63	0.66	17%	0				2.0									
54000	SLITTING OF PREPUCE	010	54	56	2	4%	1.59	1.81	0.22	14%	0			1.0										
54001	SLITTING OF PREPUCE	010	69	71	2	3%	2.24	2.46	0.22	10%	0			1.0										
54015	DRAIN PENIS LESION	010	119	121	2	2%	5.36	5.69	0.33	6%	0			1.0							0.5			
54050	DESTRUCTION PENIS LESION(S)	010	54	56	2	4%	1.29	1.51	0.22	17%	0			1.0										
54055	DESTRUCTION PENIS LESION(S)	010	44	45	1	2%	1.25	1.36	0.11	9%	0			0.5										
54056	CRYOSURGERY PENIS LESION(S)	010	56	58	2	4%	1.29	1.51	0.22	17%	0			1.0										

54057	LASER SURG PENIS LESION(S)	010	73	75	2	3%	1.29	1.51	0.22	17%	0			1.0									
54060	EXCISION OF PENIS LESION(S)	010	66	68	2	3%	1.98	2.20	0.22	11%	0			1.0									
54065	DESTRUCTION PENIS LESION(S)	010	68	70	2	3%	2.47	2.69	0.22	9%	0			1.0									
54105	BIOPSY OF PENIS	010	102	104	2	2%	3.54	3.76	0.22	6%	0			1.0									
54110	TREATMENT OF PENIS LESION	090	256.5	274	17.5	7%	10.92	11.97	1.05	10%	0				2.5						1.0		
54111	TREAT PENIS LESION GRAFT	090	318.5	338.5	20	6%	14.42	15.59	1.17	8%	0				2.5			0.5			1.0		
54112	TREAT PENIS LESION GRAFT	090	368	396.5	28.5	8%	16.98	18.55	1.57	9%	0				3.0			1.5			1.0		
54115	TREATMENT OF PENIS LESION	090	207.5	225	17.5	8%	6.95	8.00	1.05	15%	0				2.5						1.0		
54120	PARTIAL REMOVAL OF PENIS	090	272.5	300	27.5	10%	11.01	12.54	1.53	14%	0				2.5			2.0			1.0		
54125	REMOVAL OF PENIS	090	298.5	326	27.5	9%	14.56	16.09	1.53	10%	0				2.5			2.0			1.0		
54130	REMOVE PENIS & NODES	090	502.5	552	49.5	10%	21.84	24.42	2.58	12%	0				3.5			5.0			1.0		
54135	REMOVE PENIS & NODES	090	599.5	654	54.5	9%	28.17	30.99	2.82	10%	0				3.5			6.0			1.0		
54160	CIRCUMCISION NEONATE	010	83	85	2	2%	2.53	2.75	0.22	9%	0			1.0									
54161	CIRCUM 28 DAYS OR OLDER	010	88	90	2	2%	3.32	3.54	0.22	7%	0			1.0									
54162	LYSIS PENIL CIRCUMIC LESION	010	107	114	7	7%	3.32	3.76	0.44	13%	0				1.0						0.5		
54163	REPAIR OF CIRCUMCISION	010	107	114	7	7%	3.32	3.76	0.44	13%	0				1.0						0.5		
54164	FRENULOTOMY OF PENIS	010	97	104	7	7%	2.82	3.26	0.44	16%	0				1.0						0.5		
54200	INJECTION PX PEYRONIE DS	010	71	73	2	3%	1.11	1.33	0.22	20%	0			1.0									
54205	NJX PX PEYRONIE DS EXPS PLAQ	090	262.5	290	27.5	10%	8.97	10.50	1.53	17%	0				2.5			2.0			1.0		
54300	REVISION OF PENIS	090	268.5	286	17.5	7%	11.2	12.14	0.94	8%	0				2.5						0.5		
54304	REVISION OF PENIS	090	273.5	291	17.5	6%	13.28	14.22	0.94	7%	0				2.5						0.5		
54308	RECONSTRUCTION OF URETHRA	090	234.5	252	17.5	7%	12.62	13.45	0.83	7%	0				2.5								
54312	RECONSTRUCTION OF URETHRA	090	317	338	21	7%	14.51	15.61	1.10	8%	0				3.0						0.5		
54316	RECONSTRUCTION OF URETHRA	090	401	434.5	33.5	8%	18.05	19.86	1.81	10%	0				3.0			2.5			1.0		
54318	RECONSTRUCTION OF URETHRA	090	309	340	31	10%	12.43	14.12	1.69	14%	0				3.0			2.0			1.0		
54322	RECONSTRUCTION OF URETHRA	090	307.5	332.5	25	8%	13.98	15.39	1.41	10%	0				2.5			1.5			1.0		
54324	RECONSTRUCTION OF URETHRA	090	374	407.5	33.5	9%	17.55	19.36	1.81	10%	0				3.0			2.5			1.0		
54326	RECONSTRUCTION OF URETHRA	090	437	473	36	8%	17.02	18.95	1.93	11%	0				3.0			3.0			1.0		
54328	REVISE PENIS/URETHRA	090	395	428.5	33.5	8%	16.89	18.70	1.81	11%	0				3.0			2.5			1.0		
54332	REVISE PENIS/URETHRA	090	421	457	36	9%	18.37	20.30	1.93	11%	0				3.0			3.0			1.0		
54336	REVISE PENIS/URETHRA	090	450.5	495	44.5	10%	21.62	23.96	2.34	11%	0				3.5			4.0			1.0		
54340	RPR HYPSPAD COMP SIMPLE	090	234.5	252	17.5	7%	9.71	10.65	0.94	10%	0				2.5						0.5		
54344	RRP HYPSPAD COMP MOBLJ&UR	090	371	399.5	28.5	8%	17.06	18.63	1.57	9%	0				3.0			1.5			1.0		
54348	RPR HYPSPAD COMP DSJ & URTP	090	408	439	31	8%	18.32	20.01	1.69	9%	0				3.0			2.0			1.0		
54352	REVJ PRIOR HYPSPAD REPAIR	090	497.5	534.5	37	7%	26.13	28.11	1.98	8%	0				3.5			2.5			1.0		
54360	PENIS PLASTIC SURGERY	090	280.5	300.5	20	7%	12.78	13.95	1.17	9%	0				2.5			0.5			1.0		
54380	REPAIR PENIS	090	337	360.5	23.5	7%	14.18	15.51	1.33	9%	0				3.0			0.5			1.0		
54385	REPAIR PENIS	090	424.5	451.5	27	6%	16.56	18.06	1.50	9%	0				3.5			0.5			1.0		
54390	REPAIR PENIS AND BLADDER	090	464.5	491.5	27	6%	22.77	24.27	1.50	7%	0				3.5			0.5			1.0		
54400	INSERT SEMI-RIGID PROSTHESIS	090	237	244.5	7.5	3%	9.17	10.06	0.89	10%	0			2.5				0.5			1.0		
54401	INSERT SELF-CONTD PROSTHESIS	090	248	271	23	9%	10.44	11.63	1.19	11%	-2				2.0	1.0					0.5		
54405	INSERT MULTI-COMP PENIS PROS	090	272.5	290	17.5	6%	14.52	15.46	0.94	6%	0				2.5						0.5		
54406	REMOVE MUTI-COMP PENIS PRO	090	295	316	21	7%	12.89	14.23	1.34	10%	0			1.0	2.0			1.0			1.0		
54408	REPAIR MULTI-COMP PENIS PROS	090	334	362	28	8%	13.91	15.45	1.54	11%	-2				2.0	1.0		1.0			1.0		
54410	REMOVE/REPLACE PENIS PROSTH	090	329	352	23	7%	15.18	16.50	1.32	9%	0			1.0	3.0						0.5		
54411	REMOV/REPLC PENIS PROS COMP	090	580	622	42	7%	18.35	21.47	3.12	17%	-2			1.0	2.0	1.0		5.0	2.0		1.0		
54415	REMOVE SELF-CONTD PENIS PRO	090	221	237	16	7%	8.88	9.87	0.99	11%	0			1.0	2.0						0.5		
54416	REMV/REPL PENIS CONTAIN PRO	090	315	345	30	10%	12.08	13.84	1.76	15%	-2			1.0	2.0	1.0		1.0			1.0		
54417	REMV/REPLC PENIS PROS COMPL	090	465	495	30	6%	16.1	18.65	2.55	16%	-2			1.0	1.0	1.0		4.0	2.0		1.0		
54420	REVISION OF PENIS	090	324.5	349.5	25	8%	12.39	13.80	1.41	11%	0				2.5			1.5			1.0		
54430	REVISION OF PENIS	090	273.5	296	22.5	8%	11.06	12.35	1.29	12%	0				2.5			1.0			1.0		
54435	REVISION OF PENIS	090	193	209.5	16.5	9%	6.81	7.81	1.00	15%	0				2.0			0.5			1.0		
54437	REPAIR CORPOREAL TEAR	090	264	287	23	9%	11.5	12.93	1.43	12%	0			1.0	3.0						1.0		
54440	REPAIR OF PENIS	090	386	407	21	5%	0	1.60	1.60	#DIV/0!	0			3.0				3.0			1.0		
54505	BIOPSY OF TESTIS	010	97	99	2	2%	3.5	3.72	0.22	6%	0			1.0									
54512	EXCISE LESION TESTIS	090	216	235	19	9%	9.33	10.23	0.90	10%	0				2.0			1.0					
54520	REMOVAL OF TESTIS	090	144	147	3	2%	5.3	5.74	0.44	8%	0			1.5							0.5		
54522	ORCHIECTOMY PARTIAL	090	211	230	19	9%	10.25	11.15	0.90	9%	0				2.0			1.0					
54530	REMOVAL OF TESTIS	090	246.5	257.5	11	4%	8.46	9.34	0.88	10%	0			2.0	1.0						0.5		
54535	EXTENSIVE TESTIS SURGERY	090	298.5	326	27.5	9%	13.19	14.72	1.53	12%	0				2.5			2.0			1.0		
54550	EXPLORATION FOR TESTIS	090	228	242	14	6%	8.41	9.29	0.88	10%	0				2.0						1.0		
54560	EXPLORATION FOR TESTIS	090	303.5	328.5	25	8%	12.1	13.51	1.41	12%	0				2.5			1.5			1.0		
54600	REDUCE TESTIS TORSION	090	202	216	14	7%	7.64	8.52	0.88	12%	0				2.0						1.0		
54620	SUSPENSION OF TESTIS	010	127	134	7	6%	5.21	5.65	0.44	8%	0				1.0						0.5		
54640	ORCHIOPEXY INGUN/SCROT APPR	090	162	169	7	4%	7.73	8.17	0.44	6%	0				1.0						0.5		
54650	ORCHIOPEXY (FOWLER-STEPHENS	090	301	322	21	7%	12.39	13.38	0.99	8%	0				3.0								
54660	REVISION OF TESTIS	090	163	177	14	9%	5.74	6.51	0.77	13%	0				2.0						0.5		
54670	REPAIR TESTIS INJURY	090	230	240	10	4%	6.65	7.66	1.01	15%	0			2.5				1.0			1.0		
54680	RELOCATION OF TESTIS(ES)	090	364.5	407	42.5	12%	14.04	16.29	2.25	16%	0				2.5			5.0			1.0		
54690	LAPAROSCOPY ORCHIECTOMY	090	329	348	19	6%	11.7	12.82	1.12	10%	0				2.0			1.0			1.0		
54692	LAPAROSCOPY ORCHIOPEXY	090	319	343	24	8%	13.74	15.10	1.36	10%	0				2.0			2.0			1.0		
54700	DRAINAGE OF SCROTUM	010	97	99	2	2%	3.47	3.69	0.22	6%	0			1.0									
54830	REMOVE EPIDIDYMIS LESION	090	170	184	14	8%	6.01	6.78	0.77	13%	0				2.0			0.5			0.5		

54840	REMOVE EPIDIDYMIS LESION	090	146	149	3	2%	5.27	5.71	0.44	8%	0			1.5							0.5			
54860	REMOVAL OF EPIDIDYMIS	090	194	208	14	7%	6.95	7.72	0.77	11%	0				2.0						0.5			
54861	REMOVAL OF EPIDIDYMIS	090	245.5	263	17.5	7%	9.7	10.64	0.94	10%	0				2.5						0.5			
54865	EXPLORE EPIDIDYMIS	090	182	196	14	8%	5.77	6.65	0.88	15%	0				2.0						1.0			
54900	FUSION OF SPERMATIC DUCTS	090	345	368.5	23.5	7%	14.2	15.53	1.33	9%	0				3.0			0.5			1.0			
54901	FUSION OF SPERMATIC DUCTS	090	445.5	472.5	27	6%	19.1	20.60	1.50	8%	0				3.5			0.5			1.0			
55040	REMOVAL OF HYDROCELE	090	162	166	4	2%	5.45	6.00	0.55	10%	0			2.0							0.5			
55041	REMOVAL OF HYDROCELES	090	232.5	250	17.5	8%	8.54	9.48	0.94	11%	0				2.5						0.5			
55060	REPAIR OF HYDROCELE	090	185	199	14	8%	6.15	6.92	0.77	13%	0				2.0						0.5			
55100	DRAINAGE OF SCROTUM ABSCESS	010	90	97	7	8%	2.45	2.78	0.33	13%	0				1.0									
55110	EXPLORE SCROTUM	090	194	208	14	7%	6.33	7.21	0.88	14%	0				2.0						1.0			
55120	REMOVAL OF SCROTUM LESION	090	165	179	14	8%	5.72	6.49	0.77	13%	0				2.0						0.5			
55150	REMOVAL OF SCROTUM	090	279.5	302	22.5	8%	8.14	9.43	1.29	16%	0				2.5			1.0			1.0			
55175	REVISION OF SCROTUM	090	186	200	14	8%	5.87	6.64	0.77	13%	0				2.0						0.5			
55180	REVISION OF SCROTUM	090	297	323	26	9%	11.78	13.23	1.45	12%	0				3.0			1.0			1.0			
55200	INCISION OF SPERM DUCT	090	98	105	7	7%	4.55	4.88	0.33	7%	0				1.0									
55250	REMOVAL OF SPERM DUCT(S)	090	105	108	3	3%	3.37	3.70	0.33	10%	0			1.5										
55400	REPAIR OF SPERM DUCT	090	186	191	5	3%	8.61	9.27	0.66	8%	0			2.5							0.5			
55500	REMOVAL OF HYDROCELE	090	184	198	14	8%	6.22	6.99	0.77	12%	0				2.0						0.5			
55520	REMOVAL OF SPERM CORD LESIO	090	188	202	14	7%	6.66	7.43	0.77	12%	0				2.0						0.5			
55530	REVISE SPERMATIC CORD VEINS	090	152	156	4	3%	5.75	6.30	0.55	10%	0			2.0							0.5			
55535	REVISE SPERMATIC CORD VEINS	090	187	201	14	7%	7.19	7.96	0.77	11%	0				2.0						0.5			
55540	REVISE HERNIA & SPERM VEINS	090	224	238	14	6%	8.3	9.18	0.88	11%	0				2.0						1.0			
55550	LAPARO LIGATE SPERMATIC VEIN	090	196	210	14	7%	7.2	7.86	0.66	9%	0				2.0									
55600	VESICULOTOMY	090	204	218	14	7%	7.01	7.78	0.77	11%	0				2.0						0.5			
55605	VESICULOTOMY COMPLICATED	090	198.5	216	17.5	9%	8.76	9.70	0.94	11%	0				2.5						0.5			
55650	REMOVE SPERM DUCT POUCH	090	304.5	324.5	20	7%	12.65	13.82	1.17	9%	0				2.5			0.5			1.0			
55680	REMOVE SPERM POUCH LESION	090	206.5	217	10.5	5%	5.67	6.39	0.72	13%	0				1.5						1.0			
55705	BIOPSY OF PROSTATE	010	122	124	2	2%	4.61	4.94	0.33	7%	0			1.0							0.5			
55706	PROSTATE SATURATION SAMPLIN	010	195	211	16	8%	6.28	7.14	0.86	14%	-2				1.0	1.0					0.5			
55720	DRAINAGE OF PROSTATE ABSCESS	090	150	154	4	3%	7.73	8.17	0.44	6%	0			2.0										
55725	DRAINAGE OF PROSTATE ABSCESS	090	305	343.5	38.5	13%	10.05	12.10	2.05	20%	0				3.0			3.5			1.0			
55801	REMOVAL OF PROSTATE	090	497.5	559.5	62	12%	19.8	22.98	3.18	16%	0				3.5			7.5			1.0			
55810	EXTENSIVE PROSTATE SURGERY	090	515	568.5	53.5	10%	24.29	27.06	2.77	11%	0				3.0			6.5			1.0			
55812	EXTENSIVE PROSTATE SURGERY	090	684	759.5	75.5	11%	29.89	33.71	3.82	13%	0				4.0			9.5			1.0			
55815	EXTENSIVE PROSTATE SURGERY	090	771	851.5	80.5	10%	32.95	37.01	4.06	12%	0				4.0			10.5			1.0			
55821	REMOVAL OF PROSTATE	090	315	325	10	3%	15.18	16.26	1.08	7%	0				2.0				1.0		1.0			
55831	REMOVAL OF PROSTATE	090	322	332	10	3%	15.6	16.68	1.08	7%	0				2.0				1.0		1.0			
55840	EXTENSIVE PROSTATE SURGERY	090	448	472	24	5%	21.36	23.10	1.74	8%	-2				2.0	1.0		1.0	1.0		1.0			
55842	EXTENSIVE PROSTATE SURGERY	090	448	472	24	5%	21.36	23.10	1.74	8%	-2				2.0	1.0		1.0	1.0		1.0			
55845	EXTENSIVE PROSTATE SURGERY	090	466	490	24	5%	25.18	26.92	1.74	7%	-2				2.0	1.0		1.0	1.0		1.0			
55860	SURGICAL EXPOSURE PROSTATE	090	371.5	414	42.5	11%	15.84	18.09	2.25	14%	0				2.5			5.0			1.0			
55862	EXTENSIVE PROSTATE SURGERY	090	450	501	51	11%	20.04	22.69	2.65	13%	0				3.0			6.0			1.0			
55865	EXTENSIVE PROSTATE SURGERY	090	492.5	542	49.5	10%	24.57	27.15	2.58	10%	0				3.5			5.0			1.0			
55866	LAPS SURG PRST8ECT RPBIC RAD	090	362	376	14	4%	22.46	23.23	0.77	3%	0				2.0						0.5			
55867	LAPS SURG PRST8ECT SMPL STOT	090	354	368	14	4%	19.53	20.30	0.77	4%	0				2.0						0.5			
55873	CRYOABLATE PROSTATE	090	274	295	21	8%	13.6	14.70	1.10	8%	0				3.0						0.5			
55875	TRANSPERI NEEDLE PLACE PROS	090	249	270	21	8%	13.46	14.45	0.99	7%	0				3.0									
55880	ABLTJ MAL PRST8 TISS HIFU	090	373	396	23	6%	17.73	18.92	1.19	7%	-2				2.0	1.0					0.5			
56405	I & D OF VULVA/PERINEUM	010	56	58	2	4%	1.49	1.71	0.22	15%	0			1.0										
56420	DRAINAGE OF GLAND ABSCESS	010	56	58	2	4%	1.44	1.66	0.22	15%	0			1.0										
56440	MRSPLZATN BRTHLNS GLND CST	010	93	95	2	2%	2.89	3.11	0.22	8%	0			1.0										
56441	LYSIS OF LABIAL ADHESIONS	010	67	69	2	3%	2.02	2.24	0.22	11%	0			1.0										
56501	DESTROY VULVA LESIONS SIM	010	55	57	2	4%	1.58	1.80	0.22	14%	0			1.0										
56515	DESTROY VULVA LESION/S COMP	010	157	164	7	4%	3.08	3.52	0.44	14%	0				1.0						0.5			
56620	VULVECTOMY SIMPLE PARTIAL	090	239	262	23	10%	7.53	8.85	1.32	18%	0			1.0	3.0						0.5			
56625	VULVECTOMY SIMPLE COMPLETE	090	341.5	379	37.5	11%	9.68	11.69	2.01	21%	0				2.5			4.0			1.0			
56630	VULVECTOMY RADICAL PARTIAL	090	562.5	627.5	65	12%	14.8	18.13	3.33	22%	0				2.5			9.5			1.0		1.0	
56631	VLVCTMY RAD PRTL UNI LYMPHA	090	658.5	680.5	22	3%	18.99	21.56	2.57	14%	-2				2.0	1.0		1.0	3.0	1.0		1.0		
56632	VLVCTMY RAD PRTL BI LYMPHAD	090	683	753	70	10%	21.86	25.41	3.55	16%	0				5.0			7.0			1.0			
56633	VULVECTOMY RADICAL COMPLET	090	602	615	13	2%	19.62	22.71	3.09	16%	0				3.0			2.0	3.0	2.0	1.0			
56634	VLVCTMY RAD COMP UNI LYMPH	090	686	708	22	3%	20.66	23.23	2.57	12%	-2				2.0	1.0		1.0	3.0	1.0		1.0		
56637	VLVCTMY RAD COMP BI LYMPHA	090	726	748	22	3%	24.75	27.32	2.57	10%	-2				2.0	1.0		1.0	3.0	1.0		1.0		
56640	VLVCTMY RAD COMP W/LYMPHA	090	640.5	713	72.5	11%	24.78	28.47	3.69	15%	0				2.5			11.0			1.0		1.0	
56700	PRTL HYMNCTMY/REVJ HYMNL R	010	94	101	7	7%	2.84	3.17	0.33	12%	0				1.0									
56740	EXC BARTHOLINS GLAND/CYST	010	176	183	7	4%	4.88	5.43	0.55	11%	0				1.0						1.0			
56800	PLASTIC REPAIR INTROITUS	010	116	118	2	2%	3.93	4.26	0.33	8%	0			1.0							0.5			
56805	CLITOROPLASTY INTERSEX STATE	090	460	491	31	7%	19.88	21.70	1.82	9%	0			1.0	2.0			3.0			1.0			
56810	PERINEOPLASTY RPR PER NONOB	010	119	126	7	6%	4.29	4.86	0.57	13%	0			1.0				1.0			0.5			
57000	COLPOTOMY W/EXPLORATION	010	79	81	2	3%	3.02	3.24	0.22	7%	0			1.0										
57010	COLPOTOMY DRG PEL ABSCESS	090	229	250.5	21.5	9%	6.84	8.08	1.24	18%	0				2.0			1.5			1.0			
57022	I&D VAGINAL HEMATOMA OB/PP	010	116	123	7	6%	2.73	3.19	0.46	17%	0			1.0				1.0						
57023	I&D VAGINAL HEMATOMA NON-C	010	201	213	12	6%	5.18	5.97	0.79	15%	0				1.0			1.0			1.0			

57061	DESTRUCTION VAG LESIONS SMP	010	55	57	2	4%	1.3	1.52	0.22	17%	0			1.0									
57065	DESTRUCTION VAG LESION XTNSV	010	78	80	2	3%	2.66	2.88	0.22	8%	0			1.0									
57105	BIOPSY VAGINAL MUCOSA XTNSV	010	79	81	2	3%	1.74	1.96	0.22	13%	0			1.0									
57106	VAGNC PRTL RMVL VAG WALL	090	239	265	26	11%	7.5	8.95	1.45	19%	0				3.0			1.0			1.0		
57107	VAGNC COMPL RMVL PARAVAG T	090	515	533	18	3%	24.56	26.54	1.98	8%	0			1.0	2.0			2.0	2.0		1.0		
57109	VAGNC BI TOTAL PEL LYMPHADEC	090	539.5	580.5	41	8%	28.4	30.57	2.17	8%	0				3.0			4.0			1.0		
57110	VAGNC COMPL RMVL VAG WALL	090	386	406	20	5%	15.48	17.04	1.56	10%	0				2.0			2.0	1.0		1.0		
57111	VAGNC COMPL RMVL PARAVAG T	090	554.5	595.5	41	7%	28.4	30.57	2.17	8%	0				3.0			4.0			1.0		
57120	COLPOCLEISIS LE FORT TYPE	090	253	277	24	9%	8.28	9.64	1.36	16%	0				2.0			2.0			1.0		
57130	EXCISION VAGINAL SEPTUM	010	54	55	1	2%	2.46	2.57	0.11	4%	0			0.5									
57135	EXCISION VAGINAL CYST/TUMOR	010	56	57	1	2%	2.7	2.81	0.11	4%	0			0.5									
57180	TREAT VAGINAL BLEEDING	010	59	61	2	3%	1.63	1.85	0.22	13%	0			1.0									
57200	REPAIR OF VAGINA	090	138.5	149	10.5	8%	4.42	5.03	0.61	14%	0				1.5						0.5		
57210	REPAIR VAGINA/PERINEUM	090	190.5	203.5	13	7%	5.71	6.55	0.84	15%	0				1.5			0.5			1.0		
57220	REVISION OF URETHRA	090	194.5	207.5	13	7%	4.85	5.69	0.84	17%	0				1.5			0.5			1.0		
57230	REPAIR OF URETHRAL LESION	090	209.5	227.5	18	9%	6.3	7.38	1.08	17%	0				1.5			1.5			1.0		
57240	ANTERIOR COLPORRHAPHY	090	211	225	14	7%	10.08	10.85	0.77	8%	0				2.0						0.5		
57250	REPAIR RECTUM & VAGINA	090	211	225	14	7%	10.08	10.85	0.77	8%	0				2.0						0.5		
57260	CMBN ANT PST COLPRHY	090	241	255	14	6%	13.25	14.02	0.77	6%	0				2.0						0.5		
57265	CMBN AP COLPRHY W/NTRCL RPI	090	271	285	14	5%	15	15.77	0.77	5%	0				2.0						0.5		
57268	REPAIR OF BOWEL BULGE	090	234	255.5	21.5	9%	7.57	8.81	1.24	16%	0				2.0			1.5			1.0		
57270	REPAIR OF BOWEL POUCH	090	381	393	12	3%	13.67	15.39	1.72	13%	0				2.0			1.0	1.0	1.0	1.0		
57280	SUSPENSION OF VAGINA	090	439	456	17	4%	16.72	18.68	1.96	12%	0				2.0			2.0	1.0	1.0	1.0		
57282	COLPOPEXY EXTRAPERITONEAL	090	229	243	14	6%	11.63	12.40	0.77	7%	0				2.0						0.5		
57283	COLPOPEXY INTRAPERITONEAL	090	231	245	14	6%	11.66	12.43	0.77	7%	0				2.0						0.5		
57284	REPAIR PARAVAG DEFECT OPEN	090	327	337	10	3%	14.33	15.54	1.21	8%	0			1.0	1.0			1.0	1.0		1.0		
57285	REPAIR PARAVAG DEFECT VAG	090	267	272	5	2%	11.6	12.57	0.97	8%	0			1.0	1.0				1.0		1.0		
57287	REVISE/REMOVE SLING REPAIR	090	239	262	23	10%	11.15	12.47	1.32	12%	0			1.0	3.0						0.5		
57288	REPAIR BLADDER DEFECT	090	246	269	23	9%	12.13	13.45	1.32	11%	0			1.0	3.0						0.5		
57289	REPAIR BLADDER & VAGINA	090	373	377	4	1%	12.8	14.39	1.59	12%	0			2.0	1.0				1.0	1.0	1.0		
57291	CONSTRUCTION OF VAGINA	090	248	264.5	16.5	7%	8.64	9.64	1.00	12%	0				2.0			0.5			1.0		
57292	CONSTRUCT VAGINA WITH GRAF	090	322	348.5	26.5	8%	14.01	15.49	1.48	11%	0				2.0			2.5			1.0		
57295	REVISE VAG GRAFT VIA VAGINA	090	202	211	9	4%	7.82	8.59	0.77	10%	0			1.0	1.0						1.0		
57296	REVISE VAG GRAFT OPEN ABD	090	429	445	16	4%	16.56	18.32	1.76	11%	0				2.0			2.0	2.0		1.0		
57300	REPAIR RECTUM-VAGINA FISTULA	090	271.5	301.5	30	11%	8.71	10.36	1.65	19%	0				2.5			2.5			1.0		
57305	REPAIR RECTUM-VAGINA FISTULA	090	468	487	19	4%	15.35	17.66	2.31	15%	0			2.0	1.0			3.0	1.0	1.0	1.0		
57307	FISTULA REPAIR & COLOSTOMY	090	363	396.5	33.5	9%	17.17	18.98	1.81	11%	0				3.0			2.5			1.0		
57308	FISTULA REPAIR TRANSPERINE	090	313	334	21	7%	10.59	12.06	1.47	14%	0			2.0	1.0			2.0			1.0		
57310	REPAIR URETHROVAGINAL LESIOI	090	259	283	24	9%	7.65	9.01	1.36	18%	0				2.0			2.0			1.0		
57311	REPAIR URETHROVAGINAL LESIOI	090	319	345.5	26.5	8%	8.91	10.39	1.48	17%	0				2.0			2.5			1.0		
57320	REPAIR BLADDER-VAGINA LESION	090	277	301	24	9%	8.88	10.24	1.36	15%	0				2.0			2.0			1.0		
57330	REPAIR BLADDER-VAGINA LESION	090	288	312	24	8%	13.21	14.57	1.36	10%	0				2.0			2.0			1.0		
57335	REPAIR VAGINA	090	459	495	36	8%	20.02	21.73	1.71	9%	0				3.0			3.0					
57415	REMOVE VAGINAL FOREIGN BOD	010	113	120	7	6%	2.49	2.82	0.33	13%	0				1.0								
57423	REPAIR PARAVAG DEFECT LAP	090	357	362	5	1%	16.08	17.05	0.97	6%	0			1.0	1.0				1.0		1.0		
57425	LAPAROSCOPY SURG COLPOPEXY	090	351	365	14	4%	17.03	17.80	0.77	5%	0				2.0						0.5		
57426	REVISE PROSTH VAG GRAFT LAP	090	360	377	17	5%	14.3	15.71	1.41	10%	0				3.0				1.0		1.0		
57505	ENDOCERVICAL CURETTAGE	010	36	38	2	6%	1.19	1.41	0.22	18%	0			1.0									
57511	CRYOCAUTERY OF CERVIX	010	55	57	2	4%	1.95	2.17	0.22	11%	0			1.0									
57513	LASER SURGERY OF CERVIX	010	88	90	2	2%	1.95	2.17	0.22	11%	0			1.0									
57520	CONIZATION OF CERVIX	090	110	113	3	3%	4.11	4.44	0.33	8%	0			1.5									
57522	CONIZATION OF CERVIX	090	178	185	7	4%	3.67	4.00	0.33	9%	0				1.0								
57530	REMOVAL OF CERVIX	090	180.5	191	10.5	6%	5.27	5.99	0.72	14%	0				1.5						1.0		
57531	REMOVAL OF CERVIX RADICAL	090	604	648	44	7%	29.95	32.65	2.70	9%	-2				2.0	1.0		5.0	1.0		1.0		
57540	REMOVAL OF RESIDUAL CERVIX	090	309	324	15	5%	13.29	14.61	1.32	10%	0				2.0			1.0	1.0		1.0		
57545	REMOVE CERVIX/REPAIR PELVIS	090	364	379	15	4%	14.1	15.42	1.32	9%	0				2.0			1.0	1.0		1.0		
57550	REMOVAL OF RESIDUAL CERVIX	090	228	249.5	21.5	9%	6.34	7.58	1.24	20%	0				2.0			1.5			1.0		
57555	REMOVE CERVIX/REPAIR VAGINA	090	311	340	29	9%	9.94	11.54	1.60	16%	0				2.0			3.0			1.0		
57556	REMOVE CERVIX REPAIR BOWEL	090	292	321	29	10%	9.36	10.96	1.60	17%	0				2.0			3.0			1.0		
57558	D&C OF CERVICAL STUMP	010	55	57	2	4%	1.72	1.94	0.22	13%	0			1.0									
57700	REVISION OF CERVIX	090	129.5	147	17.5	14%	4.35	5.18	0.83	19%	0				2.5								
57720	REVISION OF CERVIX	090	136.5	147	10.5	8%	4.61	5.22	0.61	13%	0				1.5						0.5		
58120	DILATION AND CURETTAGE	010	129	136	7	5%	3.59	4.03	0.44	12%	0				1.0						0.5		
58140	MYOMECTOMY ABDOM METHOD	090	374	394	20	5%	15.79	17.35	1.56	10%	0				2.0			2.0	1.0		1.0		
58145	MYOMECTOMY VAG METHOD	090	267	291	24	9%	8.91	10.27	1.36	15%	0				2.0			2.0			1.0		
58146	MYOMECTOMY ABDOM COMPLE	090	429	450	21	5%	20.34	22.10	1.76	9%	0				2.0			2.0		1.0	1.0		
58150	TOTAL HYSTERECTOMY	090	394	419	25	6%	17.31	19.11	1.80	10%	0				2.0			3.0	1.0		1.0		
58152	TOTAL HYSTERECTOMY	090	373.5	411	37.5	10%	21.86	23.87	2.01	9%	0				2.5			4.0			1.0		
58180	PARTIAL HYSTERECTOMY	090	414	439	25	6%	16.6	18.40	1.80	11%	0				2.0			3.0	1.0		1.0		
58200	EXTENSIVE HYSTERECTOMY	090	459	475	16	3%	23.1	24.86	1.76	8%	0				2.0			2.0	2.0		1.0		
58210	EXTENSIVE HYSTERECTOMY	090	627	660	33	5%	30.91	33.48	2.57	8%	0				3.0			4.0	2.0		1.0		
58240	REMOVAL OF PELVIS CONTENTS	090	1118	1157	39	3%	49.33	53.46	4.13	8%	-2			1.0	4.0	1.0		3.0	6.0			1.0	
58260	VAGINAL HYSTERECTOMY	090	311	328	17	5%	14.15	15.56	1.41	10%	-2				1.0	1.0		1.0	1.0		1.0		

58262	VAG HYST INCLUDING T/O	090	342	359	17	5%	15.94	17.35	1.41	9%	-2				1.0	1.0		1.0	1.0		1.0			
58263	VAG HYST W/T/O & VAG REPAIR	090	363	380	17	5%	17.23	18.64	1.41	8%	-2				1.0	1.0		1.0	1.0		1.0			
58267	VAG HYST W/URINARY REPAIR	090	392.5	432.5	40	10%	18.36	20.49	2.13	12%	0				2.5			4.5			1.0			
58270	VAG HYST W/ENTEROCELE REPAI	090	304	335.5	31.5	10%	15.3	17.02	1.72	11%	0				2.0			3.5			1.0			
58275	HYSTERECTOMY/REVISE VAGINA	090	365.5	403	37.5	10%	17.03	19.04	2.01	12%	0				2.5			4.0			1.0			
58280	HYSTERECTOMY/REVISE VAGINA	090	387.5	427.5	40	10%	18.33	20.46	2.13	12%	0				2.5			4.5			1.0			
58285	EXTENSIVE HYSTERECTOMY	090	499.5	505.5	6	1%	23.38	24.79	1.41	6%	0			1.0	1.0			1.0	2.0		1.0			
58290	VAG HYST COMPLEX	090	389	395	6	2%	20.27	21.55	1.28	6%	0				2.0				2.0		1.0			
58291	VAG HYST INCL T/O COMPLEX	090	410	416	6	1%	22.06	23.34	1.28	6%	0				2.0				2.0		1.0			
58292	VAG HYST T/O & REPAIR COMPL	090	423	429	6	1%	23.35	24.63	1.28	5%	0				2.0				2.0		1.0			
58294	VAG HYST W/ENTEROCELE COMP	090	405	411	6	1%	21.55	22.83	1.28	6%	0				2.0				2.0		1.0			
58345	REOPEN FALLOPIAN TUBE	010	116	118	2	2%	4.7	5.03	0.33	7%	0			1.0							0.5			
58346	INSERT HEYMAN UTERI CAPSULE	090	267	277	10	4%	7.56	8.77	1.21	16%	0			1.0	1.0			1.0	1.0		1.0			
58350	REOPEN FALLOPIAN TUBE	010	53	55	2	4%	1.06	1.28	0.22	21%	0			1.0										
58353	ENDOMETR ABLATE THERMAL	010	151.5	153.5	2	1%	3.6	4.04	0.44	12%	0			1.0							1.0			
58356	ENDOMETRIAL CRYOABLATION	010	167	174	7	4%	6.41	6.85	0.44	7%	0				1.0						0.5			
58400	SUSPENSION OF UTERUS	090	241.5	264.5	23	10%	7.14	8.46	1.32	18%	0				1.5			2.5			1.0			
58410	SUSPENSION OF UTERUS	090	354	369	15	4%	13.8	15.12	1.32	10%	0				2.0			1.0	1.0		1.0			
58520	REPAIR OF RUPTURED UTERUS	090	379	391	12	3%	13.48	15.20	1.72	13%	0				2.0			1.0	1.0	1.0	1.0			
58540	REVISION OF UTERUS	090	364	379	15	4%	15.71	17.03	1.32	8%	0				2.0			1.0	1.0		1.0			
58541	LSH UTERUS 250 G OR LESS	090	226	240	14	6%	12.29	13.06	0.77	6%	0				2.0						0.5			
58542	LSH W/T/O UT 250 G OR LESS	090	239	253	14	6%	14.16	14.93	0.77	5%	0				2.0						0.5			
58543	LSH UTERUS ABOVE 250 G	090	261	275	14	5%	14.39	15.16	0.77	5%	0				2.0						0.5			
58544	LSH W/T/O UTERUS ABOVE 250 G	090	271	285	14	5%	15.6	16.37	0.77	5%	0				2.0						0.5			
58545	LAPAROSCOPIC MYOMECTOMY	090	334	344	10	3%	15.55	16.63	1.08	7%	0				2.0				1.0		1.0			
58546	LAPARO-MYOMECTOMY COMPLE	090	394	404	10	3%	19.94	21.02	1.08	5%	0				2.0				1.0		1.0			
58548	LAP RADICAL HYST	090	564	593	29	5%	31.63	33.61	1.98	6%	-2				2.0	1.0		2.0	1.0		1.0			
58550	LAPARO-ASST VAG HYSTERECTOM	090	330	356	26	8%	15.1	16.68	1.58	10%	0			1.0	2.0			2.0			1.0			
58552	LAPARO-VAG HYST INCL T/O	090	350	376	26	7%	16.91	18.49	1.58	9%	0			1.0	2.0			2.0			1.0			
58553	LAPARO-VAG HYST COMPLEX	090	391.5	406.5	15	4%	20.06	21.38	1.32	7%	0				2.0			1.0	1.0		1.0			
58554	LAPARO-VAG HYST W/T/O COMP	090	425	442	17	4%	23.11	24.65	1.54	7%	0			1.0	2.0			1.0	1.0		1.0			
58565	HYSTEROSCOPY STERILIZATION	090	191	195	4	2%	7.12	7.67	0.55	8%	0			2.0							0.5			
58570	TLH UTERUS 250 G OR LESS	090	241	255	14	6%	13.36	14.13	0.77	6%	0				2.0						0.5			
58571	TLH W/T/O 250 G OR LESS	090	241	255	14	6%	15	15.77	0.77	5%	0				2.0						0.5			
58572	TLH UTERUS OVER 250 G	090	271	285	14	5%	17.71	18.48	0.77	4%	0				2.0						0.5			
58573	TLH W/T/O UTERUS OVER 250 G	090	281	295	14	5%	20.79	21.56	0.77	4%	0				2.0						0.5			
58575	LAPS TOT HYST RESJ MAL	090	510	529	19	4%	32.6	34.10	1.50	5%	-2				2.0	1.0			1.0		1.0			
58580	TRANSCRV ABLTJ UTRN FIBRD RF	010	153	160	7	5%	7.21	7.65	0.44	6%	0				1.0						0.5			
58600	DIVISION OF FALLOPIAN TUBE	090	166	173	7	4%	5.91	6.46	0.55	9%	0				1.0						1.0			
58605	DIVISION OF FALLOPIAN TUBE	090	141	153	12	9%	5.28	5.98	0.70	13%	0			1.0				2.0						
58615	OCCLUDE FALLOPIAN TUBE(S)	010	99	101	2	2%	3.94	4.16	0.22	6%	0			1.0										
58660	LAPAROSCOPY LYSIS	090	209.5	216.5	7	3%	11.59	12.03	0.44	4%	0				1.0						0.5			
58661	LAPAROSCOPY REMOVE ADNEXA	010	217	224	7	3%	11.35	11.79	0.44	4%	0				1.0						0.5			
58662	LAPAROSCOPY EXCISE LESIONS	090	186.5	194.5	8	4%	12.15	12.53	0.38	3%	-1				0.5	0.5								
58670	LAPAROSCOPY TUBAL CAUTERY	090	118	125	7	6%	5.91	6.24	0.33	6%	0				1.0									
58671	LAPAROSCOPY TUBAL BLOCK	090	118	125	7	6%	5.91	6.24	0.33	6%	0				1.0									
58672	LAPAROSCOPY FIMBRIOPLASTY	090	96	98	2	2%	12.91	13.13	0.22	2%	0			1.0										
58673	LAPAROSCOPY SALPINGOSTOMY	090	185	192	7	4%	14.04	14.37	0.33	2%	0				1.0									
58674	LAPS ABLTJ UTERINE FIBROIDS	090	266	280	14	5%	14.08	14.85	0.77	5%	0				2.0						0.5			
58700	REMOVAL OF FALLOPIAN TUBE	090	321.5	333.5	12	4%	12.95	14.25	1.30	10%	-2			1.0		1.0		1.0	1.0		1.0			
58720	REMOVAL OF OVARY/TUBE(S)	090	309	319	10	3%	12.16	13.37	1.21	10%	0			1.0	1.0			1.0	1.0		1.0			
58740	ADHESIOLYSIS TUBE OVARY	090	374	386	12	3%	14.9	16.20	1.30	9%	-2			1.0		1.0		1.0	1.0		1.0			
58750	REPAIR OVIDUCT	090	357	367	10	3%	15.64	16.85	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
58752	REVISE OVARIAN TUBE(S)	090	377	387	10	3%	15.64	16.85	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
58760	FIMBRIOPLASTY	090	357	367	10	3%	13.93	15.14	1.21	9%	0			1.0	1.0			1.0	1.0		1.0			
58770	CREATE NEW TUBAL OPENING	090	347	357	10	3%	14.77	15.98	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
58800	DRAINAGE OF OVARIAN CYST(S)	090	159.5	170	10.5	7%	4.62	5.34	0.72	15%	0				1.5						1.0			
58805	DRAINAGE OF OVARIAN CYST(S)	090	198.5	211.5	13	7%	6.42	7.26	0.84	13%	0				1.5			0.5			1.0			
58820	DRAIN OVARY ABSCESS OPEN	090	131.5	142	10.5	8%	4.7	5.31	0.61	13%	0				1.5						0.5			
58822	DRAIN OVARY ABSCESS PERCUT	090	399	416	17	4%	11.81	13.77	1.96	17%	0				2.0			2.0	1.0	1.0	1.0			
58825	TRANSPOSITION OVARY(S)	090	282	292	10	4%	11.78	12.99	1.21	10%	0			1.0	1.0			1.0	1.0		1.0			
58900	BIOPSY OF OVARY(S)	090	205.5	221	15.5	8%	6.59	7.55	0.96	14%	0				1.5			1.0			1.0			
58920	PARTIAL REMOVAL OF OVARY(S)	090	214.5	230	15.5	7%	11.95	12.91	0.96	8%	0				1.5			1.0			1.0			
58925	REMOVAL OF OVARIAN CYST(S)	090	329	344	15	5%	12.43	13.75	1.32	11%	0				2.0			1.0	1.0		1.0			
58940	REMOVAL OF OVARY(S)	090	257	283.5	26.5	10%	8.22	9.70	1.48	18%	0				2.0			2.5			1.0			
58943	REMOVAL OF OVARY(S)	090	385	419	34	9%	19.52	21.36	1.84	9%	0				2.0			4.0			1.0			
58950	RESECT OVARIAN MALIGNANCY	090	420	433	13	3%	18.37	20.11	1.74	9%	0			1.0	2.0			1.0	2.0		1.0			
58951	RESECT OVARIAN MALIGNANCY	090	581.5	581.5	0	0%	24.26	26.16	1.90	8%	-2			1.0		1.0		1.0	4.0		1.0			
58952	RESECT OVARIAN MALIGNANCY	090	710	727	17	2%	27.29	30.13	2.84	10%	-2			2.0		1.0		4.0	4.0		1.0			
58953	TAH RAD DISSECT FOR DEBULK	090	712	729	17	2%	34.13	36.60	2.47	7%	-2			1.0	1.0	1.0		2.0	2.0	1.0	1.0			
58954	TAH RAD DEBULK/LYMPH REMOV	090	757	774	17	2%	37.13	39.60	2.47	7%	-2			1.0	1.0	1.0		2.0	2.0	1.0	1.0			
58956	BSO OMENTECTOMY W/TAH	090	534.5	558.5	24	4%	22.8	25.09	2.29	10%	0				3.0			2.0	1.0	1.0	1.0			
58958	RESC RECR OVR TBL PP UTR MAL	090	582	602	20	3%	29.22	31.29	2.07	7%	-2			1.0	1.0	1.0		2.0	2.0		1.0			

58960	EXPLORATION OF ABDOMEN	090	449	471	22	5%	15.79	17.57	1.78	11%	-2			1.0		1.0		3.0	1.0		1.0			
59100	REMOVE UTERUS LESION	090	329	346	17	5%	13.37	14.91	1.54	12%	-2			1.0		1.0		2.0	1.0		1.0			
59120	TREAT ECTOPIC PREGNANCY	090	384	402	18	5%	12.67	14.41	1.74	14%	-2			1.0		1.0		2.0		1.0	1.0			
59121	TREAT ECTOPIC PREGNANCY	090	324	339	15	5%	12.74	14.06	1.32	10%	0				2.0			1.0	1.0		1.0			
59130	TREAT ECTOPIC PREGNANCY	090	349	373	24	7%	15.08	16.44	1.36	9%	0				2.0			2.0			1.0			
59136	TREAT ECTOPIC PREGNANCY	090	334	349	15	4%	14.25	15.57	1.32	9%	0				2.0			1.0	1.0		1.0			
59140	TREAT ECTOPIC PREGNANCY	090	186.5	197	10.5	6%	5.94	6.66	0.72	12%	0				1.5						1.0			
59150	TREAT ECTOPIC PREGNANCY	090	225	239	14	6%	12.29	13.06	0.77	6%	0				2.0						0.5			
59151	TREAT ECTOPIC PREGNANCY	090	235	249	14	6%	12.11	12.88	0.77	6%	0				2.0						0.5			
59160	D & C AFTER DELIVERY	010	79	81	2	3%	2.76	2.98	0.22	8%	0			1.0										
59400	OBSTETRICAL CARE	MMM	739.5	835.5	96	13%	37	41.84	4.84	13%	-12	1.0		2.0	9.0	2.0			1.0		1.0			
59410	OBSTETRICAL CARE	MMM	398.5	401.5	3	1%	18.76	19.51	0.75	4%	0				1.0				1.0		1.0			
59425	ANTEPARTUM CARE ONLY	MMM	137	180	43	31%	7.8	9.29	1.49	19%	-8	1.0			4.0									
59426	ANTEPARTUM CARE ONLY	MMM	252	330	78	31%	14.3	17.44	3.14	22%	-8	1.0			9.0									
59430	CARE AFTER DELIVERY	MMM	63	79	16	25%	3.22	3.97	0.75	23%	-2				1.0	1.0								
59510	CESAREAN DELIVERY	MMM	817.5	925.5	108	13%	41.05	46.46	5.41	13%	-12	1.0		2.0	10.0	2.0		1.0	1.0		1.0			
59515	CESAREAN DELIVERY	MMM	476.5	491.5	15	3%	22.79	24.11	1.32	6%	0				2.0			1.0	1.0		1.0			
59610	VBAC DELIVERY	MMM	739.5	835.5	96	13%	38.71	43.55	4.84	13%	-12	1.0		2.0	9.0	2.0			1.0		1.0			
59614	VBAC CARE AFTER DELIVERY	MMM	398.5	401.5	3	1%	20.48	21.23	0.75	4%	0				1.0				1.0		1.0			
59618	ATTEMPTED VBAC DELIVERY	MMM	792.5	900.5	108	14%	41.57	46.98	5.41	13%	-12	1.0		2.0	10.0	2.0		1.0	1.0		1.0			
59622	ATTEMPTED VBAC AFTER CARE	MMM	451.5	466.5	15	3%	23.32	24.64	1.32	6%	0				2.0			1.0	1.0		1.0			
59812	TREATMENT OF MISCARRIAGE	090	135.5	147.5	12	9%	4.44	5.01	0.57	13%	0				1.0			1.0						
59820	CARE OF MISCARRIAGE	090	162	180	18	11%	4.84	5.68	0.84	17%	-4					2.0								
59821	TREATMENT OF MISCARRIAGE	090	148	161.5	13.5	9%	5.09	5.72	0.63	12%	-3					1.5								
59830	TREAT UTERUS INFECTION	090	115.5	126	10.5	9%	6.59	7.09	0.50	8%	0				1.5									
59841	INDUCED ABORTION DILAT&EVAC	010	203	212	9	4%	5.65	6.29	0.64	11%	-2					1.0					1.0			
59855	INDUCED ABORTION 1+VAG SUPP	090	158	165	7	4%	6.43	6.76	0.33	5%	0				1.0									
59856	INDUCED AB 1+VAG SUPP D&C	090	183	190	7	4%	7.79	8.12	0.33	4%	0				1.0									
59857	INDUCED AB 1+VAG SUPP HYST	090	301	303	2	1%	9.33	9.55	0.22	2%	0			1.0										
59870	EVACUATE MOLE OF UTERUS	090	256	271	15	6%	6.57	7.87	1.30	20%	-2			3.0		1.0					1.0			
60000	DRAIN THYROID/TONGUE CYST	010	59	61	2	3%	1.81	2.03	0.22	12%	0			1.0										
60200	REMOVE THYROID LESION	090	297	316.5	19.5	7%	10.02	11.61	1.59	16%	0			3.5				2.5			1.0			
60210	PARTIAL THYROID EXCISION	090	264	273	9	3%	11.23	11.78	0.55	5%	0			1.0	1.0									
60212	PARTIAL THYROID EXCISION	090	358	369	11	3%	16.43	17.20	0.77	5%	0			2.0	1.0									
60220	PARTIAL REMOVAL OF THYROID	090	267	281	14	5%	11.19	11.96	0.77	7%	0				2.0						0.5			
60225	PARTIAL REMOVAL OF THYROID	090	374	399.5	25.5	7%	14.79	16.73	1.94	13%	0			4.0				3.5			1.0			
60240	REMOVAL OF THYROID	090	327	341	14	4%	15.04	15.81	0.77	5%	0				2.0						0.5			
60252	REMOVAL OF THYROID	090	470	483	13	3%	22.01	23.75	1.74	8%	0			1.0	2.0			1.0	2.0		1.0			
60254	EXTENSIVE THYROID SURGERY	090	500	513	13	3%	28.42	30.16	1.74	6%	0			1.0	2.0			1.0	2.0		1.0			
60260	REPEAT THYROID SURGERY	090	372	382	10	3%	18.26	19.47	1.21	7%	0			1.0	1.0			1.0	1.0		1.0			
60270	REMOVAL OF THYROID	090	650	657	7	1%	23.2	25.74	2.54	11%	0			1.0	2.0			1.0	2.0	2.0	1.0		1.0	
60271	REMOVAL OF THYROID	090	377	387	10	3%	17.62	18.83	1.21	7%	0			1.0	1.0			1.0	1.0		1.0			
60280	REMOVE THYROID DUCT LESION	090	262	274	12	5%	6.16	7.39	1.23	20%	0			3.5				1.0			1.0			
60281	REMOVE THYROID DUCT LESION	090	262	274	12	5%	8.82	10.05	1.23	14%	0			3.5				1.0			1.0			
60500	EXPLORE PARATHYROID GLANDS	090	313	329	16	5%	15.6	16.59	0.99	6%	0			1.0	2.0						0.5			
60502	RE-EXPLORE PARATHYROIDS	090	465	499	34	7%	21.15	23.56	2.41	11%	0			4.5				5.0			1.0			
60505	EXPLORE PARATHYROID GLANDS	090	636	681	45	7%	23.06	26.06	3.00	13%	0			5.0				7.0			1.0		1.0	
60520	REMOVAL OF THYMUS GLAND	090	474	493	19	4%	17.16	18.41	1.25	7%	-2		1.0	1.0	1.0			2.0			1.0		2.0	
60521	REMOVAL OF THYMUS GLAND	090	445	477	32	7%	19.18	20.93	1.75	9%	-4		2.0		1.0			5.0			1.0			
60522	REMOVAL OF THYMUS GLAND	090	533	579	46	9%	23.48	26.15	2.67	11%	0			2.0	1.0			7.0			1.0			
60540	EXPLORE ADRENAL GLAND	090	485	527	42	9%	18.02	20.69	2.67	15%	0			3.5				7.0			1.0			
60545	EXPLORE ADRENAL GLAND	090	538	582.5	44.5	8%	20.93	23.72	2.79	13%	0			3.5				7.5			1.0			
60600	REMOVE CAROTID BODY LESION	090	429	444	15	3%	25.09	26.41	1.32	5%	0				2.0			1.0	1.0		1.0			
60605	REMOVE CAROTID BODY LESION	090	530	537	7	1%	31.96	33.44	1.48	5%	0				2.0				1.0	1.0	1.0			
60650	LAPAROSCOPY ADRENALECTOMY	090	384	403	19	5%	20.73	21.85	1.12	5%	0				2.0			1.0			1.0			
61105	TDH SDRL/VENTR PNXR	090	152	159	7	5%	5.45	6.00	0.55	10%	0				1.0						1.0			
61108	TDH PNXR EVAC&/DRG SDRL HMT	090	326.5	371.5	45	14%	11.64	14.01	2.37	20%	0				2.5			5.5			1.0			
61120	BURR HOLE FOR VENTR PUNCTUR	090	238.5	264	25.5	11%	9.6	11.04	1.44	15%	0				1.5			3.0			1.0			
61140	BURR HOLE/TREPH BX BRAIN/LES	090	367.5	407.5	40	11%	17.23	19.36	2.13	12%	0				2.5			4.5			1.0			
61150	BUR HOL/TRPH DRG BRN ABS/CST	090	378	422	44	12%	18.9	21.22	2.32	12%	0				2.0			6.0			1.0			
61151	BURR HOLE/TREPH SBSQ TAPPING	090	312.5	348	35.5	11%	13.49	15.41	1.92	14%	0				1.5			5.0			1.0			
61154	BURR HOLE W/EVAC&/DRG HMT	090	447	480	33	7%	17.07	19.64	2.57	15%	0				3.0			4.0	2.0		1.0			
61156	BURR HOL ASPIR HMTM/CST ICER	090	339.5	377.5	38	11%	17.45	19.49	2.04	12%	0				1.5			5.5			1.0			
61215	INS SUBQ RSVR PMP/NFS SYS	090	275.5	306	30.5	11%	5.85	7.53	1.68	29%	0				1.5			4.0			1.0			
61250	BURR HOLE/TREPH STTL EXPL	090	304.5	340	35.5	12%	11.49	13.41	1.92	17%	0				1.5			5.0			1.0			
61253	BURR HOLE TREPH ITTL UNI/BI	090	333.5	371.5	38	11%	13.49	15.53	2.04	15%	0				1.5			5.5			1.0			
61304	CRNEC/CRNOT EXPL SUPRATNTOI	090	493	542	49	10%	23.41	25.97	2.56	11%	0				2.0			7.0			1.0			
61305	CRNEC/CRNOT EXPL INFRATNTOR	090	617.5	687.5	70	11%	28.64	32.21	3.57	12%	0				2.5			10.5			1.0			
61312	CRNEC/CRNOT STTL XDRL/SDRL	090	689	714	25	4%	30.17	33.69	3.52	12%	0				2.0			6.0	4.0	1.0	1.0			
61313	CRNEC/CRNOT STTL ICERE	090	687	719	32	5%	28.09	31.70	3.61	13%	0				3.0			5.0	2.0	2.0	1.0			
61314	CRNEC/CRNOT ITTL XDRL/SDRL	090	540.5	595.5	55	10%	25.9	28.75	2.85	11%	0				2.5			7.5			1.0			
61315	CRNEC/CRNOT ITTL NTRACEREBLE	090	625.5	693	67.5	11%	29.65	33.10	3.45	12%	0				2.5			10.0			1.0			
61320	CRNEC/CRNOT DRG ICR ABS STTL	090	570	634	64	11%	27.42	30.70	3.28	12%	0				2.0			10.0			1.0			

61321	CRNEC/CRNOT DRG ICR ABS ITTL	090	636.5	706.5	70	11%	30.53	34.10	3.57	12%	0				2.5			10.5			1.0			
61322	CRNEC/CRNOT DCMPRV W/O LOE	090	893	927	34	4%	34.26	39.57	5.31	15%	0			1.0	3.0			7.0	3.0	4.0	1.0			
61323	CRNEC/CRNOT DCMPRV W/LOBE	090	865	900	35	4%	35.06	39.88	4.82	14%	0			1.0	2.0			8.0	3.0	3.0	1.0			
61330	DCMPRN ORBIT ONLY TRANSCRN	090	597.5	665	67.5	11%	25.3	28.75	3.45	14%	0				2.5			10.0			1.0			
61333	EXPL ORBIT W/REMOVAL LESION	090	573	617	44	8%	29.27	31.59	2.32	8%	0				2.0			6.0			1.0			
61340	SUBTEMPORAL CRANIAL DCMPRN	090	445	494	49	11%	20.11	22.67	2.56	13%	0				2.0			7.0			1.0			
61343	CRNEC SOPL CRV LAM DCMPRN	090	669.5	742	72.5	11%	31.86	35.55	3.69	12%	0				2.5			11.0			1.0			
61345	OTH CRANIAL DCMPRN PST FOSS	090	622.5	692.5	70	11%	29.23	32.80	3.57	12%	0				2.5			10.5			1.0			
61450	CRNEC STPL SCTJ CMPRN/DCMPR	090	541	602.5	61.5	11%	27.69	30.85	3.16	11%	0				2.0			9.5			1.0			
61458	CRNEC SOPL XPL/DCMPR CRL NRV	090	551.5	601.5	50	9%	28.84	31.45	2.61	9%	0				2.5			6.5			1.0			
61460	CRNEC SOPL SCTJ 1+CRNL NRV	090	609.5	672	62.5	10%	30.24	33.45	3.21	11%	0				2.5			9.0			1.0			
61500	CRNEC EXC TUM/BONE LES SKULL	090	412.5	450	37.5	9%	19.18	21.19	2.01	10%	0				2.5			4.0			1.0			
61501	CRANIECTOMY F/OSTEOMYELITIS	090	438.5	486	47.5	11%	16.35	18.84	2.49	15%	0				2.5			6.0			1.0			
61510	CRNEC TREPH EXC BRN TUM STTL	090	635	675	40	6%	30.83	33.73	2.90	9%	0				4.0			4.0	2.0		1.0			
61512	CRNEC TREPH EXC MNGIOMA STT	090	652	685	33	5%	37.14	39.71	2.57	7%	0				3.0			4.0	2.0		1.0			
61514	CRNEC TREPH EXC BRN ABS STTL	090	599.5	667	67.5	11%	27.23	30.68	3.45	13%	0				2.5			10.0			1.0			
61516	CRNEC TREPH EXC CYST STTL	090	598.5	666	67.5	11%	26.58	30.03	3.45	13%	0				2.5			10.0			1.0			
61518	REMOVAL OF BRAIN LESION	090	755	783	28	4%	39.89	43.15	3.26	8%	0				4.0			3.0	3.0	1.0	1.0			
61519	REMOVE BRAIN LINING LESION	090	732	765	33	5%	43.43	46.00	2.57	6%	0				3.0			4.0	2.0		1.0			
61520	REMOVAL OF BRAIN LESION	090	815	869	54	7%	57.09	60.27	3.18	6%	0				4.0			6.0	1.0		1.0			
61521	REMOVAL OF BRAIN LESION	090	928	1016.5	88.5	10%	46.99	51.44	4.45	9%	0				3.0			13.5			1.0			
61522	REMOVAL OF BRAIN ABSCESS	090	654.5	727	72.5	11%	31.54	35.23	3.69	12%	0				2.5			11.0			1.0			
61524	REMOVAL OF BRAIN LESION	090	625.5	695.5	70	11%	29.89	33.46	3.57	12%	0				2.5			10.5			1.0			
61526	REMOVAL OF BRAIN LESION	090	789	833	44	6%	54.08	56.78	2.70	5%	-2				2.0	1.0		5.0	1.0		1.0			
61530	REMOVAL OF BRAIN LESION	090	869.5	927	57.5	7%	45.56	48.53	2.97	7%	0				2.5			8.0			1.0			
61531	IMPLANT BRAIN ELECTRODES	090	511	530	19	4%	16.41	18.46	2.05	12%	-2				1.0	1.0		2.0	1.0	1.0	1.0			
61533	IMPLANT BRAIN ELECTRODES	090	537	598.5	61.5	11%	21.46	24.62	3.16	15%	0				2.0			9.5			1.0			
61534	REMOVAL OF BRAIN LESION	090	619.5	689.5	70	11%	23.01	26.58	3.57	15%	0				2.5			10.5			1.0			
61535	REMOVE BRAIN ELECTRODES	090	414	465.5	51.5	12%	13.15	15.83	2.68	20%	0				2.0			7.5			1.0			
61536	REMOVAL OF BRAIN LESION	090	759.5	837	77.5	10%	37.72	41.65	3.93	10%	0				2.5			12.0			1.0			
61537	REMOVAL OF BRAIN TISSUE	090	614	644	30	5%	36.45	38.49	2.04	6%	0				2.0			4.0	1.0		1.0			
61538	REMOVAL OF BRAIN TISSUE	090	679	709	30	4%	39.45	41.49	2.04	5%	0				2.0			4.0	1.0		1.0			
61539	REMOVAL OF BRAIN TISSUE	090	758.5	836	77.5	10%	34.28	38.21	3.93	11%	0				2.5			12.0			1.0			
61540	REMOVAL OF BRAIN TISSUE	090	655	668	13	2%	31.43	33.17	1.74	6%	0			1.0	2.0			1.0	2.0		1.0			
61541	INCISION OF BRAIN TISSUE	090	675.5	748	72.5	11%	30.94	34.63	3.69	12%	0				2.5			11.0			1.0			
61543	REMOVAL OF BRAIN TISSUE	090	666.5	739	72.5	11%	31.31	35.00	3.69	12%	0				2.5			11.0			1.0			
61544	REMOVE & TREAT BRAIN LESION	090	598	664.5	66.5	11%	27.36	30.76	3.40	12%	0				2.0			10.5			1.0			
61545	EXCISION OF BRAIN TUMOR	090	775	821	46	6%	46.43	49.77	3.34	7%	0				4.0			5.0	1.0	1.0	1.0			
61546	REMOVAL OF PITUITARY GLAND	090	703.5	778.5	75	11%	33.44	37.25	3.81	11%	0				2.5			11.5			1.0			
61548	REMOVAL OF PITUITARY GLAND	090	553	597	44	8%	23.37	25.69	2.32	10%	0				2.0			6.0			1.0		1.0	
61550	RELEASE OF SKULL SEAMS	090	279	300	21	8%	15.59	16.69	1.10	7%	0				3.0						0.5			
61552	RELEASE OF SKULL SEAMS	090	345.5	365.5	20	6%	20.4	21.57	1.17	6%	0				2.5			0.5			1.0			
61556	INCISE SKULL/SUTURES	090	692	701	9	1%	24.09	26.58	2.49	10%	-2	1.0	1.0	1.0				3.0	3.0	1.0	1.0			
61557	INCISE SKULL/SUTURES	090	510	546	36	7%	23.31	25.24	1.93	8%	0				3.0			3.0			1.0			
61558	EXCISION OF SKULL/SUTURES	090	661	707	46	7%	26.5	28.91	2.41	9%	0				3.0			5.0			1.0			
61559	EXCISION OF SKULL/SUTURES	090	665	713	48	7%	34.02	36.52	2.50	7%	0				4.0			4.0			1.0			
61563	EXCISION OF SKULL TUMOR	090	656	659	3	0%	28.44	30.25	1.81	6%	-2	1.0	1.0	1.0				1.0	2.0	1.0	1.0			
61564	EXCISION OF SKULL TUMOR	090	623	664	41	7%	34.74	36.91	2.17	6%	0				3.0			4.0			1.0			
61566	REMOVAL OF BRAIN TISSUE	090	610	642	32	5%	32.45	34.71	2.26	7%	0			1.0	2.0			4.0	1.0		1.0			
61567	INCISION OF BRAIN TISSUE	090	681	715	34	5%	37	39.48	2.48	7%	0			2.0	2.0			4.0	1.0		1.0			
61570	REMOVE FOREIGN BODY BRAIN	090	585.5	650.5	65	11%	26.51	29.84	3.33	13%	0				2.5			9.5			1.0			
61571	INCISE SKULL FOR BRAIN WOUND	090	635.5	705.5	70	11%	28.42	31.99	3.57	13%	0				2.5			10.5			1.0			
61575	SKULL BASE/BRAINSTEM SURGER	090	762.5	840	77.5	10%	36.56	40.49	3.93	11%	0				2.5			12.0			1.0			
61576	SKULL BASE/BRAINSTEM SURGER	090	915	974	59	6%	55.31	58.73	3.42	6%	0				4.0			7.0	1.0		1.0		1.0	
61580	CRANIOFACIAL APPROACH SKULL	090	1078.3	1072.3	-6	-1%	34.51	38.03	3.52	10%	-2	1.0	2.0	2.0					3.0	4.0	1.0		1.0	
61581	CRANIOFACIAL APPROACH SKULL	090	1214.4	1227.4	13	1%	39.13	43.31	4.18	11%	-4	1.0	2.0	2.0	1.0			1.0	1.0	5.0	1.0		1.0	
61582	CRANIOFACIAL APPROACH SKULL	090	1010.3	1040.3	30	3%	35.14	38.75	3.61	10%	0		2.0	3.0				4.0	3.0	1.0	1.0		1.0	
61583	CRANIOFACIAL APPROACH SKULL	090	906.4	952.4	46	5%	38.5	41.59	3.09	8%	-2	1.0	1.0	1.0				8.0		1.0	1.0		1.0	
61584	ORBITOCRANIAL APPROACH/SKU	090	842.4	843.4	1	0%	37.7	40.35	2.65	7%	-2	1.0	1.0	1.0				2.0	3.0	2.0	1.0		1.0	
61585	ORBITOCRANIAL APPROACH/SKU	090	1101.7	1096.7	-5	0%	42.57	45.60	3.03	7%	0		2.0	1.0				1.0	3.0	3.0	1.0		2.0	
61586	RESECT NASOPHARYNX SKULL	090	720	760	40	6%	27.48	30.38	2.90	11%	0			4.0				4.0	2.0		1.0			
61590	INFRATEMPORAL APPROACH/SKU	090	1418.4	1420.4	2	0%	47.04	51.40	4.36	9%	-2	1.0	2.0	2.0				1.0		7.0	1.0		2.0	
61591	INFRATEMPORAL APPROACH/SKU	090	1254.85	1269.85	15	1%	47.02	49.64	2.62	6%	-4	2.0	1.0	2.0				3.0	4.0		1.0		2.0	
61592	ORBITOCRANIAL APPROACH/SKU	090	1002.8	998.8	-4	0%	43.08	45.49	2.41	6%	-4	2.0	1.0	1.0				1.0	3.0	2.0	1.0		2.0	
61595	TRANSTEMPORAL APPROACH/SKU	090	1077.8	1071.8	-6	-1%	33.74	37.26	3.52	10%	-2	1.0	2.0	2.0					3.0	4.0	1.0		1.0	
61596	TRANSCOCHLEAR APPROACH/SKU	090	1188.3	1179.3	-9	-1%	39.43	42.66	3.23	8%	-2	1.0	2.0	1.0				1.0	4.0	3.0	1.0		1.0	
61597	TRANSCONDYLAR APPROACH/SKU	090	1041.4	1061.4	20	2%	40.82	43.70	2.88	7%	0		3.0					5.0	2.0	1.0	1.0		2.0	
61598	TRANSPETROSAL APPROACH/SKU	090	1048.1	1054.1	6	1%	36.53	39.00	2.47	7%	-2	1.0	2.0	1.0				2.0	3.0	1.0	1.0		2.0	
61600	RESECT/EXCISE CRANIAL LESION	090	1101.4	1101.4	0	0%	30.01	33.73	3.72	12%	-2	1.0	2.0	2.0						6.0	1.0		1.0	
61601	RESECT/EXCISE CRANIAL LESION	090	854.9	859.9	5	1%	31.14	33.59	2.45	8%	-4	2.0	1.0	1.0				2.0	2.0	2.0	1.0		2.0	
61605	RESECT/EXCISE CRANIAL LESION	090	1052.6	1074.6	22	2%	32.57	35.41	2.84	9%	-2	1.0	2.0	2.0				3.0	2.0	1.0	1.0		2.0	
61606	RESECT/EXCISE CRANIAL LESION	090	926.9	937.9	11	1%	42.05	44.76	2.71	6%	0		2.0	1.0				3.0	3.0	1.0	1.0		2.0	
61607	RESECT/EXCISE CRANIAL LESION	090	1201.2	1190.2	-11	-1%	40.93	44.52	3.59	9%	0		2.0	1.0					1.0	6.0	1.0		2.0	

61608	RESECT/EXCISE CRANIAL LESION	090	1042	1045	3	0%	45.54	48.54	3.00	7%	0			3.0				3.0	3.0	2.0	1.0		2.0	
61613	REMOVE ANEURYSM SINUS	090	1102	1095	-7	-1%	45.03	48.55	3.52	8%	0			3.0				1.0		6.0	1.0		2.0	
61615	RESECT/EXCISE LESION SKULL	090	1092.2	1096.2	4	0%	35.77	38.95	3.18	9%	-2		1.0	1.0	2.0			2.0	4.0	2.0	1.0		1.0	
61616	RESECT/EXCISE LESION SKULL	090	1116.8	1146.8	30	3%	46.74	49.84	3.10	7%	-2		1.0	1.0	2.0			5.0	2.0	1.0	1.0		2.0	
61618	REPAIR DURA	090	573.1	574.1	1	0%	18.69	20.68	1.99	11%	0			2.0	1.0				1.0	2.0	1.0			
61619	REPAIR DURA	090	587.6	587.6	0	0%	22.1	24.02	1.92	9%	0			3.0				1.0	2.0	1.0	1.0			
61630	INTRACRANIAL ANGIOPLASTY	XXX	394	409	15	4%	22.07	23.39	1.32	6%	0				2.0			1.0	1.0		1.0			
61635	INTRACRAN ANGIOPLSTY W/STEN	XXX	424	430	6	1%	24.28	25.56	1.28	5%	0				2.0				2.0		1.0			
61640	DILATE IC VASOSPASM INIT	000	233	230	-3	-1%	12.32	12.72	0.40	3%	0									1.0				
61680	INTRACRANIAL VESSEL SURGERY	090	632	674	42	7%	32.55	35.16	2.61	8%	0				3.0			5.0	1.0		1.0			
61682	INTRACRANIAL VESSEL SURGERY	090	874	924	50	6%	63.41	66.41	3.00	5%	0				2.0			8.0	1.0		1.0			
61684	INTRACRANIAL VESSEL SURGERY	090	717	759	42	6%	41.64	44.25	2.61	6%	0				3.0			5.0	1.0		1.0			
61686	INTRACRANIAL VESSEL SURGERY	090	1019	1065	46	5%	67.5	70.84	3.34	5%	-2				2.0	1.0		6.0	1.0	1.0	1.0		1.0	
61690	INTRACRANIAL VESSEL SURGERY	090	672	688	16	2%	31.34	33.48	2.14	7%	-4					2.0		2.0	3.0		1.0			
61692	INTRACRANIAL VESSEL SURGERY	090	896	919	23	3%	54.59	57.61	3.02	6%	-4					2.0		4.0	3.0	1.0	1.0			
61697	BRAIN ANEURYSM REPR COMPLX	090	1194	1203	9	1%	63.4	69.10	5.70	9%	-2				2.0	1.0		5.0	6.0	5.0	1.0			
61698	BRAIN ANEURYSM REPR COMPLX	090	1209	1221	12	1%	69.63	74.93	5.30	8%	-2				2.0	1.0		5.0	6.0	4.0	1.0			
61700	BRAIN ANEURYSM REPR SIMPLE	090	949	973	24	3%	50.62	55.32	4.70	9%	-2				2.0	1.0		5.0	3.0	4.0	1.0			
61702	INNER SKULL VESSEL SURGERY	090	1144	1157	13	1%	60.04	65.54	5.50	9%	-2				2.0	1.0		5.0	5.0	5.0	1.0			
61703	CLAMP NECK ARTERY	090	377	421	44	12%	18.8	21.12	2.32	12%	0				2.0			6.0			1.0			
61705	REVISE CIRCULATION TO HEAD	090	655.5	720.5	65	10%	38.1	41.43	3.33	9%	0				2.5			9.5			1.0			
61708	REVISE CIRCULATION TO HEAD	090	647.5	712.5	65	10%	37.2	40.53	3.33	9%	0				2.5			9.5			1.0			
61710	REVISE CIRCULATION TO HEAD	090	551	607.5	56.5	10%	31.29	34.21	2.92	9%	0				2.0			8.5			1.0			
61711	FUSION OF SKULL ARTERIES	090	665.5	730.5	65	10%	38.23	41.56	3.33	9%	0				2.5			9.5			1.0			
61720	INCISE SKULL/BRAIN SURGERY	090	384	408	24	6%	17.62	18.98	1.36	8%	0				2.0			2.0			1.0			
61735	INCISE SKULL/BRAIN SURGERY	090	576.5	641.5	65	11%	22.35	25.68	3.33	15%	0				2.5			9.5			1.0			
61737	LITT ICR MLT TRJ MLT/CPLX LS	000	474	471	-3	-1%	22.67	23.07	0.40	2%	0									1.0				
61750	INCISE SKULL/BRAIN BIOPSY	090	487	543.5	56.5	12%	19.83	22.75	2.92	15%	0				2.0			8.5			1.0			
61751	BRAIN BIOPSY W/CT/MR GUIDE	090	395	426	31	8%	18.79	20.48	1.69	9%	0				3.0			2.0			1.0			
61760	IMPLANT BRAIN ELECTRODES	090	505	536	31	6%	22.39	24.08	1.69	8%	0				3.0			2.0			1.0			
61770	INCISE SKULL FOR TREATMENT	090	517	578.5	61.5	12%	23.19	26.35	3.16	14%	0				2.0			9.5			1.0			
61790	TREAT TRIGEMINAL NERVE	090	282	301	19	7%	11.6	12.72	1.12	10%	0				2.0			1.0			1.0			
61791	TREAT TRIGEMINAL TRACT	090	328	349.5	21.5	7%	15.41	16.65	1.24	8%	0				2.0			1.5			1.0			
61796	SRS CRANIAL LESION SIMPLE	090	195	209	14	7%	13.93	14.70	0.77	6%	0				2.0						0.5			
61798	SRS CRANIAL LESION COMPLEX	090	225	239	14	6%	19.85	20.62	0.77	4%	0				2.0						0.5			
61850	IMPLANT NEUROELECTRODES	090	306.5	337	30.5	10%	13.34	15.02	1.68	13%	0				1.5			4.0			1.0			
61860	IMPLANT NEUROELECTRODES	090	405	451.5	46.5	11%	22.26	24.70	2.44	11%	0				2.0			6.5			1.0			
61863	IMPLANT NEUROELECTRODE	090	452	470	18	4%	20.71	22.56	1.85	9%	0				3.0			1.0	2.0		1.0			
61867	IMPLANT NEUROELECTRODE	090	617	635	18	3%	33.03	34.88	1.85	6%	0				3.0			1.0	2.0		1.0			
61880	REVISE/REMOVE NEUROELECTRO	090	213.5	231.5	18	8%	6.95	8.03	1.08	15%	0				1.5			1.5			1.0			
61885	INSRT/REDO NEUROSTIM 1 ARRA	090	181	195	14	8%	6.05	6.82	0.77	13%	0				2.0						0.5			
61886	IMPLANT NEUROSTIM ARRAYS	090	385	405	20	5%	9.93	11.87	1.94	20%	0				4.0				2.0		1.0			
61888	REVISE/REMOVE NEURORECEIVER	010	171	178	7	4%	5.23	5.91	0.68	13%	0			1.0				1.0			1.0			
61889	INS SK-MNT CRNL NSTM PG/RCVR	090	533	551	18	3%	25.75	27.35	1.60	6%	-2				1.0	1.0			1.0	1.0		1.0		
61891	REV/RPLCMT SK-MNT CRNL NSTM	090	245	259	14	6%	11.25	12.02	0.77	7%	0				2.0						0.5			
61892	RMV SK-MNT CRNL NSTM PG/RCV	090	275	289	14	5%	15	15.77	0.77	5%	0				2.0						0.5			
62000	TREAT SKULL FRACTURE	090	408	454.5	46.5	11%	13.93	16.37	2.44	18%	0				2.0			6.5			1.0			
62005	TREAT SKULL FRACTURE	090	470	519	49	10%	17.63	20.19	2.56	15%	0				2.0			7.0			1.0			
62010	TREATMENT OF HEAD INJURY	090	519.5	572	52.5	10%	21.43	24.16	2.73	13%	0				2.5			7.0			1.0			
62100	REPAIR BRAIN FLUID LEAKAGE	090	549.5	597	47.5	9%	23.53	26.02	2.49	11%	0				2.5			6.0			1.0			
62115	REDUCTION OF SKULL DEFECT	090	678	728.5	50.5	7%	22.91	25.53	2.62	11%	0				4.0			4.5			1.0			
62117	REDUCTION OF SKULL DEFECT	090	714	706	-8	-1%	28.35	30.43	2.08	7%	0			3.0					2.0	2.0	1.0			
62120	REPAIR SKULL CAVITY LESION	090	523	566	43	8%	24.59	26.85	2.26	9%	0				4.0			3.0			1.0			
62121	INCISE SKULL REPAIR	090	496	545	49	10%	23.03	25.59	2.56	11%	0				2.0			7.0			1.0			
62140	CRNOP SKULL DEFECT	090	383	414.5	31.5	8%	14.55	16.27	1.72	12%	0				2.0			3.5			1.0			
62141	CRNOP SKULL DEFECT>5 CM DIAM	090	413	449.5	36.5	9%	16.07	18.03	1.96	12%	0				2.0			4.5			1.0			
62142	RMVL B1 FLP/PROSTC PLATE SKL	090	324	355.5	31.5	10%	11.83	13.55	1.72	15%	0				2.0			3.5			1.0			
62143	RPL B1 FLP/PROSTC PLATE SKL	090	371	405	34	9%	14.15	15.99	1.84	13%	0				2.0			4.0			1.0			
62145	REPAIR OF SKULL & BRAIN	090	490	531.5	41.5	8%	20.09	22.29	2.20	11%	0				2.0			5.5			1.0			
62146	CRNOP W/AUTOGRAFT	090	402	438.5	36.5	9%	17.28	19.24	1.96	11%	0				2.0			4.5			1.0			
62147	CRNOP W/AUTOGRAFT>5 CM DIA	090	473	517	44	9%	20.67	22.99	2.32	11%	0				2.0			6.0			1.0			
62161	DISSECT BRAIN W/SCOPE	090	400	422	22	5%	21.23	23.01	1.78	8%	0			1.0	2.0			2.0	1.0		1.0			
62162	REMOVE COLLOID CYST W/SCOPE	090	516	534	18	3%	26.8	28.78	1.98	7%	0			1.0	2.0			2.0	2.0		1.0			
62164	REMOVE BRAIN TUMOR W/SCOP	090	571	587	16	3%	29.43	31.83	2.40	8%	0			2.0	2.0			2.0	3.0		1.0			
62165	REMOVE PITUIT TUMOR W/SCOP	090	490	512	22	4%	23.23	25.01	1.78	8%	0			1.0	2.0			2.0	1.0		1.0			
62180	ESTABLISH BRAIN CAVITY SHUNT	090	564	596	32	6%	22.58	24.71	2.13	9%	-2				1.0	1.0		4.0	1.0		1.0			
62190	ESTABLISH BRAIN CAVITY SHUNT	090	355	389	34	10%	12.17	14.01	1.84	15%	0				2.0			4.0			1.0			
62192	ESTABLISH BRAIN CAVITY SHUNT	090	351	385	34	10%	13.35	15.19	1.84	14%	0				2.0			4.0			1.0			
62194	REPLACE/IRRIGATE CATHETER	010	294	313	19	6%	5.78	6.90	1.12	19%	0				2.0			1.0			1.0			
62200	ESTABLISH BRAIN CAVITY SHUNT	090	388	417	29	7%	19.29	20.89	1.60	8%	0				2.0			3.0			1.0			
62201	BRAIN CAVITY SHUNT W/SCOPE	090	425	456	31	7%	16.04	17.73	1.69	11%	0				3.0			2.0			1.0			
62220	ESTABLISH BRAIN CAVITY SHUNT	090	356	390	34	10%	14.1	15.94	1.84	13%	0				2.0			4.0			1.0			
62223	ESTABLISH BRAIN CAVITY SHUNT	090	357	388	31	9%	14.05	15.74	1.69	12%	0				3.0			2.0			1.0			

62225	REPLACE/IRRIGATE CATHETER	090	230.5	253.5	23	10%	6.19	7.51	1.32	21%	0				1.5			2.5			1.0			
62230	REPLACE/REVISE BRAIN SHUNT	090	293.5	321.5	28	10%	11.43	12.99	1.56	14%	0				1.5			3.5			1.0			
62256	REMOVE BRAIN CAVITY SHUNT	090	233.5	256.5	23	10%	7.38	8.70	1.32	18%	0				1.5			2.5			1.0			
62258	REPLACE BRAIN CAVITY SHUNT	090	366	400	34	9%	15.64	17.48	1.84	12%	0				2.0			4.0			1.0			
62263	EPIDURAL LYSIS MULT SESSIONS	010	214	230	16	7%	5	5.99	0.99	20%	0			1.0	2.0						0.5			
62264	EPIDURAL LYSIS ON SINGLE DAY	010	109	109	0	0%	4.42	4.53	0.11	2%	0										0.5			
62287	DCMPRN PX PERQ 1/MLT LUMBA	090	248	269	21	8%	9.03	10.13	1.10	12%	0				3.0						0.5			
62292	NJX CHEMONUCLEOLYSIS LMBR	090	284	308	24	8%	9.24	10.60	1.36	15%	0				2.0			2.0			1.0		1.0	
62294	INJECTION INTO SPINAL ARTERY	090	336	367.5	31.5	9%	12.87	14.59	1.72	13%	0				2.0			3.5			1.0			
62350	IMPLANT SPINAL CANAL CATH	010	170	177	7	4%	6.05	6.49	0.44	7%	0				1.0						0.5			
62351	IMPLANT SPINAL CANAL CATH	090	449	448	-1	0%	11.66	13.96	2.30	20%	0			4.0						3.0	1.0			
62355	REMOVE SPINAL CANAL CATHETE	010	140	147	7	5%	3.55	3.99	0.44	12%	0				1.0						0.5			
62360	INSERT SPINE INFUSION DEVICE	010	170	177	7	4%	4.33	4.77	0.44	10%	0				1.0						0.5			
62361	IMPLANT SPINE INFUSION PUMP	010	170	177	7	4%	5	5.44	0.44	9%	0				1.0						0.5			
62362	IMPLANT SPINE INFUSION PUMP	010	170	177	7	4%	5.6	6.04	0.44	8%	0				1.0						0.5			
62365	REMOVE SPINE INFUSION DEVICE	010	155	162	7	5%	3.93	4.37	0.44	11%	0				1.0						0.5			
62380	NDSC DCMPRN 1 NTRSPC LUMBA	090	231	245	14	6%	0	0.77	0.77	#DIV/0!	0				2.0						0.5			
63001	REMOVE SPINE LAMINA 1/2 CRVL	090	488	529.5	41.5	9%	17.61	19.81	2.20	12%	0				2.0			5.5			1.0		1.0	
63003	REMOVE SPINE LAMINA 1/2 THRC	090	485	526.5	41.5	9%	17.74	19.94	2.20	12%	0				2.0			5.5			1.0		1.0	
63005	REMOVE SPINE LAMINA 1/2 LMB	090	450	477	27	6%	16.43	18.32	1.89	12%	0				3.0			2.0	1.0		1.0			
63011	REMOVE SPINE LAMINA 1/2 SCRL	090	415.5	458	42.5	10%	15.91	18.16	2.25	14%	0				2.5			5.0			1.0			
63012	REMOVE LAMINA/FACETS LUMBA	090	441.5	486.5	45	10%	16.85	19.22	2.37	14%	0				2.5			5.5			1.0			
63015	REMOVE SPINE LAMINA >2 CRVCI	090	465	492	27	6%	20.85	22.74	1.89	9%	0				3.0			2.0	1.0		1.0			
63016	REMOVE SPINE LAMINA >2 THRC	090	665.5	715.5	50	8%	22.03	24.64	2.61	12%	0				2.5			6.5			1.0		2.5	
63017	REMOVE SPINE LAMINA >2 LMBR	090	437	459	22	5%	17.33	18.98	1.65	10%	0				3.0			1.0	1.0		1.0			
63020	NECK SPINE DISK SURGERY	090	379	403	24	6%	14.91	16.65	1.74	12%	-2				2.0	1.0		1.0	1.0		1.0			
63030	LOW BACK DISK SURGERY	090	305	328	23	8%	12	13.19	1.19	10%	-2				2.0	1.0					0.5			
63040	LAMINOTOMY SINGLE CERVICAL	090	479.5	527	47.5	10%	20.31	22.80	2.49	12%	0				2.5			6.0			1.0			
63042	LAMINOTOMY SINGLE LUMBAR	090	400	436	36	9%	18.76	20.69	1.93	10%	0				3.0			3.0			1.0			
63045	LAM FACETEC & FORAMOT CRV	090	395	417	22	6%	17.95	19.60	1.65	9%	0				3.0			1.0	1.0		1.0			
63046	LAM FACETEC & FORAMOT THRC	090	395	417	22	6%	17.25	18.90	1.65	10%	0				3.0			1.0	1.0		1.0			
63047	LAM FACETEC & FORAMOT LUMB	090	362	384	22	6%	15.37	17.02	1.65	11%	0				3.0			1.0	1.0		1.0			
63050	CERVICAL LAMINOPLSTY 2/> SEG	090	455	477	22	5%	22.01	23.79	1.78	8%	0			1.0	2.0			2.0	1.0		1.0			
63051	C-LAMINOPLASTY W/GRAFT/PLAT	090	495	517	22	4%	25.51	27.29	1.78	7%	0			1.0	2.0			2.0	1.0		1.0			
63055	DECOMPRESS SPINAL CORD THRC	090	520.5	570.5	50	10%	23.55	26.16	2.61	11%	0				2.5			6.5			1.0			
63056	DECOMPRESS SPINAL CORD LMBI	090	490.5	538	47.5	10%	21.86	24.35	2.49	11%	0				2.5			6.0			1.0			
63064	DECOMPRESS SPINAL CORD THRC	090	592.5	645	52.5	9%	26.22	28.95	2.73	10%	0				2.5			7.0			1.0			
63075	NECK SPINE DISK SURGERY	090	355	367	12	3%	19.6	20.90	1.30	7%	0			1.0	2.0				1.0		1.0			
63077	SPINE DISK SURGERY THORAX	090	517.5	562.5	45	9%	22.88	25.25	2.37	10%	0				2.5			5.5			1.0			
63081	REMOVE VERT BODY DCMPRN CR	090	622.5	675	52.5	8%	26.1	28.83	2.73	10%	0				2.5			7.0			1.0		1.5	
63085	REMOVE VERT BODY DCMPRN TH	090	721.5	781.5	60	8%	29.47	32.56	3.09	10%	0				2.5			8.5			1.0		1.5	
63087	REMOV VERTBR DCMPRN THRCLI	090	682	729	47	7%	37.53	40.38	2.85	8%	0				3.0			6.0	1.0		1.0			
63090	REMOVE VERT BODY DCMPRN LN	090	741	807	66	9%	30.93	34.30	3.37	11%	0				3.0			9.0			1.0		1.5	
63101	REMOVE VERT BODY DCMPRN TH	090	671	706	35	5%	34.1	36.89	2.79	8%	0			1.0	3.0			4.0	2.0		1.0			
63102	REMOVE VERT BODY DCMPRN LN	090	658	693	35	5%	34.1	36.89	2.79	8%	0			1.0	3.0			4.0	2.0		1.0			
63170	INCISE SPINAL CORD TRACT(S)	090	623.5	676	52.5	8%	22.21	24.94	2.73	12%	0				2.5			7.0			1.0		1.5	
63172	DRAINAGE OF SPINAL CYST	090	581	625	44	8%	19.76	22.08	2.32	12%	0				2.0			6.0			1.0		1.5	
63173	DRAINAGE OF SPINAL CYST	090	630.5	680.5	50	8%	24.31	26.92	2.61	11%	0				2.5			6.5			1.0		1.5	
63185	INCISE SPINE NRV HALF SEGMNT	090	451.5	496.5	45	10%	16.49	18.86	2.37	14%	0				2.5			5.5			1.0			
63190	INCISE SPINE NRV >2 SEGMNTS	090	491.5	536.5	45	9%	18.89	21.26	2.37	13%	0				2.5			5.5			1.0			
63191	INCISE SPINE ACCESSORY NERVE	090	468.5	511	42.5	9%	18.92	21.17	2.25	12%	0				2.5			5.0			1.0			
63197	LAM W/CORDOTOMY 1STG THRC	090	707.5	752.5	45	6%	24.08	26.45	2.37	10%	0				2.5			5.5			1.0		3.0	
63200	RELEASE SPINAL CORD LUMBAR	090	589.5	637	47.5	8%	21.44	23.93	2.49	12%	0				2.5			6.0			1.0		1.5	
63250	REVISE SPINAL CORD VSLS CRVL	090	941.5	1004	62.5	7%	43.86	47.07	3.21	7%	0				2.5			9.0			1.0		2.5	
63251	REVISE SPINAL CORD VSLS THRC	090	983	1056.5	73.5	7%	44.64	48.37	3.73	8%	0				3.0			10.5			1.0		2.5	
63252	REVISE SPINE CORD VSL THRLMB	090	981	1054.5	73.5	7%	44.63	48.36	3.73	8%	0				3.0			10.5			1.0		2.5	
63265	EXCISE INTRASPINL LESION CRV	090	612.5	660	47.5	8%	23.82	26.31	2.49	10%	0				2.5			6.0			1.0		1.5	
63266	EXCISE INTRSPINL LESION THRC	090	636.5	689	52.5	8%	24.68	27.41	2.73	11%	0				2.5			7.0			1.0		1.5	
63267	EXCISE INTRSPINL LESION LMBR	090	480.5	528	47.5	10%	19.45	21.94	2.49	13%	0				2.5			6.0			1.0			
63268	EXCISE INTRSPINL LESION SCRL	090	498.5	546	47.5	10%	20.02	22.51	2.49	12%	0				2.5			6.0			1.0			
63270	EXCISE INTRSPINL LESION CRVL	090	781.5	839	57.5	7%	29.8	32.77	2.97	10%	0				2.5			8.0			1.0		2.5	
63271	EXCISE INTRSPINL LESION THRC	090	779.5	837	57.5	7%	29.92	32.89	2.97	10%	0				2.5			8.0			1.0		2.5	
63272	EXCISE INTRSPINL LESION LMBR	090	648.5	703.5	55	8%	27.5	30.35	2.85	10%	0				2.5			7.5			1.0		1.0	
63273	EXCISE INTRSPINL LESION SCRL	090	648.5	703.5	55	8%	26.47	29.32	2.85	11%	0				2.5			7.5			1.0		1.0	
63275	BX/EXC XDRL SPINE LESN CRVL	090	654.5	709.5	55	8%	25.86	28.71	2.85	11%	0				2.5			7.5			1.0		1.0	
63276	BX/EXC XDRL SPINE LESN THRC	090	659.5	717	57.5	9%	25.69	28.66	2.97	12%	0				2.5			8.0			1.0		1.0	
63277	BX/EXC XDRL SPINE LESN LMBR	090	544.5	594.5	50	9%	22.39	25.00	2.61	12%	0				2.5			6.5			1.0			
63278	BX/EXC XDRL SPINE LESN SCRL	090	546.5	596.5	50	9%	22.12	24.73	2.61	12%	0				2.5			6.5			1.0			
63280	BX/EXC IDRL SPINE LESN CRVL	090	669	732.5	63.5	9%	30.29	33.54	3.25	11%	0				3.0			8.5			1.0			
63281	BX/EXC IDRL SPINE LESN THRC	090	669	732.5	63.5	9%	29.99	33.24	3.25	11%	0				3.0			8.5			1.0			
63282	BX/EXC IDRL SPINE LESN LMBR	090	623	679	56	9%	28.15	31.04	2.89	10%	0				3.0			7.0			1.0			
63283	BX/EXC IDRL SPINE LESN SCRL	090	618	674	56	9%	26.76	29.65	2.89	11%	0				3.0			7.0			1.0			
63285	BX/EXC IDRL IMED LESN CERVL	090	762	830.5	68.5	9%	38.05	41.54	3.49	9%	0				3.0			9.5			1.0			

63286	BX/EXC IDRL IMED LESN THRC	090	747	813	66	9%	37.62	40.99	3.37	9%	0				3.0			9.0			1.0		
63287	BX/EXC IDRL IMED LESN THRLMB	090	931	1002	71	8%	40.08	43.69	3.61	9%	0				3.0			10.0			1.0	2.5	
63290	BX/EXC XDRL/IDRL LSN ANY LVL	090	960	1033.5	73.5	8%	40.82	44.55	3.73	9%	0				3.0			10.5			1.0	2.5	
63300	REMOVE VERT XDRL BODY CRVCL	090	638.5	691	52.5	8%	26.8	29.53	2.73	10%	0				2.5			7.0			1.0	1.5	
63301	REMOVE VERT XDRL BODY THRC	090	950	1023.5	73.5	8%	31.57	35.30	3.73	12%	0				3.0			10.5			1.0	3.5	
63302	REMOVE VERT XDRL BODY THRLM	090	871	939.5	68.5	8%	31.15	34.64	3.49	11%	0				3.0			9.5			1.0	2.5	
63303	REMOV VERT XDRL BDY LMBR/SA	090	809.5	869.5	60	7%	33.55	36.64	3.09	9%	0				2.5			8.5			1.0	2.5	
63304	REMOVE VERT IDRL BODY CRVCL	090	845	911	66	8%	33.85	37.22	3.37	10%	0				3.0			9.0			1.0	3.0	
63305	REMOVE VERT IDRL BODY THRC	090	1004	1077.5	73.5	7%	36.24	39.97	3.73	10%	0				3.0			10.5			1.0	4.0	
63306	REMOV VERT IDRL BDY THRCLMB	090	871	939.5	68.5	8%	35.55	39.04	3.49	10%	0				3.0			9.5			1.0	2.5	
63307	REMOV VERT IDRL BDY LMBR/SA	090	863	931.5	68.5	8%	34.96	38.45	3.49	10%	0				3.0			9.5			1.0	2.5	
63600	REMOVE SPINAL CORD LESION	090	364	398	34	9%	15.12	16.96	1.84	12%	0				2.0			4.0			1.0		
63620	SRS SPINAL LESION	090	195	209	14	7%	15.6	16.37	0.77	5%	0				2.0						0.5		
63650	IMPLANT NEUROELECTRODES	010	170	177	7	4%	7.15	7.59	0.44	6%	0				1.0						0.5		
63655	IMPLANT NEUROELECTRODES	090	254	270	16	6%	10.92	11.91	0.99	9%	0			1.0	2.0						0.5		
63661	REMOVE SPINE ELTRD PERQ ARAY	010	165	172	7	4%	5.08	5.52	0.44	9%	0				1.0						0.5		
63662	REMOVE SPINE ELTRD PLATE	090	243	259	16	7%	11	12.10	1.10	10%	0			1.0	2.0						1.0		
63663	REVISE SPINE ELTRD PERQ ARAY	010	200	207	7	3%	7.75	8.19	0.44	6%	0				1.0						0.5		
63664	REVISE SPINE ELTRD PLATE	090	273	289	16	6%	11.52	12.62	1.10	10%	0			1.0	2.0						1.0		
63685	INS/RPLC SPI NPG/RCVR POCKET	010	170	177	7	4%	5.19	5.63	0.44	8%	0				1.0						0.5		
63688	REV/RMV IMP SP NPG/R DTCH CN	010	162	169	7	4%	4.35	4.79	0.44	10%	0				1.0						0.5		
63700	REPAIR OF SPINAL HERNIATION	090	401	437	36	9%	17.47	19.40	1.93	11%	0				3.0			3.0			1.0		
63702	REPAIR OF SPINAL HERNIATION	090	463	499	36	8%	19.41	21.34	1.93	10%	0				3.0			3.0			1.0		
63704	REPAIR OF SPINAL HERNIATION	090	609	677	68	11%	22.43	25.89	3.46	15%	0				4.0			8.0			1.0		
63706	REPAIR OF SPINAL HERNIATION	090	679	747	68	10%	25.35	28.81	3.46	14%	0				4.0			8.0			1.0		
63707	REPAIR SPINAL FLUID LEAKAGE	090	377.5	420	42.5	11%	12.65	14.90	2.25	18%	0				2.5			5.0			1.0		
63709	REPAIR SPINAL FLUID LEAKAGE	090	426.5	466.5	40	9%	15.65	17.78	2.13	14%	0				2.5			4.5			1.0		
63710	GRAFT REPAIR OF SPINE DEFECT	090	407.5	447.5	40	10%	15.4	17.53	2.13	14%	0				2.5			4.5			1.0		
63740	INSTALL SPINAL SHUNT	090	378.5	416	37.5	10%	12.63	14.64	2.01	16%	0				2.5			4.0			1.0		
63741	INSTALL SPINAL SHUNT	090	289	313	24	8%	9.12	10.48	1.36	15%	0				2.0			2.0			1.0		
63744	REVISION OF SPINAL SHUNT	090	282.5	308	25.5	9%	8.94	10.38	1.44	16%	0				1.5			3.0			1.0		
63746	REMOVAL OF SPINAL SHUNT	090	254.5	282.5	28	11%	7.33	8.89	1.56	21%	0				1.5			3.5			1.0		
64553	IMPLANT NEUROELECTRODES	010	160	167	7	4%	6.13	6.57	0.44	7%	0				1.0						0.5		
64555	IMPLANT NEUROELECTRODES	010	145	152	7	5%	5.76	6.20	0.44	8%	0				1.0						0.5		
64561	IMPLANT NEUROELECTRODES	010	131	140	9	7%	5.44	5.86	0.42	8%	-2					1.0							
64568	OPN IMPLTJ CRNL NRV NEA&PG	090	275	294	19	7%	9	10.12	1.12	12%	0				2.0			1.0			1.0		
64569	REVISE/REPL VAGUS N ELTRD	090	312	331	19	6%	11	12.12	1.12	10%	0				2.0			1.0			1.0		
64570	REMOVE VAGUS N ELTRD	090	259	271	12	5%	9.1	9.89	0.79	9%	0				1.0			1.0			1.0		
64575	OPN IMPLTJ NEA PERPH NERVE	090	78	81	3	4%	4.42	4.75	0.33	7%	0			1.5									
64580	OPN IMPLTJ NEA NEUROMUSCUL	090	79	82	3	4%	4.19	4.52	0.33	8%	0			1.5									
64581	OPN IMPLTJ NEA SACRAL NERVE	090	269	278	9	3%	12.2	12.73	0.53	4%	-2					1.0					0.5		
64582	OPN MPLTJ HPGLSL NSTM ARY PG	090	294	308	14	5%	14	14.77	0.77	5%	0				2.0						0.5		
64583	REV/RPLCT HPGLSL NSTM ARY PG	090	309	323	14	5%	14.5	15.27	0.77	5%	0				2.0						0.5		
64584	RMVL HPGLSL NSTIM ARY PG	090	275	289	14	5%	12	12.77	0.77	6%	0				2.0						0.5		
64585	REV/RMV PERPH NSTIM ELTRD RA	010	58	60	2	3%	2.11	2.33	0.22	10%	0			1.0									
64590	INS/RPL PRPH SAC/GSTR NPG/R	010	145	152	7	5%	5.1	5.54	0.44	9%	0				1.0						0.5		
64595	REV/RMV PRPH SAC/GSTR NPG/R	010	134	141	7	5%	3.79	4.23	0.44	12%	0				1.0						0.5		
64600	INJECTION TREATMENT OF NERVE	010	77	79	2	3%	3.49	3.71	0.22	6%	0			1.0									
64605	INJECTION TREATMENT OF NERVE	010	103	105	2	2%	5.65	5.87	0.22	4%	0			1.0									
64610	INJECTION TREATMENT OF NERVE	010	140	142	2	1%	7.2	7.42	0.22	3%	0			1.0									
64611	CHEMODENERV SALIV GLANDS	010	36	38	2	6%	1.03	1.25	0.22	21%	0			1.0									
64612	DESTROY NERVE FACE MUSCLE	010	41	43	2	5%	1.41	1.63	0.22	16%	0			1.0									
64620	INJECTION TREATMENT OF NERVE	010	76	78	2	3%	2.89	3.11	0.22	8%	0			1.0									
64624	DSTRJ NULYT AGT GNCLR NRV	010	74	76	2	3%	2.5	2.72	0.22	9%	0			1.0									
64625	RF ABLTJ NRV NRVTG SI JT	010	98	105	7	7%	3.39	3.83	0.44	13%	0				1.0						0.5		
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	010	178	185	7	4%	7.15	7.59	0.44	6%	0				1.0						0.5		
64630	INJECTION TREATMENT OF NERVE	010	78	80	2	3%	3.05	3.27	0.22	7%	0			1.0									
64632	N BLOCK INJ COMMON DIGIT	010	36	38	2	6%	1.23	1.45	0.22	18%	0			1.0									
64633	DESTROY CERV/THOR FACET JNT	010	100	107	7	7%	3.32	3.76	0.44	13%	0				1.0						0.5		
64635	DESTROY LUMB/SAC FACET JNT	010	100	107	7	7%	3.32	3.76	0.44	13%	0				1.0						0.5		
64640	INJECTION TREATMENT OF NERVE	010	64	66	2	3%	1.98	2.20	0.22	11%	0			1.0									
64680	INJECTION TREATMENT OF NERVE	010	98	100	2	2%	2.67	2.89	0.22	8%	0			1.0									
64681	INJECTION TREATMENT OF NERVE	010	122	132	10	8%	3.78	4.26	0.48	13%	0							2.0					
64702	REVISE FINGER/TOE NERVE	090	212	230	18	8%	6.26	7.47	1.21	19%	0			2.0	2.0						0.5		
64704	REVISE HAND/FOOT NERVE	090	152	157	5	3%	4.69	5.24	0.55	12%	0			2.5									
64708	REVISE ARM/LEG NERVE	090	220	233	13	6%	6.36	7.46	1.10	17%	0			3.0	1.0						0.5		
64712	REVISION OF SCIATIC NERVE	090	294	307.5	13.5	5%	8.07	9.31	1.24	15%	0			3.0				1.5			1.0		
64713	REVISION OF ARM NERVE(S)	090	429	446	17	4%	11.4	12.87	1.47	13%	0			3.5				2.0			1.0		
64714	REVISE LOW BACK NERVE(S)	090	364	373.5	9.5	3%	10.55	11.66	1.11	11%	0			3.5				0.5			1.0		
64716	REVISION OF CRANIAL NERVE	090	182	198	16	9%	6.99	7.87	0.88	13%	0			1.0	2.0								
64718	REVISE ULNAR NERVE AT ELBOW	090	250	278	28	11%	7.26	8.69	1.43	20%	0				4.0						0.5		
64719	REVISE ULNAR NERVE AT WRIST	090	149	154	5	3%	4.97	5.52	0.55	11%	0			2.5									
64721	CARPAL TUNNEL SURGERY	090	171	187	16	9%	4.97	5.96	0.99	20%	0			1.0	2.0						0.5		

64722	RELIEVE PRESSURE ON NERVE(S)	090	159	164	5	3%	4.82	5.48	0.66	14%	0			2.5							0.5			
64726	RELEASE FOOT/TOE NERVE	090	151	155	4	3%	4.27	4.82	0.55	13%	0			2.0							0.5			
64732	INCISION OF BROW NERVE	090	132.5	143	10.5	8%	4.89	5.50	0.61	12%	0				1.5						0.5			
64734	INCISION OF CHEEK NERVE	090	186	200	14	8%	5.55	6.43	0.88	16%	0				2.0						1.0			
64736	INCISION OF CHIN NERVE	090	139	153	14	10%	5.23	5.89	0.66	13%	0				2.0									
64738	INCISION OF JAW NERVE	090	173	187	14	8%	6.36	7.13	0.77	12%	0				2.0						0.5			
64740	INCISION OF TONGUE NERVE	090	166	180	14	8%	6.22	6.99	0.77	12%	0				2.0						0.5			
64742	INCISION OF FACIAL NERVE	090	179	193	14	8%	6.85	7.62	0.77	11%	0				2.0						0.5			
64744	INCISE NERVE BACK OF HEAD	090	192.5	203	10.5	5%	5.72	6.44	0.72	13%	0				1.5						1.0			
64746	INCISE DIAPHRAGM NERVE	090	177	191	14	8%	6.56	7.33	0.77	12%	0				2.0						0.5			
64755	INCISION OF STOMACH NERVES	090	360	377	17	5%	15.05	17.14	2.09	14%	0			1.0	1.0			3.0	1.0	1.0	1.0			
64760	INCISION OF VAGUS NERVE	090	212	226	14	7%	7.59	8.47	0.88	12%	0				2.0						1.0			
64763	INCISE HIP/THIGH NERVE	090	210	224	14	7%	7.56	8.33	0.77	10%	0				2.0						0.5			
64766	INCISE HIP/THIGH NERVE	090	239.5	257	17.5	7%	9.47	10.41	0.94	10%	0				2.5						0.5			
64771	SEVER CRANIAL NERVE	090	236.5	254	17.5	7%	8.15	9.09	0.94	11%	0				2.5						0.5			
64772	INCISION OF SPINAL NERVE	090	245	259	14	6%	7.84	8.72	0.88	11%	0				2.0						1.0			
64774	REMOVE SKIN NERVE LESION	090	174	188	14	8%	5.8	6.57	0.77	13%	0				2.0						0.5			
64776	REMOVE DIGIT NERVE LESION	090	158.5	169	10.5	7%	5.6	6.21	0.61	11%	0				1.5						0.5			
64782	REMOVE LIMB NERVE LESION	090	235	249	14	6%	6.86	7.74	0.88	13%	0				2.0						1.0			
64784	REMOVE NERVE LESION	090	257.5	275	17.5	7%	10.62	11.56	0.94	9%	0				2.5						0.5			
64786	REMOVE SCIATIC NERVE LESION	090	291.5	309	17.5	6%	16.25	17.19	0.94	6%	0				2.5						0.5			
64788	REMOVE SKIN NERVE LESION	090	183	197	14	8%	5.24	6.01	0.77	15%	0				2.0						0.5			
64790	REMOVAL OF NERVE LESION	090	331.5	349	17.5	5%	12.1	13.04	0.94	8%	0				2.5						0.5			
64792	REMOVAL OF NERVE LESION	090	416	437	21	5%	15.86	17.07	1.21	8%	0				3.0						1.0			
64802	SYMPATHECTOMY CERVICAL	090	354.5	389.5	35	10%	10.37	12.26	1.89	18%	0				2.5			3.5			1.0			
64804	SYMPATHECTOMY CERVICOTHOR	090	389.5	427	37.5	10%	15.91	17.92	2.01	13%	0				2.5			4.0			1.0			
64809	SYMPATHECTOMY THORACOLUM	090	336	367.5	31.5	9%	14.71	16.43	1.72	12%	0				2.0			3.5			1.0			
64818	SYMPATHECTOMY LUMBAR	090	345	376.5	31.5	9%	11.34	13.06	1.72	15%	0				2.0			3.5			1.0			
64820	SYMPATHECTOMY DIGITAL ARTEF	090	268	277	9	3%	10.74	11.29	0.55	5%	-4	2.0	1.0	1.0										
64821	SYMPATHECTOMY RADIAL ARTER	090	269	287	18	7%	9.33	10.78	1.45	16%	0			3.0	1.0			1.0			1.0			
64822	SYMPATHECTOMY ULNAR ARTER	090	269	287	18	7%	9.33	10.78	1.45	16%	0			3.0	1.0			1.0			1.0			
64823	SYMPATHECTOMY SUPFC PALMA	090	299	317	18	6%	10.94	12.39	1.45	13%	0			3.0	1.0			1.0			1.0			
64831	REPAIR OF DIGIT NERVE	090	237	255	18	8%	9.16	10.37	1.21	13%	0			2.0	2.0						0.5			
64834	REPAIR OF HAND OR FOOT NERVE	090	226	240	14	6%	10.81	11.69	0.88	8%	0				2.0						1.0			
64835	REPAIR OF HAND OR FOOT NERVE	090	259.5	277	17.5	7%	11.73	12.78	1.05	9%	0				2.5						1.0			
64836	REPAIR OF HAND OR FOOT NERVE	090	260.5	278	17.5	7%	11.73	12.78	1.05	9%	0				2.5						1.0			
64840	REPAIR OF LEG NERVE	090	356	379.5	23.5	7%	14.02	15.35	1.33	9%	0				3.0			0.5			1.0			
64856	REPAIR/TRANSPOSE NERVE	090	415.5	453	37.5	9%	15.07	17.08	2.01	13%	0				2.5			4.0			1.0			
64857	REPAIR ARM/LEG NERVE	090	428.5	468.5	40	9%	15.82	17.95	2.13	13%	0				2.5			4.5			1.0			
64858	REPAIR SCIATIC NERVE	090	442.5	482.5	40	9%	17.82	19.95	2.13	12%	0				2.5			4.5			1.0			
64861	REPAIR OF ARM NERVES	090	549	600	51	9%	20.89	23.54	2.65	13%	0				3.0			6.0			1.0			
64862	REPAIR OF LOW BACK NERVES	090	531	582	51	10%	21.09	23.74	2.65	13%	0				3.0			6.0			1.0			
64864	REPAIR OF FACIAL NERVE	090	321	345	24	7%	13.41	14.77	1.36	10%	0				2.0			2.0			1.0			
64865	REPAIR OF FACIAL NERVE	090	365.5	385.5	20	5%	16.09	17.26	1.17	7%	0				2.5			0.5			1.0			
64866	FUSION OF FACIAL/OTHER NERVE	090	391.5	421.5	30	8%	16.83	18.48	1.65	10%	0				2.5			2.5			1.0			
64868	FUSION OF FACIAL/OTHER NERVE	090	351	375	24	7%	14.9	16.26	1.36	9%	0				2.0			2.0			1.0			
64885	NERVE GRAFT HEAD/NECK	090	325	339	14	4%	17.6	18.48	0.88	5%	0				2.0						1.0			
64886	NERVE GRAFT HEAD/NECK >4 CM	090	411	426	15	4%	20.82	22.14	1.32	6%	0				2.0			1.0	1.0		1.0			
64890	NRV GRF 1STRND HND/FOOT <4C	090	403.5	433.5	30	7%	16.24	17.89	1.65	10%	0				2.5			2.5			1.0			
64891	NRV GRF 1STRND HND/FOOT >4C	090	424.5	459.5	35	8%	17.35	19.24	1.89	11%	0				2.5			3.5			1.0			
64892	NRV GRF 1STRND ARM/LEG <4CM	090	396.5	426.5	30	8%	15.74	17.39	1.65	10%	0				2.5			2.5			1.0			
64893	NRV GRF 1STRND ARM/LEG >4 CM	090	439.5	477	37.5	9%	16.87	18.88	2.01	12%	0				2.5			4.0			1.0			
64895	NRV GRF MLTST HND/FOOT	090	458.5	491	32.5	7%	20.39	22.16	1.77	9%	0				2.5			3.0			1.0			
64896	NRV GRF MLTST HND/FOOT >4 CM	090	523	566.5	43.5	8%	21.96	24.25	2.29	10%	0				3.0			4.5			1.0			
64897	NRV GRF MLTST ARM/LEG	090	480.5	513	32.5	7%	19.38	21.15	1.77	9%	0				2.5			3.0			1.0			
64898	NRV GRF MLTST ARM/LEG >4 CM	090	531	574.5	43.5	8%	20.97	23.26	2.29	11%	0				3.0			4.5			1.0			
64905	NERVE PEDICLE TRANSFER	090	383.5	413.5	30	8%	15.11	16.76	1.65	11%	0				2.5			2.5			1.0			
64907	NERVE PEDICLE TRANSFER	090	404.5	439.5	35	9%	20.03	21.92	1.89	9%	0				2.5			3.5			1.0			
64910	NERVE REPAIR W/ALLOGRAFT	090	257	280	23	9%	10.52	11.84	1.32	13%	0			1.0	3.0						0.5			
64911	NEURORRAPHY W/VEIN AUTOGR	090	292	315	23	8%	14	15.32	1.32	9%	0			1.0	3.0						0.5			
64912	NRV RPR W/NRV ALGRFT 1ST	090	272	295	23	8%	12	13.32	1.32	11%	0			1.0	3.0						0.5			
65091	REVISE EYE	090	164.5	182	17.5	11%	7.26	8.20	0.94	13%	0				2.5						0.5			
65093	REVISE EYE WITH IMPLANT	090	214	221	7	3%	7.04	8.03	0.99	14%	0			3.5							1.0			
65101	REMOVAL OF EYE	090	232	260	28	12%	8.3	9.73	1.43	17%	0				4.0						0.5			
65103	REMOVE EYE/INSERT IMPLANT	090	237	265	28	12%	8.84	10.27	1.43	16%	0				4.0						0.5			
65105	REMOVE EYE/ATTACH IMPLANT	090	269.5	301	31.5	12%	9.93	11.53	1.60	16%	0				4.5						0.5			
65110	REMOVAL OF EYE	090	370.5	409	38.5	10%	15.7	17.74	2.04	13%	0				5.5						1.0			
65112	REMOVE EYE/REVISE SOCKET	090	434.5	482.5	48	11%	18.51	21.00	2.49	13%	0				6.5			0.5			1.0			
65114	REMOVE EYE/REVISE SOCKET	090	446.5	494.5	48	11%	19.65	22.14	2.49	13%	0				6.5			0.5			1.0			
65125	REVISE OCULAR IMPLANT	090	148	154	6	4%	3.27	3.93	0.66	20%	0			3.0										
65130	INSERT OCULAR IMPLANT	090	200	228	28	14%	8.42	9.74	1.32	16%	0				4.0									
65135	INSERT OCULAR IMPLANT	090	207	235	28	14%	8.6	9.92	1.32	15%	0				4.0									
65140	ATTACH OCULAR IMPLANT	090	255.5	287	31.5	12%	9.46	11.06	1.60	17%	0				4.5						0.5			

65150	REVISE OCULAR IMPLANT	090	187	194	7	4%	6.43	7.31	0.88	14%	0			3.5							0.5			
65155	REINSERT OCULAR IMPLANT	090	259.5	291	31.5	12%	10.1	11.59	1.49	15%	0				4.5									
65175	REMOVAL OF OCULAR IMPLANT	090	174.5	199	24.5	14%	7.4	8.56	1.16	16%	0				3.5									
65235	REMOVE FOREIGN BODY FROM E	090	185.5	217	31.5	17%	9.01	10.50	1.49	16%	0				4.5									
65260	REMOVE FOREIGN BODY FROM E	090	270	305	35	13%	12.54	14.30	1.76	14%	0				5.0						0.5			
65265	REMOVE FOREIGN BODY FROM E	090	291.5	330	38.5	13%	14.34	16.16	1.82	13%	0				5.5									
65270	REPAIR OF EYE WOUND	010	67	69	2	3%	1.95	2.17	0.22	11%	0			1.0										
65272	REPAIR OF EYE WOUND	090	115.5	133	17.5	15%	4.62	5.45	0.83	18%	0				2.5									
65273	REPAIR OF EYE WOUND	090	164.5	182	17.5	11%	5.16	6.21	1.05	20%	0				2.5						1.0			
65275	REPAIR OF EYE WOUND	090	146	167	21	14%	6.29	7.28	0.99	16%	0				3.0									
65280	REPAIR OF EYE WOUND	090	249.5	281	31.5	13%	9.1	10.70	1.60	18%	0				4.5						0.5			
65285	REPAIR OF EYE WOUND	090	353	397	44	12%	15.36	17.67	2.31	15%	0			1.0	6.0						0.5			
65286	REPAIR OF EYE WOUND	090	172.5	197	24.5	14%	6.63	7.79	1.16	17%	0				3.5									
65290	REPAIR OF EYE SOCKET WOUND	090	178.5	203	24.5	14%	6.53	7.69	1.16	18%	0				3.5									
65400	REMOVAL OF EYE LESION	090	189.5	221	31.5	17%	7.5	8.99	1.49	20%	0				4.5									
65420	REMOVAL OF EYE LESION	090	149	157	8	5%	4.36	5.24	0.88	20%	0			4.0										
65426	REMOVAL OF EYE LESION	090	162.5	170.5	8	5%	6.05	7.04	0.99	16%	0			4.0							0.5			
65436	CURETTE/TREAT CORNEA	090	101	115	14	14%	4.82	5.48	0.66	14%	0				2.0									
65450	TREATMENT OF CORNEAL LESION	090	117	125	8	7%	3.47	4.35	0.88	25%	0			4.0										
65600	REVISION OF CORNEA	090	115.5	133	17.5	15%	4.2	5.03	0.83	20%	0				2.5									
65710	CORNEAL TRANSPLANT	090	317	363	46	15%	14.45	16.61	2.16	15%	-4				4.0	2.0								
65730	CORNEAL TRANSPLANT	090	322	368	46	14%	16.35	18.51	2.16	13%	-4				4.0	2.0								
65750	CORNEAL TRANSPLANT	090	288	330	42	15%	16.9	18.88	1.98	12%	0				6.0									
65755	CORNEAL TRANSPLANT	090	288	330	42	15%	16.79	18.77	1.98	12%	0				6.0									
65756	CORNEAL TRNSPL ENDOTHELIAL	090	255	282	27	11%	16.84	18.60	1.76	10%	0			3.0	3.0						0.5			
65770	KERATOPROSTHESIS	090	456.5	507	50.5	11%	19.74	22.35	2.61	13%	0				6.5			1.0			1.0			
65772	CORRECTION OF ASTIGMATISM	090	128.5	146	17.5	14%	5.09	5.92	0.83	16%	0				2.5									
65775	CORRECTION OF ASTIGMATISM	090	168.5	193	24.5	15%	6.91	8.07	1.16	17%	0				3.5									
65780	OCULAR RECONST TRANSPLANT	090	192	222	30	16%	7.03	8.68	1.65	23%	0			1.0	4.0						0.5			
65781	OCULAR RECONST TRANSPLANT	090	354	374	20	6%	18.14	20.45	2.31	13%	0			10.0							0.5			
65782	OCULAR RECONST TRANSPLANT	090	331	349	18	5%	15.43	17.52	2.09	14%	0			9.0							0.5			
65785	IMPLTJ NTRSTRML CRNL RNG SEG	090	134	147	13	10%	5.39	6.38	0.99	18%	0			3.0	1.0									
65810	DRAINAGE OF EYE	090	142	163	21	15%	5.82	6.81	0.99	17%	0				3.0									
65815	DRAINAGE OF EYE	090	152	173	21	14%	6	6.99	0.99	17%	0				3.0									
65820	GONIOTOMY	090	244	264	20	8%	8.91	10.23	1.32	15%	0			3.0	2.0									
65850	TRABECULOTOMY AB EXTERNO	090	233	243	10	4%	11.39	12.71	1.32	12%	0			5.0							1.0			
65855	TRABECULOPLASTY LASER SURG	010	61	63	2	3%	3	3.22	0.22	7%	0			1.0										
65860	SEVERING ADS ANT SGM LASER	090	120	122	2	2%	3.59	3.81	0.22	6%	0			1.0										
65865	INCISE INNER EYE ADHESIONS	090	135	142	7	5%	5.77	6.54	0.77	13%	0			3.5										
65870	INCISE INNER EYE ADHESIONS	090	165.5	190	24.5	15%	7.39	8.55	1.16	16%	0				3.5									
65875	INCISE INNER EYE ADHESIONS	090	178	206	28	16%	7.81	9.13	1.32	17%	0				4.0									
65880	INCISE INNER EYE ADHESIONS	090	185	213	28	15%	8.36	9.68	1.32	16%	0				4.0									
65900	REMOVE EYE LESION	090	246	281	35	14%	12.51	14.16	1.65	13%	0				5.0									
65920	REMOVE IMPLANT OF EYE	090	214	249	35	16%	9.99	11.64	1.65	17%	0				5.0									
65930	REMOVE BLOOD CLOT FROM EYE	090	176	197	21	12%	8.39	9.49	1.10	13%	0				3.0						0.5			
66020	INJECTION TREATMENT OF EYE	010	52	54	2	4%	1.64	1.86	0.22	13%	0			1.0										
66030	INJECTION TREATMENT OF EYE	010	51	53	2	4%	1.3	1.52	0.22	17%	0			1.0										
66130	REMOVE EYE LESION	090	131	137	6	5%	7.83	8.49	0.66	8%	0			3.0										
66150	GLAUCOMA SURGERY	090	269	318	49	18%	10.53	12.84	2.31	22%	0				7.0									
66155	GLAUCOMA SURGERY	090	284	333	49	17%	10.52	12.94	2.42	23%	0				7.0						0.5			
66160	GLAUCOMA SURGERY	090	266	315	49	18%	12.39	14.70	2.31	19%	0				7.0									
66170	GLAUCOMA SURGERY	090	278	321	43	15%	13.94	16.58	2.64	19%	0			4.0	5.0						0.5			
66172	INCISION OF EYE	090	325	372	47	14%	14.84	17.92	3.08	21%	0			6.0	5.0						0.5			
66174	TRLUML DIL AQ O/F CAN W/O ST	090	173	203	30	17%	7.62	9.27	1.65	22%	0			1.0	4.0						0.5			
66175	TRLUML DIL AQ O/F CAN W/ST	090	184	214	30	16%	9.34	10.99	1.65	18%	0			1.0	4.0						0.5			
66179	AQUEOUS SHUNT EYE W/O GRAF	090	272	313	41	15%	14	16.42	2.42	17%	0			3.0	5.0						0.5			
66180	AQUEOUS SHUNT EYE W/GRAFT	090	277	318	41	15%	15	17.42	2.42	16%	0			3.0	5.0						0.5			
66183	INSERT ANT DRAINAGE DEVICE	090	257	298	41	16%	13.2	15.62	2.42	18%	0			3.0	5.0						0.5			
66184	REVISION OF AQUEOUS SHUNT	090	254	288	34	13%	9.58	11.67	2.09	22%	0			3.0	4.0						0.5			
66185	REVISE AQUEOUS SHUNT EYE	090	259	293	34	13%	10.58	12.67	2.09	20%	0			3.0	4.0						0.5			
66225	REPAIR/GRAFT EYE LESION	090	294	329	35	12%	12.63	14.28	1.65	13%	0				5.0									
66250	FOLLOW-UP SURGERY OF EYE	090	175.5	200	24.5	14%	7.1	8.26	1.16	16%	0				3.5									
66500	INCISION OF IRIS	090	103	108	5	5%	3.83	4.38	0.55	14%	0			2.5										
66505	INCISION OF IRIS	090	108	114	6	6%	4.22	4.88	0.66	16%	0			3.0										
66600	REMOVE IRIS AND LESION	090	211.5	243	31.5	15%	10.12	11.61	1.49	15%	0				4.5									
66605	REMOVAL OF IRIS	090	221.5	253	31.5	14%	14.22	15.71	1.49	10%	0				4.5									
66625	REMOVAL OF IRIS	090	132	139	7	5%	5.3	6.07	0.77	15%	0			3.5										
66630	REMOVAL OF IRIS	090	171.5	196	24.5	14%	7.28	8.44	1.16	16%	0				3.5									
66635	REMOVAL OF IRIS	090	167.5	192	24.5	15%	7.37	8.53	1.16	16%	0				3.5									
66680	REPAIR IRIS & CILIARY BODY	090	182	203	21	12%	7.97	9.07	1.10	14%	0				3.0						0.5			
66682	REPAIR IRIS & CILIARY BODY	090	202	225	23	11%	8.74	10.06	1.32	15%	0			1.0	3.0						0.5			
66683	IMPLANTATION IRIS PROSTHESIS	090	224	252	28	13%	10.67	12.10	1.43	13%	0				4.0						0.5			
66700	DESTRUCTION CILIARY BODY	090	146	155	9	6%	5.14	5.69	0.55	11%	0			1.0	1.0									

66710	CILIARY TRANSSLERAL THERAPY	090	140	149	9	6%	5.14	5.69	0.55	11%	0			1.0	1.0								
66711	ECP CILIARY BODY DESTRUCTION	090	191	221	30	16%	5.62	7.27	1.65	29%	0			1.0	4.0						0.5		
66720	DESTRUCTION CILIARY BODY	090	146	155	9	6%	4.75	5.74	0.99	21%	0			4.5									
66740	DESTRUCTION CILIARY BODY	090	140	149	9	6%	5.14	5.69	0.55	11%	0			1.0	1.0								
66761	REVISION OF IRIS	010	66	75	9	14%	3	3.55	0.55	18%	0			1.0	1.0								
66762	REVISION OF IRIS	090	123.5	141	17.5	14%	5.38	6.21	0.83	15%	0				2.5								
66770	REMOVAL OF INNER EYE LESION	090	132	153	21	16%	6.13	7.12	0.99	16%	0				3.0								
66820	INCISION SECONDARY CATARACT	090	113	118	5	4%	4.01	4.56	0.55	14%	0			2.5									
66821	AFTER CATARACT LASER SURGERY	090	82	96	14	17%	3.42	4.08	0.66	19%	0				2.0								
66825	REPOSITION INTRAOCULAR LENS	090	219	239	20	9%	9.01	10.33	1.32	15%	0			3.0	2.0								
66830	REMOVAL OF LENS LESION	090	189	217	28	15%	9.47	10.79	1.32	14%	0				4.0								
66840	REMOVAL OF LENS MATERIAL	090	183	211	28	15%	9.18	10.50	1.32	14%	0				4.0								
66850	REMOVAL OF LENS MATERIAL	090	207.5	239	31.5	15%	10.55	12.04	1.49	14%	0				4.5								
66852	REMOVAL OF LENS MATERIAL	090	206.5	238	31.5	15%	11.41	12.90	1.49	13%	0				4.5								
66920	EXTRACTION OF LENS	090	188	216	28	15%	10.13	11.45	1.32	13%	0				4.0								
66930	EXTRACTION OF LENS	090	210.5	242	31.5	15%	11.61	13.10	1.49	13%	0				4.5								
66940	EXTRACTION OF LENS	090	198.5	230	31.5	16%	10.37	11.86	1.49	14%	0				4.5								
66982	XCAPSL CTRC RMVL CPLX WO ECP	090	175	198	23	13%	10.25	11.57	1.32	13%	0			1.0	3.0						0.5		
66984	XCAPSL CTRC RMVL W/O ECP	090	126	142	16	13%	7.35	8.34	0.99	13%	0			1.0	2.0						0.5		
66985	INSERT LENS PROSTHESIS	090	227	262	35	15%	9.98	11.63	1.65	17%	0				5.0								
66989	XCPSL CTRC RMVL CPLX INSJ 1+	090	176	199	23	13%	12.13	13.45	1.32	11%	0			1.0	3.0						0.5		
66991	XCAPSL CTRC RMVL INSJ 1+	090	172	195	23	13%	9.23	10.55	1.32	14%	0			1.0	3.0						0.5		
67005	PARTIAL REMOVAL OF EYE FLUID	090	147	155	8	5%	5.89	6.77	0.88	15%	0			4.0									
67010	PARTIAL REMOVAL OF EYE FLUID	090	156	164	8	5%	7.06	7.94	0.88	12%	0			4.0									
67015	RELEASE OF EYE FLUID	090	171	180	9	5%	7.14	8.13	0.99	14%	0			4.5									
67025	REPLACE EYE FLUID	090	190	218	28	15%	8.11	9.43	1.32	16%	0				4.0								
67027	IMPLANT EYE DRUG SYSTEM	090	244	264	20	8%	11.62	12.94	1.32	11%	0			3.0	2.0								
67030	INCISE INNER EYE STRANDS	090	167	195	28	17%	6.11	7.43	1.32	22%	0				4.0								
67031	LASER SURGERY EYE STRANDS	090	109.5	127	17.5	16%	4.47	5.30	0.83	18%	0				2.5								
67036	REMOVAL OF INNER EYE FLUID	090	250	285	35	14%	12.13	13.89	1.76	15%	0				5.0						0.5		
67039	LASER TREATMENT OF RETINA	090	260	295	35	13%	13.2	14.96	1.76	13%	0				5.0						0.5		
67040	LASER TREATMENT OF RETINA	090	273	308	35	13%	14.5	16.26	1.76	12%	0				5.0						0.5		
67041	VIT FOR MACULAR PUCKER	090	260	295	35	13%	16.33	18.09	1.76	11%	0				5.0						0.5		
67042	VIT FOR MACULAR HOLE	090	260	295	35	13%	16.33	18.09	1.76	11%	0				5.0						0.5		
67043	VIT FOR MEMBRANE DISSECT	090	275	310	35	13%	17.4	19.16	1.76	10%	0				5.0						0.5		
67101	REPAIR DETACHED RETINA CRTX	010	145	159	14	10%	3.5	4.27	0.77	22%	0				2.0						0.5		
67105	REPAIR DETACHED RETINA PC	010	97	111	14	14%	3.39	4.05	0.66	19%	0				2.0								
67107	REPAIR DETACHED RETINA	090	290	325	35	12%	16	17.76	1.76	11%	0				5.0						0.5		
67108	REPAIR DETACHED RETINA	090	295	330	35	12%	17.13	18.89	1.76	10%	0				5.0						0.5		
67110	REPAIR DETACHED RETINA	090	196	238	42	21%	10.25	12.23	1.98	19%	0				6.0								
67113	REPAIR RETINAL DETACH CPLX	090	348	390	42	12%	19	21.09	2.09	11%	0				6.0						0.5		
67115	RELEASE ENCIRCLING MATERIAL	090	158.5	183	24.5	15%	6.11	7.27	1.16	19%	0				3.5								
67120	REMOVE EYE IMPLANT MATERIAL	090	162.5	187	24.5	15%	7.1	8.26	1.16	16%	0				3.5								
67121	REMOVE EYE IMPLANT MATERIAL	090	280	315	35	13%	12.25	13.90	1.65	13%	0				5.0								
67141	PROPH RTA DTCHMNT CRTX DTHI	010	77	91	14	18%	2.53	3.19	0.66	26%	0				2.0								
67145	PROPH RTA DTCHMNT PC	010	76	90	14	18%	2.53	3.19	0.66	26%	0				2.0								
67208	TREATMENT OF RETINAL LESION	090	137	158	21	15%	7.65	8.64	0.99	13%	0				3.0								
67210	TREATMENT OF RETINAL LESION	090	106	127	21	20%	6.36	7.35	0.99	16%	0				3.0								
67218	TREATMENT OF RETINAL LESION	090	464	476	12	3%	20.36	22.85	2.49	12%	0			3.0	1.0			2.0	2.0	1.0	1.0		
67220	TREATMENT OF CHOROID LESION	090	117.5	138.5	21	18%	6.36	7.35	0.99	16%	0				3.0								
67227	DSTRJ EXTENSIVE RETINOPATHY	010	93	100	7	8%	3.5	3.94	0.44	13%	0				1.0						0.5		
67228	TREATMENT X10SV RETINOPATHY	010	81	88	7	9%	4.39	4.72	0.33	8%	0				1.0								
67229	TR RETINAL LES PRETERM INF	090	353.5	391.5	38	11%	16.3	18.70	2.40	15%	0				6.0				1.0		1.0		
67250	REINFORCE EYE WALL	090	210	231	21	10%	9.61	10.60	0.99	10%	0				3.0								
67255	REINFORCE/GRAFT EYE WALL	090	216	243	27	13%	8.38	10.14	1.76	21%	0			3.0	3.0						0.5		
67311	REVISE EYE MUSCLE	090	144	155	11	8%	5.93	6.81	0.88	15%	0			2.0	1.0						0.5		
67312	REVISE TWO EYE MUSCLES	090	159	170	11	7%	9.5	10.38	0.88	9%	0			2.0	1.0						0.5		
67314	REVISE EYE MUSCLE	090	145	156	11	8%	5.93	6.81	0.88	15%	0			2.0	1.0						0.5		
67316	REVISE TWO EYE MUSCLES	090	164	175	11	7%	10.31	11.19	0.88	9%	0			2.0	1.0						0.5		
67318	REVISE EYE MUSCLE(S)	090	166	182	16	10%	9.8	10.79	0.99	10%	0			1.0	2.0						0.5		
67343	RELEASE EYE TISSUE	090	167.5	192	24.5	15%	8.47	9.63	1.16	14%	0				3.5								
67345	DESTROY NERVE OF EYE MUSCLE	010	58	60	2	3%	3.01	3.23	0.22	7%	0			1.0									
67400	EXPLORE/BIOPSY EYE SOCKET	090	255.5	287	31.5	12%	11.2	12.80	1.60	14%	0				4.5						0.5		
67405	EXPLORE/DRAIN EYE SOCKET	090	209	237	28	13%	9.2	10.63	1.43	16%	0				4.0						0.5		
67412	EXPLORE/TREAT EYE SOCKET	090	234.5	252	17.5	7%	10.3	11.24	0.94	9%	0				2.5						0.5		
67413	EXPLORE/TREAT EYE SOCKET	090	220	230	10	5%	10.24	11.34	1.10	11%	0			5.0									
67414	EXPLR/DECOMPRESS EYE SOCKET	090	347	361	14	4%	17.94	19.33	1.39	8%	-2			1.0	1.0	1.0			1.0		1.0		
67420	EXPLORE/TREAT EYE SOCKET	090	468	513	45	10%	21.87	24.22	2.35	11%	0				5.0			2.0			1.0		
67430	EXPLORE/TREAT EYE SOCKET	090	353	395	42	12%	15.29	17.27	1.98	13%	0				6.0								
67440	EXPLORE/DRAIN EYE SOCKET	090	336.5	375	38.5	11%	14.84	16.77	1.93	13%	0				5.5						0.5		
67445	EXPLR/DECOMPRESS EYE SOCKET	090	352	366	14	4%	19.12	20.51	1.39	7%	-2			1.0	1.0	1.0			1.0		1.0		
67450	EXPLORE/BIOPSY EYE SOCKET	090	366	408	42	11%	15.41	17.50	2.09	14%	0				6.0						0.5		
67550	INSERT EYE SOCKET IMPLANT	090	282	317	35	12%	11.77	13.42	1.65	14%	0				5.0								

67560	REVISE EYE SOCKET IMPLANT	090	276	311	35	13%	12.18	13.83	1.65	14%	0				5.0									
67570	DECOMPRESS OPTIC NERVE	090	294	314	20	7%	14.4	15.59	1.19	8%	-2			2.0	1.0	1.0								
67700	BLEPHAROTOMY DRG ABSC EYELI	010	59	61	2	3%	1.4	1.62	0.22	16%	0			1.0										
67710	SEVERING TARSORRHAPHY	010	39	41	2	5%	1.07	1.29	0.22	21%	0			1.0										
67715	CANTHOTOMY	010	41	43	2	5%	1.27	1.49	0.22	17%	0			1.0										
67800	REMOVE EYELID LESION	010	46	47	1	2%	1.41	1.52	0.11	8%	0			0.5										
67801	REMOVE EYELID LESIONS	010	48	49	1	2%	1.91	2.02	0.11	6%	0			0.5										
67805	REMOVE EYELID LESIONS	010	78	80	2	3%	2.27	2.49	0.22	10%	0			1.0										
67808	REMOVE EYELID LESION(S)	090	126.5	144	17.5	14%	4.6	5.43	0.83	18%	0				2.5									
67825	REVISE EYELASHES	010	47	49	2	4%	1.43	1.65	0.22	15%	0			1.0										
67830	REVISE EYELASHES	010	56	58	2	4%	1.75	1.97	0.22	13%	0			1.0										
67835	REVISE EYELASHES	090	154	160	6	4%	5.7	6.36	0.66	12%	0			3.0										
67840	REMOVE EYELID LESION	010	56	58	2	4%	2.09	2.31	0.22	11%	0			1.0										
67850	DSTRJ LESION LID MARGIN <1CM	010	48	50	2	4%	1.74	1.96	0.22	13%	0			1.0										
67880	REVISION OF EYELID	090	114.5	132	17.5	15%	4.6	5.43	0.83	18%	0				2.5									
67882	REVISION OF EYELID	090	156	177	21	13%	6.02	7.01	0.99	16%	0				3.0									
67900	REPAIR BROW DEFECT	090	177	193	16	9%	6.82	7.70	0.88	13%	0			1.0	2.0									
67901	REPAIR EYELID DEFECT	090	188	196	8	4%	7.59	8.58	0.99	13%	0			4.0								0.5		
67902	REPAIR EYELID DEFECT	090	221	234	13	6%	9.82	10.92	1.10	11%	0			3.0	1.0							0.5		
67903	REPAIR EYELID DEFECT	090	145	151	6	4%	6.51	7.17	0.66	10%	0			3.0										
67904	REPAIR EYELID DEFECT	090	185	198	13	7%	7.97	9.07	1.10	14%	0			3.0	1.0							0.5		
67906	REPAIR EYELID DEFECT	090	134	140	6	4%	6.93	7.59	0.66	10%	0			3.0										
67908	REPAIR EYELID DEFECT	090	136	143	7	5%	5.3	6.07	0.77	15%	0			3.5										
67909	REVISE EYELID DEFECT	090	136	143	7	5%	5.57	6.34	0.77	14%	0			3.5										
67911	REVISE EYELID DEFECT	090	183	191	8	4%	7.5	8.49	0.99	13%	0			4.0								0.5		
67912	CORRECTION EYELID W/IMPLANT	090	166	182	16	10%	6.36	7.35	0.99	16%	0			1.0	2.0							0.5		
67914	REPAIR EYELID DEFECT	090	129	140	11	9%	3.75	4.63	0.88	23%	0			2.0	1.0							0.5		
67915	REPAIR EYELID DEFECT	090	70	74	4	6%	2.03	2.47	0.44	22%	0			2.0										
67916	REPAIR EYELID DEFECT	090	134	145	11	8%	5.48	6.36	0.88	16%	0			2.0	1.0							0.5		
67917	REPAIR EYELID DEFECT	090	142	153	11	8%	5.93	6.81	0.88	15%	0			2.0	1.0							0.5		
67921	REPAIR EYELID DEFECT	090	124	135	11	9%	3.47	4.35	0.88	25%	0			2.0	1.0							0.5		
67922	REPAIR EYELID DEFECT	090	75	79	4	5%	2.03	2.47	0.44	22%	0			2.0										
67923	REPAIR EYELID DEFECT	090	134	145	11	8%	5.48	6.36	0.88	16%	0			2.0	1.0							0.5		
67924	REPAIR EYELID DEFECT	090	149	160	11	7%	5.93	6.81	0.88	15%	0			2.0	1.0							0.5		
67930	REPAIR EYELID WOUND	010	77	79	2	3%	3.65	3.87	0.22	6%	0			1.0										
67935	REPAIR EYELID WOUND	090	150	156	6	4%	6.36	7.02	0.66	10%	0			3.0										
67938	REMOVE EYELID FOREIGN BODY	010	48	50	2	4%	1.38	1.60	0.22	16%	0			1.0										
67950	REVISION OF EYELID	090	144	151	7	5%	5.99	6.76	0.77	13%	0			3.5										
67961	REVISION OF EYELID	090	167	174	7	4%	5.86	6.63	0.77	13%	0			3.5										
67966	REVISION OF EYELID	090	200	213	13	6%	8.97	10.07	1.10	12%	0			3.0	1.0							0.5		
67971	RECONSTRUCTION OF EYELID	090	235	244	9	4%	10.01	11.00	0.99	10%	0			4.5										
67973	RECONSTRUCTION OF EYELID	090	253	264	11	4%	13.13	14.34	1.21	9%	0			5.5										
67974	RECONSTRUCTION OF EYELID	090	255	266	11	4%	13.1	14.31	1.21	9%	0			5.5										
67975	RECONSTRUCTION OF EYELID	090	197	206	9	5%	9.35	10.34	0.99	11%	0			4.5										
68020	INCISE/DRAIN EYELID LINING	010	41	43	2	5%	1.42	1.64	0.22	15%	0			1.0										
68110	EXC LES CONJUNCTIVA	010	58	60	2	3%	1.82	2.04	0.22	12%	0			1.0										
68115	EXC LES CONJUNCTIVA >1 CM	010	68	70	2	3%	2.41	2.63	0.22	9%	0			1.0										
68130	EXC LES CONJUNCTIVA ADJ SCL	090	132	139	7	5%	5.1	5.87	0.77	15%	0			3.5										
68135	DESTRUCTION LES CONJUNCTIVA	010	58	60	2	3%	1.89	2.11	0.22	12%	0			1.0										
68320	REVISE/GRAFT EYELID LINING	090	209	237	28	13%	6.64	7.96	1.32	20%	0				4.0									
68325	REVISE/GRAFT EYELID LINING	090	217	245	28	13%	8.63	9.95	1.32	15%	0				4.0									
68326	REVISE/GRAFT EYELID LINING	090	211	239	28	13%	8.42	9.74	1.32	16%	0				4.0									
68328	REVISE/GRAFT EYELID LINING	090	231	259	28	12%	9.45	10.77	1.32	14%	0				4.0									
68330	REVISE EYELID LINING	090	154	175	21	14%	5.78	6.77	0.99	17%	0				3.0									
68335	REVISE/GRAFT EYELID LINING	090	216	244	28	13%	8.46	9.78	1.32	16%	0				4.0									
68340	SEPARATE EYELID ADHESIONS	090	134.5	152	17.5	13%	4.97	5.80	0.83	17%	0				2.5									
68360	REVISE EYELID LINING	090	138.5	156	17.5	13%	5.17	6.00	0.83	16%	0				2.5									
68362	REVISE EYELID LINING	090	203	231	28	14%	8.61	9.93	1.32	15%	0				4.0									
68371	HARVEST EYE TISSUE ALOGRAFT	010	150	158	8	5%	5.09	6.08	0.99	19%	0			4.0								0.5		
68400	I&D LACRIMAL GLAND	010	56	58	2	4%	1.74	1.96	0.22	13%	0			1.0										
68420	I&D LACRIMAL SAC	010	61	63	2	3%	2.35	2.57	0.22	9%	0			1.0										
68440	SNIP INC LACRIMAL PUNCTUM	010	35	37	2	6%	0.99	1.21	0.22	22%	0			1.0										
68500	REMOVAL OF TEAR GLAND	090	260.5	299	38.5	15%	12.77	14.59	1.82	14%	0				5.5									
68505	PARTIAL REMOVAL TEAR GLAND	090	262.5	301	38.5	15%	12.69	14.51	1.82	14%	0				5.5									
68520	REMOVAL OF TEAR SAC	090	212	240	28	13%	8.78	10.10	1.32	15%	0				4.0									
68530	CLEARANCE OF TEAR DUCT	010	89	91	2	2%	3.7	3.92	0.22	6%	0			1.0										
68540	REMOVE TEAR GLAND LESION	090	263	298	35	13%	12.18	13.83	1.65	14%	0				5.0									
68550	REMOVE TEAR GLAND LESION	090	328	370	42	13%	15.16	17.14	1.98	13%	0				6.0									
68700	REPAIR TEAR DUCTS	090	201	229	28	14%	7.87	9.19	1.32	17%	0				4.0									
68705	REVISE TEAR DUCT OPENING	010	55	57	2	4%	2.11	2.33	0.22	10%	0			1.0										
68720	CREATE TEAR SAC DRAIN	090	235	258	23	10%	9.96	11.17	1.21	12%	0			1.0	3.0									
68745	CREATE TEAR DUCT DRAIN	090	212	240	28	13%	9.9	11.22	1.32	13%	0				4.0									
68750	CREATE TEAR DUCT DRAIN	090	233.5	265	31.5	13%	10.1	11.59	1.49	15%	0				4.5									

68760	CLOSE TEAR DUCT OPENING	010	37	39	2	5%	1.78	2.00	0.22	12%	0			1.0										
68761	CLOSE TEAR DUCT OPENING	010	38	40	2	5%	1.41	1.63	0.22	16%	0			1.0										
68770	CLOSE TEAR SYSTEM FISTULA	090	181	209	28	15%	8.29	9.61	1.32	16%	0				4.0									
68801	DILATE TEAR DUCT OPENING	010	33	35	2	6%	0.82	1.04	0.22	27%	0			1.0										
68810	PROBE NASOLACRIMAL DUCT	010	43	45	2	5%	1.54	1.76	0.22	14%	0			1.0										
68811	PROBE NASOLACRIMAL DUCT	010	74.5	74.5	0	0%	1.74	1.85	0.11	6%	-2		1.0									0.5		
68815	PROBE NASOLACRIMAL DUCT	010	108	112	4	4%	2.7	3.25	0.55	20%	0			2.0								0.5		
68816	PROBE NL DUCT W/BALLOON	010	83	83	0	0%	2.1	2.21	0.11	5%	-2		1.0									0.5		
68840	EXPLORE/IRRIGATE TEAR DUCTS	010	39	41	2	5%	1.3	1.52	0.22	17%	0			1.0										
69000	DRG XTRNL EAR ABSC/HEM SMPL	010	49	51	2	4%	1.5	1.72	0.22	15%	0			1.0										
69005	DRG XTRNL EAR ABSC/HEM COM	010	62	64	2	3%	2.16	2.38	0.22	10%	0			1.0										
69020	DRG XTRNL AUD CANAL ABSCESS	010	40	42	2	5%	1.53	1.75	0.22	14%	0			1.0										
69110	REMOVE EXTERNAL EAR PARTIAL	090	91	95	4	4%	3.53	3.97	0.44	12%	0			2.0										
69120	REMOVAL OF EXTERNAL EAR	090	109	113	4	4%	4.14	4.58	0.44	11%	0			2.0										
69140	REMOVE EAR CANAL LESION(S)	090	185	192	7	4%	8.14	9.02	0.88	11%	0			3.5								0.5		
69145	REMOVE EAR CANAL LESION(S)	090	72	75	3	4%	2.7	3.03	0.33	12%	0			1.5										
69150	EXTENSIVE EAR CANAL SURGERY	090	285	293	8	3%	13.61	14.71	1.10	8%	0			4.0								1.0		
69155	EXTENSIVE EAR/NECK SURGERY	090	745	805	60	8%	23.35	26.93	3.58	15%	-4			1.0	2.0	2.0		6.0	1.0			1.0		
69205	CLEAR OUTER EAR CANAL	010	25.5	25.5	0	0%	1.21	1.21	-	0%	-1		0.5											
69222	CLEAN OUT MASTOID CAVITY	010	48	50	2	4%	1.45	1.67	0.22	15%	0			1.0										
69300	REVISE EXTERNAL EAR	YYY	227	236	9	4%	6.44	6.86	0.42	7%	-4		1.0			1.0								
69310	REBUILD OUTER EAR CANAL	090	220	228	8	4%	10.97	11.85	0.88	8%	0			4.0										
69320	REBUILD OUTER EAR CANAL	090	359	369	10	3%	17.18	18.39	1.21	7%	0			5.0								0.5		
69420	INCISION OF EARDRUM	010	37	39	2	5%	1.38	1.60	0.22	16%	0			1.0										
69421	INCISION OF EARDRUM	010	38	40	2	5%	1.78	2.00	0.22	12%	0			1.0										
69433	CREATE EARDRUM OPENING	010	56	63	7	13%	1.57	1.90	0.33	21%	0				1.0									
69436	CREATE EARDRUM OPENING	010	64	66	2	3%	2.01	2.23	0.22	11%	0			1.0										
69440	EXPLORATION OF MIDDLE EAR	090	185	191	6	3%	7.71	8.48	0.77	10%	0			3.0								0.5		
69450	EARDRUM REVISION	090	116	121	5	4%	5.69	6.24	0.55	10%	0			2.5										
69501	MASTOIDECTOMY	090	206	212	6	3%	9.21	9.98	0.77	8%	0			3.0								0.5		
69502	MASTOIDECTOMY	090	299	307	8	3%	12.56	13.66	1.10	9%	0			4.0								1.0		
69505	REMOVE MASTOID STRUCTURES	090	321	329	8	2%	13.17	14.27	1.10	8%	0			4.0								1.0		
69511	EXTENSIVE MASTOID SURGERY	090	318	326	8	3%	13.7	14.80	1.10	8%	0			4.0								1.0		
69530	EXTENSIVE MASTOID SURGERY	090	563	592	29	5%	20.38	22.55	2.17	11%	0			4.5				4.0				1.0		1.0
69535	REMOVE PART OF TEMPORAL BO	090	770	825	55	7%	37.42	40.90	3.48	9%	0			5.0				9.0				1.0		
69540	EXCISION AURAL POLYP	010	43	45	2	5%	1.25	1.47	0.22	18%	0			1.0										
69550	EXC AURL GLOMUS TUM TRNSCA	090	234	241	7	3%	11.15	12.03	0.88	8%	0			3.5								0.5		
69552	EXC AURL GLOMUS TUM TRNSMS	090	396	411.5	15.5	4%	19.81	21.27	1.46	7%	0			4.0				1.5				1.0		
69554	EXC AURL GLOMUS TUM EXTEND	090	1024	1078	54	5%	35.97	39.53	3.56	10%	-4				2.0	2.0		6.0	2.0			1.0		
69601	REVJ MSTDC RSLTG COMPL MSTD	090	330	339	9	3%	13.45	14.66	1.21	9%	0			4.5								1.0		
69602	REV MSTDC RSLT MOD RAD MSTD	090	325	333	8	2%	13.76	14.86	1.10	8%	0			4.0								1.0		
69603	REVJ MSTDC RSLTG RAD MSTDC	090	319	327	8	3%	14.2	15.30	1.10	8%	0			4.0								1.0		
69604	REVJ MSTDC RSLTG TYMPANPLST	090	336	344	8	2%	14.2	15.30	1.10	8%	0			4.0								1.0		
69610	TYMPANIC MEMBRANE REPAIR	010	90	92	2	2%	4.47	4.69	0.22	5%	0			1.0										
69620	MYRINGOPLASTY	090	158	164	6	4%	6.03	6.69	0.66	11%	0			3.0										
69631	REPAIR EARDRUM STRUCTURES	090	245	253	8	3%	10.05	11.04	0.99	10%	0			4.0								0.5		
69632	REBUILD EARDRUM STRUCTURES	090	274	283	9	3%	12.96	14.06	1.10	8%	0			4.5								0.5		
69633	REBUILD EARDRUM STRUCTURES	090	275	284	9	3%	12.31	13.41	1.10	9%	0			4.5								0.5		
69635	REPAIR EARDRUM STRUCTURES	090	292	300	8	3%	13.51	14.50	0.99	7%	0			4.0								0.5		
69636	REBUILD EARDRUM STRUCTURES	090	332	341	9	3%	15.43	16.53	1.10	7%	0			4.5								0.5		
69637	REBUILD EARDRUM STRUCTURES	090	340	349	9	3%	15.32	16.42	1.10	7%	0			4.5								0.5		
69641	REVISE MIDDLE EAR & MASTOID	090	341	349	8	2%	12.89	13.99	1.10	9%	0			4.0								1.0		
69642	REVISE MIDDLE EAR & MASTOID	090	376	386	10	3%	17.06	18.38	1.32	8%	0			5.0								1.0		
69643	REVISE MIDDLE EAR & MASTOID	090	369	380.5	11.5	3%	15.59	16.92	1.33	9%	0			4.5				0.5				1.0		
69644	REVISE MIDDLE EAR & MASTOID	090	399	410.5	11.5	3%	17.23	18.56	1.33	8%	0			4.5				0.5				1.0		
69645	REVISE MIDDLE EAR & MASTOID	090	377	391	14	4%	16.71	18.16	1.45	9%	0			4.5				1.0				1.0		
69646	REVISE MIDDLE EAR & MASTOID	090	416	432.5	16.5	4%	18.37	19.94	1.57	9%	0			4.5				1.5				1.0		
69650	STAPES MOBILIZATION	090	181	187	6	3%	9.8	10.57	0.77	8%	0			3.0								0.5		
69660	REVISE MIDDLE EAR BONE	090	202	208	6	3%	12.03	12.80	0.77	6%	0			3.0								0.5		
69661	REVISE MIDDLE EAR BONE	090	276	284	8	3%	15.92	17.02	1.10	7%	0			4.0								1.0		
69662	REVISE MIDDLE EAR BONE	090	249	256	7	3%	15.6	16.59	0.99	6%	0			3.5								1.0		
69666	REPAIR MIDDLE EAR STRUCTURES	090	206	212	6	3%	9.89	10.77	0.88	9%	0			3.0								1.0		
69667	REPAIR MIDDLE EAR STRUCTURES	090	206	212	6	3%	9.9	10.78	0.88	9%	0			3.0								1.0		
69670	REMOVE MASTOID AIR CELLS	090	280	289.5	9.5	3%	11.73	12.84	1.11	9%	0			3.5				0.5				1.0		
69676	REMOVE MIDDLE EAR NERVE	090	196	203	7	4%	9.69	10.57	0.88	9%	0			3.5								0.5		
69700	CLOSE MASTOID FISTULA	090	181	187	6	3%	8.37	9.14	0.77	9%	0			3.0								0.5		
69711	REMOVE/REPAIR HEARING AID	090	249	257	8	3%	10.62	11.61	0.99	9%	0			4.0								0.5		
69714	IMPL OI IMPLT SKULL PERQ ESP	090	146	155	9	6%	6.68	7.34	0.66	10%	0			1.0	1.0							0.5		
69716	IMPL OI IMPLT SK TC ESP<100	090	168	177	9	5%	9.03	9.69	0.66	7%	0			1.0	1.0							0.5		
69717	RPLCMT OI IMPLT SKL PRQ ESP	090	159	168	9	6%	7.91	8.57	0.66	8%	0			1.0	1.0							0.5		
69719	RPLCM OI IMPLT SK TC ESP<100	090	174	183	9	5%	9.46	10.12	0.66	7%	0			1.0	1.0							0.5		
69720	RELEASE FACIAL NERVE	090	357	371	14	4%	14.71	16.16	1.45	10%	0			4.5				1.0				1.0		
69725	RELEASE FACIAL NERVE	090	695	730	35	5%	27.64	30.30	2.66	10%	0				4.0			3.0	2.0			1.0		

69726	RMV NTR OI IMPLT SKL PRQ ESP	090	150	159	9	6%	6.36	7.02	0.66	10%	0			1.0	1.0						0.5			
69727	RMV NTR OI IMP SK TC ESP<100	090	170	179	9	5%	7.38	8.04	0.66	9%	0			1.0	1.0						0.5			
69728	RMV NTR OI IMP SK TC>=100	090	178	187	9	5%	8.5	9.16	0.66	8%	0			1.0	1.0						0.5			
69729	IMPL OI IMPLT SK TC ESP>=100	090	181	190	9	5%	9.97	10.63	0.66	7%	0			1.0	1.0						0.5			
69730	RPLC OI IMPLT SK TC ESP>=100	090	186	195	9	5%	10.25	10.91	0.66	6%	0			1.0	1.0						0.5			
69740	REPAIR FACIAL NERVE	090	374	387.5	13.5	4%	16.27	17.51	1.24	8%	0			3.0				1.5			1.0			
69745	REPAIR FACIAL NERVE	090	435	449.5	14.5	3%	17.02	18.37	1.35	8%	0			3.5				1.5			1.0			
69805	EXPLORE INNER EAR	090	347	370	23	7%	14.71	16.14	1.43	10%	-2			1.0	1.0	1.0		1.0			1.0			
69806	EXPLORE INNER EAR	090	309	321	12	4%	12.63	13.86	1.23	10%	0			3.5				1.0			1.0			
69905	REMOVE INNER EAR	090	233	240	7	3%	11.26	12.25	0.99	9%	0			3.5							1.0			
69910	REMOVE INNER EAR & MASTOID	090	315	327	12	4%	13.91	15.14	1.23	9%	0			3.5				1.0			1.0			
69915	INCISE INNER EAR NERVE	090	573	606	33	6%	22.77	25.07	2.30	10%	0			4.0				5.0			1.0		1.5	
69930	IMPLANT COCHLEAR DEVICE	090	387	403	16	4%	17.73	18.59	0.86	5%	-2				1.0	1.0					0.5			
69950	INCISE INNER EAR NERVE	090	669	701	32	5%	27.63	30.27	2.64	10%	-4			1.0		2.0		4.0	2.0		1.0			
69955	RELEASE FACIAL NERVE	090	755	795	40	5%	29.42	32.32	2.90	10%	0				4.0			4.0	2.0		1.0			
69960	RELEASE INNER EAR CANAL	090	675	715	40	6%	29.42	32.32	2.90	10%	0				4.0			4.0	2.0		1.0			
69970	REMOVE INNER EAR LESION	090	793	833	40	5%	32.41	35.31	2.90	9%	0				4.0			4.0	2.0		1.0			
77427	RADIATION TX MANAGEMENT X5	XXX	101.39	105.23	3.84	4%	3.37	3.55	0.18	5%	-0.34				0.3	0.2								
77750	INFUSE RADIOACTIVE MATERIALS	090	100	104	4	4%	5	5.44	0.44	9%	0			2.0										
77761	APPLY INTRCAV RADIAT SIMPLE	090	82	84	2	2%	3.85	4.07	0.22	6%	0			1.0										
77762	APPLY INTRCAV RADIAT INTERM	090	113	115	2	2%	5.76	5.98	0.22	4%	0			1.0										
77763	APPLY INTRCAV RADIAT COMPL	090	160	164	4	2%	8.66	9.10	0.44	5%	0			2.0										
77789	APPLY SURF LDR RADIONUCLIDE	000	53	55	2	4%	1.14	1.36	0.22	19%	0			1.0										
92986	REVISION OF AORTIC VALVE	090	463	489	26	6%	22.6	24.05	1.45	6%	0				3.0			1.0			1.0			
92987	REVISION OF MITRAL VALVE	090	329	350	21	6%	23.38	24.37	0.99	4%	0				3.0									
92990	REVISION OF PULMONARY VALVE	090	393	414	21	5%	18.27	19.26	0.99	5%	0				3.0									
G0342	Laparoscopy islet cell trans	090	238	247	9	4%	11.92	12.58	0.66	6%	0			1.0	1.0						0.5			
G0343	Laparotomy islet cell transp	090	588	590	2	0%	19.85	22.28	2.43	12%	0			2.0	1.0			1.0	2.0	2.0	1.0			
G0412	Open tx iliac spine uni/bil	090	388	405	17	4%	10.45	12.12	1.67	16%	0			2.0	1.0			2.0	1.0		1.0			
G0413	Pelvic ring fracture uni/bil	090	393	427	34	9%	15.73	18.08	2.35	15%	0			1.0	3.0			3.0	1.0		1.0			
G0414	Pelvic ring fx treat int fix	090	443	477	34	8%	14.65	17.00	2.35	16%	0			1.0	3.0			3.0	1.0		1.0			
G0415	Open tx post pelvic fxcture	090	543	587	44	8%	20.93	23.76	2.83	14%	0			1.0	3.0			5.0	1.0		1.0			

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2025

Ablation Therapy-Bone Tumors – Tab 4

In February 2025, the CPT Editorial Panel approved new Category I add-on code 209XX to describe and report cryoablation during an open surgical procedure where the bone is frozen after a tumor resection. The physician work involves applying liquid nitrogen to the bone defect to freeze it. Typically, this open therapy is performed to address large or complex tumors rather than using percutaneous methods. CPT code 209XX was surveyed for the April 2025 meeting, and the specialty recommended an interim value with the intention to re-survey for the September 2025 RUC meeting. The RUC determined that the specialty society may survey CPT code 209XX with an amended ZZZ survey template that specifically asks respondents whether pre- and post-service time is associated with this add-on service for the September 2025 RUC meeting.

209XX ***Ablation therapy for reduction or eradication of bone tumor, including adjacent soft tissue when involved by tumor extension, cryoablation, open (List separately in addition to code for primary procedure)***
The RUC reviewed survey results from 31 orthopaedic surgeons who self-designate as musculoskeletal oncologists and recommends the survey 25th percentile work RVU of 2.70, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 5 minutes of pre-service evaluation time, 25 minutes of intra-service time and 2 minutes of immediate post-service time, which equals 32 minutes of total time.

In their rationale, the specialty society clarified that 5 minutes of pre-service evaluation time is appropriate and typical for discussing the purpose of ablation therapy after tumor excision and describing the technical aspects of the procedure with the patient and/or family. This technique might be a preferred intervention compared to percutaneous cryoablation (CPT code 20983 *Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation*) for bone tumors in certain cases, particularly for large or complex tumors, because it allows for more precise and complete tumor destruction with better direct visualization and protection of neurovascular and soft tissue structures. The specialty society also confirmed that three 5-6-minute freeze-thaw cycles of cryoablation represent the typical physician work involved with this procedure.

To support the recommended work RVU of 2.70, the RUC compared the surveyed code to the top key reference service code 20702 *Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)* (work RVU = 2.50, 25 minutes intra-service time, 32 minutes total time) and second key reference service code 22515 *Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)* (work RVU = 4.00, 30 minutes intra-service time, 32 minutes total time). The RUC notes that together the two key reference services make for strong comparator codes, recognizing they bracket the survey 25th percentile work RVU of 2.70. The top key reference service requires 25 minutes of intra-service time, which is identical to the code surveyed. Moreover, both key reference services require

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32 minutes of total time, which is the same total as CPT code 209XX. In terms of intensity/complexity, the RUC also acknowledges that CPT code 209XX is slightly more intense to perform than the top key reference service and slightly less intense to perform than the second key reference service. In their rationale, the specialty societies detailed that CPT code 209XX describes an ablation procedure that is more intense/complex than CPT code 20702 due to the need to meticulously protect the popliteal artery, tibial nerve, common peroneal nerve, and the surrounding skin, muscles, and tendons during the procedure, to which the RUC agreed. Thus, the RUC recommendation of the survey 25th percentile work RVU of 2.70 appropriately reflects the work and time required to perform CPT code 209XX, and also maintains relativity across comparable services. **The RUC recommends a work RVU of 2.70 for CPT code 209XX.**

Practice Expense
The RUC recommends no direct practice expense inputs for CPT code 209XX as it is a facility-based add-on service.

New Technology
CPT code 209XX will be placed on the New Technology/New Services list to be re-reviewed by the RUC in three years. The specialty society expects this to be a low-volume service. Given that this procedure describes open cryosurgery and involves liquid nitrogen, the technology utilized and the technique involved with these supplies are not widely practiced and unfamiliar to most orthopaedic surgeons at this time.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **General** **Other Procedures**				
✚●209XX	A3	Ablation therapy for reduction or eradication of bone tumor, including adjacent soft tissue when involved by tumor extension, cryoablation, open (List separately in addition to code for primary procedure) (Use 209XX in conjunction with 21601, 21602, 21603, 22100, 22101, 22102, 22110, 22112, 22114, 23140, 23145, 23146, 23150, 23155, 23156, 24110, 24115, 24116, 24120, 24125, 24126, 25120, 25125, 25126, 25130, 25135, 25136, 26200, 26205, 26210, 26215, 27065, 27066, 27067, 27355, 27356, 27357, 27635, 27637, 27638, 28100, 28102, 28103, 28104, 28106, 28107, 28108)	ZZZ	2.70

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●=New code ▲=Revised code ✚=Add-on code ⃠=Modifier 51 exempt ★=Telemedicine ◀=Audio-only ↗=FDA approval pending #=Resequenced code

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:209XX Tracking Number A3 Original Specialty Recommended RVU: **2.70**
Presented Recommended RVU: **2.70**
Global Period: ZZZ Current Work RVU: **N/A** RUC Recommended RVU: **2.70**

CPT Descriptor: Ablation therapy for reduction or eradication of bone tumor, including adjacent soft tissue when involved by tumor extension, cryoablation, open (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female who has just undergone intralesional surgical treatment of a giant cell tumor of bone involving the distal femur also requires additional local adjuvant treatment of the resultant defect. [Note: This is an add-on service. Only consider the additional work related to the ablation therapy for eradication the bone tumor, including adjacent soft tissue when involved by tumor extension.]

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Discuss the purpose of ablation therapy after tumor excision with the patient and/or family, including a brief description of the technical aspects of the procedure. Outline the risks, including damage to adjacent tissues and structures. Review sequence and timing of the cryoablation with OR team. Confirm the availability and presence of the supplies and equipment needed to perform cryoablation, including liquid nitrogen, funnels, saline solution and warming device, silicone sheeting for soft tissue protection, and protective devices for the surgical team (eg, goggles and gloves).

Description of Intra-Service Work: Following resection/removal of the tumor (separately reported), the resulting defect is carefully inspected. The popliteal artery, tibial nerve, common peroneal nerve and the surrounding skin, muscles, and tendons are protected with silicone sheets. Thermocouples are placed around and within the lesion to monitor the temperature and the extent of freezing, ensuring proper treatment while safeguarding the surrounding healthy tissue. Liquid nitrogen is slowly poured into the defect through a funnel, with attention given to prevent spillage onto surrounding soft tissues and skin. Warm saline is applied to soft tissue areas to avoid freezing damage. After 5-6 minutes of freezing, the area is thoroughly irrigated with warm normal saline, and the bone is dried to complete the freeze-thaw cycle. This procedure (liquid nitrogen application, warm saline application to protect soft tissues, 5-6 minutes of freezing, warm normal saline irrigation, drying of bone) is repeated for a total of three freeze-thaw cycles of cryoablation.

Description of Post-Service Work: Document the cryoablation preparation, materials, and procedure in the medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	William Creevy, MD; Hussein Elkousy MD; Adam Levin, MD					
Specialty Society(ies):	AAOS, MSTS					
CPT Code:	209XX					
Sample Size:	1318	**Resp N:**	31			
Description of Sample:	AAOS (996)-Random general society membership and members self-designated musculoskelatal oncology MSTS (322)-Society membership					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	5.00	**8.00**	15.00	50.00	
Survey RVW:	1.62	2.70	**3.50**	4.80	7.30	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	10.00	20.00	**25.00**	30.00	75.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	209XX	**Recommended Physician Work RVU: 2.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20702	ZZZ	2.50	**RUC Time**

CPT Descriptor Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22515	ZZZ	4.00	**RUC Time**

CPT Descriptor Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.09	**RUC Time**	17,722

CPT Descriptor 1 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36476	ZZZ	2.65	**RUC Time**	4,362

CPT Descriptor 2 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 41.9 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 209XX	Top Key Reference CPT Code: 20702	2nd Key Reference CPT Code: **22515**
Median Pre-Service Time	5.00	5.00	1.00
Median Intra-Service Time	25.00	25.00	30.00
Median Immediate Post-service Time	2.00	2.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**32.00**	**32.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	23%	62%	15%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	38%	62%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	38%	62%
Physical effort required	23%	54%	23%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	8%	92%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	17%	33%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	83%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	66%	17%
Physical effort required	33%	34%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	83%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Background

New add-on code 209XX was created to report open cryosurgery for reduction or eradication of bone tumor , where liquid nitrogen is used directly on a bone tumor and local soft tissue after intralesional management of the tumor. This technique might be preferred over percutaneous cryoablation (20983, where a probe is inserted through the skin) for bone tumors in certain cases, particularly for large or complex tumors, because it allows for more precise and complete tumor destruction with better direct visualization and protection of neurovascular and soft tissue structures.

Prior Survey of 209XX (April 2025)
The standard ZZZ-global code survey defines the global as "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time).*" Although the definition acknowledges that pre- and post-service time may apply to the add-on service and respondents are instructed to review the global period definition, the survey only provides a single field labeled "intra-service time" for entering time, which can lead to confusion when estimating total time.

Based on the 04/2025 survey, the RUC recommended an intra-service time of 25 minutes and an interim work RVU of 2.78, which was the survey 25th percentile.

A request was approved by the RUC to re-survey code 209XX using a revised survey tool that allows survey respondents to include pre- and/or post-service time, if applicable.

Survey Process
The AAOS and the Musculoskeletal Tumor Society (MSTS) each sent survey requests to members of their respective organizations. While there is considerable membership overlap between AAOS and MSTS, both comprised of orthopaedic surgeons, the Research Subcommittee required that data from the MSTS survey responses be reported separately on the RUC Summary Spreadsheet, as MSTS currently does not have a RUC advisor.

Recommendation - RVW
We recommend the survey 25th percentile work RVU of 2.70. This compares well with the key reference code 20702 which is less intense, but has the same times.

Recommendation - Time
We recommend 5 minutes of pre-service and 2 minutes of post-service time for the activities describe in the description of work. These activities are not part of the primary procedure, but instead are additional work before and after the skin-to-skin intraoperative work.

Comparison of Key Reference Codes
Both key reference codes involve additional pre-service and post-service work that is not part of the primary procedures. The ablation procedure 209XX is more complex and intense than 20702 due to the need to meticulously protect the popliteal artery, tibial nerve, common peroneal nerve, and the surrounding skin, muscles, and tendons during the procedure. The intensity/complexity measures clearly support the increased relative intensity.

Summary
It is recognized that reliably assigning specific time segments to add-on codes presents several challenges. When requesting a physician to estimate additional time necessary for an add-on procedure—without providing a precise definition—and while noting that intra-service time is defined as skin-to-skin, there is a risk of omitting any pre-service or post-service time exclusively attributable to the added service or procedure. Most add-on codes, according to CPT and CMS guidelines, are designed to describe additional intra-service work furnished in conjunction with a primary procedure and billed accordingly. Therefore, it is crucial to distinguish a distinct procedure that is always performed together with another and designated as an add-on, from procedures that represent only extra intra-service effort. Code 209XX falls into the category of a complete separate procedure that is always reported with another procedure and therefore has been designated as an add-on service, even though it will include pre-, intra-, and post-service components. The recommended times and value appropriately reflect an additional procedure with an add-on designation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 209XX in conjunction with 21601, 21602, 21603, 22100, 22101, 22102, 22110, 22112, 22114, 23140, 23145, 23146, 23150, 23155, 23156, 24110, 24115, 24116, 24120, 24125, 24126, 25120, 25125, 25126, 25130, 25135, 25136, 26200, 26205, 26210, 26215, 27065, 27066, 27067, 27355, 27356, 27357, 27635, 27637, 27638, 28100, 28102, 28103, 28104, 28106, 28107, 28108)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20999; 22899; 23929; 24999; 25999; 26989; 27299; 27599; 27899; 28899

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty orthopaedic surgery Frequency 950 Percentage 95.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty orthopaedic surgery Frequency 95 Percentage 95.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 20702

ISSUE: Ablation Therapy – Bone Tumors (209XX)

TAB: 4

SOURCE	CPT	DESC	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	**20702**	Manual preparation and insertion of drug-deliv	**ZZZ**	**2018**	**13**	**0.094**	**0.078**			**2.50**			**32**	**5**					**25**			**2**					
REF2	**22515**	Percutaneous vertebral augmentation, includir	**ZZZ**	**2014**	**6**	**0.132**	**0.125**			**4.00**			**32**	**1**					**30**			**1**					
CURRENT	**NEW**	NEW	**ZZZ**							**n/a**			**0**														
SVY	**209XX**	Ablation therapy for reduction or eradication of	**ZZZ**	**09/25**	**31**	**0.131**	**0.100**	**1.62**	**2.70**	**3.50**	**4.80**	**7.30**	**35**	**5**			**10**	**20**	**25**	**30**	**75**	**5**	**0**	**5**	**8**	**15**	**50**
	209XX	MSTS	ZZZ		22	0.159	0.123	1.62	2.68	3.92	5.03	7.00	32	5			10	16	24	30	75	4	0	4	7	14	50
	209XX	AAOS	ZZZ		9	0.090	0.068	2.00	2.75	3.00	3.75	7.30	44	9			15	20	30	35	42	5	0	9	10	14	35
REC	**209XX**	**Ablation therapy for reduction or eradication of bone tumors, including adjacent soft tissue when involved by tumor extension, cryoablation, open (List separately in addition to code for primary procedure)**	**ZZZ**			**0.102**	**0.084**			**2.70**			**32**	**5**					**25**			**2**					

August 23, 2025

To: Scott Manaker, MD
Chair, AMA/RUC PE Subcommittee

From: William Creevy, MD
RUC Advisor, American Academy of Orthopaedic Surgeons

Subject: Practice Expense, Tab 4, Ablation Therapy – Bone Tumors

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Tab 4 CPT code 209XX is a facility-only add-on service that will have no related direct practice expense input. Thank you for your consideration of this information.

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2025

Ablation Therapy – Bone Tumors– Tab 4

In February 2025, the CPT Editorial Panel approved a new Category I add-on code to describe and report cryoablation during an open surgical procedure where the bone is frozen after a tumor resection. The physician work involves applying liquid nitrogen into the bone defect to freeze it. Typically, this is utilized for large or complex tumors rather than percutaneous methods, where a device or a probe is put through the skin. The new add-on code was surveyed for the April 2025 RUC meeting.

Family of Services
Despite all three codes involving bone tumors, the specialty societies indicated that percutaneous approach CPT codes 20982 and 20983 are not part of the same code family as the new open approach add-on code 209XX. In preparation for the April 2025 RUC meeting, the specialty societies submitted a letter to the RUC that provides a detailed explanation about how these codes are dissimilar and a comprehensive rationale supporting their decision to survey only CPT code 209XX and not the other two existing codes. CPT codes 20982 and 20983 both describe stand-alone percutaneous procedures for radiofrequency ablation (20982) and cryoablation (20983), whereas 209XX describes an add-on open procedure performed after surgical curettage of the bone tumor. Thus, the two percutaneous procedures are not clinically similar to 209XX and do not require comparable physician work. Both percutaneous procedures are performed by a small number of physicians overall, and among the physicians who use these codes, the annual case volumes are relatively low. The specialty societies reiterated the substantial differences between the stand-alone percutaneous procedures and the new add-on open bone tumor ablation procedure. They also confirmed this would not create a rank order anomaly across these services. **The RUC agreed with the specialty societies that CPT codes 20982 and 20983 are not in the same code family and do not need to be resurveyed with CPT code 209XX for the April 2025 RUC meeting. The RUC submits no recommendation for CPT codes 20982 and 20983. The RUC notes that a small percentage (15%) of these services were reported incorrectly, rather than an unlisted code for the open approach. As such, a small budget neutrality adjustment is included in the RUC's utilization assumptions.**

ZZZ Survey Template
The specialty societies submitted a second letter to the RUC, indicating their intention to make an interim recommendation for CPT code 209XX at the April 2025 RUC meeting until this code can be resurveyed for the September 2025 RUC meeting using a different survey instrument. In their rationale, the specialty societies explained that the standard ZZZ survey instrument used to survey CPT code 209XX did not provide survey respondents with the opportunity to accurately account for and estimate any potential pre-service and post-service time required to perform this service. In rare circumstances, specialty societies may provide justification and request that an amended ZZZ survey instrument with pre- and post-service time be used when surveying.

In their explanation, the specialty societies described that the pre-service work involved with CPT code 209XX includes further discussion with the patient, which includes describing the ablation therapy and outlining potential risks, particularly to the adjacent tissues and structures.

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Additional time is also needed to ensure the medical team is set up and fully prepared to perform this procedure, which is rarely done and requires using a variety of supplies for handling liquid nitrogen, including funnels, silicone sheets to place around soft tissues, and special types of protective goggles and gloves. The intra-service time involved with this service includes the placement of the protective silicone sheets, attaching a probe or thermocouple to monitor the temperature and the extent of freezing, carefully pouring the liquid nitrogen into the defect through a funnel, letting it sit and freeze the bone for 5-6 minutes, administering warm saline around the soft tissue as necessary to avoid freezing damage, and drying the bone to complete the freeze-thaw cycle. This cryoablation cycle is repeated three times.

Considering that the standard ZZZ survey instrument only has a single field to enter intra-service time, the specialty societies believe this may have confused survey respondents and led to a potential underestimation of the pre-service, post-service, and total time necessary to perform this procedure. Due to this potentially being a flawed survey, the specialty societies prepared an interim recommendation for CPT code 209XX using the current survey results. They intend on resurveying for the September 2025 RUC meeting using an amended ZZZ survey instrument with pre- and post-serve time, which would provide survey respondents with the opportunity to report additional pre- and/or post-service time if applicable. **The RUC determined that the specialty societies may survey 209XX with the amended ZZZ survey template that specifically asks the respondent whether pre- and post-service time is associated with this add-on service for the September 2025 RUC meeting.**

209XX ***Ablation therapy for reduction or eradication of bone tumor, including adjacent soft tissue when involved by tumor extension, cryoablation, open (List separately in addition to code for primary procedure)***
The RUC reviewed survey results from 37 orthopaedic surgeons who are self-designated as musculoskeletal oncologists and recommends an interim work RVU of 2.78, which is consistent with the survey 25th percentile work RVU and appropriately accounts for the physician work typically required to perform this service. The RUC recommends 25 minutes of intra-service and total time.

To support the recommended work RVU of 2.78, the RUC compared the surveyed code to the top key reference code 20702 *Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)* (work RVU = 2.50, 25 minutes intra-service time, 32 minutes total time) and the second key reference code 61797 *Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)* (work RVU = 3.48, 30 minutes intra-service and total time). The RUC recognizes that the two key reference services bracket the survey 25th percentile work RVU and estimated measured intensity. The surveyed code requires identical intra-service time compared to the top key reference code, but also has greater complexity and intensity to perform, thus supporting a higher work RVU. Survey respondents who selected the top key reference also agreed that the surveyed code is more intense/complex to perform. CPT code 209XX requires slightly less time and intensity compared to the second key reference code, further supporting the survey 25th percentile work RVU. **The RUC recommends an interim work RVU of 2.78 for CPT code 209XX and a resurvey with the pre/post time ZZZ survey template for review at the September 2025 RUC meeting.**

Practice Expense
The RUC recommends no direct practice expense inputs for CPT code 209XX as it is a facility-based add-on service.

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New Technology
CPT code 209XX will be placed on the New Technology/New Services list to be re-reviewed by the RUC in three years. The specialty societies expect this to be a low-volume service. Given that this procedure describes open cryosurgery and involves liquid nitrogen, the technology utilized, and the technique involved with these supplies are not widely practiced and are unfamiliar to most orthopaedic surgeons at this time.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **General** **Other Procedures**				
(f)20982	A1	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	000	No Recommendation (2025 Work RVU = 7.02)
(f)20983	A2	cryoablation (Do not report 20982, 20983 in conjunction with 76940, 77002, 77013, 77022)	000	No Recommendation (2025 Work RVU = 6.88)
✚●209XX	A3	Ablation therapy for reduction or eradication of bone tumor, including adjacent soft tissue when involved by tumor extension, cryoablation, open (List separately in addition to code for primary procedure) (Use 209XX in conjunction with 21601, 21602, 21603, 22100, 22101, 22102, 22110, 22112, 22114, 23140, 23145, 23146, 23150, 23155, 23156, 24110, 24115, 24116, 24120, 24125, 24126, 25120, 25125,	ZZZ	2.78 (Interim) Resurvey for September 2025

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●=New code ▲=Revised code ✚=Add-on code ⃠=Modifier 51 exempt ★=Telemedicine ◀=Audio-only ↗=FDA approval pending #=Resequenced code

		25126, 25130, 25135, 25136, 26200, 26205, 26210, 26215, 27065, 27066, 27067, 27355, 27356, 27357, 27635, 27637, 27638, 28100, 28102, 28103, 28104, 28106, 28107, 28108)		

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April 1, 2025

Ezequiel Silva III, MD,
Chair, AMA Specialty Society RVS Update Committee
American Medical Association
330 N Wabash Avenue, Suite 39300
Chicago, IL 60611

Subject: Tab 4 Ablation Therapy – Bone Tumors (Codes +209XX, 20982, 20983)

Dear Dr. Silva:

On behalf of the American College of Radiology, Society of Interventional Radiology, and the Outpatient Endovascular and Interventional Society, we write to explain why the new add-on CPT code 209XX *(Ablation therapy for reduction or eradication of bone tumors, including adjacent soft tissue when involved by tumor extension, cryoablation, open (List separately in addition to code for primary procedure)*) is not in the same family as existing percutaneous bone tumor ablation procedures, 20982 *(Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency)* and 20983 *(Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation)*.

Background

CPT codes 20982 and 20983 were created in 2004 and 2015, respectively. In February 2025, the CPT Editorial Panel approved a new Category I CPT code, 209XX, for open bone tumor ablation as an add-on code to open surgical procedures, which is scheduled to be valued at the April 2025 RUC meeting.

Procedures are not clinically similar

Despite these three codes all involving bone tumors, they are not similar in the nature, time, or intensity of physician work. Percutaneous ablation procedures involve image-guided placement of linear, metallic ablation probes through the skin and soft tissues into and around target tumor(s), followed by energy-mediated tumor treatment with imaging monitoring, and they are standalone procedures. In contrast, 209XX's Description of Procedure from the Code Change Application (CCA) describes it as an ***add-on open procedure*** performed after surgical curettage of the bone tumor in which "liquid nitrogen is gently poured using a funnel into the defect…" This bears no resemblance to the work performed in codes 20982 or 20983.

Little to no overlap between performing specialties

New code 209XX is anticipated to be performed "significantly, if not exclusively" by orthopedic and hand surgeons.

In contrast, over 90% of the claims data from 20982 and 20983 arise outside those specialties, predominantly from diagnostic and interventional radiologists. According to the 209XX CCA, approximately 15% of open procedures are miscoded as percutaneous, so the true degree of specialty overlap is even smaller.

No change to the existing procedure or patient population

Documented in the 209XX CCA (excluding those procedures which are being miscoded), open bone tumor ablation procedures are currently being reported with unlisted CPT codes. As such, the addition of this new code will not be expected to change the type, length of time, and intensity of physician work, or the patient population of codes 20982 or 20983.

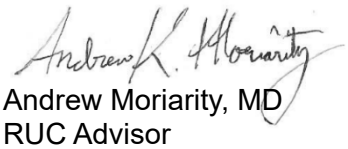
Logistical barriers

CPT codes 20982 and 20983 have low utilization and are performed by a small number of physicians. Based on the latest available claims data from 2023, only seven physicians billed 20982 more than 11 times and zero physicians billed 20983 more than 11 times. This makes the probability of a valid survey very low.

For these reasons, the undersigned societies have concluded that existing codes 20982 and 20983 are not in the same family as the new, add-on open surgical code 209XX and therefore we have not surveyed them for the April 2025 RUC Meeting.

We look forward to discussion with the RUC at the upcoming meeting.

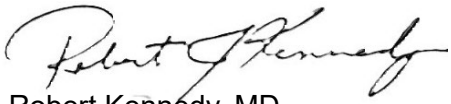
Respectfully,



Andrew Moriarity, MD
RUC Advisor
American College of Radiology

Michael Booker, MD, MBA
Alternate RUC Advisor
American College of Radiology

Minhajuddin Khaja, MD
RUC Advisor
Society of Interventional Radiology



Robert Kennedy, MD
Alternate RUC Advisor
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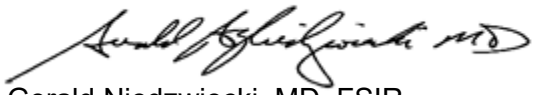

Gerald Niedzwiecki, MD, FSIR
RUC Advisor
Outpatient Endovascular and Interventional Society

Curtis Anderson, MD, PhD
Alternate RUC Advisor
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March 31, 2025

Ezequiel Silva III, MD
Chair, RVS Update Committee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

RE: Tab 4, Ablation Therapy – Bone Tumors

Dear Dr. Silva,

The AAOS has provided the survey results from the current survey for 209XX and are recommending the 25th percentile work RVU and median intraservice time until we can resurvey code 209XX using a survey instrument that includes the ability to report additional pre- and post-service time, if applicable, as described in the definition of a ZZZ-global code. The results of this resurvey will be presented at the September 2025 RUC meeting, which is within the same RUC cycle related to the 2027 Physician Fee Schedule.

- **Rationale: Resurvey of 209XX**

The current standard ZZZ-global code survey defines the ZZZ global as "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time).*" However, even though the definition indicates there could be pre- and post-time related to the add-on service, and the survey respondent is instructed to review the global period definition, there is only a single place to enter time that is shown as "intra-service time" which can be confusing with respect to time estimation. The current 2025 survey resulted in an intraservice time of 25 minutes. However, preservice and postservice time that we believe is applicable to code 209XX was not collected.

Thank you for allowing us to provide this information. We will be available to respond to any RUC member questions.

Sincerely,
William Creevy, MD
RUC Advisor, American Academy of Orthopaedic Surgeons

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:209XX Tracking Number A3 Original Specialty Recommended RVU: **2.78**
Presented Recommended RVU: **2.78**
Global Period: ZZZ Current Work RVU: **N/A** RUC Recommended RVU: **2.78**

CPT Descriptor: Ablation therapy for reduction or eradication of bone tumor, including adjacent soft tissue when involved by tumor extension, cryoablation, open (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female who has just undergone intralesional surgical treatment of a giant cell tumor of bone involving the distal femur also requires additional local adjuvant treatment of the resultant defect. [Note: This is an add-on service. Only consider the additional work related to the ablation therapy for eradication the bone tumor, including adjacent soft tissue when involved by tumor extension.]

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Discuss the purpose of ablation therapy after tumor excision with the patient and/or family, including a brief description of the technical aspects of the procedure. Outline the risks, including damage to adjacent tissues and structures. Review sequence and timing of the cryoablation with OR team. Confirm the availability and presence of the supplies and equipment needed to perform cryoablation, including liquid nitrogen, funnels, saline solution and warming device, silicone sheeting for soft tissue protection, and protective devices for the surgical team (eg, goggles and gloves).

Description of Intra-Service Work: Following resection/removal of the tumor (separately reported), the resulting defect is carefully inspected. The popliteal artery, tibial nerve, common peroneal nerve and the surrounding skin, muscles, and tendons are protected with silicone sheets. Thermocouples are placed around and within the lesion to monitor the temperature and the extent of freezing, ensuring proper treatment while safeguarding the surrounding healthy tissue. Liquid nitrogen is slowly poured into the defect through a funnel, with attention given to prevent spillage onto surrounding soft tissues and skin. Warm saline is applied to soft tissue areas to avoid freezing damage. After 5-6 minutes of freezing, the area is thoroughly irrigated with warm normal saline, and the bone is dried to complete the freeze-thaw cycle. This procedure (liquid nitrogen application, warm saline application to protect soft tissues, 5-6 minutes of freezing, warm normal saline irrigation, drying of bone) is repeated for a total of three freeze-thaw cycles of cryoablation.

Description of Post-Service Work: Document the cryoablation procedure in the medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025					
Presenter(s):	William Creevy, MD; Hussein Elkousy MD; Adam Levin, MD					
Specialty Society(ies):	AAOS					
CPT Code:	209XX					
Sample Size:	1304	**Resp N:**	37			
Description of Sample:	Random general society membership and members self-designated musculoskelatal oncology					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	4.00	**6.00**	10.00	50.00	
Survey RVW:	1.62	2.78	**3.40**	4.00	8.22	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	10.00	15.00	**25.00**	30.00	90.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	209XX	**Recommended Physician Work RVU: 2.78**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20702	ZZZ	2.50	**RUC Time**

CPT Descriptor Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61797	ZZZ	3.48	**RUC Time**

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
CPT Descriptor 1				
MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
CPT Descriptor 2				

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 37.8 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 24.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 209XX	Top Key Reference CPT Code: 20702	2nd Key Reference CPT Code: 61797
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	25.00	25.00	30.00
Median Immediate Post-service Time	0.00	2.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**25.00**	**32.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	7%	64%	29%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	29%	71%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	21%	79%
Physical effort required	0%	57%	43%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	7%	93%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	33%	44%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	67%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	22%	33%	44%
Physical effort required	0%	33%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	22%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

New add-on code 209XX was created to report open cryosurgery for reduction or eradication of bone tumor , where liquid nitrogen is used directly on a bone tumor and local soft tissue after intralesional management of the tumor. This technique might be preferred over percutaneous cryoablation (20983, where a probe is inserted through the skin) for bone tumors in certain cases, particularly for large or complex tumors, because it allows for more precise and complete tumor destruction with better visualization and control of neurovascular and soft tissue structures.

The current standard ZZZ-global code survey defines the global as "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time).*" However, even though the definition indicates there could be pre- and post-service time related to the add-on service, and the survey respondent is instructed to review the global period definition, there is only a single place to enter time shown as "intra-service time" which can be confusing with respect to time estimation.

The current 2025 survey resulted in an intraservice time of 25 minutes. However, preservice and postservice time as applicable was not collected. As we believe this resulted in a flawed survey, we have provided the

survey results from the current survey and are **recommending the 25th percentile work RVU and median intraservice time as interim until we can resurvey code 209XX** using a survey instrument that includes the ability for survey respondents to report additional pre- and/or post-service time, if applicable, as described in the definition of a ZZZ-global code. The results of this resurvey will be presented at the September 2025 RUC meeting, which is within the same RUC cycle related to the 2027 Physician Fee Schedule.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 209XX in conjunction with 21601, 21602, 21603, 22100, 22101, 22102, 22110, 22112, 22114, 23140, 23145, 23146, 23150, 23155, 23156, 24110, 24115, 24116, 24120, 24125, 24126, 25120, 25125, 25126, 25130, 25135, 25136, 26200, 26205, 26210, 26215, 27065, 27066, 27067, 27355, 27356, 27357, 27635, 27637, 27638, 28100, 28102, 28103, 28104, 28106, 28107, 28108)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20999; 22899; 23929; 24999; 25999; 26989; 27299; 27599; 27899; 28899

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty orthopaedic surgery Frequency 950 Percentage 95.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty orthopaedic surgery Frequency 95 Percentage 95.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 20702

ISSUE: Ablation Therapy – Bone Tumors
TAB: 4

				Review				RVW					Total	PRE	INTRA					POST	12 Month Svy Experience				
SOURCE	CPT	DESC	global	Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	P-SD	MIN	25th	MED	75th	MAX
REF1	20702	Manual preparation and insertion of drug-delivery device(s),	ZZZ	2018	14	0.094	0.078			2.50			32	5			25			2					
REF2	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear	ZZZ	2008	9	0.116	0.116			3.48			30	0			30			0					
CURRENT	NEW	NEW	ZZZ							n/a			0												
SVY	209XX	Ablation therapy for reduction or eradication of bone tumors,	ZZZ		37	0.136	0.136	1.62	2.78	3.40	4.00	8.22	25		10	15	25	30	90		0	4	6	10	50
REC	209XX	Interim Recommendation & Resurvey	ZZZ			0.111	0.111			2.78			25				25								

March 31, 2025

To: Scott Manaker, MD
Chair, AMA/RUC PE Subcommittee

From: William Creevy, MD, RUC Advisor, American Academy of Orthopaedic Surgeons

Subject: Practice Expense, Tab 4, Ablation Therapy – Bone Tumors

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Tab 4 CPT code 209XX is a facility-only add-on service that will have no related direct practice expense input. Thank you for your consideration of this information.

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2025

Intraosseous Fiducial Marker Placement – Tab 05

In May 2025, the CPT Editorial Panel approved the addition of two codes and guidelines to report percutaneous intraosseous fiducial marker placement for the first target site and each additional target site, respectively. Intraosseous fiducial marker placement procedures involve image-guided placement of localization markers to facilitate safety, accuracy, and efficiency in future therapeutic interventions. The specialties clarified that these codes are not new technology but are new codes to more accurately describe existing technology.

209X1 ***Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; first target site***
The RUC reviewed the survey results from 33 diagnostic radiologists and interventional radiologists and determined that the survey 25th percentile work RVU of 3.00 appropriately accounts for the physician work involved in this service. The RUC recommends 18 minutes pre-service evaluation time, 6 minutes positioning time, 6 minutes scrub/dress/wait time, 30 minutes intra-service time, 20 minutes immediate post-service time for 80 minutes total time, as supported by the survey.

The pre-service time matches the selected time package 2 *FAC Difficult Pat/Straightforward Procedure(no sedation/anes)* in the facility-setting. This includes 5 additional minutes for positioning time due to the prone setup of the patient within the CT bore, monitoring, lines, tubes, and equipment within a CT room and ensuring that all devices attached to the patient are able to clear and slide in and out of the CT gantry in order to maintain sterility and procedural success. Moreover, it was clarified that the physician is present for the entirety of the initial CT scan in the pre-service work. It is typical that the physician will help the CT technologist adjust the field of view, the extent of the scan, etc., as these are challenging patients and complex scans.

To justify a work RVU of 3.00, the RUC compared CPT code 209X1 to the to the top key reference service code 32408 *Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed* (work RVU = 3.18, 40 minutes intra-service time and 101 minutes total time) and to the second key reference service code 49406 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous* (work RVU = 4.00, 40 minutes intra-service time and 95 minutes total time) noting that the reference services involve more intra-service and total time than the surveyed code and are appropriately valued higher.

For additional support, the RUC compared the surveyed code with CPT code 33997 *Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion* (work RVU = 3.00, 30 minutes intra-service time and 75 minutes total time) which involves an equivalent amount of physician work, identical intra-service time, and similar total time.

The RUC noted that the survey 25th percentile value is appropriately bracketed by MPC codes 10030 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous* (work RVU = 2.75

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and 30 minutes intra-service time and 76 minutes total time) and 49405 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous* (work RVU = 4.00 and 40 minutes intra-service time and 95 minutes total time). The RUC concluded that CPT code 209X1 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 3.00 for CPT code 209X1.**

209X2 ***Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; each additional target site***

The RUC reviewed the survey results from 30 diagnostic radiologists and interventional radiologists and determined that the survey 25th percentile work RVU of 1.76 appropriately accounts for the physician work involved in this add-on service. The RUC recommends 28 minutes of intra-service time as supported by the survey. It was clarified that the CT is repeated for the entire field of view for the add-on service; it must be repeated for each new localization to ensure accurate needle placement, especially in the case of patient movement. It was further clarified that the frequency of patients who would require the add-on service would be rare.

To justify a work RVU of 1.76, the RUC compared CPT code 209X2 to the top key reference service code 19082 *Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)* (work RVU = 1.65, 25 minutes intra-service time and 30 minutes total time) and noted that the intra-service time is greater for the surveyed code, justifying the higher work value. The RUC also compared CPT code 209X2 to the second key reference service code 64634 *Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)* (work RVU = 1.32, 20 minutes intra-service and total time) and noted that the reference service has less intra-service and total time and is appropriately valued lower than the surveyed code. Moreover, 100% of those survey respondents who selected the second top key reference code rated the surveyed code as more overall intense/complex relative to the key reference service. It was noted that the top key reference code is a much better comparison for marker placement, although it is in the soft tissues rather than within the bone, like the 209X2 code.

For additional support, the RUC compared the surveyed code to CPT code 36474 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)* (work RVU = 1.75, 30 minutes intra-service and total time) and noted the similar physician work, intra-service and total time. The surveyed code is slightly more intense and complex, justifying the slightly higher work value.

The RUC also noted that the surveyed code is appropriately bracketed by MPC codes 37253 *Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)* (work RVU = 1.44 and 20 minutes intra-service time and 21 minutes total time) and 36227 *Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)* (work RVU = 2.09 and 15

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minutes intra-service and total time). The RUC concluded that CPT code 209X2 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 1.76 for CPT code 209X2.**

Practice Expense
For CPT code 209X1, the Practice Expense (PE) Subcommittee acknowledged that pre-service clinical activity time for 000- and 010-day global codes is presumed to be zero. The Subcommittee agreed with the specialties' use of the pre-service time package for "Extensive Use of Clinical Staff" in the non-facility for a 000-day global code and approved similar facility pre-service time. The specialty societies confirmed that use of CA006 *Confirm availability of prior images/studies* is typical, and the standard minutes for CA006 and CA007 *Review patient clinical extant information and questionnaire* were approved as recommended.

The specialties confirmed that moderate sedation is typical for these codes. Therefore, since the service is performed with moderate sedation, the PE Subcommittee ensured that duplicate PE inputs do not exist with those listed for the moderate sedation codes. There was discussion regarding EF027 *table, instrument, mobile,* and the specialty societies confirmed that this table is used to hold the sterile equipment for the procedure and is separate from the one used for moderate sedation.

In addition, the PE Subcommittee agreed with the various clinical staff types: L037D *RN/LPN/MT*, L041A *Vascular Interventional Technologist*, L046A *CT Technologist*, and L051A *RN*, as specified for performing the numerous clinical activities and confirmed that the vascular tech is only present for the intra-service period.

Two modifications were made to the supply inputs to remove SJ041 *povidone soln (Betadine*) and SK075 *skin marking pen, sterile (Skin Skribe)* from code 209X2. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **General** **Other Procedures**				
✚▲*[20985]*		*Computer-assisted surgical navigational procedure for musculoskeletal procedures, ~~image-less~~ (List separately in addition to code for primary procedure)* *(Do not report [20985] in conjunction with [61781]-[61783])* *([20986], [20987] have been deleted)*		

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~~*(For computer-assisted navigational procedures with image guidance based on pre-operative and intraoperatively-obtained images, see [0054T], [0055T])*~~

Intraosseous fiducial marker placement procedures involve image-guided placement of localization markers to facilitate safety, accuracy, and efficiency in future therapeutic interventions. This is intended to be a standalone procedure, used to facilitate surgical guidance or administration of radiation therapy, and is not meant to be a component of, or an add-on service to, a bone biopsy procedure. If a separate and distinct bone biopsy procedure is performed, this may be reported with [20220], [20225].

●209X1	H1	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; first target site	000	3.00
✚●209X2	H2	each additional target site (List separately in addition to code for primary procedure) (Use 209X2 in conjunction with 209X1) (Do not report 209X1, 209X2 in conjunction with 76942, 77002, 77012, 77021)	ZZZ	1.76

Radiology
Diagnostic Ultrasound
Ultrasonic Guidance Procedures

[76942] *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation*

(Do not report [76942] in conjunction with [10004], [10005], [10006], [10021], [10030], [19083], [19285], [20604], [20606], [20611], 209X1, 209X2, [27096], [32408], [32554], [32555], [32556], [32557], [37760], [37761], [43232], [43237], [43242], [45341], [45342], [46948], *[55705], [55706], 5XX00, 5XX01, 5XX02, 5XX03, 5XX04, 5XX07,* [55874], [64415], [64416], [64417], [64445], [64446], [64447], [64448], ,[64466], [64467], [64468], [64469], [64473], [64474], [64479], [64480], [64483], [64484], [64490], [64491], [64493], [64494], [64495], *647XX,* [76975], [0213T], [0214T], [0215T], [0216T], [0217T], [0218T], [0232T], [0481T], [0582T], *X435T, X454T, X456T*)

(For harvesting, preparation, and injection[s] of platelet-rich plasma, use [0232T])

Radiologic Guidance
Fluoroscopic Guidance

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✚*[77002]* *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)*

(Use [77002] in conjunction with [10160], [20206], [20220], [20225], [20520], [20525], [20526], [20550], [20551], [20552], [20553], [20555], [20600], [20605], [20610], [20612], [20615], [21116], [21550], [23350], [24220], [25246], [27093], [27095], [27369], [27648], [32400], [32553], [36002], [38220], [38221], [38222], [38505], [38794], [41019], [42400], [42405], [47000], [47001], [48102], [49180], [49411], [50200], [50390], [51100], [51101], [51102], [~~55700~~], [55876], [60100], [62268], [62269], [64400], [64405], [64408], [64418], [64420], [64421], [64425], [64430], [64435], [64450], [64455], [64505], [64600], [64605])

([77002] is included in all arthrography radiological supervision and interpretation codes. See ***Administration of Contrast Material[s]*** *introductory guidelines for reporting of arthrography procedures)*

(Do not report [77002] in conjunction with 209X1, 209X2, [64466], [64467], [64468], [64469], [64473], [64474])

Computed Tomography Guidance

[77012] *Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation*

(Do not report [77011], [77012] in conjunction with [22586])

(Do not report [77012] in conjunction with [10009], [10010], [10030], 209X1, 209X2, [27096], [32408], [32554], [32555], [32556], [32557], *[55706], 5XX00, 5XX01, 5XX02, 55X03, 5XX04, 5XX07, 5XX08, 5XX10,* [62270], [62272], [62328], [62329], [64466], [64467], [64468], [64469], [64473], [64474], [64479], [64480], [64483], [64484], [64490], [64491], [64492], [64493], [64494], [64495], [64633], [64634], [64635], [64636], *62XX0, 62XX1,* [0232T], [0481T], [0629T], [0630T])

(For harvesting, preparation, and injection[s] of platelet-rich plasma, use [0232T])

Magnetic Resonance Imaging Guidance

[77021] *Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation*

(For procedure, see appropriate organ or site)

(Do not report [77021] in conjunction with [10011], [10012], [10030], [19085], [19287], 209X1, 209X2, [32408], [32554], [32555], [32556], [32557], *[55706], 5XX00, 5XX01, 5XX02, 5XX03, 5XX04, 5XX07, 5XX08, 5XX10,* [64466], [64467], [64468], [64469], [64473], [64474], [0232T], [0481T])

(For harvesting, preparation, and injection[s] of platelet-rich plasma, use [0232T]

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:209X1 Tracking Number H1 Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: 000 Current Work RVU: **0.0** RUC Recommended RVU: **3.00**

CPT Descriptor: Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; first target site

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 57-year-old female with obesity presents with a disc protrusion at T6-T7 and has myelopathic symptoms. The spine surgeon requests placement of a fiducial marker in the T7 pedicle to assist with localization.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 94% , In the ASC 3%, In the office 3%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Initial positioning and preparation of the patient is supervised with the technologist and nursing staff. A pre-procedural "time out" is performed. The patient undergoes an initial computed tomography (CT) scan of the entirety of the thoracic spine to facilitate accurate localization of the site of concern. The level of the disc protrusion or the lesion is identified on the initial CT images. This is confirmed by counting from above and below while comparing to findings on prior cross-sectional imaging. The planned approach is finalized and the entry site is marked. Conscious sedation is administered. The skin overlying the pedicle is marked, prepped, and draped in the usual aseptic fashion

Medical records and previous imaging are reviewed. Consult with referring physician and other health care professionals as necessary (eg, discuss approach and desired location of marker with respect to surgical plans). Appropriate guidance method and initial approach are determined based upon prior imaging and surgical plans. Procedure details, including alternatives and risks, are discussed with the patient and/or family, and informed consent is obtained. An IV is started for access and for moderate sedation as needed. The setup in the procedure suite is reviewed, including coordination of positioning with the need for imaging and the capacity to get adequate images in all necessary planes.

Description of Intra-Service Work: After evaluating the images for appropriate position and proposed percutaneous tract, local anesthesia is administered at the insertion site. Deep tissue anesthesia, as well as periosteal anesthesia, is administered via CT guidance. A bone biopsy needle is then introduced, via pedicular access. Using CT guidance, the needle is advanced to the level of the body-pedicle junction. The stylet is removed and the fiducial marker introducer system is advanced to the target within the cannula under CT guidance. The marker is deployed under CT guidance and the introducer system, followed by the needle, is removed. Hemostasis is obtained. The procedure site is cleaned and dressed. A post-procedure CT of the entirety of the thoracic spine is obtained. Marker placement at the appropriate level is confirmed by counting from above and below while comparing to findings on prior cross-sectional imaging.

Description of Post-Service Work: The patient is transferred to the post-anesthesia recovery area for hemodynamic monitoring and pain control as needed. Orders are completed and communication of any immediately relevant findings to nursing staff and other members of the patient care team is undertaken. A formal report of the procedure is dictated into the permanent medical record. The results and further management recommendations are discussed with the patient and family, as well as the requesting physician. The procedure report is reviewed and signed

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Andrew Moriarity, Dr. Michael Booker, Dr. Ben Northrup, Dr. Robert Kennedy, Dr. Minhajuddin Khaja, Dr. Curtis Anderson					
Specialty Society(ies):	ACR, SIR, OEIS					
CPT Code:	209X1					
Sample Size:	4073	**Resp N:**	33			
Description of Sample:	The ACR surveyed a random sample of 1,402 member radiologists in addition to 944 members from their IR subset. A random sample of 300 physicians was also surveyed from the ASSR membership. The SIR and OEIS surveyed a sample of 1,427 from their combined memberships.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	8.00	200.00
Survey RVW:	0.05	3.00	**3.50**	4.05	8.90
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	20.00	**30.00**	35.00	59.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	209X1	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**6.00**	**1.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32408	000	3.18	**RUC Time**

CPT Descriptor Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49406	000	4.00	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
10030	000	2.75	**RUC Time**	7,452

CPT Descriptor 1 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49405	000	4.00	**RUC Time**	4,750

CPT Descriptor 2 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 27.2 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 21.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 209X1	Top Key Reference CPT Code: 32408	2nd Key Reference CPT Code: **49406**
Median Pre-Service Time	30.00	41.00	35.00
Median Intra-Service Time	30.00	40.00	40.00
Median Immediate Post-service Time	20.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**80.00**	**101.00**	**95.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	44%	44%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	67%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	89%	0%
Physical effort required	0%	22%	78%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	11%	56%	33%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	43%	43%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	57%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	29%	71%
Physical effort required	0%	57%	43%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	29%	71%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In order to decrease the rate of wrong level and wrong site surgeries and to decrease operating room time, surgeons have increasingly opted to use presurgical fiducial markers for guidance in select cases. Trends such as the rising prevalence of overweight and obesity and the ability to perform minimally invasive complex surgeries at difficult to access sites have further solidified the importance of fiducial marker placement for surgical guidance. Although there are current codes that describe these marker placement procedures, for example, in the soft tissues and in the breast, there is not currently a code for intraosseous fiducial marker placement. Intraosseous placement is advantageous in that it prevents migration of the fiducial marker, facilitating more efficient scheduling of both the procedure and the surgery and reducing the risk of surgery at the incorrect site. It also improves localization with modern surgical techniques, improves confidence in localization, and thereby reduces operating room times.

At May 2025 CPT Editorial Panel meeting the societies of ACR and SIR requested the creation of two CPT codes to report placement of intraosseous fiducial marker(s). The two new CPT codes (290X1 and 209X2) were approved. CPT 209X1 represents the placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; first target site. The second code, CPT 209X2 is an add-on code to 209X1 and represents the placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; each additional target site (List separately in addition to code for primary procedure).

Methodology

A multi-disciplinary survey conducted by ACR, OEIS, and SIR was distributed to randomly selected members of the representative societies. A sample from the American Society for Spine Radiology was also included. The results within the summary file and within this SOR reflect the outcomes of the total survey responses (33).

Work RVU Recommendation for 209X1

We are recommending a value of 3.00 work RVUs, which represents the 25th percentile of the survey responses with noted experience in performing the placement of intraosseous fiducial markers.

Pre- and Post-Service Time Packages

The specialties have selected pre-package 2 (Facility, Difficult Patient/Straightforward Procedure) with a pre-service evaluation of 18 minutes, pre-service positioning time of 1 minute, and pre-service scrub, dress, wait time of 6 minutes. We also selected a post-service package 8A (IV Sedation/Simple Procedure) with a time of 25 minutes.

The specialties recommend the following times

1. Evaluation: We recommend a pre-service evaluation time of 18 minutes, which matches the pre-package 2 (Facility, Difficult Patient/Straightforward Procedure) time.

2. Positioning: We recommend the time of 6 minutes, which is 5 minutes more than the package time. We believe this is warranted due to the prone set up of the patient within the CT bore, monitoring, lines, tubes, and equipment within a CT room and ensuring that all devices attached to the patient are able to clear and slide in and out of the CT gantry in order to maintain sterility and procedural success.

3. Scrub, dress, and wait: We recommend the time of 6 minutes, a decrease of 4 minutes from the median survey time, but matches the package time.

4. Post: We recommend a median survey time of 20 minutes, which 5 minutes less than the post package time. This aligns with the KRS 1 and 2 for this code and ensures proper recovery from the procedure.

Comparison with Key Reference Services

We are recommending a value of 3.00 work RVUs, which represents the 25th percentile of the survey responses with noted experience in performing the placement of intraosseous fiducial markers. This places 209X1 slightly below KRS 1, but a higher IWPUT. As a difficult patient/straightforward procedure, we believe this is appropriately supported.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	POST
209X1	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging	3.00	0.066	80	18	6	6	30	20

	guidance, when performed; first target site								
KRS 1 32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	3.18	0.047	101	30	5	6	40	20
KRS 2 49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	4.00	0.071	95	25	5	5	40	20

Comparison to MPC codes

The surveyed code compares well and is bracketed by 2 MPC codes, 10030 and 49405, which are familiar and utilized by the members of the societies of ACR, OEIS, and SIR and the recommended work RVUs of 3.00.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	POST
MPC 10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	2.61	0.1076	49	13	5	6	15	10
209X1	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; first target site	3.00	0.066	80	18	6	6	30	20
MPC 49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	4.00	0.071	95	25	5	5	40	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22899, 77012

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national number of services reported by CPT code 209X1 is estimated to be provided 2000 times nationally in a one-year period. This is a new code and thus the estimate is based on publications and reported volumes from several large institutions.

Specialty Diagnostic Radiology Frequency 1300 Percentage 65.00 %

Specialty Interventional Radiology Frequency 500 Percentage 25.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 670
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 209X1 is estimated to be provided 670 times nationally to Medicare patients in a one-year period.

Specialty Diagnostic Radiology Frequency 435 Percentage 64.92 %

Specialty Interventional Radiology Frequency 168 Percentage 25.07 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 20225

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:209X2 Tracking Number H2 Original Specialty Recommended RVU: **1.76**
Presented Recommended RVU: **1.76**
Global Period: ZZZ Current Work RVU: **N/A** RUC Recommended RVU: **1.76**

CPT Descriptor: Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; each additional target site (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 44-year-old male presents with multiple extramedullary intradural tumors, the two largest of which lie at the T3 and T9 levels. Following placement of a localization device within the right T3 pedicle, a second localization device is placed within the left T9 pedicle.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: After completion of placement of the first fiducial marker, the target is localized and the approach is planned for an additional marker in an identical fashion. Local and deep tissue anesthesia, as well as periosteal anesthesia is administered via computed tomography (CT) guidance. A bone biopsy needle is then introduced, via pedicular access. Using CT guidance, the needle is advanced to the level of the body-pedicle junction. The stylet is removed and the fiducial marker introducer system is advanced to the target within the cannula under CT guidance. The marker is deployed under CT guidance and the introducer system, followed by the needle, is removed. Hemostasis is obtained. The procedure site is cleaned and dressed. A post-procedure CT of the entirety of the thoracic spine is obtained. Marker placement at the appropriate level is confirmed by counting from above and below while comparing to findings on prior cross-sectional imaging.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Andrew Moriarity, Dr. Michael Booker, Dr. Ben Northrup, Dr. Robert Kennedy, Dr. Minhajuddin Khaja, Dr. Curtis Anderson					
Specialty Society(ies):	ACR, SIR, OEIS					
CPT Code:	209X2					
Sample Size:	4073	**Resp N:**	30			
Description of Sample:	The ACR surveyed a random sample of 1,402 member radiologists in addition to 944 members from their IR subset. A random sample of 300 physicians was also surveyed from the ASSR membership. The SIR and OEIS surveyed a sample of 1,427 from their combined memberships.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	2.00	15.00
Survey RVW:	0.50	1.76	**2.25**	3.40	8.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**28.00**	39.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	209X2	**Recommended Physician Work RVU: 1.76**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**28.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19082	ZZZ	1.65	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64634	ZZZ	1.32	**RUC Time**

CPT Descriptor Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37253	ZZZ	1.44	**RUC Time**	108,933

CPT Descriptor 1 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.09	**RUC Time**	17,722

CPT Descriptor 2 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 57.1 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 10.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 209X2	Top Key Reference CPT Code: 19082	2nd Key Reference CPT Code: 64634
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	28.00	25.00	20.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**28.00**	**30.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	13%	81%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	19%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	25%	75%
Physical effort required	0%	31%	69%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	19%	81%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	100%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	0%	100%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	67%	33%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In order to decrease the rate of wrong level and wrong site surgeries and to decrease operating room time, surgeons have increasingly opted to use presurgical fiducial markers for guidance in select cases. Trends such as the rising prevalence of overweight and obesity and the ability to perform minimally invasive complex surgeries at difficult to access sites have further solidified the importance of fiducial marker guidance.

Although there are current codes that describe these marker placement procedures, for example, in the soft tissues and in the breast, there is not currently a code for intraosseous fiducial marker placement. Intraosseous placement is advantageous in that it prevents migration of the fiducial marker, facilitating more efficient scheduling of both the procedure and the surgery and reducing the risk of surgery at the incorrect site. It also improves localization with modern surgical techniques.

At May 2025 CPT Editorial Panel meeting the societies of ACR and SIR requested the creation of two CPT codes to report placement of intraosseous fiducial marker(s). The two new CPT codes (290X1 and 209X2) were approved. CPT 209X1 represents the placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; first target site. The second code, CPT 209X2 is an add-on code to 209X1 and represents the placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; each additional target site (List separately in addition to code for primary procedure).

Methodology

A multi-disciplinary survey conducted by ACR, OEIS, and SIR was distributed to randomly selected members of the representative societies. A sample from the American Society for Spine Radiology was also included. The results within the summary file and within this SOR reflect the outcomes of the total survey responses (30).

Work RVU Recommendation for 209X2

We are recommending a value of 1.76 work RVUs, which represents the 25th percentile of the survey responses with noted experience in performing the additional placement of intraosseous fiducial markers.

Pre- and Post-Service Time Packages

As a ZZZ global services code, the societies have not elected any additional time related to the pre and/or post time packages for 209X2.

Comparison with Key Reference Services

We are recommending a value of 1.76 work RVUs, which represents the 25th percentile of the survey responses with noted experience in performing the placement of intraosseous fiducial markers. This places 209X2 slightly higher than KRS 1 and 2, but with a slightly lower IWPUT. Based on the survey data, we believe this is appropriately supported.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	POST
209X2	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; each additional target site (List separately in addition to code for primary procedure)	1.76	0.063	28	0	0	0	28	0
KRS 1 19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	1.65	0.064	30	0	1	4	25	0
KRS 2 64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each	1.32	0.066	20	0	0	0	20	0

	additional facet joint (List separately in addition to code for primary procedure)								

Comparison to MPC codes

The surveyed code compares well and is bracketed by 2 MPC codes, 32753 and 36227, which are familiar and utilized by the members of the societies of ACR, OEIS, and SIR and the recommended work RVUs of 1.76. We are recommending a value of 1.76 work RVUs, which represents the 25th percentile of the survey responses with noted experience in performing the placement of intraosseous fiducial markers.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	POST
MPC 37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	1.44	0.0709	21	0	0	0	20	1
209X2	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; each additional target site (List separately in addition to code for primary procedure)	1.76	0.063	28	0	0	0	28	0
MPC 36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	2.09	0.1393	15	0	0	0	15	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22899, 77012

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Interventional Radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 100
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national number of services reported by CPT code 209X2 is estimated to be provided 100 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 65 Percentage 65.00 %

Specialty Interventional Radiology Frequency 25 Percentage 25.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 33 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 209X2 is estimated to be provided 33 times nationally to Medicare patients in a one-year period.

Specialty Diagnostic Radiology Frequency 21 Percentage 63.63 %

Specialty Interventional Radiology Frequency 8 Percentage 24.24 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 20225

SS Rec Summary

ISSUE: Intraosseous Fiducial Markers

TAB: 5

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	000	Apr-19	9	0.047	0.031			3.18			101	30	5	6			40			20					
2nd REF	49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst);	000	Jan-13	7	0.071	0.042			4.00			95	25	5	5			40			20					
CURRENT	22899	Unlisted procedure, spine	YYY							0.00																	
CURRENT	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device),	XXX	Sep-23		0.030	0.027			1.50			55	15					35			5					
SVY	**209X1**	**Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including**	**000**		**33**	**0.069**	**0.035**	**0.05**	**3.00**	**3.50**	**4.05**	**8.90**	**100**	**30**	**10**	**10**	**10**	**20**	**30**	**35**	**59**	**20**	**0**	**1**	**3**	**8**	**200**
ACR IR SUBSET	209X1	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when	000		5	0.079	0.037	2.00	2.25	3.80	4.05	4.15	103	34	10	14	11	20	30	30	42	15	2	3	3	8	25
ACR RANDOM	209X1	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when	000		2	0.083	0.039	3.00	3.05	3.10	3.15	3.20	79	20	8	13	20	23	25	28	30	13	0	0	1	1	1
SIR	209X1	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when	000		14	0.075	0.036	1.30	3.08	3.85	4.76	8.90	106	33	10	8	15	23	30	35	59	25	0	1	3	5	25
OEIS	209X1	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when	000		1	0.049	0.030	4.25	4.25	4.25	4.25	4.25	140	40	15	15	50	50	50	50	50	20	0	0	0	0	0
ASSR	209X1	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when	000		11	0.084	0.034	0.05	3.00	3.10	3.75	4.55	90	30	10	10	10	15	20	23	45	20	0	4	6	13	200
REC	**209X1**	**Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; first target site**	**000**		**33**	**0.066**	**0.038**			**3.00**			**80**	**18**	**6**	**6**			**30**			**20**					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and	ZZZ	Apr-13	16	0.064	0.055			1.65			30		1	4			25								
2nd REF	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT);	ZZZ	Oct-20	3	0.066	0.066			1.32			20						20								
CURRENT	22899	Unlisted procedure, spine	YYY							0.00																	
CURRENT	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device),	XXX	Sep-23		0.030	0.027			1.50			55	15					35			5					
SVY	**209X2**	**Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including**	**ZZZ**		**30**	**0.080**	**0.080**	**0.50**	**1.76**	**2.25**	**3.40**	**8.00**	**28**				**10**	**20**	**28**	**39**	**60**	**0**	**0**	**0**	**1**	**2**	**15**
ACR IR SUBSET	209X2	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when	ZZZ		5	0.073	0.073	1.00	1.75	2.05	2.71	3.60	28				20	27	28	35	45	0	0	1	2	2	5
ACR RANDOM	209X2	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when	ZZZ		1	0.067	0.067	2.00	2.00	2.00	2.00	2.00	30				30	30	30	30	30	0	0	0	0	0	0
SIR	209X2	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when	ZZZ		13	0.088	0.088	1.30	1.80	2.20	4.00	8.00	25				15	20	25	30	45	0	0	0	1	1	15
OEIS	209X2	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when	ZZZ		1	0.076	0.076	2.83	2.83	2.83	2.83	2.83	37				37	37	37	37	37	0	0	0	0	0	0
ASSR	209X2	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when	ZZZ		10	0.112	0.112	0.50	1.88	2.85	3.40	4.00	25.5				10	18	26	45	60	0	0	0	2	3	10
REC	**209X2**	**Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; each additional target site (List separately in addition to code for primary procedure)**	**ZZZ**			**0.063**	**0.063**			**1.76**			**28**						**28**			**0**					

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 209X1, 209X2
SPECIALTY SOCIETY(IES): ACR, SIR,OEIS
PRESENTER(S): Dr. Andrew Moriarity, Dr. Michael Booker, Dr. Ben Northrup, Dr. Robert Kennedy and Dr. Curtis Anderson

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: SEPTEMBER 2025

CPT Code	Long Descriptor	Global Period
209X1	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; first target site	000
209X2	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; each additional target site (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
209X1	A 57-year-old female with obesity presents with a disc protrusion at T6-T7 and has myelopathic symptoms. The spine surgeon requests placement of a fiducial marker in the T7 pedicle to assist with localization.
209X2	A 44-year-old male presents with multiple extramedullary intradural tumors, the two largest of which lie at the T3 and T9 levels. Following placement of a localization device within the right T3 pedicle, a second localization device is placed within the left T9 pedicle. [**Note:** This is an add-on service. Only consider the additional work related to the placement of the second intraosseous localization device.]

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   ACR, SIR and OEIS convened a panel of experts familiar with this service to evaluate the direct practice expense inputs for Intraosseous Fiducial Marker placement procedures.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The specialties selected CPT codes **32553** (Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple) and **20225** (Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)) as references for 209X1 and 209X2. These codes, when combined, contain the necessary components required to perform codes 209X1 and 209X2. In short, combining CPT codes 20225 and 32553 provides an accurate picture, in terms of similar patient type, equipment, and demands of the procedure.

   We also included CPT code 77012 (Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation) as the typical imaging guidance utilized for these procedures. The definitions of code 290X1 and 209X2 include imaging guidance (whereas reference codes 20225 and 32553 do not), as this would be most commonly performed using CT capabilities, code 77012 is used for reference to reflect the values represented by the now bundled imaging guidance.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Code **19082** (Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)) was selected for the ZZZ code as it provides an accurate picture, in terms of similar patient type, equipment, and demands of the procedure as code 209X2.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   No

   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   Radiology is expected to be the dominant provider in the non-facility and the global.

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   Intraosseous fiducial marker placement is a new procedure.

   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No, these are new service codes.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

CA016 – Prepare, set-up and start IV, initial positioning and monitoring of patient – The specialties are requesting 5 minutes (3 additional minutes above the 2 minute standard), since the patient will be prone and in a gantry. Additional time is needed to ensure the patient is properly positioned and with the more confined space of the CT bore and in prone position, this will require more time than the standard 2 minutes.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

No

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

CPT codes 209X1 and 209X2 describe new procedures and do not have existing time for obtaining vital signs. The specialties are recommending 5 minutes for *obtain vital signs* (CA010) for 209X1 to check the following vitals: measure weight and obtain heart rate, O2 saturation, respiratory rate, temperature and blood pressure.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

CA001: Complete pre-service diagnostic and referral forms (209X1) – (5) RN/LPN/MTA (L037D) is reviewing the diagnostic pre-service and referral forms to ensure complete and submitted appropriately.
CA002: Coordinate pre-surgery services (including test results) (209X1) – (3) RN/LPN/MTA (L037D) is collecting and coordinating the request from referring physician and ensuring all appropriate preoperative imaging has been performed.
CA004: Provide pre-service education/obtain consent (209X1) – (7) RN/LPN/MTA (L037D) provide necessary education to the patient and patient's family/caregiver(s) to prepare for fiducial marker placement and for care after procedure. They also ensure consent forms are completed.
CA005: Complete pre-procedure phone calls and prescription. (209X1) – (3) RN/LPN/MTA (L037D) will answer any additional questions prior to the patient's visit, confirm that certain medications are being held before the procedure.
CA006: Confirm availability of prior images/studies (209X1) – (2) CT technologist (L046A) will confirm the previous imaging is available and accessible for the physician prior to the procedure for use in ensuring proper placement of fiducial marker(s).
CA007: Review patient clinical extant information and questionnaire (209X1) – (1) RN/LPN/MTA (L037D) CT technologist will review implant and surgical history

    b. Service period (includes pre, intra and post):

CA009: Greet patient, provide gowning, ensure appropriate medical records (209X1) – (3) RN/LPN/MTA (L037D) providing gowning, ensure appropriate medical records are available.

CA010: Obtain vital signs (209X1) – (5) RN/LPN/MTA (L037D) of weight and obtain heart rate, O2 saturation, respiratory rate, temperature and blood pressure before these procedures.
CA013: Prepare room, equipment and supplies (209X1) – (2) CT Technologist (L046A) work to prepare the room to allow for access to the posterior back area from prone position.
CA014: Confirm order, perform exam (209X1) – (1) CT Technologist (L046A) will confirm the orders for the fiducial marker placement using CT imaging guidance and prepare equipment
CA016: Prepare, set-up and start IV (209X1) – (5) CT Technologist (L046A) will prepare and start the IV on the patient for the fiducial marker placement procedure
CA018: Assist physician (209X1) – (30) CT Technologist (L046A) 100% physician time, assists the physician throughout the procedure performing the necessary CT imaging guidance for the physician and Vascular Interventional Technologist (L041A)100% Physician time, works with the physician to complete the procedure and handles equipment and supplies.
CA018: Assist physician (209X2) – (28) CT Technologist (L046A) 100% physician time, assists the physician throughout the procedure performing the necessary CT imaging guidance for the physician and Vascular Interventional Technologist (L041A)100% Physician time, works with the physician to complete the procedure and handles equipment and supplies.
CA022: Monitor patient (209X1) – (10) RN (L051A) will monitor the patient in recovery, which is expected to last 40 mins, using the ratio of 1:4, would be 10 minutes.
CA024: Clean room/equipment by clinical staff (209X1) – (3) CT Technologist (L046A) will clean the room and equipment during the immediate post period following the placement of fiducial markers
CA029: Check dressings (209X1) – (1) RN/LPN/MTA (L037D) will spend time checking the dressings to ensure no excessive bleeding by the patient following the placement of fiducial markers
CA030: Technologist QCs images in PACS (209X1) – (2) CT Technologist (L046A) QCs all images and makes sure the images transfer to PACS
CA032: Scans documents into PACS and completes exam in the RIS (209X1) – (1) CT Technologist (L046A) scans all documentation into PACS including any drawings/diagrams which may have been created
CA035: Review home care instructions, coordinate visits/prescriptions (209X1) – (2) RN/LPN/MTA (L037D) will review with patient and/or care givers instructions for home care, including limits on movement, pain control and incision care as well as coordinate prescriptions and any follow up care.

c. Post-service period:

CA038: Coordinate post procedure services (209X1) – (3) RN/LPN/MTA (L037D) communicates with patient and family concerning (potential) success of procedure, readiness for surgery, and associated instructions to aid in post-procedure / pre-surgical coordination.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

CA018: Assist physician (209X1) – (30) CT Technologist (L046A) 100% physician time, assists the physician throughout the procedure performing the necessary CT imaging guidance for the physician and Vascular Interventional Technologist (L041A)100% Physician time, works with the physician to complete the procedure and handles equipment and supplies.
CT Technologist: Confirm patient identity. Participate in timeout prior to beginning procedure. Help position patient prone on CT gantry. Perform initial CT of the area of interest. Review images with

physician. Help create multiplanar reconstructions when necessary. Help physician mark entry site. Perform serial CT scans during biopsy needle placement and adjustment. Perform scans during placement of fiducial delivery needle, as well as scans after fiducial placement. Confirm appropriate placement with physician. Help create multiplanar reconstructions when necessary. Perform final CT scan of the entire thoracic spine after needle removal. Assist in positioning patient during transfer from gantry to stretcher.
Vascular Interventional Technologist: Ensure all required equipment is in CT procedure room. Confirm size of marker with physician. Set up table. Confirm patient identity. Participate in timeout prior to beginning procedure. Help position patient prone on CT gantry. Assist in draping of patient and placement of sterile covers on CT controls. Help physician gown and glove. Drop sterile items on procedure tray as needed. Hand physician bone biopsy needle and fiducial marker delivery system, as well as additional required equipment as needed during the procedure. Assist in positioning patient during transfer from gantry to stretcher.

CA018: Assist physician (209X2) – (28) CT Technologist (L046A) 100% physician time, assists the physician throughout the procedure performing the necessary CT imaging guidance for the physician and Vascular Interventional Technologist (L041A)100% Physician time, works with the physician to complete the procedure and handles equipment and supplies.
CT technologist: Perform CT of the area of interest of the second target. Help with changes in patient positioning, if necessary. Review images with physician. Help create multiplanar reconstructions when necessary. Help physician mark entry site. Perform serial CT scans during biopsy needle placement and adjustment. Perform scans during placement of fiducial delivery needle, as well as scans after fiducial placement. Confirm appropriate placement with physician. Help create multiplanar reconstructions when necessary. Perform final CT scan of the entire thoracic spine after needle removal.
Vascular Interventional technologist: Ensure all required equipment for second fiducial marker placement is in CT procedure room. Confirm size of marker with physician. Add required new equipment to procedure table. Help reposition patient, if necessary. Assist in draping of second target site. Drop additional sterile items on procedure tray as needed. Hand physician bone biopsy needle and fiducial marker delivery system, as well as additional required equipment as needed during the procedure.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, we are recommending three established packs:
SA048 – pack, minimum multi-specialty visit
SA061 – tray, biopsy procedure
SA067 – tray, shave prep

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SA061	tray, biopsy procedure	21.58	tray	1
	>0.9%, Sodium Chloride, 5ML			
	>specimen tubes and caps (2)			
	>slides, fully frosted end (2)			
	>25G X 5/8" needle			
	>22G X 1-1/2 " needle			
	>18G, 2" blunt needle			
	>10cc plastic syringe, luer lock (2)			
	>No. 11 scalpel assembly			
	>Needle stop			
	>PVP swab sticks (triples)			
	>Alcohol wipe			
	>1% Lidocaine HCl, 5ML (2 ampules)			
	>3X3 Gauze (3)			
	>Disposable Towel			
	>Fenestrated drape			
	>Puncture site bandage			
	>8" paper ruler			
	>sterile indicator			
	>hospital wrap			
SA067	tray, shave prep	1.27	tray	1
	>2 compartment tray			
	>absorbent towels (2)			
	>disposable double edged stainless			
	>gauze sponges (2)			
	>presoaped (castile) foam sponge			
	>underpad			
	>cotton tipped applicators (2)			

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

NO

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EL007- ROOM CT- HIGHLY TECHNICAL
EF027 – TABLE, INSTRUMENT, MOBILE - DEFAULT
EF014 – LIGHT, SURGICAL - DEFAULT
ED053 – PROFESSIONAL PACS WORKSTATION - equals ½ of physician pre-time + physician intra time
ED050 – TECHNOLOGIST PACS WORKSTATION - PACS Formula, equal to service period clinical staff

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

The specialties made the following changes to PE:

- Povidone soln (betadine) (SJ041) was removed from 209X2 since we have 2 chloraprep applicators (SJ091) already included
- Skin marking pen, sterile (SK075) was removed from 209X2

There was discussion about the mobile instrument table (EF027) and the societies confirmed that this table is used to hold the sterile equipment for the procedure and is separate from the one used for

moderate sedation. The specialties also confirmed that the vascular tech is only present for the intra-service.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 209X1
SPECIALTY SOCIETY(IES): ACR, SIR,OEIS
PRESENTER(S): Dr. Andrew Moriarity, Dr. Michael Booker, Dr. Ben Northrup, Dr. Robert Kennedy and Dr. Curtis Anderson

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: SEPTEMBER 2025

CPT Code	Long Descriptor	Global Period
209X1	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; first target site	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
209X1	A 57-year-old female with obesity presents with a disc protrusion at T6-T7 and has myelopathic symptoms. The spine surgeon requests placement of a fiducial marker in the T7 pedicle to assist with localization.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   ACR, SIR and OEIS convened a panel of experts familiar with this service to evaluate the direct practice expense inputs for Intraosseous Fiducial Marker placement procedures.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The specialties selected CPT codes **32553** (Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple) and **20225** (Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)) as references for 209X1. These codes, when combined, contain the necessary components required to perform codes 209X1 and 209X2. In short, combining CPT codes 20225 and 32553 provides an accurate picture, in terms of similar patient type, equipment, and demands of the procedure.

   We also included CPT code 77012 (Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation) as the typical imaging guidance utilized for these procedures. The definitions of code 290X1 and 209X2 include imaging guidance (whereas reference codes 20225 and 32553 do not), as this would be most commonly performed using CT capabilities, code 77012 is used for reference to reflect the values represented by the now bundled imaging guidance.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   Intraosseous fiducial marker placement is a new procedure.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No, these are new service codes.

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

No

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

CA001: Complete pre-service diagnostic and referral forms (209X1) – (5) RN/LPN/MTA (L037D) is reviewing the diagnostic pre-service and referral forms to ensure complete and submitted appropriately. CA002: Coordinate pre-surgery services (including test results) (209X1) – (3) RN/LPN/MTA (L037D) is collecting and coordinating the request from referring physician and ensuring all appropriate preoperative imaging has been performed. CA003: Schedule space and equipment in facility (209X1) – (5) RN/LPN/MTA (L037D) CA004: Provide pre-service education/obtain consent (209X1) – (7) RN/LPN/MTA (L037D) provide necessary education to the patient and patient's family/caregiver(s) to prepare for fiducial marker placement and for care after procedure. They also ensure consent forms are completed. CA005: Complete pre-procedure phone calls and prescription. (209X1) – (3) RN/LPN/MTA (L037D) will answer any additional questions prior to the patient's visit, confirm that certain medications are being held before the procedure. CA006: Confirm availability of prior images/studies (209X1) – (2) CT technologist (L046A) will confirm the previous imaging is available and accessible for the physician prior to the procedure for use in ensuring proper placement of fiducial marker(s).

CA007: Review patient clinical extant information and questionnaire (209X1) – (1) RN/LPN/MTA (L037D) CT technologist will review implant and surgical history

b. Service period (includes pre, intra and post):

N/A

c. Post-service period:

CA038: Coordinate post procedure services (209X1) – (3) RN/LPN/MTA (L037D) communicates with patient and family concerning (potential) success of procedure, readiness for surgery, and associated instructions to aid in post-procedure / pre-surgical coordination.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

No.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 209X1
SPECIALTY SOCIETY(IES): ACR, SIR,OEIS
PRESENTER(S): Dr. Andrew Moriarity, Dr. Michael Booker, Dr. Ben Northrup, Dr. Robert Kennedy and Dr. Curtis Anderson

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

FACILITY DIRECT PE INPUTS

CPT CODE(S): 209X1
SPECIALTY SOCIETY(IES): ACR, SIR,OEIS
PRESENTER(S): Dr. Andrew Moriarity, Dr. Michael Booker, Dr. Ben Northrup, Dr. Robert Kennedy and Dr. Curtis Anderson

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

FACILITY DIRECT PE INPUTS

CPT CODE(S): 209X1
SPECIALTY SOCIETY(IES): ACR, SIR,OEIS
PRESENTER(S): Dr. Andrew Moriarity, Dr. Michael Booker, Dr. Ben Northrup, Dr. Robert Kennedy and Dr. Curtis Anderson

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

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The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**	
2						**CPT Code 32553**		**CPT Code 20225**	
3		***RUC Collaboration Website***				Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple		Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable):** **Tab 5: Intraosseous Fiducial Markers** **Specialty: ACR, SIR, OEIS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 396.73**	**$ 7.56**	**$ 300.46**	**$ 14.04**
8		**TOTAL CLINICAL STAFF TIME**				**118.0**	**14.0**	**74.0**	**26.0**
21		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 82.40**	**$ 7.56**	**$ 39.96**	**$ 14.04**
22		**PRE-SERVICE PERIOD**							
23		**Start: Following visit when decision for surgery/procedure made**							
24	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54			5	5
25	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54			3	3
26	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54				5
27	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54			7	7
28	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54			3	3
29	CA006	Confirm availability of prior images/studies	L046A	CT	0.784				
30	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54				
31	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54	11	11		
32									
37		**End: When patient enters office/facility for surgery/procedure**							
38		**SERVICE PERIOD**							
39		**Start: When patient enters office/facility for surgery/procedure:**							
40		**Pre-Service (of service period)**							
41	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54			3	
42	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54			5	
43	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54				
44	CA012	Review requisition, assess for special needs							
45	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54			2	
46	CA013	Prepare room, equipment and supplies	L046A	CT	0.784				
47	CA013	Prepare room, equipment and supplies	L043A	Mammograph	0.792				
48	CA014	Confirm order, protocol exam	L046A	CT	0.784				
49	CA015	Setup scope (nonfacility setting only)							
50	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54			2	
51	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L046A	CT Technologist	0.784				
52	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L043A	Mammograph	0.792				
53	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54				
54									
55									
56									
57		*Other activity: please include short clinical description here and type*							
58		*Other activity: please include short clinical description here and type*							
59		*Other activity: please include short clinical description here and type*							
60		**Intra-service (of service period)**							
61	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54			30	
62	CA018	Assist physician or other qualified healthcare professional---directly	L046A	CT Technologis	0.784				
63	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041A	Vascular Interventional Technologist	0.838				
64	CA018	Assist physician or other qualified healthcare professional---directly	L043A	Mammograph	0.792				
65	CA019	Assist physician or other qualified healthcare professional---directly							
66	CA021	Perform procedure/service---NOT directly related to physician work	L037D	RN/LPN/MTA	0.54	23			
67	CA021	Perform procedure/service---NOT directly related to physician work	L046A	CT	0.784	36			
68	CA021	Perform procedure/service---NOT directly related to physician work	L051A	RN	0.76	45			
69	CA021	Perform procedure/service---NOT directly related to physician work	L043A	Mammograph	0.792				
70									
71		*Other activity: please include short clinical description here and type*							
72		*Other activity: please include short clinical description here and type*							
73		*Other activity: please include short clinical description here and type*							
74		**Post-Service (of service period)**							
75	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54			5	
76	CA022	Monitor patient following procedure/service, multitasking 1:4	L051A	RN	0.76				
77	CA023	Monitor patient following procedure/service, no multitasking	L043A	Mammograph	0.792				
78	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54			3	
79	CA024	Clean room/equipment by clinical staff	L046A	CT	0.784				
80	CA024	Clean room/equipment by clinical staff	L043A	Mammograph	0.792				
81	CA025	Clean scope							
82	CA026	Clean surgical instrument package							
83	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54			2	
84	CA028	Review/read post-procedure x-ray, lab and pathology reports	L043A	Mammograph	0.792				
85	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54			1	
86	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L046A	CT	0.784				
87	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L043A	Mammograph	0.792				
88	CA031	Review examination with interpreting MD/DO	L046A	CT	0.784				
89	CA031	Review examination with interpreting MD/DO	L043A	Mammograph	0.792				
90	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L046A	CT	0.784				
91	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L043A	Mammograph	0.792				
92	CA033	Perform regulatory mandated quality assurance activity (service period)							
93	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry							
94	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54				
95	CA036	Discharge day management				**n/a**		**n/a**	
96									
97									
98									
99		*Other activity: please include short clinical description here and type*							
100		*Other activity: please include short clinical description here and type*							
102		**End: Patient leaves office/facility**							
103		**POST-SERVICE PERIOD**							
104		**Start: Patient leaves office/facility**							
105	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54			3	3
106	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54	3	3		

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**	
2						**CPT Code 32553**		**CPT Code 20225**	
3		***RUC Collaboration Website***				Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple		Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable):** **Tab 5: Intraosseous Fiducial Markers** **Specialty: ACR, SIR, OEIS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 396.73**	**$ 7.56**	**$ 300.46**	**$ 14.04**
8		**TOTAL CLINICAL STAFF TIME**				**118.0**	**14.0**	**74.0**	**26.0**
121	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
122		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 69.44**	**$ -**	**$ 148.51**	**$ -**
123	SA048	pack, minimum multi-specialty visit	5.02	pack		1		1	
129	SA061	tray, biopsy procedure	21.58	tray		1			
149	SA067	tray, shave prep	1.27	tray		1			
157	SA062	tray, bone marrow biopsy-aspiration	44.06	tray				1	
175	SB008	drape, sterile, c-arm, fluoro	5.38	item					
176	SB001	cap, surgical	1.14	item				2	
177	SB011	drape, sterile, fenestrated 16in x 29in	0.63	item		1			
178	SB012	drape, sterile, for Mayo stand	1.07	item				1	
179	SB014	drape, sterile, three-quarter sheet	3.46	item		1			
180	SB016	drape-cover, sterile, OR light handle	1.1	item				1	
181	SB019	drape-towel, sterile 18in x 26in	0.47	item		4			
182	SB020	drape-towel, sterile OR blue (2 pk uou)	0.83	item					
183	SB022	gloves, non-sterile	0.3	pair					
184	SB024	gloves, sterile	0.91	pair		2		1	
185	SB028	gown, surgical, sterile	5.13	item				1	
186	SB033	mask, surgical	0.43	item				1	
187	SB034	mask, surgical, with face shield	3.4	item		3		1	
188	SB039	shoe covers, surgical	0.1	pair		2		2	
189	SB044	underpad 2ft x 3ft (Chux)	0.32	item		1		1	
190	SC022	Mammotome probe guide	6.75	item					
191	SC028	needle, 18-26g 1.5-3.5in, spinal	9.96	item				1	
192	SC029	needle, 18-27g	0.04	item					
193	SC051	syringe 10-12ml	0.21	item				1	
194	SC077	needle, bone biopsy	72	item				1	
195	SD010	canister, vacuum	9.1	item					
196	SD037	clip, tissue marker	71.11	item					
197	SD094	Mammotome probe	135	item					
198	SD135	tubing, vacuum (for Mammotome device)	16.09	item					
199	SF033	scalpel with blade, surgical (#10-20)	1.04	item		1			
200	SF047	scalpel, safety, surgical, with blade (#10-20)	4.97	item					
201	SF057	Non-detachable embolization coil	260.53	item					
202	SG007	adhesive, skin (Dermabond)	57.67	item					
203	SG009	applicator, sponge-tipped	0.15	item		4			
204	SG035	dressing, 3in x 4in (Telfa, Release)	0.05	item					
205	SG051	gauze, non-sterile 4in x 4in	0.03	item					
206	SG055	gauze, sterile 4in x 4in	0.19	item		3			
207	SG056	gauze, sterile 4in x 4in (10 pack uou)	1.2	item					
208	SG074	steri-strip (6 strip uou)	1.54	item		1			
209	SG076	tape, elastic, 2in (Elastoplast, Elasticon) (5yd uou)	4.01	item					
210	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		12			
211	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	0.08	ml				10	
212	SH047	lidocaine 1%-2% inj (Xylocaine)	0.06	ml		30			
213	SH021	bupivacaine 0.25% inj (Marcaine)	0.5	ml					
214	SH067	sodium chloride 0.9% inj (250-1000ml uou)	3.39	item					
215	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	3.34	item		1			
216	SJ012	Cetacaine spray (56gm size bottle)	1.13	gm					
217	SJ029	ice pack, instant	1.4	item					
218	SJ041	povidone soln (Betadine)	0.38	ml		30			
219	SJ043	povidone swabsticks (3 pack uou)	0.48	item					
220	SJ046	silver nitrate applicator	0.19	item		1			
221	SJ053	swab-pad, alcohol	0.04	item					
222	SJ060	tincture of benzoin, swab	0.33	item		1			
223	SJ091	Chloraprep applicator (26 ml)	8.48	ml					
224	SK075	skin marking pen, sterile (Skin Skribe)	1.62	item				1	
225	SL036	cup, biopsy-specimen sterile 4oz	0.8	item		1			
226	SL038	cup-container, sterile, graduated 1000ml	1.15	item		1			
227	SL064	filter paper, qualitative, <15.0cm	0.14	item					
228	SM013	disinfectant, surface (Envirocide, Sanizide)	0.18	oz		1			
229	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	3.44	oz					
230	SM021	sanitizing cloth-wipe (patient)	0.07	item					
231									
232	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
233		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 244.89**	**$ -**	**$ 111.99**	**$ -**
234	EQ032	IV infusion pump	2439.096		0.006472694	60			
235	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	3139		0.010131537	60			
236	EL007-90	room, CT	1429967.51		3.010096821			37	
237	EL007	room, CT	1429967.51	Highly Technical	5.418174278	45			
238	EF027	table, instrument, mobile	531.926	Default	0.001183213	60			
239	EF018	stretcher	8095.021		0.021481972			20	
240	EF015	mayo stand	522.804		0.001162922			46	
241	EF014	light, surgical	1256.667	Default	0.002795322			46	
242	EQ168	light, exam	1232.887		0.003271745				
243	EQ075	breast biopsy imaging system, stereotactic (imager, table, software)	178445.55		0.676133606				
244	EQ074	breast biopsy device w-system (Mammotome)	29862		0.115719047				
245	EL013	room, mammography	168214		0.637366067				
246	ED053	Professional PACS Workstation	15467.671	Other Formula	0.061285948				
247	ED050	Technologist PACS workstation	5557	PACS	0.022017924				
248									
249		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D*							
250									

	A	B	K	M	N	O	Q
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**	**RECOMMENDED**		**REFERENCE CODE**	**RECOMMENDED**
2			**CPT Code 77012**	**CPT Code 209X1**		**CPT Code 19082**	**CPT Code 209X2**
3		***RUC Collaboration Website***	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; first target site		Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable):** **Tab 5: Intraosseous Fiducial Markers** **Specialty: ACR, SIR, OEIS**					
5		**LOCATION**	**Non Fac**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 63.21**	**$ 709.79**	**$ 16.15**	**$ 345.25**	**$ 540.33**
8		**TOTAL CLINICAL STAFF TIME**	**35.0**	**119.0**	**29.0**	**46.0**	**28.0**
21		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 27.20**	**$ 86.62**	**$ 16.15**	**$ 36.43**	**$ 45.42**
22		**PRE-SERVICE PERIOD**					
23		**Start: Following visit when decision for surgery/procedure made**					
24	CA001	Complete pre-service diagnostic and referral forms		5	5		
25	CA002	Coordinate pre-surgery services (including test results)		3	3		
26	CA003	Schedule space and equipment in facility			5		
27	CA004	Provide pre-service education/obtain consent		7	7		
28	CA005	Complete pre-procedure phone calls and prescription		3	3		
29	CA006	Confirm availability of prior images/studies	2	2	2		
30	CA007	Review patient clinical extant information and questionnaire		1	1		
31	CA008	Perform regulatory mandated quality assurance activity (pre-service)					
32							
37		**End: When patient enters office/facility for surgery/procedure**					
38		**SERVICE PERIOD**					
39		**Start: When patient enters office/facility for surgery/procedure:**					
40		**Pre-Service (of service period)**					
41	CA009	Greet patient, provide gowning, ensure appropriate medical records are		3			
42	CA010	Obtain vital signs		5			
43	CA011	Provide education/obtain consent	1				
44	CA012	Review requisition, assess for special needs					
45	CA013	Prepare room, equipment and supplies					
46	CA013	Prepare room, equipment and supplies	3	2			
47	CA013	Prepare room, equipment and supplies				1	
48	CA014	Confirm order, protocol exam		1			
49	CA015	Setup scope (nonfacility setting only)					
50	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient					
51	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2	5			
52	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient				3	
53	CA017	Sedate/apply anesthesia					
54							
55							
56							
57		*Other activity: please include short clinical description here and type*					
58		*Other activity: please include short clinical description here and type*					
59		*Other activity: please include short clinical description here and type*					
60		**Intra-service (of service period)**					
61	CA018	Assist physician or other qualified healthcare professional---directly					
62	CA018	Assist physician or other qualified healthcare professional---directly		30			28
63	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)		30			28
64	CA018	Assist physician or other qualified healthcare professional---directly				25	
65	CA019	Assist physician or other qualified healthcare professional---directly					
66	CA021	Perform procedure/service---NOT directly related to physician work					
67	CA021	Perform procedure/service---NOT directly related to physician work	18				
68	CA021	Perform procedure/service---NOT directly related to physician work					
69	CA021	Perform procedure/service---NOT directly related to physician work					
70							
71		*Other activity: please include short clinical description here and type*					
72		*Other activity: please include short clinical description here and type*					
73		*Other activity: please include short clinical description here and type*					
74		**Post-Service (of service period)**					
75	CA022	Monitor patient following procedure/service, multitasking 1:4					
76	CA022	Monitor patient following procedure/service, multitasking 1:4		10			
77	CA023	Monitor patient following procedure/service, no multitasking				10	
78	CA024	Clean room/equipment by clinical staff					
79	CA024	Clean room/equipment by clinical staff	3	3			
80	CA024	Clean room/equipment by clinical staff				1	
81	CA025	Clean scope					
82	CA026	Clean surgical instrument package					
83	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions					
84	CA028	Review/read post-procedure x-ray, lab and pathology reports				1	
85	CA029	Check dressings, catheters, wounds		1			
86	CA030	Technologist QC's images in PACS, checking for all images, reformats,	3	2			
87	CA030	Technologist QC's images in PACS, checking for all images, reformats,				2	
88	CA031	Review examination with interpreting MD/DO	2				
89	CA031	Review examination with interpreting MD/DO				2	
90	CA032	Scan exam documents into PACS. Complete exam in RIS system to	1	1			
91	CA032	Scan exam documents into PACS. Complete exam in RIS system to				1	
92	CA033	Perform regulatory mandated quality assurance activity (service period)					
93	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry					
94	CA035	Review home care instructions, coordinate visits/prescriptions		2			
95	CA036	Discharge day management	**n/a**	**n/a**		**n/a**	**n/a**
96							
97							
98							
99		*Other activity: please include short clinical description here and type*					
100		*Other activity: please include short clinical description here and type*					
102		**End: Patient leaves office/facility**					
103		**POST-SERVICE PERIOD**					
104		**Start: Patient leaves office/facility**					
105	CA037	Conduct patient communications					
106	CA038	Coordinate post-procedure services		3	3		

	A	B	K	M	N	O	Q
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**	**RECOMMENDED**		**REFERENCE CODE**	**RECOMMENDED**
2			**CPT Code 77012**	**CPT Code 209X1**		**CPT Code 19082**	**CPT Code 209X2**
3		***RUC Collaboration Website***	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; first target site		Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable):** **Tab 5: Intraosseous Fiducial Markers** **Specialty: ACR, SIR, OEIS**					
5		**LOCATION**	**Non Fac**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 63.21**	**$ 709.79**	**$ 16.15**	**$ 345.25**	**$ 540.33**
8		**TOTAL CLINICAL STAFF TIME**	**35.0**	**119.0**	**29.0**	**46.0**	**28.0**
121	**Supply Code**	**MEDICAL SUPPLIES**					
122		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 5.56**	**$ 402.32**	**$ -**	**$ 264.83**	**$ 340.76**
123	SA048	pack, minimum multi-specialty visit		1			
129	SA061	tray, biopsy procedure		1			
149	SA067	tray, shave prep		1			
157	SA062	tray, bone marrow biopsy-aspiration					
175	SB008	drape, sterile, c-arm, fluoro	1				
176	SB001	cap, surgical		3			
177	SB011	drape, sterile, fenestrated 16in x 29in					
178	SB012	drape, sterile, for Mayo stand					
179	SB014	drape, sterile, three-quarter sheet					
180	SB016	drape-cover, sterile, OR light handle					
181	SB019	drape-towel, sterile 18in x 26in					
182	SB020	drape-towel, sterile OR blue (2 pk uou)				2	
183	SB022	gloves, non-sterile				2	
184	SB024	gloves, sterile		2		1	
185	SB028	gown, surgical, sterile		2			
186	SB033	mask, surgical					
187	SB034	mask, surgical, with face shield		3			
188	SB039	shoe covers, surgical		3			
189	SB044	underpad 2ft x 3ft (Chux)		1			
190	SC022	Mammotome probe guide				1	
191	SC028	needle, 18-26g 1.5-3.5in, spinal					
192	SC029	needle, 18-27g				1	
193	SC051	syringe 10-12ml				2	
194	SC077	needle, bone biopsy					
195	SD010	canister, vacuum				1	
196	SD037	clip, tissue marker				1	
197	SD094	Mammotome probe				1	
198	SD135	tubing, vacuum (for Mammotome device)				1	
199	SF033	scalpel with blade, surgical (#10-20)					
200	SF047	scalpel, safety, surgical, with blade (#10-20)				1	
201	SF057	Non-detachable embolization coil		1			1
202	SG007	adhesive, skin (Dermabond)		1			1
203	SG009	applicator, sponge-tipped					
204	SG035	dressing, 3in x 4in (Telfa, Release)				1	
205	SG051	gauze, non-sterile 4in x 4in				1	
206	SG055	gauze, sterile 4in x 4in		3			
207	SG056	gauze, sterile 4in x 4in (10 pack uou)				2	
208	SG074	steri-strip (6 strip uou)		1		1	
209	SG076	tape, elastic, 2in (Elastoplast, Elasticon) (5yd uou)				1	
210	SG079	tape, surgical paper 1in (Micropore)		12			
211	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)				10	
212	SH047	lidocaine 1%-2% inj (Xylocaine)		10		10	10
213	SH021	bupivacaine 0.25% inj (Marcaine)		10			10
214	SH067	sodium chloride 0.9% inj (250-1000ml uou)				1	
215	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)		1			
216	SJ012	Cetacaine spray (56gm size bottle)				1	
217	SJ029	ice pack, instant				1	
218	SJ041	povidone soln (Betadine)					**0**
219	SJ043	povidone swabsticks (3 pack uou)				1	
220	SJ046	silver nitrate applicator					
221	SJ053	swab-pad, alcohol				2	
222	SJ060	tincture of benzoin, swab					
223	SJ091	Chloraprep applicator (26 ml)		2			2
224	SK075	skin marking pen, sterile (Skin Skribe)		1			**0**
225	SL036	cup, biopsy-specimen sterile 4oz				1	
226	SL038	cup-container, sterile, graduated 1000ml					
227	SL064	filter paper, qualitative, <15.0cm				1	
228	SM013	disinfectant, surface (Envirocide, Sanizide)	1	1		0.5	
229	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)				0.34	
230	SM021	sanitizing cloth-wipe (patient)				1	
231							
232	**Equipment Code**	**EQUIPMENT**					
233		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 30.45**	**$ 220.85**	**$ -**	**$ 43.99**	**$ 154.15**
234	EQ032	IV infusion pump					
235	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)					
236	EL007-90	room, CT	9				
237	EL007	room, CT		40			28
238	EF027	table, instrument, mobile		50			28
239	EF018	stretcher					
240	EF015	mayo stand					
241	EF014	light, surgical		50			28
242	EQ168	light, exam				30	
243	EQ075	breast biopsy imaging system, stereotactic (imager, table, software)				30	
244	EQ074	breast biopsy device w-system (Mammotome)				30	
245	EL013	room, mammography				30	
246	ED053	Professional PACS Workstation	43	45			28
247	ED050	Technologist PACS workstation	33	53		46	28
248							
249		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D*					
250							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: High Volume Growth*

September 2025

Computer Assisted Surgical Navigation – Tab 06

In April 2024, the Relativity Assessment Workgroup (RAW) identified CPT code 20985 as part of the high-volume growth screen, with Medicare utilization over 10,000, which has increased by at least 100% from 2017 through 2022. Separately, codes 0054T and 0055T had been identified on the high-volume CPT Category III screen. The specialty society noted that codes 20985, 0054T, and 0055T represented the same service if minor changes were made in the 20985 code descriptor. In September 2024, the RAW reviewed the action plan for 20985 and recommended that the RUC refer CPT code 20985 to the CPT Editorial Panel for revision, to modify the descriptor and address overlap with codes 0054T and 0055T. At the February 2025 CPT Editorial Panel meeting, CPT code 20985 was revised to remove "image-less" for reporting computer-assisted surgical navigational procedures for musculoskeletal procedures. The two existing Category III codes will be deleted for CPT 2027.

CPT code 20985 was surveyed for the April 2025 meeting, and the specialty recommended an interim value with the intention to re-survey for the September 2025 RUC meeting. The RUC determined that the specialty society may survey CPT code 20985 with an amended ZZZ survey template that specifically asks respondents whether pre- and post-service time is associated with this add-on service for the September 2025 RUC meeting.

Based on parallel RAW review, CPT code 20985 and related family (eg, 20985 is reported with 27447 76% of the time) codes were identified for review at the April 2025 RUC meeting. The specialty societies indicated that CPT codes 20985, 27130, 27446 and 27447 were not a family of services as 20985 is an add-on code that can be reported with hundreds of different musculoskeletal procedures. The RUC noted that CPT code 20985 is reported 76 percent of the time with CPT code 27447. However, as CPT code 27447 has much more volume than 20985, only 18 percent of the claims that have code 27447 also include code 20985. The other joint arthroplasty codes are also currently not typically reported with computer-assisted surgical navigation. For the April 2025 meeting, CPT codes 27130 and 27447 were separately identified in a RAW site of service anomaly screen for services that are typically outpatient, though still have inpatient visits. Due to this separate identification, all four services will be reviewed at the September 2025 meeting.

20985 ***Computer-assisted surgical navigational procedure for musculoskeletal procedures (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 78 orthopaedic surgeons and recommends a work RVU of 2.50, maintaining the current value. The RUC recommends 10 minutes pre-service time and 20 minutes intra-service time and 1 minutes of post-service time, totaling 31 minutes. The specialties noted and the RUC concurred that 10 minutes of pre-service time is typical to account for the additional time and effort required to initiate and calibrate computer navigation equipment, as well as additional patient positioning time for the computer navigation to be used. The specialties noted and the RUC concurred that 1 minute of post-service time is necessary to apply dressings to additional wounds related to the

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computer navigation pins/trackers and to review and sign off on intraoperative computer navigation imaging. The RUC confirmed that this pre-service and post-service time is distinct from the base musculoskeletal procedures that 20985 would be performed with.

The RUC compared the surveyed code to the top key reference code 20702 *Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)* (work RVU= 2.50, intra-service 25 minutes and total time 32 minutes) and determined that both services typically involve very similar total time and should be valued the same. Of the survey respondents who selected this key reference code, 77 percent indicated that the surveyed code is more intense than key reference code 20702. Also, both procedures involve additional pre-service and post-service surgeon work that is not part of the primary "skin-to-skin" procedure.

For additional support the RUC referenced CPT code 33268 *Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)* (work RVU= 2.50, 20 minutes intra-service and total time) and noted that both services involve the same amount of intra-service time, though the reference code is a more intense service to perform with less total time. **The RUC recommends a work RVU of 2.50 for CPT code 20985.**

Practice Expense
The RUC recommends no direct practice expense inputs for CPT code 20985 as it is a facility-based add-on service.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **General** **Other Procedures**				
▲✚20985	B1	Computer-assisted surgical navigational procedure for musculoskeletal procedures~~, image-less~~ (List separately in addition to code for primary procedure) (Do not report 20985 in conjunction with 61781-61783) (20986, 20987 have been deleted) ~~(For computer-assisted navigational procedures based on pre-operative and intraoperatively obtained images, see 0054T, 0055T)~~	ZZZ	2.50 (No Change)

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Surgery **Musculoskeletal System** **Pelvis and Hip Joint** **Repair, Revision, and/or Reconstruction**				
(f)27130	B2	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	090	17.13 See Tab 19 (2025 Work RVU = 19.60)
Musculoskeletal System **Femur (Thigh Region) and Knee Joint** **Repair, Revision, and/or Reconstruction**				
(f)27446	B3	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	090	17.13 See Tab 20 (2025 Work RVU = 17.13)
(f)27447	B4	medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) (For revision of total knee arthroplasty, use 27487) (For removal of total knee prosthesis, use 27488)	090	17.13 See Tab 20 (2025 Work RVU = 19.60)

Category III Codes

~~✚0054T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)~~

(0054T has been deleted. To report, use 20985)

~~✚0055T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)~~

(0055T has been deleted. To report, use 20985)

~~(When CT and MRI are both performed, report 0055T only once)~~

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20985 Tracking Number B1 Original Specialty Recommended RVU: **2.50**
Presented Recommended RVU: **2.50**
Global Period: ZZZ Current Work RVU: **2.50** RUC Recommended RVU: **2.50**

CPT Descriptor: Computer-assisted surgical navigational procedure for musculoskeletal procedures (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Computer-assisted surgical navigation is utilized when a 65-year-old female undergoes a unilateral total knee arthroplasty. [Note: This is an add-on service. Only consider the additional work related to the computer-assisted surgical navigation.]

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: In addition to standard discussion of total knee replacement, spend additional time discussing use of computer navigation as an adjunct to the total knee procedure. This involves explaining the rationale for use of the system, how it helps align the knee, and that the surgery may be somewhat longer and more complicated. Describe the use of additional small incisions for placement of pins through the bone along with additional risks of wound-healing issues at the pin site and risk of a fracture through one of the pinholes. Before the surgical procedure and patient positioning, bring the computer navigation unit into the room. After the computer is operational, activate the navigation software and enter patient-specific information such as identifiers, surgeon, and side of surgery. Check set-up options for the program and adjust as necessary. Once patient has been positioned on operating table, move navigation unit into place so intraoperative trackers will be in the field of view of the cameras and surgeon will be able to see the computer screen.

Description of Intra-Service Work: Place pins through the tibia and femur to which clamps are attached to hold the trackers that will be used during the surgical procedure. If the pins are placed outside the intended surgical wound, insert them percutaneously through separate stab wounds and engage to one or both cortices. Use one or two pins on the tibia and femur. If the pins are placed inside the operative wound, place them after the surgical exposure. Other systems use small electromagnetic trackers that are also attached to the femur and tibia. Once pins are placed, secure navigation trackers to them. The trackers may be passive devices with reflective balls whose position is determined by infrared light signals sent from the camera system that senses their position. The trackers may also be active devices that emit infrared light signals that are sensed by a camera system. The initial part of the procedure is to register these trackers with the computer navigation system. Following activation and identification of the trackers, begin the registration process by moving the hip in a circular fashion to enable the computer software to identify the center of the sphere created in space, which is also the center of the femoral head. Following surgical exposure, identify the bony landmarks of the femur and tibia individually by directed digitization with a device that also has tracker components on it. Landmarks identified are generally the medial epicondyle, the lateral epicondyle, the distal femoral center, the axis of the femoral trochlear groove, the surfaces of the medial and lateral distal and posterior condyles, and the topography of the medial and lateral anterior distal femur. Register the tibia by digitizing the center of the tibial plateau, the anterior-posterior axis of the tibia, and the surfaces of the medial and lateral tibial condyles. Find the ankle center by digitizing tips of the medial and lateral malleoli and the point between them. After the anatomy has been registered, make an initial assessment of the knee's range of motion (ROM) with the

values displayed on the computer screen. In addition, determine amount of angular deformity and degree of ligament imbalance. With this information, some systems then also determine an optimal implant size and position with the bone cuts needed to place it. In all total knee systems, the instruments are designed to place metal cutting blocks used to guide the power saws for the bone cuts. With navigation, these are positioned and pinned into place using navigated guidance while following the position of the block relative to the bone on the computer screen. Once the blocks are placed, make the bone cuts with a saw in the same manner as it would be for a conventional total knee replacement procedure. However, once the cut is completed, with navigation there is an opportunity to check the accuracy of the cut, which may be off due to cutting errors made by the surgeon or deflection of the blade by sclerotic bone. With navigation, verify each cut with the opportunity to re-do or adjust the cut. The navigation verification and subsequent correction of the bony cuts involve extra time and work. Either the tibia or femur may be cut first in these systems. Implant sizing and positioning of additional cutting blocks to finish the shaping of the femur is done with navigated guidance followed by the saw cuts as would be done in a standard total knee replacement procedure. After the bony cuts are made, perform a trial reduction and use the navigation system to check the overall mechanical alignment. The navigation system allows shifting pivot points and adjusting rotational and three dimensional positioning of the implants. The navigation system can also be used to quantify whether the collateral ligaments are balanced (ie, equal tension on both sides) to determine if soft tissue releases are needed. The navigation system also shows whether the procedure has resulted in full ROM, especially extension to at least zero degree, or a straight knee. If these goals are not achieved, the appropriate surgical technique or modification of the implant choices is made using the navigation screen as a guide. Following the trial reduction and preparation of the bone, insert the implants, usually with bone cement for fixation. As the bone cement is curing, use the navigation to make minor adjustments in alignment and extension to ensure that alignment and ROM goals are maintained as the bone cement hardens. Once the implants are fixed, record final alignment, ligament stability, and ROM with the software system. At the conclusion of the surgical procedure, remove the trackers and back the pins out of the femur and tibia. Close pin wounds.

Description of Post-Service Work: Apply dressings to additional wounds related to computer navigation pins/trackers. Review and sign-off on computer navigation imaging.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	William Creevy, MD; Hussein Elkousy MD; Adam Rana, MD					
Specialty Society(ies):	American Academy of Orthopaedic Surgeons, American Association of Hip and Knee Surgeons					
CPT Code:	20985					
Sample Size:	3209	**Resp N:**	78			
Description of Sample:	Random sample of membership					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	30.00	**100.00**	175.00	750.00	
Survey RVW:	1.50	2.54	**3.45**	4.25	7.25	
Pre-Service Evaluation Time:			**10.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	7.00	15.00	**20.00**	29.00	90.00	
Immediate Post Service-Time:	**1.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	20985	**Recommended Physician Work RVU: 2.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20702	ZZZ	2.50	**RUC Time**

CPT Descriptor Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61797	ZZZ	3.48	**RUC Time**

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.09	**RUC Time**	17,722

CPT Descriptor 1 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4251

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 22 **% of respondents:** 28.2 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 10.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 20985	Top Key Reference CPT Code: 20702	2nd Key Reference CPT Code: **61797**
Median Pre-Service Time	10.00	5.00	0.00
Median Intra-Service Time	20.00	25.00	30.00
Median Immediate Post-service Time	1.00	2.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**31.00**	**32.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	23%	59%	18%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	27%	64%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	41%	59%
Physical effort required	9%	50%	41%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	0%	59%	41%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	63%	25%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	88%	13%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	63%	38%
Physical effort required	13%	63%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	88%	13%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Background
In September 2024, the RAW identified 20985 via the high-volume growth screen and recommended resurvey. At the previous April 2024 RUC meeting, codes 0054T and 0055T had been identified on the high-volume CPT Category III screen and were referred for repeat evaluation in 3 years. With the RUC recommendation to resurvey 20985, the societies included codes 0054T and 0055T for survey. While considering vignettes for the Category III codes, it became apparent that codes 20985, 0054T, and 0055T represented the same service if minor changes were made to the descriptor for 20985. Additionally, it was apparent that the high volume of reporting of 0054T and 0055T was likely reporting that should have been coded as 20985, if the wording for 20985 was clearer. For CPT 2027, a revised code descriptor for 20985 was approved to minimize miscoding and codes 0054T and 0055T will be deleted.

Prior Survey of 20985 – 2007 and 2011

In the 2007 survey and the 2011 survey of 20985, the standard ZZZ-global survey was used that correctly defined a ZZZ-global code as: "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time)*." The survey tool included the ability for the survey respondent to indicate "pre-service time (*if applicable*); intra-service time (skin-to-skin); and immediate post-service time (*if applicable*)." For both prior surveys, the RUC agreed with the survey median pre-service time of 10 minutes because of the significant time and effort required to initiate and calibrate computer navigation equipment as well as additional patient positioning time for the computer navigation to be used. The RUC disagreed with additional post-service time as duplicate to the primary procedure.

The current standard ZZZ-global code survey still defines the global as "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time).*" However, the survey used for the April 2025 survey included only a single place to enter time shown as "intra-service time" which can be confusing with respect to time estimation. This survey instrument resulted in a median 25 minutes of intra-service time.

Prior Survey of 20985 – April 2025
At the April 2025 meeting, the AAOS noted that an incorrect survey instrument had been used, as code 20985 involves substantial work outside of the typical "skin-to-skin" intra-service activities represented by most ZZZ codes. For some add-on codes, there is additional pre-service and post-service work before/after skin-to-skin work

The RUC reviewed the April 2025 survey results from 113 orthopaedic surgeons and recommends an interim work RVU of 2.50, maintaining the current value. As interim, the RUC recommends 0 minutes pre-service time and 25 minutes intra-service time, totaling 25 minutes. The specialty societies did not survey for pre-service time and requested to resurvey with an amended survey instrument, specifically asking if separate pre-service time from the base code occurs for this service.

The RUC agreed with this request and submitted the interim recommendation to CMS.

Survey Process
The AAOS and AAHKS each sent survey requests to randomly selected members of their respective organizations. While there is considerable membership overlap between AAOS and AAHKS, both comprised of orthopaedic surgeons, the Research Subcommittee required that data from the AAHKS survey responses be reported separately on the RUC Summary Spreadsheet, as AAHKS currently does not have a RUC advisor. In contrast, during the 2012 survey, both AAOS and AAHKS conducted surveys but did not need to separate their data, since AAHKS had a RUC advisor at that time.

Recommendation - Time
We recommend the survey median times for pre-service, intra-service, and post-service as 10, 20, and 1 minute(s) respectively. The pre-service and intra-service times remain consistent with those reported in two prior surveys by experienced providers in 2007 and 2012. While the RUC previously considered additional post-service time to be duplicative of the primary procedure, we maintain that extra time is necessary to apply dressings to additional wounds related to computer navigation pins/trackers and to review and sign-off on intraoperative computer navigation imaging. The survey median of one additional minute for this post-service work after skin-to-skin work is both conservative and well-justified.

Comparison of Key Reference Codes
Code 20702 is a good comparison for 20985, as both procedures involve additional pre-service and post-service surgeon work that is not part of the primary "skin-to-skin" procedure. In contrast, code 61797 reflects extra intra-service time that is only skin-to-skin work required to treat an additional lesion and is considered more complex than 20985, as indicated by its higher intensity and work RVU.

Summary
It is recognized that reliably assigning specific time segments to add-on codes presents several challenges. When requesting a physician to estimate additional time necessary for an add-on procedure—without providing a precise definition—and while noting that intra-service time is defined as skin-to-skin, there is a risk of omitting any pre-service or post-service time exclusively attributable to the added service or procedure. Most add-on codes, according to CPT and CMS guidelines, are designed to describe additional intra-service work furnished in conjunction with a primary procedure and billed accordingly. Therefore, it is crucial to distinguish a distinct procedure that is always performed together with

another and designated as an add-on, from procedures that represent only extra intra-service effort. Code 20985 falls into the category of a complete separate procedure that is always reported with another procedure and therefore has been designated as an add-on service, even though it will include pre-, intra-, and post-service components. The recommended times and value appropriately reflect an additional procedure with an add-on designation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Code 20985 may be reported for computer-assisted surgical navigation services performed in conjunction with any musculoskelatal procedure.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20985, 0054T, 0055T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. national utilization is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
102,000 If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty.
Please explain the rationale for this estimate. 2023 Medicare utilization for 20985, 0054T, 0055T

Specialty orthopaedic surgery Frequency 101000 Percentage 99.01 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 20985

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Computer Assisted Surgical Navigation
TAB: 6

SOURCE	CPT	DESC	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	ZZZ	2018	22	0.094	0.078			2.50			32	5			25			2					
REF2	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	ZZZ	2011	8	0.116	0.116			3.48			30	0			30			0					
CURRENT	20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	ZZZ	2012	41	0.114	0.083			2.50			30	10			20			0					
CURRENT	0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	YYY							N/A															
CURRENT	0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	YYY							N/A															
SVY 09/25	20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures (List separately in addition to code for primary procedure)	ZZZ	09/2025	78	0.160	0.111	1.50	2.54	3.45	4.25	7.25	31	10	7	15	20	29	90	1	0	30	100	175	750
		AAOS			*51*	*0.141*	*0.107*	*1.50*	*2.50*	*3.00*	*4.08*	*7.25*	*28*	*8*	*10*	*15*	*20*	*30*	*90*	*0*	*0*	*26*	*66*	*144*	*750*
		AAHKS			*27*	*0.216*	*0.129*	*1.50*	*2.75*	*3.75*	*4.63*	*6.50*	*29*	*10*	*7*	*15*	*16*	*22*	*90*	*3*	*5*	*65*	*150*	*350*	*550*
REC	20985	**Computer-assisted surgical navigational procedure for musculoskeletal procedures (List separately in addition to code for primary procedure)**	ZZZ			0.113	0.081			2.50			31	10			20			1					

August 23, 2025

To: Scott Manaker, MD
Chair, AMA/RUC PE Subcommittee

From: William Creevy, MD
RUC Advisor, American Academy of Orthopaedic Surgeons

Subject: Practice Expense, Tab 6,Computer Assisted Surgical Navigation

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Tab 6 CPT code 20985 is a facility-only add-on service that will have no related direct practice expense input. Thank you for your consideration of this information.

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2025

Sacroiliac Joint Arthrodesis – Tab 07

At the September 2024, the CPT Editorial Panel combined three code change applications (CCAs) to clarify the term "transfixation" through editorial changes to codes 27278 and 27279. In preparation for the January 2025 RUC meeting, the specialty societies delivered two separate letters to the RUC. In these letters, the specialty societies noted that the changes made by the CPT Editorial Panel to these codes are editorial and requested that neither be resurveyed for the January 2025 RUC meeting. The specialty societies requested affirmation by the RUC of the current value for both CPT codes 27278 and 27279, noting that the RUC will have an opportunity to review these codes as the result of a pending CPT CCA at the February 2025 CPT Editorial Panel meeting, which was brought forth independently by the specialty societies. The RUC noted it is well past the time for affirmation of 27279 in terms of when that service was last surveyed in April 2018. The RUC did not vote on affirmation for codes 27278 and 27279 and instead agreed to submit no recommendation.

CPT codes 27278 and 27279 were revised again at the May 2025 CPT Editorial Panel meeting. CPT code 27278 was revised to include imaging guidance, placement of intra-articular structural bone graft, metal, and/or synthetic device(s) without cortical piercing. CPT code 27279 was revised to include placement of transarticular and/or intra-articular device(s) that engage bone with intrinsic fixation (eg, screw(s), flange(s), blade(s)) piercing the lateral cortex of the sacrum and the medial cortex of the ilium. CPT codes 27278 and 27279 were surveyed for the September 2025 RUC meeting.

During the discussion at the RUC, it was noted that anesthesiology did not participate in the RUC survey for CPT code 27278. CY 2024 Medicare claims data obtained from the CY 2026 Proposed Rule show anesthesiology as the predominant specialty for CPT code 27278. The specialties submitted a letter that stated that the revised code descriptor does not shift the typical procedural work to justify resurvey. The letter further states that the code was effective for CPT 2024 and reevaluation would be premature at this time. CPT code 27278 was placed on the new technology/ new services list when it was reviewed for CPT 2024, and the Relativity Assessment Workgroup (RAW) will assess this service via that screen in April 2028. The RUC acknowledged the letter and stated that the specialties had the opportunity to survey and chose not to, therefore, cannot use a change in specialty as a compelling evidence argument in the future.

27278 ***Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of intra-articular structural bone graft, metal and/or synthetic device(s) without cortical piercing, including use of osteopromotive material and/or obtaining bone graft, when performed***

The RUC reviewed the survey results from 35 surgeons and recommends maintaining the current work RVU of 7.86, which preserves relativity within the family. The RUC recommends 33 minutes of pre-service evaluation time, 15 minutes positioning time, 15 minutes scrub/dress/wait time, 48 minutes intra-service time, 20 minutes immediate post-service time, 0.5-99238, 2-99213, totaling 196 minutes. The RUC agreed with the specialty recommendation that a half-day discharge visit and 2-99213 office visits are typical. The first post-operative office visit is two weeks post-surgery and involves wound assessment, confirmation of healing in the absence of infection, management of pain, and placement of imaging

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or physical therapy orders. The second post-operative office visit is around 6 weeks post-surgery and includes imaging to evaluate healing, ensuring proper fusion, continuation of pain and medication management, and updates to the care plan and related physical therapy needs.

To support the recommended work RVU, the RUC compared the surveyed code to the top key reference codes 22869 *Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level* (work RVU = 7.03, 45 minutes intra-service, and 175 minutes total time) and 22867 *Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level* (work RVU = 15.00, 90 minutes intra-service, and 271 minutes total time). The surveyed code work RVU is appropriately bracketed by the intra-service time and total time of both key reference codes. However, the surveyed code falls closer to the top key reference code 22869, although the surveyed code is valued slightly higher, which reflects a marginally longer intraoperative time and slightly greater post-service work. The RUC recognizes that CPT code 22869 is a strong point of comparison to the survey code in terms of intra-service time, total time and intensity.

For additional support, the RUC also referenced CPT code 29880 *Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed* (work RVU= 7.39, 45 minutes intra-service time, 199 minutes total time) and noted that the surveyed code is a somewhat more intense and complex procedure to perform and would have appropriate relativity with this reference service. Therefore, the recommendation to maintain the work RVU of 7.86 for CPT 27278 is well supported by the relativity of other codes in the MFS. **The RUC recommends a work RVU of 7.86 for CPT code 27278.**

27279 ***Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of transarticular and/or intra-articular device(s) that engage bone with intrinsic fixation (eg, screw[s], flange[s], blade[s]) piercing the lateral cortex of the sacrum and the medial cortex of the ilium (with or without piercing the lateral cortex of the ilium), including use of osteopromotive material and/or obtaining bone graft, when performed***

The RUC reviewed the survey results from 53 surgeons and recommends a work RVU of 11.00 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 33 minutes of pre-service evaluation time, 15 minutes positioning time, 14 minutes scrub/dress/wait time, 60 minutes intra-service time, 20 minutes immediate post-service time, 0.5-99238, 2-99213, 1-99212, totaling 223 minutes. The RUC agreed with the specialty recommendation that a half-day discharge visit and 2-99213 and 1-99212 office visits are typical. The post-operative office visits involve wound assessment, confirmation of healing in the absence of infection, management of pain, and placement of imaging or physical therapy orders. Further, follow-up imaging is necessary to evaluate healing and to ensure proper fusion. Lastly, continuation of pain and medication management, updates to the care plan, and related physical therapy needs as assessed at each visit.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference service codes 22867 *Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level* (work RVU = 15.00, 90 minutes intra-service, and 271 minutes total time) and 63655 *Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural* (work RVU = 10.92, 90 minutes intra-service, and 254 minutes total time). Survey respondents indicated that the surveyed code was identical, somewhat more, or much more intense/complex when compared to the first

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key reference service code 22867. Survey respondents indicated that the surveyed code was identical or somewhat more complex when compared to the second key reference code 63655. The surveyed code intra-service time and total time are lower than the reference codes; however, the survey respondents indicated that the overall intensity/complexity of the surveyed code is very similar to the first key reference code 22867 and somewhat more than the second key reference code 63655. Therefore, the survey code recommended work RVU is appropriately supported by the key reference services.

For additional support, the RUC referenced code 63662 *Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed* (work RVU = 11.00, 60 minutes intra-service, and 243 minutes total time). The codes have identical intra-service time, similar post-operative work, and similar total time and therefore, should be valued similarly. **The RUC recommends a work RVU of 11.00 for CPT code 27279.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs for CPT codes 27278 and 27279 and made two adjustments to account for the use of moderate sedation. Since these services are performed with moderate sedation, the PE Subcommittee ensured that duplicate PE inputs do not exist with those listed for the moderate sedation codes. Therefore, the supply input SA054 *pack, post-op incision care (suture)* and the equipment item EQ032 *IV infusion pump* were removed to eliminate any duplication.

In addition, the PE Subcommittee discussed existing high-cost disposable supply item, SD356 *Dorsal SI Joint Arthrodesis Implant,* for CPT code 27278 noting that the specialties submitted an invoice to support a price increase from $11,500 to $12,500. Further, the PE Subcommittee acknowledged the new high-cost supply input, *Dorsal SI joint articular fixation device,* as recommended for CPT code 27279. **The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies using appropriate HCPCS codes.**

The Subcommittee also noted the appropriate Use of Clinical Staff pre-service standard time package for 090-day globals in the non-facility and facility. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **Pelvis and Hip Joint** **Fracture and/or Dislocation**				
[27216]		*Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)*		

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(To report bilateral procedure, report [27216] with modifier 50)

(For percutaneous/minimally invasive arthrodesis of the sacroiliac joint without fracture and/or dislocation, ~~use~~*see [27278],* [27279])

[27218] *Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)*

(To report bilateral procedure, report [27218] with modifier 50)

(For percutaneous/minimally invasive arthrodesis of the sacroiliac joint without fracture and/or dislocation, ~~use~~*see [27278],* [27279])

Arthrodesis

~~*Code [27279] describes percutaneous arthrodesis of the sacroiliac joint using a minimally invasive technique to place an internal fixation device(s) that passes through the ilium, across the sacroiliac joint and into the sacrum, thus transfixing the sacroiliac joint. Report [27278] for the percutaneous placement of an intra-articular stabilization device into the sacroiliac joint using a minimally invasive technique that does not transfix the sacroiliac joint.*~~

~~Percutaneous sacroiliac (SI) joint fusion can be achieved utilizing intra-articular or transarticular device(s). Code [27278] describes the placement of intra-articular devices that do not pierce the cortices of the ilium or sacrum. Code [27279] describes the placement of intra-articular and/or transarticular device(s) that pierce the lateral or medial cortices of the ilium and the lateral cortex of the sacrum. Use [27279] to report hybrid SI joint fusion which consists of placement of both intra-articular and transarticular devices, at least one of which pierces the cortices.~~

Sacroiliac (SI) joint arthrodesis can be performed using a percutaneous/minimally invasive approach ([27278], [27279]) or an open approach ([27280]). Code [27278] is reported for percutaneous/minimally invasive placement of an intra-articular device(s) (eg, bone allograft, synthetic or metal device) into the SI joint that does not pierce the cortices of the ilium and the sacrum; for example, an allograft or device without integral screw(s), flange(s), or blade(s) that distracts and stabilizes the joint. Code [27279] is reported for percutaneous/minimally invasive placement into the SI joint of an intra-articular device(s) with intrinsic fixation (eg, screw[s], flange[s], blade[s]) that pierces the cortices of the ilium and the sacrum or a transarticular device(s) that crosses the SI joint that pierces the cortices of both the ilium and the sacrum. Code [27280] is reported for open arthrodesis of the SI joint.

Report [27279] for a hybrid sacroiliac joint construct, defined as intra-articular and separate transarticular devices placed for the same sacroiliac joint during the same operative session.

Codes [27278], [27279], [27280] include obtaining bone graft when performed and may only be reported once per SI joint. For bilateral procedures, report [27278], [27279], [27280] with modifier 50.

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▲27278	I1	Arthrodesis, sacroiliac joint, percutaneous~~,~~ or minimally invasive, including imaging ~~with image~~ guidance, ~~including~~ ~~includes obtaining bone graft when performed,~~ unilateral ~~placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device~~; placement of intra-articular structural bone graft, metal and/or synthetic device(s) without cortical piercing, including use of osteopromotive material and/or obtaining bone graft, when performed ~~device(s), without cortical piercing~~ ~~(For arthrodesis, sacroiliac joint, with placement of a percutaneous transfixation device, use 27279)~~ (Do not report 27278 in conjunction with 27279, for the same joint) (For bilateral procedure, report 27278 with modifier 50)	090	7.86 (No Change) (2025 Work RVU = 7.86)
▲27279	I2	placement of transarticular ~~device(s)~~ and/or intra-articular device(s) ~~piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum~~ that engage bone with intrinsic fixation (eg, screw[s], flange[s], blade[s]) piercing the lateral cortex of the sacrum and the medial cortex of the ilium (with or without piercing the lateral cortex of the ilium), including use of osteopromotive material and/or obtaining bone graft, when performed (Do not report 27278, 27279 in conjunction with 76000, 76942, 77002) (Do not report 27279 in conjunction with 27278 for the same joint) (For bilateral procedure, report 27279 with modifier 50) ~~(For percutaneous arthrodesis of the sacroiliac joint by intra-articular implant[s], use 27278)~~ ~~(For hybrid SI joint fusion procedures, use 27279)~~	090	11.00 (2025 Work RVU = 12.13)
[27280]	*Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed* *(For percutaneous/minimally invasive arthrodesis of the sacroiliac joint without fracture and/or dislocation, ~~utilizing a transfixation device, use~~ see [27278], [27279])*			

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Category III Codes

#[0464T] *Visual evoked potential, testing for glaucoma, with interpretation and report*

(For visual evoked potential screening of visual acuity, use [0333T])

~~(To report percutaneous/minimally invasive [indirect visualization] arthrodesis of the sacroiliac joint with image guidance, use [27279])~~

Virtual Reality Patient Procedural Dissociation

[0773T] *Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older*

✚*[0774T]* *each additional 15 minutes intraservice time (List separately in addition to code for primary service)*

(Use [0774T] in conjunction with [0773T])

([0775T] has been deleted)

~~(For percutaneous arthrodesis of the sacroiliac joint, see [27278], [27279])~~

[0807T] *Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report*

(Do not report [0807T] in conjunction with [76000], [78579], [78582], [78598])

[0808T] *in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report*

(Do not report [0808T] in conjunction with [71250], [71260], [71270], [71271], [76000], [78579], [78582], [78598])

(For percutaneous arthrodesis of the sacroiliac joint, see [27278], [27279])

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Friday, June 6, 2025

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
330 N. Wabash Avenue, Suite 39300
Chicago, IL 60611

Subject: Sacroiliac Joint Fusion

Dear Dr. Silva:

The American Society of Anesthesiologists (ASA) and North American Neuromodulation Society (NANS) appreciate the opportunity to comment on the recent revisions to CPT codes 27278 and 27279 and the related survey expectation for the September 2025 RUC meeting. While our societies initially indicated a willingness to participate in a resurvey of both codes, after further internal review and consideration of the relevant information, we respectfully request that our societies not be expected to resurvey both codes. Our rationale is provided below.

CPT code 27278

The revised descriptor for code 27278 allows for a broad range of procedural techniques and incorporates the procedures most commonly performed by anesthesiologists and other pain medicine physicians. This is supported by Medicare claims data. Year one Medicare claims data show that anesthesiologists and other pain medicine physicians are the predominant billers for code 27278.The revised descriptor does not alter the applicability of code 27278 to the predominant use case, nor does it shift the typical procedural work in a way that would justify resurvey by anesthesiology and other pain medicine.

Given that code 27278 took effect in 2024, providers are still in the early phases of using this code to report and bill for their clinical work. Revaluation at this time would be premature. Per RUC precedent, services with editorial descriptor changes are not typically resurveyed within such a narrow time frame, especially when the valuation is new, and the predominant use case has not changed. The RUC's New Technology screen already offers a clear and efficient pathway for re-review, timed to align with a time when meaningful, real-world utilization data are available. For these reasons, we respectfully request that anesthesiologists and other pain medicine physicians not be expected to resurvey CPT code 27278 for the September 2025 RUC meeting.

CPT code 27279

Anesthesiologists and other pain medicine physicians did not participate in the April 2018 RUC survey for code 27279 and continue to account for only a small share of total utilization. While some early-generation percutaneous SI joint fusion systems may have been used by our specialties, these scenarios have become increasingly rare. Over time, transfixation-based approaches have consolidated within surgical specialties, particularly orthopedic surgery and neurosurgery.

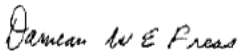
The revised descriptor for code 27279 describes a more surgically complex procedure involving intrinsic fixation with cortical bone engagement, requiring advanced anatomical targeting. These characteristics are well beyond the typical procedural training and clinical scope of

anesthesiologists and other pain medicine physicians. Including anesthesiologists and other pain medicine physicians in a resurvey would not reflect real-world practice patterns and could distort the valuation of the physician work involved in this more technically demanding procedure.

We appreciate the RUC's thoughtful consideration of these issues and remain available to provide additional data or clarification as needed. Should you have any questions, please contact Helen Olkaba at h.olkaba@asahq.org.

Sincerely,

Richard W. Rosenquist, M.D., FASRA
ASA RUC Advisor



Damean Freas, D.O.
NANS RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27278 Tracking Number I1 Original Specialty Recommended RVU: **7.86**
Presented Recommended RVU: **7.86**
Global Period: 090 Current Work RVU: **7.86** RUC Recommended RVU: **7.86**

CPT Descriptor: Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of intra-articular structural bone graft, metal and/or synthetic device(s) without cortical piercing, including use of osteopromotive material and/or obtaining bone graft, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old male with sacroiliac (SI) joint pain not amenable to conservative treatment undergoes percutaneous/minimally invasive arthrodesis of the SI joint.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 40% , In the ASC 46%, In the office 14%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 64% , Overnight stay-less than 24 hours 29% , Overnight stay-more than 24 hours 7%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review medical records including laboratory tests and retrieve and review relevant preoperative diagnostic imaging studies (eg, plain films and magnetic resonance images [MRIs]). Meet with patient and family and/or caregiver to review planned procedure and postoperative management. Review and obtain informed consent from patient. Update preoperative H&P as required. Assure appropriate selection, timing, and administration of presurgical antibiotic(s). Verify that all required instruments and supplies are available. Review length of procedure, anticipated blood loss, and postoperative needs with care team. After placement of urinary catheter and anesthesia lines with patient in the supine position, turn patient to the prone position on the procedure room table and pad bony prominences. Assess the position of the extremities and head and adjust as needed. Scrub and gown. Perform a time out with operating surgical team. With the patient positioned prone on the procedure table, adjust the patient's position as needed to allow unimpeded use of fluoroscopy. Prepare the patient's lower back and buttocks and then drape with a surgical barrier.

Description of Intra-Service Work: Perform imaging in multiple obliquities to establish optimal view to access the SI joint. Use a 22-gauge 3.5- or 5-inch spinal needle to infiltrate the working site with local anesthesia from the skin to the periosteum. Mark the target location with a hemostat and surgical marker. Make a 1.5-cm incision and obtain hemostasis with electrocautery. Perform a blunt dissection down to the joint and once again establish hemostasis. Then insert a guide pin into the SI joint space and confirm on multiple oblique and lateral views. Adjust the position of the guide pin to establish optimum access to the SI joint. Next, depending on the system, advance a coaxial dilator over the guide pin to the posterior cortical line of the sacrum, which is again confirmed in the optimal view. Once alignment is confirmed, gently tap the outer working portal on the handle with a mallet until the hard stop on the outer working portal meets the posterior cortical line of the sacrum. Once the working portal is fully seated on the sacrum, remove the internal dilator and guide pin. Depending on the system used, decorticate the SI joint using either a drilling or broaching system. Carefully load the physician-prepared cortical allograft with demineralized bone matrix on the back table into a delivery insertion system. Then carefully insert the allograft and delivery system into the working portal and advance them to the decorticated area of the SI joint. Deploy the allograft using an inserter and mallet. Once the allograft position is satisfactorily established, remove the working portal. After the working portal is removed, close the wound with deep dermal suture and the skin with cyanoacrylate glue.

Description of Post-Service Work: Apply sterile dressings. Assist with patient transfer to a stretcher. Communicate with patient and family/caregiver regarding the postoperative regimen. Communicate with health care professionals, including written and oral reports and orders. Review and interpret images on a picture archiving and communication system (PACS), write a postoperative note and document the procedure in the medical record, and write orders for recovery nurses for pain medication adjustments and activity restrictions. Later the same day, assess the patient prior to discharge to home. Visit the patient to review interval chart notes; answer patient and family/caregiver questions; assess neurovascular status; assess pain score and adjust pain medication as necessary; document the services provided in the medical record; discuss home restrictions (eg, activity, bathing) with patient and family/caregiver; write prescriptions for medications needed post discharge; and complete all appropriate medical records, including discharge instructions and insurance forms. Office: Examine patient in the office during the 90-day global period to remove dressings, assess wound healing, and redress wound. Order and review periodic imaging, as necessary. Assess pain score and write medication orders, as necessary. Order occupational or physical therapy and assess functional recovery. Revise treatment plan(s) and communicate with patient and family or caregiver, as necessary. Discuss progress with primary care physician (PCP) orally and in writing. Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Clemens Schirmer, MD; Hussein Elkousy, MD; E. Kano Mayer, MD; Minhajuddin Khaja, MD; Andrew Moriarity, MD; Curtis Anderson, MD					
Specialty Society(ies):	AAOS, AANS, CNS, NASS, ACR, SIR ASIPP, OEIS					
CPT Code:	27278					
Sample Size:	8378	**Resp N:**	35			
Description of Sample:	Random general membership and/or random self-designated interest in spine 298 AAOS 550 AANS/CNS 852 NASS 1776 ACR 1155 SIR 3400 ASIPP 276 OEIS 71 Vendor					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	3.00	18.00
Survey RVW:	5.00	7.40	**10.00**	13.53	19.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	10.00	38.00	**48.00**	60.00	117.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	27278	**Recommended Physician Work RVU: 7.86**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**48.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22869	090	7.03	**RUC Time**

CPT Descriptor Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22867	090	15.00	**RUC Time**

CPT Descriptor Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15823	090	6.81	**RUC Time**	89,497

CPT Descriptor 1 Blepharoplasty, upper eyelid; with excessive skin weighting down lid

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
14060	090	9.23	**RUC Time**	78,850

CPT Descriptor 2 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 37.1 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 25.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 27278	Top Key Reference CPT Code: 22869	2nd Key Reference CPT Code: **22867**
Median Pre-Service Time	63.00	55.00	63.00
Median Intra-Service Time	48.00	45.00	90.00
Median Immediate Post-service Time	20.00	17.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	46.0	39.00	69.00
Median Total Time	**196.00**	**175.00**	**271.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	7%	31%	31%	31%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	46%	39%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	39%	46%	15%
Physical effort required	39%	46%	15%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	46%	39%	15%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	78%	11%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	67%	22%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	67%	22%
Physical effort required	11%	67%	22%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	22%	56%	22%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

For CPT 2027, codes 27278 and 27279 were revised to better distinguish reporting for percutaneous/minimally invasive sacroiliac joint arthrodesis. The following specialty societies participated in the current survey of both codes: AAOS, AANS, CNS, NASS, ACR, SIR, ASIPP, and OEIS. In addition, surveys were sent to physicians trained to implant various devices associated with these procedures (ie, targeted vendor list).

Due to significant overlap in membership among the participating societies, the work summary spreadsheet presents survey results organized by specialty category (pain medicine, radiology, surgery) and by vendor, rather than by individual society.

Recommendation – 27278

We recommend maintaining the current work RVU of 7.86 that was established for CY 2024. The intra-time is only slightly greater than the prior survey and the work for the procedure has not changed.

Pre-time

Package 3 is selected with the following modifications:

Evaluation time: Standard time of 33 minutes which is less than the survey median.

Positioning time: Add 12 minutes (total time = 15 minutes). After placement of anesthesia lines with patient in the supine position, the patient is turned to the prone position with padding of bony prominences and adjustment of the extremities and head as needed.

Scrub, dress, wait time: Standard time of 15 minutes.

Immediate Post-time

Package 8b: Subtract 8 minutes (total time = 20 minutes) to be consistent with the survey median.

Comparison to Key Reference

The recommended RVU of 7.86 is slightly higher than, but consistent with, key reference code 22869, reflecting marginally longer intraoperative time and slightly greater post-service work.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 27278

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthestiology How often? Sometimes

Specialty Interventional Pain Management How often? Sometimes

Specialty Pain Management How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,585
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Federal Register - NPRM for 2026
File: cms-1832-p_2024_utilization_data_crosswalked_to_2026

Specialty Anesthestiology Frequency 446 Percentage 28.13 %

Specialty Interventional Pain Management Frequency 324 Percentage 20.44 %

Specialty Pain Management Frequency 498 Percentage 31.41 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27278

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27279 Tracking Number I2 Original Specialty Recommended RVU: **12.13**
Presented Recommended RVU: **12.13**
Global Period: 090 Current Work RVU: **12.13** RUC Recommended RVU: **11.00**

CPT Descriptor: Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of transarticular and/or intra-articular device(s) that engage bone with intrinsic fixation (eg, screw[s], flange[s], blade[s]) piercing the lateral cortex of the sacrum and the medial cortex of the ilium (with or without piercing the lateral cortex of the ilium), including use of osteopromotive material and/or obtaining bone graft, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old male with sacroiliac (SI) joint pain not amenable to conservative treatment undergoes percutaneous/minimally invasive arthrodesis of the SI joint.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 60% , In the ASC 38%, In the office 2%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 59% , Overnight stay-less than 24 hours 38% , Overnight stay-more than 24 hours 3%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review medical records with attention to imaging and laboratory tests. Meet with patient and family to review planned procedure and postoperative management. Review informed consent with patient. Update preoperative history and physical exam. Assure appropriate selection, timing, and administration of presurgical antibiotic. Verify that all required instruments and supplies are available. Review length of procedure, anticipated blood loss, and perioperative needs with anesthesiologist. After placement of urinary catheter and anesthesia lines in the supine position, turn the patient prone on an operating room table, pad bony prominences, and apply thermal regulation drapes. Assess the position of the extremities and head and adjust as needed. Obtain preoperative fluoroscopic images of the pelvis and sacrum. Confirm the fluoroscope is positioned to enable true lateral imaging of the sacrum and pelvis as well as inlet, outlet, internal, and external oblique views. Indicate areas of skin to be prepared and mark surgical incisions. Scrub and gown. Perform a time-out with operating surgical team.

Description of Intra-Service Work: Make an incision and dissect through the subcutaneous tissue and fascia to access the sacroiliac joint either for placement of a transarticular or intra-articular device. Place guide pins either across the sacroiliac joint or into the sacroiliac joint depending upon the type of implant being placed. Place the soft tissue protectors over the pins to prevent soft tissue damage during preparation of the sacrum, ileum, and SI for implant placement and fusion. Using cannlated drill, chisel, or other device prepare the sacrum, ileum, and SI joint for implant placement and fusion. Collect the bone removed during the drilling process for later grafting. While leaving the soft tissue protector in place, working through the soft tissue protector, remove the cartilage on the sacral and iliac sides of the SI joint using appropriate instruments. Employ direct and indirect visualization to confirm access to and debridement of the joint. After debridement of the joint place bone graft material into the SI joint. Place either transarticular or intra-articual device with intrinsic fixaton that pierces the lateral cortex of the sacrum and medial cortex of the ilium stabilizing the sacroiliac joint for fusion. Confirm the final position of the implant with fluoroscopic imaging, direct and indirect visualization, tactile feedback from the inserter device, and digital palpation of the implant on the lateral surface of the ilium. Remove all pins and soft tissue protectors from the surgical incision. Inspect the wound and control any bleeding. Irrigate the incision and close the wound in layers.

Description of Post-Service Work: Facility: Apply sterile dressings. Assist with patient transfer to a stretcher. Communicate with patient and family/caregiver regarding the postoperative regimen. Communicate with health care professionals, including written and oral reports and orders. Review and interpret images on a picture archiving and communication system (PACS), write a postoperative note and document the procedure in the medical record, and write orders for recovery nurses for pain medication adjustments and activity restrictions. Later the same day, assess the patient prior to discharge to home. Visit the patient to review interval chart notes; answer patient and family/caregiver questions; assess neurovascular status; assess pain score and adjust pain medication as necessary; document the services provided in the medical record; discuss home restrictions (eg, activity, bathing) with patient and family/caregiver; write prescriptions for medications needed post discharge; and complete all appropriate medical records, including discharge instructions and insurance forms. Office: Examine the patient in the office during the 90-day global period to remove dressings, assess wound healing, and redress wound. Remove sutures when appropriate. Order and review periodic imaging, as necessary. Assess pain score and write medication orders, as necessary. Check narcotic prescription registries. Order occupational or physical therapy and assess functional recovery. Revise treatment plan(s) and communicate with patient and family or caregiver, as necessary. Discuss progress with primary care physician (orally and in writing). Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Clemens Schirmer, MD; Hussein Elkousy, MD; E. Kano Mayer, MD; Minhajuddin Khaja, MD; Andrew Moriarity, MD; Curtis Anderson, MD					
Specialty Society(ies):	AAOS, AANS, CNS, NASS, ACR, SIR, ASIPP, OEIS					
CPT Code:	27279					
Sample Size:	8378	**Resp N:**	53			
Description of Sample:	Random general membership and/or random self-designated interest in spine 298 AAOS 550 AANS,CNS 852 NASS 1776 ACR 1155 SIR 3400 ASIPP 276 OEIS 71 Vendor					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**5.00**	15.00	100.00	
Survey RVW:	7.00	11.00	**15.00**	16.50	40.00	
Pre-Service Evaluation Time:			**45.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**14.00**			
Intra-Service Time:	20.00	45.00	**60.00**	75.00	129.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	27279	**Recommended Physician Work RVU: 11.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**14.00**	**15.00**	**-1.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22867	090	15.00	**RUC Time**

CPT Descriptor Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63655	090	10.92	**RUC Time**

CPT Descriptor Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	38,936

CPT Descriptor 1 Lithotripsy, extracorporeal shock wave

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57288	090	12.13	**RUC Time**	20,097

CPT Descriptor 2 Sling operation for stress incontinence (eg, fascia or synthetic)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 32 **% of respondents:** 60.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 11.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 27279	Top Key Reference CPT Code: 22867	2nd Key Reference CPT Code: **63655**
Median Pre-Service Time	62.00	63.00	63.00
Median Intra-Service Time	60.00	90.00	90.00
Median Immediate Post-service Time	20.00	30.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	62.0	69.00	62.00
Median Total Time	**223.00**	**271.00**	**254.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	38%	31%	22%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	50%	44%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	41%	50%
Physical effort required	12%	38%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	41%	53%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	17%	50%	33%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	66%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	66%	17%
Physical effort required	17%	50%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	33%	50%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

For CPT 2027, codes 27278 and 27279 were revised to better distinguish reporting for percutaneous/minimally invasive sacroiliac joint arthrodesis. The following specialty societies participated in the current survey of both codes: AAOS,

AANS, CNS, NASS, ACR, SIR, ASIPP, and OEIS. In addition, surveys were sent to physicians trained to implant various devices associated with these procedures (ie, targeted vendor list).

Due to significant overlap in membership among the participating societies, the work summary spreadsheet presents survey results organized by specialty category (pain medicine, radiology, surgery) and by vendor, rather than by individual society.

Recommendation – 27279

We recommend maintaining the current work RVU of 12.13 that was established by CMS in 2020. The intra-time has not changed and the total physician work for the typical patient has not changed.

Pre-time

Package 3 is selected with the following modifications:

Evaluation time: Standard time of 33 minutes which is less than the survey median.

Positioning time: Add 12 minutes (total time = 15 minutes). After placement of anesthesia lines with patient in the supine position, the patient is turned to the prone or posterolateral position with padding of bony prominences and adjustment of the extremities and head as needed.

Scrub, dress, wait time: Subtract 1 minute (total time = 14 minutes) to be consistent with the survey median.

Immediate Post-time

Package 8b: Subtract 8 minutes (total time = 20 minutes) to be consistent with the survey median.

Discussion

In 2014, before survey requests were distributed, society staff identified that a physician had emailed an unspecified number of colleagues regarding the new code and had suggested a specific work RVU. As a result, a new "communication disclosure" question was added to the survey instrument to ensure that any individuals who had been contacted in this manner would be excluded from participating in the survey.

At that time, the code had just transitioned from Category III to Category I, and only 28 survey responses were received—many from physicians with limited or no direct experience performing the procedure. Based on this limited and less experienced dataset, the RUC determined that a crosswalk to code 62287 was the most appropriate valuation method.

In the 2018 Final Rule, code 27279 was nominated for review as a potentially misvalued code following a stakeholder recommendation that the code was misvalued and should be increased. The RUC added the code to its survey list for the next meeting.

Specialties participating in the 2018 survey argued that compelling evidence for revaluation existed, citing flaws in the original 2014 methodology, which they believed underestimated intraoperative intensity. They noted that the initial valuation was based on a limited survey sample of just 28 respondents—many without relevant experience—at a time when the technology was new and rarely performed. In addition, the RUC valuation had relied on a crosswalk to establish the work RVU based on perceived intensity. By 2018, utilization had expanded considerably, and the new survey represented a larger and more robust assessment of physician work and intensity. Despite these arguments, the RUC rejected the compelling evidence claim, concluding that the intensity of work for 27279 that the RUC determined had not changed since 2014, and maintained the prior valuation based on a crosswalk to 62287. [Note, code 62287 has recently been revised at CPT and is on the current 2025 meeting agenda for presentation of survey data.]

In the 2020 Proposed Rule, CMS initially proposed accepting the RUC recommendation to retain the 2014 work RVU of 9.03. However, in the 2020 Final Rule, CMS acknowledged extensive public comments providing evidence that the existing work RVU understated the intensity of the procedure. CMS agreed with the RUC's position that survey data is critical for accurate valuation, but expressed concern that 27279 was still based on a 2014 crosswalk rather than updated, representative survey data.

After reviewing the RUC's survey results and stakeholder feedback, CMS concluded that 27279 remained undervalued at 9.03. CMS rejected comparisons by commenters to both the analogous open procedure (27280) and other codes without similar time values. Instead, CMS finalized a work RVU of 12.13, directly crosswalked to code 57288, *Sling operation for stress incontinence, fascia or synthetic*, an open procedure with identical intraservice time and comparable total procedural time and intensity.

The current 2025 survey, incorporating input from a broader range of specialties, confirms that intraservice time remains unchanged, with only slight decreases observed in preservice and immediate postservice times.

Based on the comprehensive review of historical valuation, survey data, and stakeholder input, we conclude that maintaining the existing work RVU of 12.13 for code 27279 remains appropriate and accurately reflects the procedural intensity and physician work associated with this service.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 27279

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Orthopaedic surgery How often? Sometimes

Specialty Neurosurgery How often? Sometimes

Specialty Pain Management How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6091
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Federal Register - NPRM for 2026
File: cms-1832-p_2024_utilization_data_crosswalked_to_2026

Specialty Orthopaedic surgery Frequency 2276 Percentage 37.36 %

Specialty Neurosurgery Frequency 1658 Percentage 27.22 %

Specialty Pain Management Frequency 835 Percentage 13.70 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27279

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Sacroiliac Joint Arthrodesis Revision
TAB: 7

				Review				RVW					Total	PRE			INTRA					POST				POST-OFFICE					12 Month Svy Experience				
SOURCE	CPT	Descriptor	global	Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
REF1	22869	Insertion of interlaminar/interspinous process stabilizatio	90	2021	13	0.077	0.040			7.03			175	33	12	10			45			17			0.5		1	1								
REF2	22867	Insertion of interlaminar/interspinous process stabilizatio	90	2016	9	0.106	0.055			15.00			271	33	15	15			90			30			0.5		3								
current	27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular	90	2023		0.082	0.042			7.86			185	33	10	11			46			20			0.5		2								
SVY	27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral;	90		35	0.101	0.044	5.00	7.40	10.00	13.53	19.00	227	45	15	15	10	38	48	60	117	20			1.0		2					0	0	1	3	18
	27278	*Random*			*31*	*0.100*	*0.045*	*5.00*	*7.28*	*10.00*	*13.78*	*19.00*	*223*	*45*	*15*	*14*	*10*	*33*	*50*	*60*	*117*	*15*			*1.0*		*2*					*0*	*0*	*1*	*3*	*18*
	27278	*Targeted*			*4*	*0.089*	*0.038*	*7.50*	*8.65*	*10.02*	*11.63*	*13.50*	*265*	*75*	*20*	*16*	*40*	*43*	*45*	*46*	*50*	*25*			*1.0*		*2*					*0*	*1*	*2*	*2*	*2*
REC	27278	**Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of intra-articular structural**				0.076	0.040			7.86			196	33	15	15			48			20			0.5		2								

REF1	22867	Insertion of interlaminar/interspinous process stabilizatio	90	2016	32	0.106	0.055			15.00			271	33	15	15			90			30			0.5		3								
REF2	63655	Laminectomy for implantation of neurostimulator electro	90	2010	6	0.069	0.043			10.92			254	33	15	15			90			20			0.5		2	1							
Current	27279	CMS disagreed with RUC and crosswalked RVW to 57288	90	CMS 2020		0.117	0.050			12.13			241	33	18	15			60			34			0.5		2	1							
	57288	*Sling operation for stress incontinence (eg, fascia or synthetic)*		***2010***		***0.108***	***0.049***			***12.13***			***246***	***33***	***7***	***15***			***60***			***27***			***0.5***		***3***	***1***							
SVY	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral;	90		53	0.157	0.059	7.00	11.00	15.00	16.50	40.00	254	45	15	14	20	45	60	75	129	20			1.0		2	1				0	1	5	15	100
	27279	*Random*			*49*	*0.157*	*0.060*	*7.00*	*11.00*	*15.00*	*17.00*	*40.00*	*250*	*45*	*15*	*10*	*20*	*45*	*60*	*80*	*129*	*20*			*1.0*		*2*	*1*				*0*	*1*	*5*	*11*	*100*
	27279	*Targeted*			*4*	*0.139*	*0.048*	*9.03*	*11.26*	*13.00*	*14.40*	*15.58*	*270*	*75*	*20*	*16*	*36*	*39*	*50*	*64*	*75*	*25*			*1.0*		*2*					*2*	*8*	*18*	*31*	*50*
REC	27279	**Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of transarticular and/or intra-**				0.105	0.049			11.00			223	33	15	14			60			20			0.5		2	1							

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S):** 27278 & 27279

SPECIALTY SOCIETY(IES): AANS, AAOS, ACR, ASIPP, CNS, NANS, NASS, OEIS, SIR

PRESENTER(S): Clemens Schirmer, MD (AANS/CNS), Hussein Elkousy, MD (AAOS), Kano Mayer, MD (NASS), Robert Kennedy, MD (SIR), Andrew Moriarity, MD (ACR), Curtis Anderson, MD (OEIS)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2025

CPT Code	Long Descriptor	Global Period
27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of intra-articular structural bone graft, metal and/or synthetic device(s) without cortical piercing, including use of osteopromotive material and/or obtaining bone graft, when performed	090
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of transarticular device(s) and/or intra-articular device(s) that engage bone with intrinsic fixation (eg, screw[s], flange[s], blade[s]) piercing the lateral cortex of the sacrum and the medial cortex of the ilium (with or without piercing the lateral cortex of the ilium), including use of osteopromotive material and/or obtaining bone graft, when performed	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
27278	A 50-year-old male with sacroiliac (SI) joint pain not amenable to conservative treatment undergoes percutaneous/minimally invasive arthrodesis of the SI joint.
27279	A 50-year-old female with sacroiliac (SI) joint pain not amenable to conservative treatment undergoes percutaneous/minimally invasive arthrodesis of the SI joint.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   AANS, AAOS, ACR, ASIPP, CNS, NANS, NASS, OEIS, and SIR convened a panel of experts familiar with these services to evaluate the direct practice expense inputs for CPT 27278 and 27279.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   The current values for CPT 27278 and 27279 are listed as the reference code for PE.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-

facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

27278 - Interventional radiology, per the current survey results nearly 50% were radiology based. There is no claims data yet available for 27278 but based on the survey and estimated dominant specialty in January 2023, it is not expected to change.

27279 - The surgery specialties, according to the current survey results, were nearly 62% surgery based. Per RUC database, 2023 claims data, reflects orthopedic and neurosurgery are the top two specialties, accounting for 67.7%.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

27278 - To evaluate if the cost of the supply item, SD356, had changed since the RUC January 2023 meeting when this was a new procedure represented as code 2X000, the societies requested an updated invoice for the supply item from the same vendor to perform the evaluation.

The new invoice, from the original vendor, does reflect there has been an increase in the cost of the supply, SD356, Dorsal SI Joint Arthrodesis Implant. Based on this updated cost of the supply implant, the PE spreadsheet reflects an increased cost for supply item SD356 from the current value of $11,500 to recommended value of $12,500.

27279 - Since CPT 27279 was last surveyed for April 2018 meeting, advancements in the technology for the dorsal SI joint articular fixation procedure in the office setting/office-based lab (OBL) can be safely performed. Due to this, the societies are requesting PE to be established in the non-facility setting.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No, code 27278 and 27279 remain 090-day global

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

27278 & 27279 - We are requesting 5 minutes for vital signs to measure weight and obtain heart rate, O2 saturation, respiratory rate, temperature and blood pressure before these procedures.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

27278 & 27279

- CA001 - Complete pre-service diagnostic and referral forms (5) – During this time RN/LPN/MTA (L037D) is reviewing the diagnostic pre-service and referral forms to ensure complete and submitted appropriately.
- CA002 - Coordinate pre-surgery services (10) - During this time the RN/LPN/MTA (L037D) is collecting and coordinating the request from referring physician and ensuring all appropriate preoperative imaging has been performed. In addition, the staff is arranging an preoperative medical clearances and primary care staff the medical fitness for procedure.
- CA004 - Provide pre-service education/obtain consent (10) – RN/LPN/MTA (L037D) provide necessary education to the patient and patient's family/caregiver(s) to prepare for the arthrodesis and for care after procedure. Staff also ensure consent forms are completed.
- CA005 - Complete pre-procedure phone calls and prescription – (10) – RN/LPN/MTA (L037D) complete calls and prescriptions prior to 27278 to ensure everything is ready to proceed with the procedure

    b. Service period (includes pre, intra and post):

27278 & 27279

- CA009 - Greet the patient (3) RN/LPN/MTA (L037D) providing gowning, ensure appropriate medical records are available.
- CA010 - Obtain vital signs (5) RN/LPN/MTA (L037D) of weight, obtain heart rate, O2 saturation, respiratory rate, temperature and blood pressure before these procedures.
- CA012 - Review requisition, assess for special needs (3) RN/LPN/MTA (L037D) review the requisition and determine if there are special considerations for the patient related to allergies, mobility or cognitive ability
- CA013 - Prepare room, equipment and supplies (2) RN/LPN/MTA (L037D) work to prepare the room to allow for access to the low back area from both posterior and lateral orientation
- CA014 - Confirming order and protocol exam (1) RN/LPN/MTA (L037D) will verify the orders for imaging match the procedure and the equipment is ready for the procedure

- CA016 - Prepare, set-up and start IV, initial positioning and monitoring of patient (2) RN/LPN/MTA (L037D) will start the IV and initially position the patient for the procedure to start monitoring them until the physician is present and begins the procedure

27278

- CA018 - Assist Physician (48) - Vascular Interventional Technologist (L041A)100% Physician time - This is a hip-to-hip clinical staff who is scrubbed into the procedure and assists the physician throughout the procedure from puncture to close. This staff person directly works with the physician to complete the procedure and handles equipment and supplies and maintains their sterility.
- CA020 - VI Tech/Nurse blend (36/12) - Circulating staff in the room that acquires images, opens supplies, adjusts and connects equipment. This by convention has been a 75% Vascular Interventional Technologist (L041A) 25% RN/LPN/MTA (L037D) role for interventional procedures.

27279

- CA018 - Assist Physician (60) - Vascular Interventional Technologist (L041A)100% Physician time - This is a hip-to-hip clinical staff who is scrubbed into the procedure and assists the physician throughout the procedure from puncture to close. This staff person directly works with the physician to complete the procedure and handles equipment and supplies and maintains their sterility.
- CA020 - VI Tech/Nurse blend (45/15) - Circulating staff in the room that acquires images, opens supplies, adjusts and connects equipment. This by convention has been a 75% Vascular Interventional Technologist (L041A) 25% RN/LPN/MTA (L037D) role for interventional procedures.

27278 & 27279

- CA024 - Cleaning room/equipment by clinical staff (3) RN/LPN/MTA (L037D) will clean the room and equipment during the immediate post period following the placement of implants.
- CA026 – Clean surgical equipment package (15) RN/LPN/MTA (L037D) will clean the medium instrument pack, listed within the equipment section of the PE spreadsheet, during the immediate post period following the placement of implants
- CA027 - Complete post-procedure x-ray, lab, and pathology reports (2) RN/LPN/MTA (L037D) following discussion with the physician will complete necessary paperwork for follow-up exams/tests for the patient.
- CA029 - Check dressings (1) RN/LPN/MTA (L037D) will spend time checking the dressings to ensure no excessive bleeding by the patient following the placement of implants.
- CA030 - Technologist QC's images in PACS (2) - The Vascular Interventional Technologist (L041A) QCs all images and makes sure the images transfer to PACS.
- CA031 - Review examination with interpreting MD/DOs (2) – VI Tech (L041A) reviews the images to confirm accuracy and completeness of imaging record of procedure.
- CA032 - Scan exam documents into PACS (1) - VI Tech (L041A) scans all documentation into PACS including any drawings/diagrams which may have been created

c. Post-service period:

27278

- CA039 - Post-operative visits (72) – RN/LPN/MTA (L037D) will work with the physician over the course of the post operative period and as part of the visits to collect necessary

information for the physician, review current status and vitals of the patient and communicate these with the physician and assist in documenting within the medical record.

27279

- CA039 - Post-operative visits (99) – RN/LPN/MTA (L037D) will work with the physician over the course of the post operative period and as part of the visits to collect necessary information for the physician, review current status and vitals of the patient and communicate these with the physician and assist in documenting within the medical record.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

27278 & 27279
Assist Physician - Vascular Interventional Technologist (L041A)100% Physician time - This is a hip-to-hip clinical staff who is scrubbed into the procedure and assists the physician throughout the procedure from puncture to close. This staff person directly works with the physician to complete the procedure and handles equipment and supplies and maintains their sterility.

Nurse /VI Tech blend - Circulating staff in the room that acquires images, opens supplies, adjusts and connects equipment. This by convention has been a 75% Vascular Interventional Technologist (L041A) 25% RN/LPN/MTA (L037D) role for interventional procedures. This staff member operates the fluoroscopy machine obtaining images, adjusting imaging parameters, opening sterile and nonsterile supplies and otherwise assists in a mobile capacity while not scrubbed in.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

For CPT 27278 and 27279 we have included a Vascular Interventional Technologist at 75% of the physician work time to perform the image acquisition portion of the procedure and a nurse blend at 25% of the physician time as the circulator.

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

27279

- A new supply, dorsal SI joint articular fixation device, is included within the PE spreadsheet. An invoice has been provided to support the cost of the supply, $14,451. This supply item is used for the dorsal transfixation of the SI joint.

18. Are you recommending a PE supply pack for this recommendation? **Yes** or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

27278 & 27279
Yes, we are recommending the following established supply packs:

- SA048 (pack, minimum multi-specialty visit)
- SA054 pack, post-op incision care (suture)

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**5.02**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

EQ168	light, exam		1232.887	Default	0.003271745
EF031	table, power		5906.76	Other Formula	0.015674926
EL011	room, angiography		1193425.21	Highly Technical	4.521910978
EQ138	instrument pack, medium ($1500 and up)		1500	Instrument Packs	0.00697135
ED050	Technologist PACS workstation		5557	PACS	0.022017924
EQ110	electrocautery-hyfrecator, up to 45 watts		837.5	Default	0.002222496

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

27278 & 27279
The equipment item, EL011 (room, angiography) includes a floor-mounted patient table with floating tabletop designed for angiographic exams and interventions (with peistepping for image intensifiers 13in+). We have also listed EF031 (table, power) within the equipment section. The equipment formula to calculate the time for EF031 utilizes "Other Formula" and the value of time identified by CA039 (post-operative visits (total time)) rather than "Office Visits" which would include time from

pre, intra and post service time, all duplicative due to the fact there is a table already accounted for in the angiography room.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Per discussion at the table the following items were adjusted on the PE spreadsheet:

Removed supply pack from both codes as glue is used to close the incision(s), not sutures:

SA054	pack, post-op incision care (suture)	Quantity of 1

Removed equipment time from both codes due to moderate sedation:

EQ032	IV infusion pump		2439.096	Default	0.006472694

Per the discussion it was supported for a sterile gown for the physician and VI tech during the procedure for a quantity of 2 total sterile gowns for each procedure code. These gowns are separate from the single sterile gown allocated as part of the moderate sedation pack which is used by different staff.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

FACILITY DIRECT PE INPUTS **CPT CODE(S): 27278 & 27279**

SPECIALTY SOCIETY(IES): AANS, AAOS, ACR, ASIPP, CNS, NANS, NASS, OEIS, SIR

PRESENTER(S): Clemens Schirmer, MD (AANS/CNS), Hussein Elkousy, MD (AAOS), Kano Mayer, MD (NASS), Robert Kennedy, MD (SIR), Andrew Moriarity, MD (ACR), Curtis Anderson, MD (OEIS)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2025

CPT Code	Long Descriptor	Global Period
27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of intra-articular structural bone graft, metal and/or synthetic device(s) without cortical piercing, including use of osteopromotive material and/or obtaining bone graft, when performed	090
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of transarticular device(s) and/or intra-articular device(s) that engage bone with intrinsic fixation (eg, screw[s], flange[s], blade[s]) piercing the lateral cortex of the sacrum and the medial cortex of the ilium (with or without piercing the lateral cortex of the ilium), including use of osteopromotive material and/or obtaining bone graft, when performed	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
27278	A 50-year-old male with sacroiliac (SI) joint pain not amenable to conservative treatment undergoes percutaneous/minimally invasive arthrodesis of the SI joint.
27279	A 50-year-old female with sacroiliac (SI) joint pain not amenable to conservative treatment undergoes percutaneous/minimally invasive arthrodesis of the SI joint.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   AANS, AAOS, ACR, ASIPP, CNS, NANS, NASS, OEIS, and SIR convened a panel of experts familiar with these services to evaluate the direct practice expense inputs for CPT 27278 and 27279.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The current values for CPT 27278 and 27279 are respectively listed as reference codes for PE.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   N/A

   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No, both codes 27278 and 27279 remain 090-day global

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Both 27278 and 27279 • CA001 - Complete pre-service diagnostic and referral forms (5) – During this time RN/LPN/MTA (L037D) is reviewing the diagnostic pre-service and referral forms to ensure complete and submitted appropriately. • CA002 - Coordinate pre-surgery services (20) - During this time the RN/LPN/MTA (L037D) is collecting and coordinating the request from referring physician and ensuring all appropriate preoperative imaging has been performed. In addition, the staff is arranging a preoperative medical clearance and coordinating with dialysis centers and primary care staff the medical fitness for procedure. • CA003 - Schedule space and equipment in facility (8) - RN/LPN/MTA (L037D) must schedule availability in the OR and confirm availability of the procedure specific Equipment and supplies. • CA004 - Provide pre-service education/obtain consent (20) – RN/LPN/MTA (L037D) provide necessary education to the patient and patient's family/caregiver(s) to prepare for the arthrodesis and for care after procedure. Staff also ensure consent forms are completed. • CA005 - Complete pre-procedure phone calls and prescription – (7) – RN/LPN/MTA (L037D) complete calls and prescriptions prior to the procedure to ensure everything is ready to proceed with the procedure.

   b. Service period (includes pre, intra and post):

Both 27278 and 27279

- CA036 - Discharge day management (6) – RN/LPN/MTA (L037D) complete discharge instructions review with the patient and patient's family/caregiver(s) prior to discharge.

c. Post-service period:

Code 27278

- Post-operative visits (72) – RN/LPN/MTA (L037D) will work with the physician over the course of the post operative period and as part of the visits to collect necessary information for the physician, review current status and vitals of the patient and communicate these with the physician and assist in documenting within the medical record.

Code 27229

- Post-operative visits (99) – RN/LPN/MTA (L037D) will work with the physician over the course of the post operative period and as part of the visits to collect necessary information for the physician, review current status and vitals of the patient and communicate these with the physician and assist in documenting within the medical record.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Both 27278 and 27279
- SA048 (pack, minimum multi-specialty visit)
- SA054 pack, post-op incision care (suture)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**5.02**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

Equipment Code	EQUIPMENT		Purchase Price	Equipment Formula	Cost Per Minute	
EF031	table, power		5906.76	Other Formula	0.015674926	

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Per discussion at the table the following item was adjusted on the PE spreadsheet:

Removed supply pack from both codes as glue is used to close the incision(s), not sutures:

SA054	pack, post-op incision care (suture)	Quantity of 1

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	C	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**						**CURRENT**		**RECOMMENDED**	
2							**27278**		**27278**	
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 07 Specialty: AANS, AAOS, ACR, ASIPP, CNS, NANS, NASS, OEIS, SIR**	**Standards/ Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of		Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging	
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ 12,069.40**	**$ 85.69**	**$ 13,098.26**	**$ 85.69**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.54	**141.0**	**138.0**	**156.0**	**138.0**
9				L041A	Vascular Interventional Technologist	0.838	**85.0**		**89.0**	
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.54	**35.0**	**60.0**	**35.0**	**60.0**
11				L041A	Vascular Interventional Technologist	0.838				
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.54	**34.0**	**6.0**	**49.0**	**6.0**
13				L041A	Vascular Interventional Technologist	0.838	**85.0**		**89.0**	
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.54	**72.0**	**72.0**	**72.0**	**72.0**
15		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**					**$ 147.37**	**$ 74.52**	**$ 158.82**	**$ 74.52**
16		**PRE-SERVICE PERIOD**								
17		**Start: Following visit when decision for surgery/procedure made**								
18	CA001	Complete pre-service diagnostic and referral forms	90 DAY:	L037D	RN/LPN/MTA	0.54	5	5	5	5
19	CA002	Coordinate pre-surgery services (including test results)	90 DAY:	L037D	RN/LPN/MTA	0.54	10	20	10	20
20	CA003	Schedule space and equipment in facility	90 DAY:	L037D	RN/LPN/MTA	0.54		8		8
21	CA004	Provide pre-service education/obtain consent	90 DAY:	L037D	RN/LPN/MTA	0.54	10	20	10	20
22	CA005	Complete pre-procedure phone calls and prescription	90 DAY:	L037D	RN/LPN/MTA	0.54	10	7	10	7
23	CA006	Confirm availability of prior images/studies	2 minute							
24	CA007	Review patient clinical extant information and questionnaire	1 minute							
25	CA008	Perform regulatory mandated quality assurance activity (pre-service)								
26										
27										
28										
29		*Other activity: please include short clinical description here and type*								
30		*Other activity: please include short clinical description here and type*								
31		*Other activity: please include short clinical description here and type*								
32		**End: When patient enters office/facility for surgery/procedure**								
33		**SERVICE PERIOD**								
34		**Start: When patient enters office/facility for surgery/procedure:**								
35		**Pre-Service (of service period)**								
36	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3 minute	L037D	RN/LPN/MTA	0.54	3		3	
37	CA010	Obtain vital signs	Vital Sign	L037D	RN/LPN/MTA	0.54	5		5	
38	CA011	Provide education/obtain consent	Include only							
39	CA012	Review requisition, assess for special needs		L037D	RN/LPN/MTA	0.54	3		3	
40	CA013	Prepare room, equipment and supplies	2 minute	L037D	RN/LPN/MTA	0.54	2		2	
41	CA014	Confirm order, protocol exam	1 minute	L037D	RN/LPN/MTA	0.54	1		1	
42	CA015	Setup scope (nonfacility setting only)	5 minute							
43	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute	L037D	RN/LPN/MTA	0.54	2		2	
44	CA017	Sedate/apply anesthesia	2 minute							
45										
46										
47										
48		*Other activity: please include short clinical description here and type*								
49		*Other activity: please include short clinical description here and type*								
50		*Other activity: please include short clinical description here and type*								
51		**Intra-service (of service period)**								
52	CA018	Assist physician or other qualified healthcare professional---directly	100% of	L041A	Vascular	0.838	46		48	
53	CA019	Assist physician or other qualified healthcare professional---directly	67% of							
54	CA020	Assist physician or other qualified healthcare professional---directly	other% of	L041A	Vascular	0.838	34		36	
55	CA020	Assist physician or other qualified healthcare professional---directly	other% of	L037D	RN/LPN/MTA	0.54	12		12	
56	CA021	Perform procedure/service---NOT directly related to physician work time								
57										
58										
59										
60		*Other activity: please include short clinical description here and type*								
61		*Other activity: please include short clinical description here and type*								
62		*Other activity: please include short clinical description here and type*								
63		**Post-Service (of service period)**								
64	CA022	Monitor patient following procedure/service, multitasking 1:4	For							
65	CA023	Monitor patient following procedure/service, no multitasking								
66	CA024	Clean room/equipment by clinical staff	3 minute	L037D	RN/LPN/MTA	0.54	3		3	
67	CA025	Clean scope	Standards							
68	CA026	Clean surgical instrument package	Standard	L037D	RN/LPN/MTA	0.54			15	
69	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions		L037D	RN/LPN/MTA	0.54	2		2	
70	CA028	Review/read post-procedure x-ray, lab and pathology reports								
71	CA029	Check dressings, catheters, wounds	1 minute	L037D	RN/LPN/MTA	0.54	1		1	
72	CA030	Technologist QC's images in PACS, checking for all images, reformats,	Baseline	L041A	Vascular	0.838	2		2	
73	CA031	Review examination with interpreting MD/DO	2 minute	L041A	Vascular	0.838	2		2	
74	CA032	Scan exam documents into PACS. Complete exam in RIS system to	1 minute	L041A	Vascular	0.838	1		1	
75	CA033	Perform regulatory mandated quality assurance activity (service period)								
76	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry								
77	CA035	Review home care instructions, coordinate visits/prescriptions	2 minute							
78	CA036	Discharge day management	Dischrg mgmt same	L037D	RN/LPN/MTA	0.54	**n/a**	**6**	**n/a**	**6**
79										
80										
81										
82		*Other activity: please include short clinical description here and type*								
83		*Other activity: please include short clinical description here and type*								
84		*Other activity: please include short clinical description here and type*								
85		**End: Patient leaves office/facility**								
86		**POST-SERVICE PERIOD**								
87		**Start: Patient leaves office/facility**								
88	CA037	Conduct patient communications	Phone							
89	CA038	Coordinate post-procedure services								
90		***Office visits: List Number and Level of Office Visits***		**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**

	A	B	C	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**						**CURRENT**		**RECOMMENDED**	
2							**27278**		**27278**	
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 07 Specialty: AANS, AAOS, ACR, ASIPP, CNS, NANS, NASS, OEIS, SIR**	**Standards/ Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of		Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging	
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ 12,069.40**	**$ 85.69**	**$ 13,098.26**	**$ 85.69**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.54	**141.0**	**138.0**	**156.0**	**138.0**
9				L041A	Vascular Interventional Technologist	0.838	**85.0**		**89.0**	
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.54	**35.0**	**60.0**	**35.0**	**60.0**
11				L041A	Vascular Interventional Technologist	0.838				
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.54	**34.0**	**6.0**	**49.0**	**6.0**
13				L041A	Vascular Interventional Technologist	0.838	**85.0**		**89.0**	
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.54	**72.0**	**72.0**	**72.0**	**72.0**
91		99211 16 minutes		16						
92		99212 27 minutes		27						
93		99213 36 minutes		36			2	2	2	2
94		99214 53 minutes		53						
95		99215 63 minutes		63						
96	CA039	Post-operative visits (total time)		L037D	RN/LPN/MTA	0.54	**72.0**	**72.0**	**72.0**	**72.0**
97				L037D	RN/LPN/MTA	0.54				
98				L037D	RN/LPN/MTA	0.54				
99				L037D	RN/LPN/MTA	0.54				
100		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.54				
101		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.54				
102		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.54				
103		**End: with last office visit before end of global period**								

	A	B	C	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**						**CURRENT**		**RECOMMENDED**	
2							**27278**		**27278**	
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable):** **Tab: 07** **Specialty: AANS, AAOS, ACR, ASIPP, CNS, NANS, NASS, OEIS, SIR**	**Standards/ Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of		Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging	
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ 12,069.40**	**$ 85.69**	**$ 13,098.26**	**$ 85.69**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.54	**141.0**	**138.0**	**156.0**	**138.0**
9				L041A	Vascular Interventional Technologist	0.838	**85.0**		**89.0**	
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.54	**35.0**	**60.0**	**35.0**	**60.0**
11				L041A	Vascular Interventional Technologist	0.838				
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.54	**34.0**	**6.0**	**49.0**	**6.0**
13				L041A	Vascular Interventional Technologist	0.838	**85.0**		**89.0**	
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.54	**72.0**	**72.0**	**72.0**	**72.0**
104	**Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**					
105		**TOTAL COST OF SUPPLY QUANTITY x PRICE**					**$ 11,678.88**	**$ 10.04**	**$ 12,687.07**	**$ 10.04**
106	SA048	pack, minimum multi-specialty visit		5.02	pack		2	2	2	2
107	SA054	pack, post-op incision care (suture)		4.62	pack				**0**	**0**
108	SA046	pack, drapes, laparotomy (chest-abdomen)		0	pack		1			
109	SB056	Abdominal Drape Laparotomy Drape Sterile (100 in x 72 in x 124 in)		8.049	item				1	
110	SB001	cap, surgical		1.14	item		4		4	
111	SB008	drape, sterile, c-arm, fluoro		5.38	item		1		1	
112	SB012	drape, sterile, for Mayo stand		1.07	item		1		1	
113	SB024	gloves, sterile		0.91	pair		2		2	
114	SB028	gown, surgical, sterile		5.13	item		2		**2**	
115	SB034	mask, surgical, with face shield		3.4	item		4		4	
116	SC028	needle, 18-26g 1.5-3.5in, spinal		9.96	item		1		1	
117	SC029	needle, 18-27g		0.04	item		1		1	
118	SF033	scalpel with blade, surgical (#10-20)		1.04	item		1		1	
119	SG056	gauze, sterile 4in x 4in (10 pack uou)		1.2	item		2		2	
120	SF040	suture, vicryl, 3-0 to 6-0, p, ps		8.52	item		1		1	
121	SD087	guide, needle, for localization		21.29	item		1		1	
122	SH076	adhesive, cyanoacrylate (2ml uou).doc		31.35	item		1		1	
123	SB007	drape, sterile barrier 16in x 29in		0.51	item		1		1	
124	SF012	cautery, bipolar cord		4.86	item		1		1	
125	SF013	cautery, bipolar, pencil-handpiece		41.4	item		1		1	
126	SH047	lidocaine 1%-2% inj (Xylocaine)		0.06	ml		20		20	
127	SJ017	DuraPrep surgical soln (26ml uou)		7.96	item		1		1	
128	SK075	skin marking pen, sterile (Skin Skribe)		1.62	item		1		1	
129	SM022	sanitizing cloth-wipe (surface, instruments, equipment)		0.07	item				2	
130	SD356	Dorsal SI Joint Arthrodesis Implant		11500	item		1			
131	SD356	Dorsal SI Joint Arthrodesis Implant		**12500**	item				1	
132	****NEW**	Dorsal SI joint articular fixation device		**14451**	item					
133										
134										
135										
136										
137										
138										
139										
140										
141	**Equipment Code**	**EQUIPMENT**		**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
142		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**					**$ 243.15**	**$ 1.13**	**$ 252.37**	**$ 1.13**
143	EQ168	light, exam		1232.887	Default	0.003271745	66		68	
144	EF031	table, power		5906.76	Other Formula	0.015674926	72	72	72	72
145	EL011	room, angiography		1193425.21	Highly Technical	4.521910978	53		55	
146	EQ138	instrument pack, medium ($1500 and up)		1500	Instrument Packs	0.00697135	62		79	
147	ED050	Technologist PACS workstation		5557	PACS	0.022017924	71		73	
148	EQ032	IV infusion pump		2439.096	Default	0.006472694			**0**	
149	EQ110	electrocautery-hyfrecator, up to 45 watts		837.5	Default	0.002222496	66		68	
150										
151										
152										
153										
154										
155										

	A	B	K	L	M	N
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**	
2			**27279**		**27279**	
3		***RUC Collaboration Website***	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect		Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 07 Specialty: AANS, AAOS, ACR, ASIPP, CNS, NANS, NASS, OEIS, SIR**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 110.33**	**$ 15,143.24**	**$ 105.71**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**165.0**	**186.0**	**165.0**
9					**110.0**	
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**35.0**	**60.0**
11						
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**52.0**	**6.0**
13					**110.0**	
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**99.0**	**99.0**	**99.0**
15		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 89.10**	**$ 192.62**	**$ 89.10**
16		**PRE-SERVICE PERIOD**				
17		**Start: Following visit when decision for surgery/procedure made**				
18	CA001	Complete pre-service diagnostic and referral forms		5	5	5
19	CA002	Coordinate pre-surgery services (including test results)		20	10	20
20	CA003	Schedule space and equipment in facility		8		8
21	CA004	Provide pre-service education/obtain consent		20	10	20
22	CA005	Complete pre-procedure phone calls and prescription		7	10	7
23	CA006	Confirm availability of prior images/studies				
24	CA007	Review patient clinical extant information and questionnaire				
25	CA008	Perform regulatory mandated quality assurance activity (pre-service)				
26						
27						
28						
29		*Other activity: please include short clinical description here and type*				
30		*Other activity: please include short clinical description here and type*				
31		*Other activity: please include short clinical description here and type*				
32		**End: When patient enters office/facility for surgery/procedure**				
33		**SERVICE PERIOD**				
34		**Start: When patient enters office/facility for surgery/procedure:**				
35		**Pre-Service (of service period)**				
36	CA009	Greet patient, provide gowning, ensure appropriate medical records are			3	
37	CA010	Obtain vital signs			5	
38	CA011	Provide education/obtain consent				
39	CA012	Review requisition, assess for special needs			3	
40	CA013	Prepare room, equipment and supplies			2	
41	CA014	Confirm order, protocol exam			1	
42	CA015	Setup scope (nonfacility setting only)				
43	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			2	
44	CA017	Sedate/apply anesthesia				
45						
46						
47						
48		*Other activity: please include short clinical description here and type*				
49		*Other activity: please include short clinical description here and type*				
50		*Other activity: please include short clinical description here and type*				
51		**Intra-service (of service period)**				
52	CA018	Assist physician or other qualified healthcare professional---directly			60	
53	CA019	Assist physician or other qualified healthcare professional---directly				
54	CA020	Assist physician or other qualified healthcare professional---directly			45	
55	CA020	Assist physician or other qualified healthcare professional---directly			15	
56	CA021	Perform procedure/service---NOT directly related to physician work time				
57						
58						
59						
60		*Other activity: please include short clinical description here and type*				
61		*Other activity: please include short clinical description here and type*				
62		*Other activity: please include short clinical description here and type*				
63		**Post-Service (of service period)**				
64	CA022	Monitor patient following procedure/service, multitasking 1:4				
65	CA023	Monitor patient following procedure/service, no multitasking				
66	CA024	Clean room/equipment by clinical staff			3	
67	CA025	Clean scope				
68	CA026	Clean surgical instrument package			15	
69	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions			2	
70	CA028	Review/read post-procedure x-ray, lab and pathology reports				
71	CA029	Check dressings, catheters, wounds			1	
72	CA030	Technologist QC's images in PACS, checking for all images, reformats,			2	
73	CA031	Review examination with interpreting MD/DO			2	
74	CA032	Scan exam documents into PACS. Complete exam in RIS system to			1	
75	CA033	Perform regulatory mandated quality assurance activity (service period)				
76	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry				
77	CA035	Review home care instructions, coordinate visits/prescriptions				
78	CA036	Discharge day management	**n/a**	**6**	**n/a**	**6**
79						
80						
81						
82		*Other activity: please include short clinical description here and type*				
83		*Other activity: please include short clinical description here and type*				
84		*Other activity: please include short clinical description here and type*				
85		**End: Patient leaves office/facility**				
86		**POST-SERVICE PERIOD**				
87		**Start: Patient leaves office/facility**				
88	CA037	Conduct patient communications				
89	CA038	Coordinate post-procedure services				
90		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**

	A	B	K	L	M	N
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**	
2			**27279**		**27279**	
3		***RUC Collaboration Website***	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect		Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging	
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable):** **Tab: 07** **Specialty: AANS, AAOS, ACR, ASIPP, CNS, NANS, NASS, OEIS, SIR**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 110.33**	**$ 15,143.24**	**$ 105.71**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**165.0**	**186.0**	**165.0**
9					**110.0**	
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**35.0**	**60.0**
11						
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**52.0**	**6.0**
13					**110.0**	
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**99.0**	**99.0**	**99.0**
91		99211 16 minutes				
92		99212 27 minutes		1	1	1
93		99213 36 minutes		2	2	2
94		99214 53 minutes				
95		99215 63 minutes				
96	CA039	Post-operative visits (total time)	**0.0**	**99.0**	**99.0**	**99.0**
97						
98						
99						
100		*Other activity: please include short clinical description here and type*				
101		*Other activity: please include short clinical description here and type*				
102		*Other activity: please include short clinical description here and type*				
103		**End: with last office visit before end of global period**				

	A	B	K	L	M	N
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**	
2			**27279**		**27279**	
3		***RUC Collaboration Website***	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect		Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 07 Specialty: AANS, AAOS, ACR, ASIPP, CNS, NANS, NASS, OEIS, SIR**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 110.33**	**$ 15,143.24**	**$ 105.71**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**165.0**	**186.0**	**165.0**
9					**110.0**	
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**35.0**	**60.0**
11						
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**52.0**	**6.0**
13					**110.0**	
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**99.0**	**99.0**	**99.0**
104	**Supply Code**	**MEDICAL SUPPLIES**				
105		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 19.68**	**$ 14,643.16**	**$ 15.06**
106	SA048	pack, minimum multi-specialty visit		3	3	3
107	SA054	pack, post-op incision care (suture)		1	**0**	**0**
108	SA046	pack, drapes, laparotomy (chest-abdomen)				
109	SB056	Abdominal Drape Laparotomy Drape Sterile (100 in x 72 in x 124 in)			1	
110	SB001	cap, surgical			4	
111	SB008	drape, sterile, c-arm, fluoro			1	
112	SB012	drape, sterile, for Mayo stand			1	
113	SB024	gloves, sterile			2	
114	SB028	gown, surgical, sterile			**2**	
115	SB034	mask, surgical, with face shield			4	
116	SC028	needle, 18-26g 1.5-3.5in, spinal			1	
117	SC029	needle, 18-27g			1	
118	SF033	scalpel with blade, surgical (#10-20)			1	
119	SG056	gauze, sterile 4in x 4in (10 pack uou)			2	
120	SF040	suture, vicryl, 3-0 to 6-0, p, ps			1	
121	SD087	guide, needle, for localization			1	
122	SH076	adhesive, cyanoacrylate (2ml uou).doc			1	
123	SB007	drape, sterile barrier 16in x 29in			1	
124	SF012	cautery, bipolar cord			1	
125	SF013	cautery, bipolar, pencil-handpiece			1	
126	SH047	lidocaine 1%-2% inj (Xylocaine)			20	
127	SJ017	DuraPrep surgical soln (26ml uou)			1	
128	SK075	skin marking pen, sterile (Skin Skribe)			1	
129	SM022	sanitizing cloth-wipe (surface, instruments, equipment)			3	
130	SD356	Dorsal SI Joint Arthrodesis Implant				
131	SD356	Dorsal SI Joint Arthrodesis Implant				
132	****NEW**	Dorsal SI joint articular fixation device			1	
133						
134						
135						
136						
137						
138						
139						
140						
141	**Equipment Code**	**EQUIPMENT**				
142		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 1.55**	**$ 307.47**	**$ 1.55**
143	EQ168	light, exam			80	
144	EF031	table, power		99	99	99
145	EL011	room, angiography			67	
146	EQ138	instrument pack, medium ($1500 and up)			91	
147	ED050	Technologist PACS workstation			85	
148	EQ032	IV infusion pump			**0**	
149	EQ110	electrocautery-hyfrecator, up to 45 watts			80	
150						
151						
152						
153						
154						
155						

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid,.

27278 and 27279 CPT® Codes

Aurora Spine, Inc.
Vendor/Company Name

By:

David M. Meyer
Printed Signature

V.P., Chief Legal Officer
Title

May 14, 2025
Date

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

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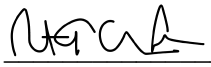
__27278 and 27279_____
CPT® Codes

_CornerLOC_____
Vendor/Company Name

By: 

Robert Compton
Printed Signature

Founder/CEO
Title

5/13/2025
Date

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

__27278 and 27279_____
CPT® Codes

_PainTEQ_____
Vendor/Company Name

By:

Charles Girsch
Printed Signature

Founder
Title

May 16, 2025
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Hip and Pelvis Arthrodesis Revisions – Tab 4

In May 2022, the CPT Editorial Panel created Category III code 0775T for CPT 2023 to report percutaneous sacroiliac (SI) joint arthrodesis using an intra-articular implant(s), such as bone allograft material or synthetic devices. In September 2022, the Panel replaced Category III code 0775T with a new Category I code 27278 *Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device*, which was surveyed for and valued at the January 2023 RUC meeting. CPT code 27278 was flagged for new technology and is expected to be re-reviewed by the RUC in 2027.

CPT code 27279 *Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixation device* was added as a family code to the January 2023 level of interest (LOI) form. However, the specialty societies requested that this code not be re-reviewed with 27278, therefore, the RUC submitted no recommendation for 27279 at the January 2023 RUC meeting.

At the September 2024 CPT Editorial Panel meeting, three separate code change applications (CCAs) were submitted that proposed changes to the guidelines and codes 27278 and 27279. The CPT Editorial Panel combined the CCAs and addressed the matter to further clarify the term "transfixation" through editorial changes to these codes.

In preparation for the January 2025 RUC meeting, the specialty societies delivered two separate letters to the RUC that detail the revisions to each of these codes made by the CPT Editorial Panel and presented a comprehensive timeline outlining the CCAs considered at previous CPT Editorial Panel meetings. In these letters, the specialty societies note that the changes made by CPT to these codes are editorial and request that neither be resurveyed for the January 2025 RUC meeting. The specialty societies requested affirmation by the RUC of the current value for both CPT codes 27278 and 27279, noting that the RUC will have an opportunity to review these codes via the Relativity Assessment Workgroup's new technology screen or as the result of a pending CPT CCA at the February 2025 CPT Editorial Panel meeting which was brought forth independently by the specialty societies. The RUC noted it is well past the time for affirmation of 27279 in terms of when that service was last surveyed in April 2018. The RUC did not vote on affirmation for codes 27278 and 27279 and instead agreed to submit no recommendation.

The RUC submits no recommendation regarding CPT codes 27278 and 27279 as they were not re-reviewed or re-surveyed for the January 2025 RUC meeting.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **General** **Introduction or Removal**				
20696		*Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)*		
20697		*exchange (ie, removal and replacement) of strut, each*		
Manual preparation . . .				
. . .				
Add-on code 20705 (for removal of a manually prepared intra-articular drug delivery device) may be typically used in conjunction with a joint stabilization procedure such as arthrodesis (eg, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22614, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22853, 22854, 22899, 24800, 24802, 25800, 25805, 25810, 25825, 25830, 26841, 26842, 26843, 26844, 26850, 26852, 26860, 26861, 26862, 26863, 27279, 27280, 27282, 27284, 27286, 27580, 27870, 27871, 28295, 28296, 28298, 28299, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28755, 28760, 29907) and revision joint arthroplasties (eg, 23473, 23474 [shoulder], 24370, 24371 [elbow], 25449 [wrist], 27134 [hip], 27487 [knee], and 27703 [ankle]). In the rare circumstance in which only part of the joint is destroyed by infection, a partial arthroplasty may be reported (eg, 23470, 24360, 24361, 24362, 24365, 24366, 25441, 25442, 25443, 25444, 25445, 27125, 27236, 27438, 27440, 27441, 27442, 27443, and 27446)		
20705		*Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)* *(Use 20705 in conjunction with 22864, 22865, 23040, 23044, 23334, 23473, 23474, 24000, 24160, 24370, 24371, 25040, 25250, 25251, 25449, 26070, 26075, 26080, 26990, 27030, 27090, 27132, 27134, 27137, 27138, 27301, 27310, 27487, 27603, 27610, 27703, 28020)* *(Do not report 20705 in conjunction with 11982, 27130, 27447, 27486)* *(For arthrodesis after eradicated infection, see 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22614, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22853, 22854, 22899, 24800, 24802, 25800, 25805, 25810, 25825, 25830, 26841, 26842, 26843, 26844, 26850, 26852, 26860, 26861, 26862, 26863,*		

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***27279**, 27280, 27282, 27284, 27286, 27580, 27870, 27871, 28295, 28296, 28298, 28299, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28755, 28760, 29907)*

(For implant removal after failed drug delivery device placement, see 22862, 22864, 23334, 23335, 24160, 25250, 25251, 27090, 27091, 27488, 27704)

(For partial replacement after successful eradication of infection with removal of drug delivery implant, see 23470, 24360, 24361, 24362, 24365, 24366, 25441, 25442, 25443, 25444, 25445, 27125, 27236, 27438, 27440, 27441, 27442, 27443, 27446)

Pelvis and Hip Joint
Fracture and/or Dislocation

27216 *Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)*

(To report bilateral procedure, report 27216 with modifier 50)

(For percutaneous/minimally invasive arthrodesis of the sacroiliac joint without fracture and/or dislocation, ~~use~~ see 27278, 27279)

27218 *Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/ or sacrum)*

(To report bilateral procedure, report 27218 with modifier 50)

(For percutaneous/minimally invasive arthrodesis of the sacroiliac joint without fracture and/or dislocation, ~~use~~ see 27278, 27279)

Arthrodesis

~~Code 27279 describes percutaneous arthrodesis of the sacroiliac joint using a minimally invasive technique to place an internal fixation device(s) that passes through the ilium, across the sacroiliac joint and into the sacrum, thus transfixing the sacroiliac joint. Report 27278 for the percutaneous placement of an intra-articular stabilization device into the sacroiliac joint using a minimally invasive technique that does not transfix the sacroiliac joint.~~

Percutaneous sacroiliac (SI) joint fusion can be achieved utilizing intra-articular or transarticular device(s). Code 27278 describes the placement of intra-articular devices that do not pierce the cortices of the ilium or sacrum. Code 27279 describes the placement of intra-articular and/or transarticular device(s) that pierce the lateral or medial cortices of the ilium and the lateral cortex of the sacrum. Use 27279 to report hybrid SI joint fusion which consists of placement of both intra-articular and transarticular devices, at least one of which pierces the cortices.

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▲27278	N1	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, ~~including~~ includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing ~~implant(s)~~ ~~(eg, bone allograft[s], synthetic device[s]), without placement of transfixation device~~ ~~(For arthrodesis, sacroiliac joint, with placement of a percutaneous transfixation device, use 27279)~~ (For bilateral procedure, report 27278 with modifier 50) (Do not report 27278 in conjunction with 27279, for the same joint)	090	No Recommendation (2025 Work RVU = 7.86)
▲27279	N2	~~Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed,~~ placement of transarticular device(s) ~~and placement of *transfixing* transfixation~~ and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum ~~(For percutaneous arthrodesis of the sacroiliac joint by intra-articular implant[s], use 27278)~~ (For bilateral procedure, report 27279 with modifier 50) (For hybrid SI joint fusion procedures, use 27279) (Do not report 27279 in conjunction with 27278, for the same joint)	090	No Recommendation (2025 Work RVU = 12.13)
27280	*Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed* (For percutaneous/minimally invasive arthrodesis of the sacroiliac joint without fracture and/or dislocation, ~~utilizing a transfixation device, use~~ see 27278, 27279) *(To report bilateral procedure, report 27280 with modifier 50)*			

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Category III Codes

0773T *Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older*

0774T *each additional 15 minutes intraservice time (List separately in addition to code for primary service)*

(Use 0774T in conjunction with 0773T)

(0775T has been deleted)

*(For percutaneous arthrodesis of the sacroiliac joint, see **27278, 27279**)*

0807T *Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report 0808T*

0808T *in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report*

(Do not report 0808T in conjunction with 71250, 71260, 71270, 71271, 76000, 78579, 78582, 78598)

(0809T has been deleted)

(For percutaneous arthrodesis of the sacroiliac joint, see 27278, 27279)

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December 10, 2024

Ezequiel Silva III, MD,
Chair, AMA Specialty Society RVS Update Committee
American Medical Association
330 N Wabash Avenue, Suite 39300
Chicago, IL 60611

Subject: Code 27278 for Hip and Pelvis Arthrodesis Revisions

Dear Dr. Silva:

On behalf of the American College of Radiology (ACR), Society of Interventional Radiology (SIR), American Roentgen Ray Society (ARRS), Radiological Society of North America (RSNA), Association of Academic Radiology (AAR), and Outpatient Endovascular and Interventional Society (OEIS) we are writing in regards to resurveying the revised code for SI joint arthrodesis (27278) approved at the September 2024 CPT Editorial Panel Meeting.

Tabs 25, 34, and 37 were voted on and accepted with modifications (ie, on-site Option E) as a single Panel action. Modifications included:

1. Revision of the Category I/Surgery/Musculoskeletal System/Pelvis and Hip Joint/Fracture and/or Dislocation/Arthrodesis subsection guidelines.
2. Revision of code 27278 by removing language that noted “transfixation.”
3. Revision of code 27278 to reflect a family – parent/child relationship with 27279.
4. Addition of the terms “or minimally invasive”, “unilateral” and “device(s), without cortical piercing” to code 27278 as part of the common language needed for both codes in the family (ie, for 27278 and 27279).
5. Rearrangement of language in code 27278 (ie, “includes obtaining bone graft when performed,”) and deletion of the term “including” to capture additional common language within the “parent” portion of the first code in the family.
6. Deletion of the term “implant(s) (eg, bone allograft[s], synthetic device[s]),” within code 27278.
7. Deletion of a parenthetical note following 27278, regarding reporting for “transfixation” procedures.
8. Deletion of a note following code 27279 that directed the use of 27278 for percutaneous arthrodesis of the SI joint with intra-articular implants.
9. Addition of exclusionary parenthetical notes following codes 27278 and 27279 to restrict reporting 27278 and 27279 together.

We do not believe we need to resurvey 27278 because this was recently surveyed in 2022 for the January 2023 RUC meeting. The changes to this code (ie, for the implant without transfixation) are editorial. Specifically, the changes were made to clarify further transfixation, such as piercing the cortices of the iliac bone and sacrum, which this code/procedure does not do; thus, the changes to this code are purely editorial. Based on this, we are requesting reaffirmation by the RUC of the current values for code 27278 for CY 2026.

For code 27279, the undersigned societies are not the primary providers of this service. We were made aware of the letter written by the surgical societies regarding this code. Should further revisions to 27279 affect the code family, the undersigned societies would prefer to readdress changes at that time. We, therefore, defer discussions of 27279 to its interested societies.

The undersigned specialty society advisors are available to meet with RUC representatives and staff should they need to discuss this further. Please contact staff at amaleki@sirweb.org with additional questions or concerns or to schedule a meeting.

Respectfully,

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Andy Moriarity, MD (ACR RUC)
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Timothy A. Crummy, MD (RSNA, ACR)
Cindy Yuan, MD (RSNA CPT and RUC)
Shiva Gupta, MD (AAR CPT)
Christina Marks, MD (AAR CPT)
Jerry Niedzwiecki, MD (OEIS)

December 9, 2024

VIA ELECTRONIC TRANSMISSION

Ezequiel Silva III, MD,
Chair, AMA Specialty Society RVS Update Committee
American Medical Association
330 N Wabash Avenue, Suite 39300
Chicago, IL 60611

Subject: Tab 4 Codes 27278, 27279 – SI Joint

Dear Dr. Silva:

On behalf of the American Academy of Orthopaedic Surgeons, American Association of Neurological Surgeons, Congress of Neurological Surgeons, International Society for the Advancement of Spine Surgery, and the North American Spine Society, we are writing to a requested survey of revised codes for SI joint arthrodesis (27278 and 27279) approved at the September 2024 CPT Editorial Panel Meeting.

Three separate code change applications (CCAs) were submitted that proposed changes to the guidelines and/or codes 27278 and 27279. **Our societies disagreed with many of the proposed changes.**

One CCA indicated that code 27279 was brought forth to the Editorial Panel resulting in a code that was "directional" piercing both the lateral and medial cortices of the ilium and the lateral cortex of the sacrum. The term transfixation was used to describe this "across both iliac cortices and the SI joint" fixation. This CCA indicated that this term contradicts the FDA definition of transfixation and revisions were necessary. Another CCA also disagreed with the prior change in terminology that defined transfixation and indicated that it caused confusion with providers and coders. The CCA indicated that the definition focused on final anatomical placement and was not consistent with plain English meaning of the term 'fixation' and did not reflect the multiple approaches and device designs to fixate (transfix) the SI joint. A third CCA proposed different nuanced terminology to the guidelines to expand the current code concept of "into the joint" and "across the joint," adding that into the joint plus stabilization (inside-out) should be reported with 27278. This is different from the other two CCAs that proposed that the 'inside-out' stabilization should be reported with 27279. No literature was submitted with any of the CCAs to support a new code. Instead, the literature described various approaches and devices which use three different techniques.

Advisors from the undersigned specialty societies were present at the Panel meeting as well as at a facilitation meeting that was held the night before the CPT Editorial Panel meeting adjourned. Throughout the CPT process and review of the multiple CCAs, we consistently stated that a third code for devices that are placed into the joint that include fixation that pierce the medial iliac and/or the lateral sacrum needed a separate code and this could be supported by the literature associated with the 3 CCAs. However, during the facilitation meeting, we were told by AMA counsel that no CCA was submitted for a third code and that a new third code could not be created. Therefore, the Panel instead bundled what should have been a third code (including "hybrid procedures" – the simultaneous use of two different techniques and implants) into code 27279 – without any CCA or supporting literature. If "hybrid procedures" deserve a

separate code, then we believe that literature was needed, a CCA was needed, and a third code should have been created.

Furthermore, the lateral/posterolateral "across both cortices of the ilium and the SI joint" transfixation procedure (27279) is not typically performed in the office but the code has now been revised to include posterior "into the joint" procedures that are performed in the office.

We would also like to note that societies were told there is a lack of Level 1 evidence for the new procedure that was bundled into revised code 27279, further questioning the bundling of a new distinct procedure into 27279.

We continue to believe there are three broad categories of percutaneous SI joint fusion/stabilization procedures:

1. posterior into the joint (intra-articular) without fixation;
2. posterior/posterolateral into the joint (intra-articular) with **stabilization**; and
3. lateral/posterolateral across both cortices of the ilium and across the SI joint with fixation of the sacrum.

Surveying a revised code that bundled procedure #2 (a new and distinct procedure) above into the current 27279 as described by #3 above would be incorrect. #2 is typically done in the office and #3 is done typically in a facility. These are not the same procedures and should not be a single code. Approach matters – drilling across the ilium and into the sacrum as described in the intra-work description for current code 27279 is not the same work as placing a device into the SI joint and (for example) placing screws inside-out through the device into adjacent bone. A comparison of the intra service description of 27279 to the CPT approved description of procedure for revised code 27279 makes this clear.

While we appreciate the Panel's efforts to find a solution that would satisfy all interested stakeholders as an imperative at the meeting, issues remain with the code revisions. The Panel may have agreed that a third code was needed, but because (per legal counsel) there was no CCA submitted to suggest a new code, they instead modified 27279 to include a new code. We do not understand why the Panel could not create a needed third code yet were allowed to merge a distinct third procedure into code 27279.

If the Panel truly believes the work of 27279 has not changed with the revised descriptor because they believe the work for the "posterior into the joint with fixation" procedure is the same as "current across the joint fixation" code 27279, then this is an editorial change and no survey is needed. If the RUC and the Panel believe that work has changed, then current code 27279 should be maintained and a new code for the new procedure should be established before a survey is conducted.

For these reasons, the undersigned societies feel we are not able to survey the revised codes and have submitted a code change application to account for the third code that is not described by either current code (27278 or 27279) but represents different work. We ask that the RUC reaffirm its prior recommendation for these codes and note that the RUC will have the opportunity to review survey data for the family of new and revised codes after CPT considers the CCA at the February 2025 CPT Editorial Panel Meeting.

Specialty society advisors are available to meet with RUC representatives and staff should they feel further discussion is necessary. Please reach out to staff at willer@aaos.org with additional questions or concerns or to schedule meeting.

Respectfully,

William Creevy, MD
American Academy of Orthopaedic Surgeons

Hussein Elkousy, MD
American Academy of Orthopaedic Surgeons

John Ratliff, MD
American Association of Neurological Surgeons

Henry Woo, MD
American Association of Neurological Surgeons

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Karin Swartz, MD
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North American Spine Society

Morgan Lorio, MD
International Society for Advancement of Spine Surgery

Cc: Sherry Smith, Director, Physician Payment Policy, American Medical Association Medical Association

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2025

Cardiac Contractility Modulation – Tab 8

In May 2025, the CPT Editorial Panel approved a new family of 11 Category I CPT codes for insertion, removal, and replacement of cardiac contractility modulation (CCM) systems, generators, and leads in several combinations. A separate set of four codes was created to describe the corresponding CCM programming, interrogation, and remote interrogation services. All 11 of the insertion, removal, and replacement/repositioning/revision CCM codes, as well as three programming, interrogation, and remote interrogation CCM services that involve physician work, were surveyed for the September 2025 RUC meeting.

CCM is an implantable device-based therapy for heart failure with reduced ejection fraction that delivers non-excitatory biphasic electrical signals to the right ventricular septal wall during the heart's absolute refractory period. This therapy does not initiate a new cardiac depolarization or a contraction but enhances cardiac contractility with improved calcium handling and calcium-induced release from the cellular sarcoplasmic reticulum. CCM therapy is intended for patients with moderate to severe heart failure symptoms to improve their quality of life and reverse cardiac remodeling. 80% of patients who undergo CCM have concomitant devices, such as defibrillators or pacemakers, making these CCM services more complex and intense. The current technology employs transvenous implantation of two ventricular leads, actively fixated to the right ventricular septum, spaced roughly 2 centimeters apart, connected to a generator that is a unit that requires recharging on a weekly basis. Intraoperative assessment entails adequate positioning, sensing thresholds, capturing thresholds to assure stability to stimulate, ruling out extracardiac pain through stimulation of intercostal musculature, and ruling out electromagnetic interference with already present devices.

CCM Code Family

The specialty societies detailed the four code subsets within the CCM code family, which include CCM insertion services (33X01-33X04), CCM removal services (33X05-33X08), CCM replacement, repositioning, and revision services (33X09-33X11), and CCM programming, interrogation, and remote interrogation services (93X01-93X03). The RUC discussed the relative value of physician work across all services within this code family, determining that the CCM removal services typically require more physician work than their corresponding CCM insertion services. Moreover, CCM replacement, repositioning, and revision services require less physician work than both removal and insertion services, followed by CCM programming, interrogation, and remote interrogation services, which require considerably less time than the 11 surgical CCM services. The RUC agreed with the described relativity and the subsequent rank order between these services.

Comparison to Permanent Pacemaker Pulse Generator Procedures

Many of the key reference services selected by the survey respondents compared the CCM surgical codes and programming/interrogation codes to analogous permanent pacemaker pulse generator surgical, programming and interrogation codes. In contrast to a pacemaker, which modulates the heart's rhythm, the cardiac contractility modulation system's impulses are designed to modulate the strength of contraction of the heart muscle. Unlike pacemakers, these systems stimulate for specific time intervals to improve myocardial function. Stimulation from a CCM device is considered non-excitatory, meaning it does not induce a heartbeat. CCM signals are delivered using a sophisticated timing algorithm during the

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heart's absolute refractory period. Rather than induce a contraction, CCM signals create changes at the cellular level to increase contractile strength of the heart.

For the CCM surgical procedure codes, the specialties noted that there is a substantial difference in the type of leads the EP cardiologist or electrophysiologist is working with and how they place them relative to the pacemaker insertion/removal procedures. One right ventricular lead is placed on the high septum and a second lead is placed in the mid-septum. These are two leads in the ventricle that are specifically located on the ventricular septum within a certain distance that has to be tested with one another so they can interact, because the timing of those two leads is critical in delivering the non-excitatory impulse during the absolute refractory period. Placement of CCM leads requires more skill relative to the placement of pacemaker leads, where positioning was less critical. An additional lead may also be placed in the right atrial appendage, though an atrial lead is used in an extreme minority of cases. Each lead for CCM has a helical coil fixation, whereas many other types of ventricular leads are passive fixation tines that enter into the trabeculum of the right ventricle, which have no ability to place them anywhere else aside from the apex of the heart.

Insertion of Permanent CCM System

In reviewing this subset of services within the CCM code family, the RUC determined the rank order for the CCM surgical insertion services is as follows: CPT code 33X01 (insertion of the entire CCM system); CPT code 33X04 (insertion of dual transvenous electrode); CPT code 33X03 (insertion of a single transvenous electrode); and CPT code 33X02 (insertion of pulse generator), respectively. The post-operative office visit is necessary for assessing the wound to see if it is healing appropriately, removing the dressing, and prescribing any required antibiotics or analgesic medications. Moreover, the RUC notes that for the four CCM insertion codes, the pre-service scrub/dress/wait time and immediate post-service time were adjusted as necessary to align with the survey results.

33X01 ***Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; pulse generator and transvenous electrodes***

The RUC reviewed survey results from 51 electrophysiologists and heart failure specialists and recommends the survey 25th percentile work RVU of 8.83, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 40 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 15 minutes of pre-service scrub/dress/wait time, 90 minutes of intra-service time, 20 minutes of immediate post-service time, 0.5-99238 discharge visit and 1-99213 post-operative office visit, which equals 210 minutes of total time.

The physician work involved with CPT code 33X01 describes insertion of the entire CCM system, which includes the pulse generator, the appropriate number of transvenous electrodes as determined by the physician prior to the procedure (either two right ventricular leads only or two right ventricular leads and a right atrial lead, depending on the patient), as well as fluoroscopic guidance and programming of sensing and therapeutic parameters. Compared to the other insertion codes, 33X01 requires the most physician time and work since it involves the insertion of every implantable CCM component. Furthermore, the specialty societies anticipate that this service will be the most frequently performed of this code family.

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To support the recommended work RVU of 8.83, the RUC compared the surveyed code to the top key reference service 33208 *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular* (work RVU = 8.52, 60 minutes intra-service time, 231 minutes total time) and second key reference service 33217 *Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator* (work RVU = 5.59, 120 minutes intra-service time, 262 minutes total time). The RUC acknowledges that the surveyed code requires a similar amount of physician work compared to the top key reference service and significantly more physician work than the second key reference service. The RUC recognizes that together the top two key reference services selected by survey respondents bracket CPT code 33X01 in terms of intra-service time. Despite requiring less total time overall than the two key reference services, the RUC also notes that the surveyed code is slightly more intense/complex than the top key reference service and significantly more intense/complex than the second key reference service. Thus, comparison between these services is appropriate and relativity is maintained based on the physician work involved with these services.

For additional support, the RUC compared the surveyed code to MPC code 14040 *Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less* (work RVU = 8.60, 90 minutes intra-service time, 223 minutes total time). The RUC notes that this reference requires 90 minutes of intra-service time, which is identical to the surveyed code, and while it requires slightly more time, 33X01 is a more intense/complex service to perform. Overall, the RUC recommendation of the 25th percentile work RVU appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and across comparable services. **The RUC recommends a work RVU of 8.83 for CPT code 3XX01.**

33X02 ***Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; pulse generator and transvenous electrodes; pulse generator only***
The RUC reviewed survey results from 39 electrophysiologists and heart failure specialists and recommends a work RVU of 5.80 based on a direct crosswalk to CPT code 33240 *Insertion of implantable defibrillator pulse generator only; with existing single* lead (work RVU = 5.80, 45 minutes intra-service time, 135 minutes total time) to appropriately account for the physician work typically required to perform this service. The RUC recommends 40 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 15 minutes of pre-service scrub/dress/wait time, 40 minutes of intra-service time, 16 minutes of immediate post-service time, 0.5-99238 discharge visit and 1-99213 post-operative office visit, which equals 156 minutes of total time.

The physician work involved with CPT code 33X02 describes insertion of the pulse generator, as well as fluoroscopic guidance and programming of sensing and therapeutic parameters. Compared to the other insertion codes, 33X02 requires the least physician time and work since it only involves the insertion of the pulse generator and not the insertion of a single or dual transvenous electrode(s). The specialty societies anticipate that this service will be performed infrequently, less than 33X01 and similarly to 33X03 and 33X04.

The RUC recognizes that the top key reference service 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work RVU = 6.05, 45 minutes intra-service time, 181 minutes total time) requires similar intra-service time and more total time than the surveyed code. Moreover, the second key reference service 33208 *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular* (work RVU = 8.52, 60 minutes intra-service time, 231 minutes total time) requires significantly more intra-service and total time than the surveyed code. To support the recommended value, the

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RUC found crosswalk CPT code 33240 to be a more appropriate service to compare to CPT code 33X02 in terms of intra-service time, total time, and overall measured intensity/complexity compared to the key reference services selected by survey respondents.

For additional support, the RUC compared the surveyed code to CPT code 67924 *Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)* (work RVU = 5.93, 40 minutes intra-service time, 149 minutes total time) and CPT code 46948 *Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed* (work RVU = 5.57, 40 minutes intra-service time, 163 minutes total time). Together, these two comparator codes bracket the RUC recommended work RVU of 5.80 percentile work RVU, and both codes require 40 minutes of intra-service time, which is identical to the surveyed code. While both of these comparator codes require more total time, both services are slightly less intense/complex to perform than CPT code 33X02, which is reasonable based on the differences in work and time between these procedures. Overall, the RUC's direct crosswalk recommendation appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and across comparable services. **The RUC recommends a work RVU of 5.80 for CPT code 33X02.**

33X03 ***Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; pulse generator and transvenous electrodes; transvenous electrode, single***
The RUC reviewed survey results from 40 electrophysiologists and heart failure specialists and recommends the survey 25th percentile work RVU of 6.00, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 40 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 15 minutes of pre-service scrub/dress/wait time, 50 minutes of intra-service time, 17 minutes of immediate post-service time, 0.5-99238 discharge visit and 1-99213 post-operative office visit, which equals 167 minutes of total time.

The physician work involved with CPT code 33X03 describes insertion of a single transvenous electrode, as well as fluoroscopic guidance and programming of sensing and therapeutic parameters. Compared to the other insertion codes, 33X03 requires less physician time and work than CPT codes 33X01 and 33X04, but more than 33X02, since it does not involve the insertion of a dual transvenous electrode or the pulse generator. The specialty societies anticipate that this service will be performed infrequently, less than 33X01 and similar to 33X02 and 33X04.

To support the recommended work RVU of 6.00, the RUC compared the surveyed code to MPC code 15823 *Blepharoplasty, upper eyelid; with excessive skin weighting down lid* (work RVU = 6.81, 45 minutes intra-service time, 161 minutes total time). Overall, the RUC recommendation of the 25th percentile work RVU appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and across comparable services. **The RUC recommends a work RVU of 6.00 for CPT code 33X03.**

33X04 ***Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; pulse generator and transvenous electrodes; transvenous electrode, dual***
The RUC reviewed survey results from 39 electrophysiologists and heart failure specialists and recommends the survey 25th percentile work RVU of 6.23, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 40 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 15 minutes of pre-service scrub/dress/wait time, 60 minutes of intra-service

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time, 20 minutes of immediate post-service time, 0.5-99238 discharge visit and 1-99213 post-operative office visit, which equals 180 minutes of total time.

The physician work involved with CPT code 33X04 describes insertion of a dual transvenous electrode, as well as fluoroscopic guidance and programming of sensing and therapeutic parameters. Compared to the other insertion codes, 33X04 requires less physician time and work than CPT codes 33X01, but more than 33X02 and 33X03, since it involves the insertion of a dual (not a single) transvenous electrode and does not include insertion of the pulse generator. The specialty societies anticipate that this service will be performed infrequently, less than 33X01 and similar to 33X02 and 33X04.

To support the recommended work RVU of 6.23, the RUC compared the surveyed code to the key reference service 33208 *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular* (work RVU = 8.52, 60 minutes intra-service time, 231 minutes total time). For additional support, the RUC compared the surveyed code to MPC code 52630 *Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)* (work RVU = 6.55, 60 minutes intra-service time, 222 minutes total time). The RUC notes this service requires the same amount of intra-service time as the surveyed code, and despite it requiring more total time overall, CPT code 33X04 is more intense/complex to perform. Overall, the RUC recommendation of the survey 25th percentile work RVU appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and across comparable services. **The RUC recommends a work RVU of 6.23 for CPT code 3XX04.**

Removal of Permanent CCM System

In reviewing this subset of services within the CCM code family, the RUC determined the rank order for the CCM removal services is as follows: CPT code 33X04 (removal of the entire CCM system); CPT code 33X08 (removal of dual transvenous electrode); CPT code 33X07 (removal of single electrode); and CPT code 33X06 (removal of pulse generator), respectively. Compared to the CCM insertion services and CCM replacement/repositioning/revision services, the CCM removal services typically require more time and involve more physician work, as the transvenous electrodes need to be located and entanglements have to be navigated carefully to mitigate the risk of bleeding. Of all the CCM insertion and removal services, removing just the pulse generator (CPT code 33X06) requires the least amount of physician work and time since it is the least risky and complicated to perform. The post-operative office visit is necessary for assessing the wound to see if it is healing appropriately, removing the dressing, and prescribing any required antibiotics or analgesic medications. Moreover, the RUC notes that for the four CCM removal codes, the pre-service evaluation time, pre-service scrub/dress/wait time, and immediate post-service time were adjusted as necessary in order to align with the survey results.

33X05 ***Removal of permanent cardiac contractility modulation system; pulse generator and transvenous electrodes***

The RUC reviewed survey results from 39 electrophysiologists and heart failure specialists and recommends the survey 25th percentile work RVU of 9.90, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 40 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 15 minutes of pre-service scrub/dress/wait time, 114 minutes of intra-service

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time, 40 minutes of immediate post-service time, 0.5-99238 discharge visit and 1-99213 post-operative office visit, which equals 254 minutes of total time.

The physician work involved with CPT code 33X05 describes removal of the entire CCM system, which includes the pulse generator, the appropriate number of transvenous electrodes as determined by the physician prior to the procedure (either two right ventricular leads only or two right ventricular leads and a right atrial lead, depending on the patient), as well as fluoroscopic guidance and programming of sensing and therapeutic parameters. Compared to the other removal codes, 33X05 requires the most physician time and work since it involves the removal of every implantable CCM component. Furthermore, the specialty societies anticipate that this service will be the most frequently performed of this code family.

The survey results indicate that this procedure is typically performed in a hospital setting, that patients were not typically discharged on the same day as the procedure, and that a 23-hour stay (less than 24 hours) with a subsequent hospital visit is typical. Per the 23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy, the specialty societies added 20 minutes of intra-service time from CPT code 99232 to the immediate post-service time of the procedure, increasing it from the survey median of 20 minutes to 40 minutes (7 minutes above the selected time package). The RUC agreed with this allocation of post-service time based on the conventions of the 23-Hour policy.

To support the recommended work RVU of 9.90, the RUC compared the surveyed code to CPT code 14021 *Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm* (work RVU = 9.72, 116 minutes intra-service time, 288 minutes total time) to support the RUC recommended work RVU of 9.90. The RUC notes that both services require nearly an identical amount of intra-service time. The RUC acknowledges that while the surveyed code requires less total time than 14021, it is a more intense/complex procedure to perform overall compared to the reference code. Comparison between these services is reasonable despite differences in total time, and the RUC notes that it is appropriate that CPT code 33X05 has a slightly greater work RVU than CPT code 14021. Overall, the RUC recommendation of the survey 25th percentile work RVU appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and across comparable services. **The RUC recommends a work RVU of 9.90 for CPT code 33X05.**

33X06 ***Removal of permanent cardiac contractility modulation system; pulse generator and transvenous electrodes; pulse generator only***
The RUC reviewed survey results from 40 electrophysiologists and heart failure specialists and recommends a work RVU of 4.91 based on a direct crosswalk to CPT code 21040 *Excision of benign tumor or cyst of mandible, by enucleation and/or curettage* (work RVU = 4.91, 37 minutes intra-service time, 137 minutes total time) to appropriately account for the physician work typically required to perform this service. The RUC recommends 35 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 15 minutes of pre-service scrub/dress/wait time, 38 minutes of intra-service time, 18 minutes of immediate post-service time, 0.5-99238 discharge visit and 1-99213 post-operative office visit, which equals 151 minutes of total time.

The physician work involved with CPT code 33X06 describes the removal of the pulse generator, as well as fluoroscopic guidance and programming of sensing and therapeutic parameters. Compared to the other removal codes, 33X06 requires the least physician time and work

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since it only involves the removal of the pulse generator and not the removal of a single or dual transvenous electrode(s). The specialty societies anticipate that this service will be performed infrequently, less than 33X01, and similar to some of the other insertion codes.

To support the recommended work RVU of 4.91, the RUC compared the surveyed code to the second key reference service 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work RVU = 6.05, 45 minutes intra-service time, 181 minutes total time). To support the recommended value, the RUC found crosswalk CPT code 21040 to be a more appropriate service to compare to CPT code 33X06 in terms of intra-service time and measured intensity/complexity compared to the second key reference service selected by survey respondents.

For additional support, the RUC compared the surveyed code to CPT code 21030 *Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage* (work RVU = 4.91, 33 minutes intra-service time, 133 minutes total time). The RUC notes that both the reference CPT code and surveyed code have the same work RVU and require nearly identical intra-service time and similar total time. Additionally, both services require similar intensity/complexity to perform. Overall, the RUC's direct crosswalk recommendation appropriately reflects the physician work and time required to perform this service and maintain relativity within this code family and across comparable services. **The RUC recommends a work RVU of 4.91 for CPT code 33X06.**

33X07 ***Removal of permanent cardiac contractility modulation system; pulse generator and transvenous electrodes; transvenous electrode, single***

The RUC reviewed survey results from 36 electrophysiologists and heart failure specialists and recommends a work RVU of 7.49 based on a direct crosswalk to CPT code 11970 *Replacement of tissue expander with permanent implant* (work RVU = 7.49, 60 minutes intra-service time, 216 minutes total time), to appropriately account for the physician work typically required to perform this service. The RUC recommends 40 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 15 minutes of pre-service scrub/dress/wait time, 62 minutes of intra-service time, 40 minutes of immediate post-service time, 0.5-99238 discharge visit and 1-99213 post-operative office visit, which equals 202 minutes of total time.

The physician work involved with CPT code 33X07 describes the removal of a single transvenous electrode, as well as fluoroscopic guidance and programming of sensing and therapeutic parameters. Compared to the other removal codes, 33X03 requires less physician time and work than CPT codes 33X05 and 33X08, but more than 33X06, since it does not involve the removal of a dual transvenous electrode or the pulse generator. The specialty societies anticipate that this service will be performed infrequently, less than 33X01, and similar to some of the other insertion codes.

The survey results indicate that this procedure is typically performed in a hospital setting, that patients were not typically discharged on the same day as the procedure, and that a 23-hour stay (less than 24 hours) with a subsequent hospital visit is typical. Per the 23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy, the specialty societies added 20 minutes of intra-service time from CPT code 99232 to the immediate post-service time of the procedure, increasing it from the survey median of 20 minutes to 40 minutes (7 minutes above the selected time package). The RUC agreed with this allocation of post-service time based on the conventions of the 23-Hour policy.

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The RUC found crosswalk CPT code 11970 to be a more appropriate service compared to CPT code 33X07 in terms of intra-service time, total time, and overall measured intensity/complexity compared to the key reference services selected by survey respondents. To support the recommended work RVU of 7.49, the RUC compared the surveyed code to MPC code 26113 *Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater* (work RVU = 7.13, 58 minutes intra-service time, 214 minutes total time). For additional support, the RUC also referenced MPC code 21556 *Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm* (work RVU = 7.66, 60 minutes intra-service time, 234 minutes total time). The RUC recognizes that together the two MPC comparator codes bracket the RUC recommended work RVU of 7.49 for CPT code 33X07. Overall, the direct crosswalk recommendation appropriately reflects the physician work and time required to perform this service and maintain relativity within this code family and across comparable services. **The RUC recommends a work RVU of 7.49 for CPT code 33X07.**

33X08 ***Removal of permanent cardiac contractility modulation system; pulse generator and transvenous electrodes; transvenous electrode, dual***

The RUC reviewed survey results from 38 electrophysiologists and heart failure specialists and recommends a work RVU of 8.60 based on a direct crosswalk to CPT code 14040 *Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less* (work RVU = 8.60, 90 minutes intra-service time, 223 minutes total time) to appropriately account for the physician work typically required to perform this service. The RUC recommends 40 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 15 minutes of pre-service scrub/dress/wait time, 90 minutes of intra-service time, 40 minutes of immediate post-service time, 0.5-99238 discharge visit and 1-99213 post-operative office visits, which equals 230 minutes of total time.

The physician work involved with CPT code 33X08 describes the removal of a dual transvenous electrode, as well as fluoroscopic guidance and programming of sensing and therapeutic parameters. Compared to the other removal codes, 33X04 requires less physician time and work than CPT codes 33X01, but more than 33X02 and 33X03, since it involves the removal of a dual (not a single) transvenous electrode and does not include removal of the pulse generator. The specialty societies anticipate that this service will be performed infrequently, less than 33X01, and similar to some of the other insertion codes.

The survey results indicate that this procedure is typically performed in a hospital setting, that patients were not typically discharged on the same day as the procedure, and that a 23-hour stay (less than 24 hours) with a subsequent hospital visit is typical. Per the 23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy, the specialty societies added 20 minutes of intra-service time from CPT code 99232 to the immediate post-service time of the procedure, increasing it from the survey median of 20 minutes to 40 minutes (7 minutes above the selected time package). The RUC agreed with this allocation of post-service time based on the conventions of the 23-Hour policy.

To support the recommended work RVU of 8.60, the RUC compared the surveyed code to CPT code 64568 *Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator* (work RVU = 9.00, 90 minutes intra-service time, 275 minutes total time). For additional support, the RUC compared the surveyed code to CPT code 50593 *Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy* (work RVU = 8.88, 90 minutes intra-service time, 207 minutes total time).

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Additionally, the RUC acknowledges that the direct crosswalk code 14040 is on the MPC list. Overall, the RUC's direct crosswalk recommendation appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and across comparable services. **The RUC recommends a work RVU of 8.60 for CPT code 33X08.**

Replacement, Repositioning, and Revision of Permanent CCM System

In reviewing this subset of services within the CCM code family, the RUC determined the rank order for the CCM replacement, repositioning, and revision services is as follows: CPT code 33X09 (removal and replacement of pulse generator); CPT code 33X11 (relocation or revision of skin pocket for pulse generator); and CPT code 33X10 (repositioning of transvenous electrode(s)), respectively. Compared to the CCM insertion services and CCM removal services, the CCM replacement/repositioning/revision services typically require less time and involve less physician work overall. Aside from implanting and removing just the pulse generator (CPT codes 33X02 and 33X06), this subset of services is less risky and complicated to perform than the CCM insertion and removal services. The post-operative office visit is necessary for assessing the wound to see if it is healing appropriately, removing the dressing, and prescribing any required antibiotics or analgesic medications. Moreover, the RUC notes that for the four CCM replacement/repositioning/revision codes, the pre-service evaluation time, pre-service scrub/dress/wait time, and immediate post-service time were adjusted as necessary in order to align with the survey results.

33X09 ***Removal and replacement of permanent cardiac contractility modulation system, pulse generator only***

The RUC reviewed survey results from 41 electrophysiologists and heart failure specialists and recommends the survey 25th percentile work RVU of 6.00, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 39 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 15 minutes of pre-service scrub/dress/wait time, 45 minutes of intra-service time, 18 minutes of immediate post-service time, 0.5-99238 discharge visit and 1-99213 post-operative office visit, which equals 162 minutes of total time. The post-operative office visit is necessary for assessing the wound to see if it is healing appropriately, removing the dressing, and prescribing any required antibiotics or analgesic medications.

The physician work involved with CPT code 33X09 describes the removal and replacement of just the pulse generator in the CCM system. Compared to the other replacement/repositioning/revision codes, 33X09 requires more physician time and work since it involves removing and replacing the pulse generator, not just relocating/revising the existing pulse generator or repositioning a transvenous electrode. The specialty societies anticipate that this service will be performed infrequently, less than 33X01, and similar to some of the other insertion codes.

To support the recommended work RVU of 6.00, the RUC compared the surveyed code to the top key reference service 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work RVU = 6.05, 45 minutes intra-service time, 181 minutes total time). For additional support, the RUC compared the surveyed code to MPC code 67917 *Repair of ectropion; extensive (eg, tarsal strip operations)* (work RVU = 5.93, 33 minutes intra-service time, 142 minutes total time) and MPC code 52630 *Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)* (work RVU = 6.55, 60 minutes intra-service time, 222 minutes total time). The RUC notes that together these two services bracket the RUC-recommended

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survey 25th percentile work RVU of 6.00, as well as the intra-service and total time. Both reference codes also bracket the surveyed code in measured intensity/complexity. Overall, the RUC recommendation of the survey 25th percentile work RVU appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and across comparable services. **The RUC recommends a work RVU of 6.00 for CPT code 33X09.**

33X10 ***Repositioning of previously implanted cardiac contractility modulation transvenous electrode(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters***
The RUC reviewed survey results from 42 electrophysiologists and heart failure specialists and recommends the survey 25th percentile work RVU of 5.00, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 37 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 15 minutes of pre-service scrub/dress/wait time, 60 minutes of intra-service time, 18 minutes of immediate post-service time, 0.5-99238 discharge visit and 1-99213 post-operative office visits, which equals 175 minutes of total time. The post-operative office visit is necessary for assessing the wound to see if it is healing appropriately, removing the dressing, and prescribing any required antibiotics or analgesic medications.

The physician work involved with CPT code 33X10 describes repositioning a previously implanted CCM transvenous electrode. Compared to the other replacement/repositioning/revision codes, 33X10 requires less physician work overall compared to 33X09 and more than 33X11, since repositioning electrodes is more involved than revising the skin pocket but less so than removing and replacing the pulse generator. The specialty societies anticipate that this service will be performed infrequently, less than 33X01, and similar to some of the other insertion codes.

To support the recommended work RVU of 5.00, the RUC compared the surveyed code to the top key reference service 33215 *Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode* (work RVU = 4.92, 60 minutes intra-service time, 179 minutes total time). For additional support, the RUC compared the surveyed code to MPC code 63661 *Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed* (work RVU = 5.08, 55 minutes intra-service time, 165 minutes total time). Overall, the RUC recommendation of the survey 25th percentile work RVU appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and across comparable services. **The RUC recommends a work RVU of 5.00 for CPT code 33X10.**

33X11 ***Relocation or revision of skin pocket for implanted cardiac contractility modulation pulse generator***
The RUC reviewed survey results from 42 electrophysiologists and heart failure specialists and recommends a work RVU of 5.25 based on a direct crosswalk to CPT code 33227 *Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system* (work RVU = 5.25, 45 minutes intra-service time, 124 minutes total time) to appropriately account for the physician work typically required to perform this service. The RUC recommends 37 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 15 minutes of pre-service scrub/dress/wait time, 45 minutes of intra-service time, 18 minutes of immediate post-service time, 0.5-99238 discharge visit and 1-99213 post-operative office visit, which equals 160 minutes of total time. The post-operative office visit is necessary for assessing the wound to see if it is healing appropriately, removing the dressing, and prescribing any required antibiotics or analgesic medications.

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The physician work involved with CPT code 33X11 describes relocating/revising the skin pocket for the implanted CCM pulse generator. Compared to the other replacement/repositioning/revision codes, 33X11 requires less physician work overall, since removing and replacing the pulse generator and relocating electrodes requires more work to perform. The specialty societies anticipate that this service will be performed infrequently, less than 33X01, and similar to some of the other insertion codes.

To support the recommended work RVU of 5.25, the RUC compared the surveyed code to MPC code 33213 *Insertion of pacemaker pulse generator only; with existing dual leads* (work RVU = 5.28, 46 minutes intra-service time, 125 minutes total time) and MPC code 53850 *Transurethral destruction of prostate tissue; by microwave thermotherapy* (work RVU = 5.42, 45 minutes intra-service time, 151 minutes total time). Overall, the RUC's direct crosswalk recommendation appropriately reflects the physician work and time required to perform this service and maintain relativity within this code family and across comparable services. **The RUC recommends a work RVU of 5.25 for CPT code 33X11.**

Cardiac Contractility Modulation Programming, Interrogation, and Remote Interrogation Services

In reviewing this subset of services within the CCM code family, the RUC determined the rank order for the CCM programming, interrogation, and remote interrogation services is as follows: CPT code 93X01 (programming CCM system in person); CPT code 93X02 (interrogation device evaluation in person); and CPT code 93X03 (interrogation device evaluation remote), respectively. Compared to the CCM insertion, removal, and replacement/repositioning/revision services, these services typically require significantly less time and involve less physician work overall.

93X01 ***Programming of the cardiac contractility modulation system (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report by a physician or other qualified health care professional***

The RUC reviewed survey results from 47 cardiologists and recommends the survey 25th percentile work RVU of 0.90, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 6 minutes pre-service evaluation time, 15 minutes intra-service time and 8 minutes immediate post-service time, which equals 29 minutes of total time.

To support the recommended work RVU of 0.90, the RUC compared the surveyed code to the top key reference service 93281 *Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system* (work RVU = 0.85, 15 minutes intra-service time, 32 minutes total time).

For additional support, the RUC compared the surveyed code to MPC code 74246 *Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered* (work RVU = 0.90, 15 minutes intra-service time, 22 minutes total time) and MPC code 99202 *Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.* (work RVU = 0.93, 15 minutes intra-service time, 20 minutes total time). Overall, the RUC recommendation of the survey 25th

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percentile work RVU appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and across comparable services. **The RUC recommends a work RVU of 0.90 work CPT code 93X01.**

93X02 ***Interrogation device evaluation (in person) with analysis, review, and report by a physician or other qualified healthcare professional, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation system***
The RUC reviewed survey results from 47 cardiologists and recommends the survey 25th percentile work RVU 0.80, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 6 minutes pre-service evaluation time, 15 minutes intra-service time and 7 minutes immediate post-service time, which equals 28 minutes of total time.

Compared to CPT code 93X01, which describes programming the CCM system, CPT code 93X02, which describes interrogation of information collected by the CCM system, requires less physician work. The initial programming of the CCM system for 93X01 involves a more detailed analysis of the CCM data, and additional measurements and parameters are taken and assessed to see that the device is functioning properly. For 93X02, the physician reviews how the CCM is functioning based on the current programmed parameters.

To support the recommended work RVU of 0.80, the RUC compared the surveyed code to the top key reference service 93280 *Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system* (work RVU = 0.77, 15 minutes intra-service time, 32 minutes total time) and second key reference service 93281 *Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system* (work RVU = 0.85, 15 minutes intra-service time, 32 minutes total time).

For additional support, the RUC compared the surveyed code to MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU = 0.81, 11 minutes intra-service time, 21 minutes total time) and 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75, 20 minutes intra-service time, 26 minutes total time). Overall, the RUC recommendation of the survey 25th percentile work RVU appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and across comparable services. **The RUC recommends a work RVU of 0.80 for CPT code 93X02.**

93X03 ***Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, with interim analysis, review, and report(s) by a physician or other qualified health care professional***
The RUC reviewed survey results from 44 cardiologists and recommends a work RVU of 0.60 based on a direct crosswalk to CPT code 93294 *Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional* (work RVU = 0.60, 10 minutes intra-service time, 20 minutes total time) to appropriately account for the physician work typically required to perform this service. The RUC recommends 5

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minutes pre-service evaluation time, 11 minutes intra-service time and 5 minutes immediate post-service time, which equals 21 minutes of total time.

Compared to CPT code 93X01 and 93X03, CPT code 93X03, which describes remote interrogation of information collected by the CCM system, requires less physician work. Compared to the initial programming involved with 93X01 and the in-person interrogation involved with 93X02, the remote interrogation involves the physician assessing the same measurements and parameters but over the course of less intra-service and total time, thus justifying a lower work RVU.

To support the recommended work RVU of 0.60, the RUC compared the surveyed code to CPT 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56, 10 minutes intra-service time, 18 minutes total time). For additional support, the RUC compared the surveyed code to MPC code 74220 *Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study* (work RVU = 0.60, 10 minutes intra-service time, 16 minutes total time). The RUC acknowledges that this service has an identical work RVU and requires identical intra-service time as the surveyed code. Overall, the RUC's direct crosswalk recommendation appropriately reflects the physician work and time required to perform this service and maintain relativity within this code family and across comparable services. **The RUC recommends a work RVU of 0.60 for CPT code 93X03.**

Flawed Vignette

In a letter presented to the RUC, the specialty societies communicated that a flaw in the vignette for CPT code 93X03 was discovered, which describes the physician work of interpreting data collected remotely from the prior 90-day period. The specialty societies explained that the CCM device is not programmed remotely, nor does it have the ability to be. The use of the word "programming" rather than "interrogation" was an error in the original coding change application and was not caught until the conclusion of the survey. Essentially, CPT code 93X03 should have the same vignette as CPT code 93X04, which is a technical code for remote interrogation. The RUC recommended a direct crosswalk to a comparable interrogation device evaluation code to appropriately account for the physician work typically required to perform this service and maintain relativity within this code family and across comparable services.

Practice Expense

The PE Subcommittee reviewed the direct practice expense inputs and made several modifications to the inputs for the XXX global codes 93X01-93X04. The Subcommittee removed the clinical staff time for CA009 *Greet patient, provide gowning, ensure appropriate medical records are available*, CA010 *Obtain vital signs*, CA011 *Provide education/obtain consent*, and CA027 *Complete post-procedure diagnostic forms, lab and x-ray requisitions* from CPT codes 93X01 and 93X02 to avoid duplication with other interrogation/programming codes, such as CPT codes 93284 and 93289. Similarly, the PE Subcommittee removed SA048 *pack, minimum multi-specialty visit* from 93X01 and 93X02 due to overlap with other interrogation/programming codes. In addition, the PE Subcommittee, and the specialties discussed who typically performs the intra-service of the service period work and agreed to change the clinical staff type for CA021 *Perform procedure/service---NOT directly related to physician work time* from L037D *RN/LPN/MTA* blend to L037A *Electrodiagnostic Technologist* for CPT codes 93X01, 93X02, and 93X04, and reduced times to 10, 5, and 18 minutes, respectively.

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For CPT codes 33X01-33X11, the PE Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. The number of office visits was adjusted formulaically for CPT codes 33X05, 33X07, 33X08, and 33X10 as determined by the RUC.

The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

New Technology
CPT codes 33X01-33X11 and 93X01-93X04 will be placed on the New Technology list to be reviewed by the RUC in three years.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Cardiovascular System** **Heart and Pericardium** **Cardiac Contractility Modulation (Blue Heading)** A cardiac contractility modulation (CCM) system consists of a pulse generator plus up to two electrodes (leads). In contrast to a pacemaker or a defibrillator, which modulate the heart's rhythm, the cardiac contractility modulation system's impulses are designed to modulate the strength of contraction of the heart muscle. Unlike pacemakers, these systems stimulate for specific time intervals in order to improve myocardial function. Stimulation from a CCM device is considered non-excitatory, meaning it does not induce a heartbeat. CCM signals are delivered using a sophisticated timing algorithm during the heart's absolute refractory period. Rather than induce a contraction, CCM signals create changes at the cellular level to increase contractile strength of the heart. For implantation of a cardiac contractility modulation system, use 33X01. All catheterization and imaging guidance required to complete a CCM procedure are included in each insertion code. The pulse generator is implanted in a subcutaneous pocket in the pectoral region. If only a pulse generator is implanted without insertion of transvenous electrodes, report 33X02. Do not report removal of the pulse generator (33X06) separately with this service. In certain circumstances, relocation or revision of the skin pocket may be required and is reported using 33X11. When revision of a skin pocket involves incision and drainage of a hematoma or complex wound infection, see [10140], [10180], [11042], [11043], [11044], [11045], [11046], [11047], as appropriate. When skin pocket relocation is performed as part of an explant of an existing pulse generator followed by replacement with a new generator, the pocket relocation (33X11) may be reported separately. Skin pocket relocation includes all procedures associated with the initial pocket (eg, opening the pocket, incision and drainage of hematoma or abscess if performed, and any closure performed), in addition to the creation of a new pocket for the new generator to be placed. The electrodes (leads) of an implantable CCM system are placed transvenously under fluoroscopic guidance. One right ventricular lead is placed on the high septum and a second lead is placed in the mid-septum. An additional lead may also be placed in the right atrial appendage,				

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though an atrial lead is used in an extreme minority of cases. For each lead that is removed without insertion of a pulse generator, see 33X07, 33X08. Repositioning of a transvenous lead is reported using 33X10. Contractility evaluation and programming of sensing and therapeutic parameters (93X01, 93X02) is performed each time a pulse generator or lead is implanted or replaced and should not be reported separately.				
●33X01	J1	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; pulse generator and transvenous electrodes (Do not report 33X01 in conjunction with 33X02, 33X03, 33X04, 33X09, 93X01, 93X02, 93286, 93287, 93452, 93453, 93458, 93459, 93460, 93461)	090	8.83
●33X02	J2	pulse generator only	090	5.80
●33X03	J3	transvenous electrode, single	090	6.00
●33X04	J4	transvenous electrode, dual (Do not report 33X02, 33X03, 33X04 in conjunction with 33X01, 93X01, 93X02, 93286, 93287, 93452, 93453, 93458, 93459, 93460, 93461)	090	6.23
●33X05	J5	Removal of permanent cardiac contractility modulation system; pulse generator and transvenous electrodes (Do not report 33X05 in conjunction with 33X06, 33X07, 33X08, 93X01, 93X02, 93286, 93287)	090	9.90
●33X06	J6	pulse generator only	090	4.91
●33X07	J7	transvenous electrode, single	090	7.49
●33X08	J8	transvenous electrode, dual (Do not report 33X08 in conjunction with 33X05, 33X06, 33X07, 93X01, 93X02, 93286, 93287)	090	8.60

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●33X09	J9	Removal and replacement of permanent cardiac contractility modulation system, pulse generator only (Do not report 33X09 in conjunction with 33X01, 33X02, 33X05, 33X06, 93X01, 93X02, 93286, 93287, 93452, 93453, 93458, 93459, 93460, 93461)	090	6.00
●33X10	J10	Repositioning of previously implanted cardiac contractility modulation transvenous electrode(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters (Do not report 33X10 in conjunction with 93X01, 93X02, 93286, 93287, 93452, 93453, 93458, 93459, 93460, 93461)	090	5.00
●33X11	J11	Relocation or revision of skin pocket for implanted cardiac contractility modulation pulse generator (For subsequent cardiac contractility modulation device evaluation and/or reprogramming, see 93X01, 93X02) (For cardiac contractility modulation device remote interrogation, see 93X03, 93X04) (For cardiac contractility modulation-defibrillation, see 0915T-0931T)	090	5.25

Medicine
Cardiovascular
Implantable, Insertable, and Wearable Cardiac Device Evaluations

[93286] *Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system*

(Report [93286] once before and once after surgery, procedure, or test, when device evaluation and programming is performed before and after surgery, procedure, or test)

(Do not report [93286] in conjunction with 33X01, 33X02, 33X03, 33X04, 33X09, 33X10, [93279], [93280], [93281], [93288], ~~[0408T], [0409T], [0410T], [0411T], [0414T], [0415T],~~ [0915T]-[0925T])

[93287] *single, dual, or multiple lead implantable defibrillator system*

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(Use [93286], [93287] in conjunction with [0696T] when body surface–activation mapping to optimize electrical synchrony is also performed)

(Report [93287] once before and once after surgery, procedure, or test, when device evaluation and programming is performed before and after surgery, procedure, or test)

(Do not report [93287] in conjunction with 33X01, 33X02, 33X03, 33X04, 33X09, 33X10, [93260], [93261], [93282], [93283], [93284], [93289], ~~[0408T], [0409T], [0410T], [0411T], [0414T], [0415T],~~ [0915T]-[0925T])

Cardiac Contractility Modulation (Red Heading)

Interrogation device evaluation: For an evaluation of a cardiac contractility modulation (CCM) system, programmed parameters, sensing and polarity function, lead(s), battery, patient charging compliance, capture and sensing function, therapy delivery windows, therapy delivery percentage, presence or absence of therapy being withheld for atrial or ventricular tachyarrhythmias, and underlying heart rhythm are evaluated. In addition, ventricular sensing and detection and therapies are evaluated and altered depending on the interrogated data, patient's rhythm, symptoms, percentage of therapy delivered, and condition.

Programming device evaluation: A procedure performed for patients with a cardiac contractility modulation system. All device functions, including programmed parameters, lead(s), battery, patient charging session data, capture and sensing function, therapy delivery windows, therapy delivery percentage, presence or absence of therapy being withheld for atrial or ventricular tachyarrhythmias, and underlying heart rhythm are evaluated.

***Interrogation device evaluation (remote)*:** For remote interrogation device evaluation (93X03, 93X04), the CCM is remotely interrogated for data encompassing up to a 90-day period of monitoring. Codes 93X03, 93X04 are only reported once per 90-day monitoring period. Data for all device functions including the programmed parameters, lead(s), battery, automatic capture, and sensing function are reviewed by the technician with 93X04 and analyzed by the physician or other qualified health care professional with 93X03.

●93X01	J12	Programming of the cardiac contractility modulation system (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report by a physician or other qualified health care professional (Do not report 93X01 in conjunction with 33X01, 33X02, 33X03, 33X04, 33X05, 33X06, 33X07, 33X08, 33X09, 33X10)	XXX	0.90
●93X02	J13	Interrogation device evaluation (in person) with analysis, review, and report by a physician or other qualified healthcare professional, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation system	XXX	0.80

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		(Do not report 93X02 in conjunction with 33X01, 33X02, 33X03, 33X04, 33X05, 33X06, 33X07, 33X08, 33X09, 33X10)		
●93X03	J14	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, with interim analysis, review, and report(s) by a physician or other qualified health care professional	XXX	0.60
●93X04	J15	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	XXX	PE only

Cardiac Catheterization

[93451] *Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed*

(Do not report [93451] in conjunction with [33289], [93453], [93456], [93457], [93460], [93461], [0613T], [0632T])

(Do not report [93451] in conjunction with [33418], [0345T], [0483T], [0484T], [0544T], [0545T], [0643T], for diagnostic right heart catheterization procedures intrinsic to the valve repair, annulus reconstruction procedure, or left ventricular restoration device implantation)

[93452] *Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed*

(Do not report [93452] in conjunction with 33X01, 33X02, 33X03, 33X04, 33X09, 33X10, [93453], [93458]-[93461]~~, [0408T], [0409T], [0410T], [0411T], [0414T], [0415T]~~)

(Do not report [93452] in conjunction with [33418], [0345T], [0483T], [0484T], [0544T], [0545T], [0643T], for diagnostic left heart catheterization procedures intrinsic to the valve repair, annulus reconstruction procedure, or left ventricular restoration device implantation)

[93453] *Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed*

(Do not report [93453] in conjunction with 33X01, 33X02, 33X03, 33X04, 33X09, 33X10, [93451], [93452], [93456]-[93461]~~, [0408T], [0409T], [0410T], [0411T], [0414T], [0415T]~~)

(Do not report [93453] in conjunction with [33418], [0345T], [0483T], [0484T], [0544T], [0545T], [0643T], for diagnostic left and right heart catheterization procedures intrinsic to the valve repair, annulus reconstruction procedure, or left ventricular restoration device implantation)

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[93454]	*Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;*
	(Do not report [93454] in conjunction with [33418], [0345T], [0483T], [0484T], [0544T], [0545T], [0643T], for coronary angiography intrinsic to the valve repair, annulus reconstruction procedure, or left ventricular restoration device implantation)
[93455]	*with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography*
	(Do not report [93455] in conjunction with [33418], [0345T], [0483T], [0484T], [0544T], [0545T], [0643T], for coronary angiography intrinsic to the valve repair, annulus reconstruction procedure, or left ventricular restoration device implantation)
[93456]	*with right heart catheterization*
	(Do not report [93456] in conjunction with [33418], [0345T], [0483T], [0484T], [0544T], [0545T], [0643T], for diagnostic coronary angiography or right heart catheterization procedures intrinsic to the valve repair, annulus reconstruction procedure, or left ventricular restoration device implantation)with right heart catheterization
[93457]	*with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization*
	(Do not report [93457] in conjunction with [33418], [0345T], [0483T], [0484T], [0544T], [0545T], [0643T], for diagnostic coronary angiography or right heart catheterization procedures intrinsic to the valve repair, annulus reconstruction procedure, or left ventricular restoration device implantation)
[93458]	*with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed*
	(Do not report [93458] in conjunction with [33418], [0345T], [0483T], [0484T], [0544T], [0545T], [0643T], for diagnostic coronary angiography or left heart catheterization procedures intrinsic to the valve repair, annulus reconstruction procedure, or left ventricular restoration device implantation
	(Do not report [93458] in conjunction with 33X01, 33X02, 33X03, 33X04, 33X09, 33X10 ~~[0408T], [0409T], [0410T], [0411T], [0414T], [0415T]~~)
[93459]	*with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography*
	(Do not report [93459] in conjunction with [33418], [0345T], [0483T], [0484T], [0544T], [0545T], [0643T], for diagnostic coronary angiography or left heart catheterization procedures intrinsic to the valve repair, annulus reconstruction procedure, or left ventricular restoration device implantation)

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(Do not report [93459] in conjunction with 33X01, 33X02, 33X03, 33X04, 33X09, 33X10 ~~[0408T], [0409T], [0410T], [0411T], [0414T], [0415T]~~)

[93460] *with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed*

(Do not report [93460] in conjunction with [33418], [0345T], [0483T], [0484T], [0544T], [0545T], [0643T], for diagnostic coronary angiography or left and right heart catheterization procedures intrinsic to the valve repair, annulus reconstruction procedure, or left ventricular restoration device implantation)

(Do not report [93460] in conjunction with 33X01, 33X02, 33X03, 33X04, 33X09, 33X10 ~~[0408T], [0409T], [0410T], [0411T], [0414T], [0415T]~~)

[93461] *with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography*

(Do not report [93461] in conjunction with [33418], [0345T], [0483T], [0484T], [0544T], [0545T], [0643T], for diagnostic coronary angiography or left and right heart catheterization procedures intrinsic to the valve repair, annulus reconstruction procedure, or left ventricular restoration device implantation)

(Do not report [93461] in conjunction with 33X01, 33X02, 33X03, 33X04, 33X09, 33X10 ~~[0408T], [0409T], [0410T], [0411T], [0414T], [0415T]~~)

Category III Codes

~~Codes [0408T] [0418T] describe procedures related to cardiac contractility modulation *(CCM)* systems *(CCM)*. These systems consist of a pulse generator, *plus one atrial and* two ventricular pacemaker electrodes (leads), and one atrial pacemaker electrode (lead), if when performed. In contrast to a pacemaker or a defibrillator, which modulate the heart's rhythm, the CCM system's impulses are designed to modulate the strength of contraction of the heart muscle. Unlike pacemakers, these systems stimulate for specific time intervals in order to improve myocardial function.~~

~~*All catheterization and imaging guidance required to complete a CCM procedure are included in the work of each code. Left heart catheterization with a high fidelity transducer is intrinsic to the CCM procedure. Left heart catheterization codes ([93452], [93453], [93458], [93459], [93460], [93461]) at the time of CCM placement, replacement, or revision may not be reported separately.*~~ ~~Each CCM procedure code includes all imaging guidance in addition to placement of right ventricular leads, and, when performed, placement of the atrial pacemaker lead.~~ ~~Removal of only the CCM pulse generator is reported with [0412T]. If only the pulse generator is removed and replaced at the same session without any right atrial and/or right ventricular lead(s) inserted or replaced, report [0414T]. For removal and replacement of the pulse generator and leads, individual codes for removal of the generator ([0412T]) and removal of the leads ([0413T] for each lead removed) are used in conjunction with the insertion/replacement system code ([0408T]). When individual transvenous electrodes are inserted or replaced, report using [0410T] and [0411T], as appropriate. When the entire system is inserted or replaced, report with [0408T].~~

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~~Revision of the CCM generator skin pocket is included in [0408T], [0412T], [0414T]. Relocation of a skin pocket for a CCM may be necessary for various clinical situations such as infection or erosion. Relocation is reported with [0416T], and follows conventions for pacemaker skin pocket relocation.~~

~~Repositioning of a CCM electrode is reported using [0415T].~~

~~CCM device evaluation codes [0417T], [0418T] may not be reported in conjunction with pulse generator and lead insertion or revision codes.~~

~~For remote interrogation device evaluation ([0948T], [0949T]), the CCM is remotely interrogated for data encompassing up to a 90-day period of monitoring. Codes [0948T], [0949T] are only reported once per 90-day monitoring period. Data for all device functions, including the programmed parameters, lead(s), battery, automatic capture, and sensing function, are reviewed by the technician with ([0948T]) and analyzed by the physician or other qualified health care professional with ([0949T]).~~

~~[0408T] Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes~~

~~[0409T] pulse generator only~~

~~[0410T] atrial electrode only~~

~~[0411T] ventricular electrode only~~

([0408T], [0409T], [0410T], [0411T] have been deleted)

(For insertion of cardiac contractility modulation system, see 33X01, 33X02, 33X03, 33X04)

~~(Report [0410T], [0411T] once for each transvenous electrode inserted or replaced)~~

~~(If the entire system is inserted or replaced, report [0408T])~~

~~[0412T] Removal of permanent cardiac contractility modulation system; pulse generator only~~

~~[0413T] transvenous electrode (atrial or ventricular)~~

([0412T], [0413T] have been deleted)

(For removal of cardiac contractility modulation system, see 33X05, 33X06, 33X07, 33X08)

~~(Report [0413T] once for each transvenous electrode removed)~~

~~(For removal of the pulse generator and all 3 leads, use [0412T] plus [0413T] once for each electrode removed)~~

~~(If transvenous electrodes are removed and replaced, report [0413T] once for each electrode removed in conjunction with [0410T], [0411T], as appropriate)~~

~~[0414T] Removal and replacement of permanent cardiac contractility modulation system pulse generator only~~

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([0414T] has been deleted)

(For removal and replacement permanent of cardiac contractility modulation system, pulse generator only, use 33X09)

~~(For removal and replacement of the pulse generator plus all three electrodes, report [0408T] in conjunction with [0412T], [0413T] once for each transvenous electrode removed)~~

~~[0415T] Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)~~

([0415T] has been deleted)

(For repositioning of implanted cardiac contractility modulation, use 33X10)

~~(Do not report [0408T], [0409T], [0410T], [0411T], [0414T], [0415T] in conjunction with [93286], [93287], [93452], [93453], [93458], [93459], [93460], [93461])~~

~~(Do not report [0415T] in conjunction with [0408T], [0410T], [0411T])~~

~~[0416T] Relocation of skin pocket for implanted cardiac contractility modulation pulse generator~~

([0416T] has been deleted)

(For relocation of skin pocket for implanted cardiac contractility modulation, use 33X11)

~~[0417T] Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system~~

~~(Do not report [0417T] in conjunction with [0408T], [0409T], [0410T], [0411T], [0412T], [0413T], [0414T], [0415T], [0418T])~~

([0417T] has been deleted)

(For programming [in person] of an implantable cardiac contractility modulation system, use 93X01)

~~[0418T] Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system~~

([0418T] has been deleted)

(For interrogation [in person] of an implantable cardiac contractility modulation system, use 93X02)

~~(Do not report [0418T] in conjunction with [0408T], [0409T], [0410T], [0411T], [0412T], [0413T], [0414T], [0415T], [0417T])~~

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#●~~[0948T]~~	~~Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional~~ ([0948T] has been deleted) (For interrogation device evaluation [remote] for cardiac contractility modulation system by a physician or other qualified health care professional, use 93X03)
#●~~[0949T]~~	~~Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results~~ ([0949T] has been deleted) (For interrogation device evaluation [remote] for cardiac contractility modulation system by technician review, technical support, use 93X04)

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August, 26 2025

Ezequiel Silva III, MD
RUC Chair
330 N. Wabash Ave, Suite 39300
Chicago, IL 60611

Re: Tab 8 Cardiac Contractility Modulation (CCM)

Dear Dr. Silva:

In preparing recommendation materials for the upcoming RUC meeting a flaw in the vignette for one code was discovered. Code 93X03 (*Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, with interim analysis, review, and report(s) by a physician or other qualified health care professional)* describes the physician work of interpreting data collected remotely from the prior 90-day period.

The vignette provided in the May 2025 CPT Coding Changes document for 93X03, which revised the vignette submitted in CPT code change application, was:

> A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. Implantation of a cardiac contractility modulation system was performed in the past and requires adjustment in programming of parameters.

However, this device is not programmed remotely. It does not have that ability. It is possible that will occur in the future, but no CCM devices are or can be programmed remotely now. Use of the word "programming" rather than "interrogation" was an early error in the original application that worked all the way through CPT review, editing, and then RUC survey.

The vignette used for 93X04 *(Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results),* which is the technical code for remote interrogation, was correct in the Coding Changes document and should be the same vignette used for 93X03.

> A 65-year-old male with a cardiac contractility modulation system for heart failure is followed with interrogation device evaluations (remote) for device functionality and performance.

For the time being we have left the incorrect vignette in the SOR to be corrected after consideration by the RUC. Thank you for your consideration of this information as you prepare

for the upcoming meeting. We are ready to follow your guidance for rectifying this error going forward. Please contact Matt Minnella at mminnella@acc.org if you have questions or instructions.

Sincerely,

Mark Schoenfeld, MD
HRS RUC Advisor

Richard Wright, MD
ACC RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33X01 Tracking Number J1 Original Specialty Recommended RVU: **8.83**
Presented Recommended RVU: **8.83**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **8.83**

CPT Descriptor: Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; pulse generator and transvenous electrodes (do not report 33X01 in conjunction with 33X02, 33X03, 33X04, 33X09, 93X01, 93X02, 93286, 93287, 93452, 93453, 93458, 93459, 93460, 93461)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. the cardiologist inserts a cardiac contractility modulation system.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 90% , In the ASC 8%, In the office 2%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 56% , Overnight stay-less than 24 hours 44% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 95%

Description of Pre-Service Work: Surgical: Review patient's history and pertinent noninvasive diagnostic studies, with special attention to cerebrovascular symptoms, cardiac symptoms, and other comorbidities that would place patient at high risk for surgery. Perform physical examination to determine if the patient has had prior procedures that required subclavian vein cannulation, evidence of subclavian vein occlusion, prior mastectomy or breast augmentation, and any current central venous lines, rashes, infection, and other implanted devices. Pay special attention to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking. Review all pre-procedural blood tests, focusing on coagulation and renal function studies. Consider that renal insufficiency is present and pay attention to whether patient has received appropriate renal protective agents and hydration.
Based on review of all previous diagnostic studies, estimate the range of introducer sheaths, guiding catheters, leads, pacemakers, programmers, pacing system analyzer, external defibrillator, and recording equipment that may be required, and ensure all items are available for use. Decide on whether the patient will be receiving two right ventricular leads only or two right ventricular leads and a right atrial lead. In particular, pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Discuss procedure details, including alternatives and risks, with patient and/or family. Obtain informed consent. Assess patient's airway and respiratory status to evaluate the type of intravenous sedation that is required and safe. If intravenous sedation will not be adequate, then arrange for and provide general anesthesia support.

Radiological: Check interventional suite to ensure proper function and configuration of imaging equipment, including compliance with all radiation safety issues. Ensure all technical personnel have been familiarized with the implantation technique and are fully familiar with all required devices, especially the external defibrillator, recording equipment, programmer for the cardiac contractility modulation device, programmer for other implanted devices, and pacing system analyzer. Supervise selection of all equipment, including leads and cardiac contractility generator, and verify all needed equipment is available. Locate and review prior films and diagnostic studies. Don radiation protection. Supervise proper positioning of patient.

Anesthesia: Discuss with anesthesia provider or support staff (i.e., RN) performing sedation that procedure and need for adjustment of level of sedation throughout the procedure to ensure safety and avoid long-term adverse effects after implantation (i.e., chest discomfort with stimulation).

Ensure ECG and hemodynamic monitors are in place and functioning. Position transcutaneous defibrillation patches. Supervise or prepare and drape the patient for sterile procedure.

Description of Intra-Service Work: All of the following steps are performed under fluoroscopic guidance. Direct technical personnel throughout procedure. Infiltrate skin inferior to the clavicle with local anesthetic. Make a skin incision to the pectoralis major fascia with blunt and sharp dissection to produce a pocket. Use electrocautery for dissection and/or hemostasis. Under fluoroscopic and/or ultrasound guidance and utilizing anatomic guidance for landmarks, access axillary, cephalic, or subclavian veins usually via needle puncture. Repeatedly access the vein or retain guidewires to ensure access for each of the leads that are intended to be placed. Take care to avoid puncture of the subclavian artery or to enter the pleural space and stay lateral to the subclavius muscle to avoid complications. Advance a J-wire into the vein and position in the right atrium under fluoroscopy. Introduce a peel-away introducer. Advance the first right ventricular lead into position either utilizing shaped lead stylets or preformed shaped inner sheaths. Place the lead along the right ventricular septum and deploy the active fixation mechanism as appropriate. Assess the lead position by electrogram morphology, slew rate, pacing impedance, capture thresholds, and electrogram amplitude. Position the suture tie-down sleeve and suture to the lead and the pectoralis major muscle fascia, allowing for the appropriate amount of slack in the lead to reduce the likelihood of dislodgement. Advance the second right ventricular lead into position either utilizing shaped lead stylets or preformed shaped inner sheaths. Place the lead along the right ventricular septum and deploy the active fixation mechanism as appropriate. Assess the lead position by electrogram morphology, slew rate, pacing impedance, capture thresholds, and electrogram amplitude. Ensure the two leads have appropriate separation under fluoroscopy and through the programmer. If the patient has a concomitant ICD or pacemaker, testing is performed to confirm that function or the cardiac contractility modulation device does not impact appropriate function of the ICD and vice versa, commonly referred to as crosstalk between the two devices If crosstalk is observed, multiple remedial steps may be performed including reprogramming of either or both the ICD (or pacemaker) and cardiac contractility modulation device or reposition of either or both pacemaker leads. The leads may require repositioning to ensure adequate sensing and impedance characteristics are confirmed with a pacing system analyzer. Position the suture tie-down sleeve and suture to the lead and the pectoralis major muscle fascia, allowing for the appropriate amount of slack in the lead to reduce the likelihood of dislodgement. If indicated, advance the right atrial lead through a peel away sheath into the right atrium. Using shaped stylets, deploy into appropriate position. Position the suture tie-down sleeve and suture to the lead and the pectoralis major muscle fascia, allowing for the appropriate amount of slack in the lead to reduce the likelihood of dislodgement.

Inspect the pocket for hemostasis and then irrigate with solution. Interrogate cardiac contractility modulation generator and program to settings appropriate to the underlying conditions of the patient. Put appropriate leads into the cardiac contractility modulation header and tighten the set screws. Wrap leads carefully beneath the pacemaker and place the generator into the pocket. Awaken the patient to assess for chest discomfort to ensure appropriate positioning of leads. Close pocket utilizing suture, staples, and/or medical adhesive as appropriate. Apply an appropriate dressing, with consideration for a pressure dressing if anticoagulation is anticipated. Re-interrogate generator to ensure lead connections are correct and tight.

Description of Post-Service Work: Ensure BP and HR are stable and normal upon arrival to recovery area. Write postoperative orders. Communicate with family and referring physicians. Review results of procedure with patient when sedation wears off. Dictate procedure note, including interpretation of lead, pulse generator, and rhythm status. Review, revise, and sign final report. Send formal report to PCP and referring providers. Review postoperative PA and lateral chest X ray for lead position. Review telemetry or Holter monitor recordings obtained until discharge. Prior to discharge, test ventricular sensing and capture functions, battery function, device diagnostics. Ensure patient understands process for charging of the device. Document the function in a device follow-up database. Check the incision and pocket for bleeding, hematoma, and cellulitis prior to discharge. Manage discharge day, including communication with PCP, patient and/or family, and staff. Hold extensive discussions with patient about timing of follow-up visits, monitoring by remote and in-clinic evaluations, and keeping the incision clean and dry, and reporting signs of infection. At post-op visit(s) assess the wound with respect to appropriate healing, remove the dressing, prescribe any required antibiotics or analgesic medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	33X01					
Sample Size:	1914	**Resp N:**	51			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	2.00	**5.00**	10.00	75.00
Survey RVW:		5.59	8.83	**9.25**	10.03	16.00
Pre-Service Evaluation Time:				**45.00**		
Pre-Service Positioning Time:				**12.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		36.00	60.00	**90.00**	90.00	120.00
Immediate Post Service-Time:	**40.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33X01	**Recommended Physician Work RVU: 8.83**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33208	090	8.52	**RUC Time**

CPT Descriptor Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33217	090	5.59	**RUC Time**

CPT Descriptor Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
14060	090	9.23	**RUC Time**	78,850

CPT Descriptor 1 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
21556	090	7.66	**RUC Time**	1,806

CPT Descriptor 2 Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 56.8 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 19.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 33X01	Top Key Reference CPT Code: 33208	2nd Key Reference CPT Code: **33217**
Median Pre-Service Time	58.00	40.00	50.00
Median Intra-Service Time	90.00	60.00	120.00
Median Immediate Post-service Time	20.00	30.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	40.00	0.00
Median Discharge Day Management Time	19.0	38.00	0.00
Median Office Visit Time	23.0	23.00	32.00
Median Total Time	**210.00**	**231.00**	**262.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	10%	66%	21%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	10%	87%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	14%	86%
Physical effort required	0%	38%	62%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	31%	69%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	30%	60%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	40%	60%
Physical effort required	10%	50%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	40%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

CPT approved a new family of Category I codes for implantation, removal, and replacement of cardiac contractility modulation (CCM) systems, generators, and leads in several combinations. Those 11 codes constitute the first portion of this tab. A separate set of four codes was created for programming, interrogation, and remote interrogation PC/TC.

This heart failure therapy was approved by the FDA in 2019, but only recently met CPT Category I criteria. The service utilization remains modest and the societies deployed a targeted survey of physicians identified by the vendor paired with a random list of physicians for each set of services. Each code met the minimum survey threshold of 30 responses. Only one of the device hardware codes—the main implantation code—was performed by a majority of survey respondents. Each of the other ten device hardware codes survey responses are broken out by performers and non-performers in the summary spreadsheet, because the typical respondent had not actually provided the service.

As we often see in the cardiology space for new and uncommon services like this, times and RVUs do not completely align at the 25th or median RVUs. Recommendations are based on both of those survey data points, but in a manner that should maintain relativity within the family and in a manner that generally comports with reference services and comparators.

33X01: Insertion of CCM system, pulse generator and transvenous electrodes
The societies convened a panel of physicians to review the survey data. Code 33X01 will be used to report insertion of a cardiac contractility modulation system including pulse generator and transvenous electrodes. As described above, the panel reviewed the pre-service time and selected package 4 for a difficult patient/difficult procedure and post-service package 9B for complex anesthesia procedures with time removed based on the survey.

Respondents indicated the patient will be discharged the same day and seen once in the office during the 90-day global period. This comports with the experience of the panel. Therefore, we recommend one 99213 office visit.

The median survey intra-service time of 90 minutes is greater than the first key reference service code 33208, insertion of pacemaker with transvenous electrodes, intra-service time of 60 minutes but is less than the second key reference service code 33217, insertion of two transvenous electrodes for pacemaker or implantable defibrillator, intra-service time of 120 minutes.

At the recommended value the IWPUT for 33X01 is 0.063 which is similar to the 1st KRS of 0.059. We feel it makes sense for the IWPUT to be aligned with the 1st KRS as the 33X01 is clinically very similar to 33208.

The societies recommend the survey 25th percentile wRVU of 8.83 with times of 58/90/20, plus one 99213 for post op care, and one half-day discharge visit for patients discharged the same day as procedure.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0408T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiologist How often? Sometimes

Specialty Cardiologist How often? Sometimes

Specialty Interventional Cardiologist How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 2158
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 had the highest utilization of this service as a Category III code at 1,079. With a pending Medicare NCD and promotion of the service to a Category I code we anticipate significant growth from that floor.

Specialty Electrophysiologist Frequency 1295 Percentage 60.00 %

Specialty Cardiologist Frequency 648 Percentage 30.02 %

Specialty Interventional Cardiologist Frequency 216 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,619
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiologist Frequency 971 Percentage 59.97 %

Specialty Cardiologist Frequency 485 Percentage 29.95 %

Specialty Interventional Cardiologist Frequency 162 Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33208

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33X02 Tracking Number J2 Original Specialty Recommended RVU: **6.00**
Presented Recommended RVU: **5.80**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **5.80**

CPT Descriptor: Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; pulse generator only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient had previously implanted cardiac contractility modulation leads and has now completed radiation therapy in the chest, so a new pulse generator needs to be inserted.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 92% , In the ASC 5%, In the office 3%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 83% , Overnight stay-less than 24 hours 17% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 83%

Description of Pre-Service Work: Surgical: Review patient's history and pertinent noninvasive diagnostic studies, with special attention to cerebrovascular symptoms, cardiac symptoms, and other comorbidities that would place patient at high risk for surgery. Perform physical examination to determine location of previously placed pacing leads and integrity of skin pocket. Pay special attention to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking. Review all pre-procedural blood tests, focusing on coagulation and renal function studies. In particular, pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Discuss procedure details, including alternatives and risks, with patient and/or family. Obtain informed consent. Assess patient's airway and respiratory status to evaluate the type of intravenous sedation that is required and safe. If conscious sedation will not be adequate, then arrange for and provide general anesthesia support.

Radiological: Check interventional suite to ensure proper function and configuration of imaging equipment, including compliance with all radiation safety issues. Ensure all technical personnel have been familiarized with the implantation technique and are fully familiar with all required devices, especially the external defibrillator, recording equipment, programmer for the cardiac contractility modulation device, programmer for other implanted devices, and pacing system analyzer. Supervise selection of all equipment and verify all needed equipment is available. Supervise proper positioning of patient. Don radio-protection equipment if it is anticipate fluoroscopy is needed to find previously placed pacing leads for connection.

Anesthesia: Discuss with anesthesia provider or support staff (i.e., RN) performing sedation that procedure and need for adjustment of level of sedation throughout the procedure to ensure safety and avoid long-term adverse effects after implantation (i.e., chest discomfort with stimulation).

Ensure ECG and hemodynamic monitors are in place and functioning. Position transcutaneous defibrillation patches. Supervise or prepare and drape the patient for sterile procedure.

Description of Intra-Service Work: Infiltrate skin inferior to the clavicle with local anesthetic. Make a skin incision to the pectoralis major fascia with blunt and sharp dissection and electrocautery to produce a pocket or enter previously created pocket. Use electrocautery for dissection and/or hemostasis. Locate the previously placed pacing leads.

Inspect the pocket for hemostasis and then irrigate with solution. Put appropriate leads into the cardiac contractility modulation device header and tighten the set screws. Interrogate cardiac contractility modulation generator and program to settings appropriate to the underlying conditions of the patient. Wrap leads carefully beneath the pacemaker and place the generator into the pocket. Awaken the patient to assess for chest discomfort to ensure appropriate positioning of leads.

If the patient has a concomitant ICD or pacemaker, testing is performed to confirm that function or the cardiac contractility modulation device does not impact appropriate function of the ICD and vice versa, commonly referred to as crosstalk between the two devices If crosstalk is observed, multiple remedial steps may be performed including reprogramming of either or both the ICD (or pacemaker) and cardiac contractility modulation device or reposition of either or both pacemaker leads.

Once appropriate function without crosstalk has been confirmed, close pocket utilizing suture, staples, and/or medical adhesive as appropriate. Apply an appropriate dressing, with consideration for a pressure dressing if anticoagulation is anticipated. Re-interrogate generator to ensure lead connections are correct and tight.

Description of Post-Service Work: Ensure BP and HR are stable and normal upon arrival to recovery area. Write postoperative orders. Communicate with family and referring physicians. Review results of procedure with patient when sedation wears off. Dictate procedure note, including interpretation of lead, pulse generator, and rhythm status. Review, revise, and sign final report. Send formal report to PCP and referring providers. Review postoperative PA and lateral chest X ray for lead position. Review telemetry or Holter monitor recordings obtained until discharge. Prior to discharge, test ventricular sensing and capture functions, battery function, device diagnostics. Ensure patient understands process for charging of the device. Document the function in a device follow-up database. Check the incision and pocket for bleeding, hematoma, and cellulitis prior to discharge. Manage discharge day, including communication with PCP, patient and/or family, and staff. Hold extensive discussions with patient about timing of follow-up visits, monitoring by remote and in-clinic evaluations, and keeping the incision clean and dry, and reporting signs of infection. At post-op visit(s) assess the wound with respect to appropriate healing, remove the dressing, prescribe any required antibiotics or analgesic medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	33X02					
Sample Size:	1914	**Resp N:**	39			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	0.00	55.00
Survey RVW:	4.42	6.00	**6.10**	8.00	16.00
Pre-Service Evaluation Time:			**43.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	10.00	30.00	**40.00**	50.00	90.00

Immediate Post Service-Time:	**36.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33X02	**Recommended Physician Work RVU: 5.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**16.00**	**33.00**	**-17.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61885	090	6.05	**RUC Time**

CPT Descriptor Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33208	090	8.52	**RUC Time**

CPT Descriptor Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
62350	010	6.05	**RUC Time**	3,564

CPT Descriptor 1 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52630	090	6.55	**RUC Time**	5,113

CPT Descriptor 2 Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 41.0 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 25.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 33X02	Top Key Reference CPT Code: 61885	2nd Key Reference CPT Code: **33208**
Median Pre-Service Time	58.00	51.00	40.00
Median Intra-Service Time	40.00	45.00	60.00
Median Immediate Post-service Time	16.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	40.00
Median Discharge Day Management Time	19.0	19.00	38.00
Median Office Visit Time	23.0	46.00	23.00
Median Total Time	**156.00**	**181.00**	**231.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	63%	25%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	69%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	75%	19%
Physical effort required	6%	75%	19%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	62%	38%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	20%	40%	10%	30%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	50%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	50%	40%
Physical effort required	10%	40%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

CPT approved a new family of Category I codes for implantation, removal, and replacement of cardiac contractility modulation (CCM) systems, generators, and leads in several combinations. Those 11 codes constitute the first portion of this tab. A separate set of four codes was created for programming, interrogation,

and remote interrogation PC/TC.

This heart failure therapy was approved by the FDA in 2019, but only recently met CPT Category I criteria. The service utilization remains modest and the societies deployed a targeted survey of physicians identified by the vendor paired with a random list of physicians for each set of services. Each code met the minimum survey threshold of 30 responses. Only one of the device hardware codes—the main implantation code—was performed by a majority of survey respondents. Each of the other ten device hardware codes survey responses are broken out by performers and non-performers in the summary spreadsheet, because the typical respondent had not actually provided the service.

As we often see in the cardiology space for new and uncommon services like this, times and RVUs do not completely align at the 25th or median RVUs. Recommendations are based on both of those survey data points or crosswalks, but in a manner that should maintain relativity within the family and in a manner that generally comports with reference services and comparators.

33X02: Insertion of CCM system, pulse generator only
The societies convened a panel of physicians to review the survey data. Code 33X02 will be used to report insertion of a cardiac contractility modulation system, pulse generator only. As described above, the panel reviewed the pre-service time and selected package 4 for a difficult patient/difficult procedure and post-service package 9B for complex anesthesia procedures with time removed based on the survey.

Respondents indicated the patient will be discharged the same day and seen once in the office during the 90-day global period. This comports with the experience of the panel. Therefore, we recommend one 99213 office visit.

The societies recommend a wRVU of 5.80 by crosswalk from code 33240 for placement of an ICD generator with times of 58/40/16, plus one 99213, and one half-day discharge. This value creates a proper rank order for the family, with generator placement being less work than single-lead placement which is less than dual-lead placement which is less than system placement.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0409T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiologist How often? Sometimes

Specialty Cardiologist How often? Sometimes

Specialty Interventional Cardiologist How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 20
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Service typicallly was performed 10 times or less during last three years as a Category III code. With pending Medicare NCD and promotion to Category I code we anticipate significant growth from that floor.

Specialty Electophysiologist Frequency 12 Percentage 60.00 %

Specialty Cardiologist Frequency 6 Percentage 30.00 %

Specialty Interventional Cardiologist Frequency 2 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiologist Frequency 9 Percentage 60.00 %

Specialty Cardiologist Frequency 5 Percentage 33.33 %

Specialty Interventional Cardiologist Frequency 1 Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33208

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33X03 Tracking Number J3 Original Specialty Recommended RVU: **7.88**
Presented Recommended RVU: **6.00**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **6.00**

CPT Descriptor: Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; transvenous electrode, single

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. the patient had a previous placement of a cardiac contractility modulation system with improvement in symptoms and now has fracture of one transvenous lead. the decision is made to insert a single new lead.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 93% , In the ASC 5%, In the office 2%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 57% , Overnight stay-less than 24 hours 43% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 94%

Description of Pre-Service Work: Surgical: Review patient's history and pertinent noninvasive diagnostic studies, with special attention to cerebrovascular symptoms, cardiac symptoms, and other comorbidities that would place patient at high risk for surgery. Perform physical examination to determine if the patient has had prior procedures that required subclavian vein cannulation, evidence of subclavian vein occlusion, prior mastectomy or breast augmentation, and any current central venous lines, rashes, infection, and other implanted devices. Carefully inspect the area over the previous cardiac contractility modulation device. Also, pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Pay special attention to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking. Review all pre-procedural blood tests, focusing on coagulation and renal function studies. Consider that renal insufficiency is present, and pay attention to whether patient has received appropriate renal protective agents and hydration.
Based on review of all previous diagnostic studies, estimate the range of introducer sheaths, guiding catheters, leads, programmers, pacing system analyzer, external defibrillator, and recording equipment that may be required, and ensure all items are available for use. Pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Discuss procedure details, including alternatives and risks, with patient and/or family. Obtain informed consent. Assess patient's airway and respiratory status to evaluate the type of intravenous sedation that is required and safe. If intravenous sedation will not be adequate, then arrange for and provide general anesthesia support.

Radiological: Check interventional suite to ensure proper function and configuration of imaging equipment, including compliance with all radiation safety issues. Ensure all technical personnel have been familiarized with the implantation technique and are fully familiar with all required devices, especially the external defibrillator, recording equipment, programmer for the cardiac contractility modulation device, programmer for other implanted devices, and pacing system analyzer. Supervise selection of all equipment, including leads and generator, and verify all needed equipment is available. Locate and review prior films and diagnostic studies. Don radiation protection. Supervise proper positioning of patient.

Anesthesia: Discuss with anesthesia provider or support staff (i.e., RN) performing sedation that procedure and need for adjustment of level of sedation throughout the procedure to ensure safety and avoid long-term adverse effects after implantation (i.e., chest discomfort with stimulation).
Ensure ECG and hemodynamic monitors are in place and functioning Position transcutaneous defibrillation patches. Supervise or prepare and drape the patient for sterile procedure.

Description of Intra-Service Work: All of the following steps are performed under fluoroscopic guidance. Direct technical personnel throughout procedure. Infiltrate skin inferior to the clavicle with local anesthetic. Make a skin incision over the previously placed cardiac contractility modulation device. Using standard dissection techniques and electrocautery open the previously placed generator and leads. Use electrocautery for hemostasis. Under fluoroscopic and anatomic guidance for landmarks, access axillary, cephalic, or subclavian veins usually via needle puncture. Take care to avoid puncture of the subclavian artery or to enter the pleural space and stay lateral to the subclavius muscle to avoid complications. Advance a J-wire into the vein and position in the right atrium under fluoroscopy. Introduce the atrial or ventricular lead into the vein through a peel-away introducer and advanced into the appropriate chamber. Utilized pre-shaped or manually shaped stylets and/or pre-formed sheaths to direct the lead. Appropriately position the lead in the pre-determined location. Assess the lead position by electrogram morphology, slew rate, pacing impedance, capture thresholds, and electrogram amplitude. If a second ventricular lead was placed, ensure the two leads have appropriate separation under fluoroscopy and through the programmer. If the patient has a concomitant ICD or pacemaker, testing is performed to confirm that function or the cardiac contractility modulation device does not impact appropriate function of the ICD and vice versa, commonly referred to as crosstalk between the two devices If crosstalk is observed, multiple remedial steps may be performed including reprogramming of either or both the ICD (or pacemaker) and cardiac contractility modulation device or reposition of either or both pacemaker leads. The leads may require repositioning to ensure adequate sensing and impedance characteristics are confirmed with a pacing system analyzer.

Position the suture tie-down sleeve and suture to the lead and the pectoralis major muscle fascia, allowing for the appropriate amount of slack in the lead to reduce the likelihood of dislodgement.

Inspect the pocket for hemostasis and then irrigate with solution. Put appropriate leads into the cardiac contractility modulation header and tighten the set screws. Interrogate cardiac contractility modulation generator and program to settings appropriate to the underlying conditions of the patient. Wrap leads carefully beneath the pacemaker and place the generator into the pocket. Awaken the patient to assess for chest discomfort to ensure appropriate positioning of leads. Close pocket utilizing suture, staples, and/or medical adhesive as appropriate. Apply an appropriate dressing, with consideration for a pressure dressing if anticoagulation is anticipated. Re-interrogate generator to ensure lead connections are correct and tight.

Description of Post-Service Work: Ensure BP and HR are stable and normal upon arrival to recovery area. Write postoperative orders. Communicate with family and referring physicians. Review results of procedure with patient when sedation wears off. Dictate procedure note, including interpretation of lead, pulse generator, and rhythm status. Review, revise, and sign final report. Send formal report to PCP and referring providers. Review postoperative PA and lateral chest X ray for lead position. Review telemetry or Holter monitor recordings obtained until discharge. Prior to discharge, test ventricular sensing and capture functions, battery function, device diagnostics. Ensure patient understands process for charging of the device. Document the function in a pacemaker follow-up database. Check the incision and pocket for bleeding, hematoma, and cellulitis prior to discharge. Manage discharge day, including communication with PCP, patient and/or family, and staff. Hold extensive discussions with patient about timing of follow-up visits, monitoring by remote and in-clinic evaluations, and keeping the incision clean and dry, and reporting signs of infection. At post-op visit(s) assess the wound with respect to appropriate healing, remove the dressing, prescribe any required antibiotics or analgesic medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	33X03					
Sample Size:	1914	**Resp N:**	40			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	1.00	12.00
Survey RVW:	4.92	6.00	**7.88**	9.00	14.00
Pre-Service Evaluation Time:			**41.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	15.00	44.00	**50.00**	66.00	100.00

Immediate Post Service-Time:	**37.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33X03	**Recommended Physician Work RVU: 6.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**50.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**17.00**	**33.00**	**-16.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33208	090	8.52	**RUC Time**

CPT Descriptor Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33218	090	5.82	**RUC Time**

CPT Descriptor Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15823	090	6.81	**RUC Time**	89,497

CPT Descriptor 1 Blepharoplasty, upper eyelid; with excessive skin weighting down lid

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
21556	090	7.66	**RUC Time**	1,806

CPT Descriptor 2 Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 30.0 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 22.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 33X03	Top Key Reference CPT Code: 33208	2nd Key Reference CPT Code: **33218**
Median Pre-Service Time	58.00	40.00	50.00
Median Intra-Service Time	50.00	60.00	90.00
Median Immediate Post-service Time	17.00	30.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	40.00	0.00
Median Discharge Day Management Time	19.0	38.00	0.00
Median Office Visit Time	23.0	23.00	46.00
Median Total Time	**167.00**	**231.00**	**246.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	17%	67%	16%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	42%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	17%	75%
Physical effort required	8%	25%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	22%	56%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	11%	78%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	11%	78%
Physical effort required	0%	22%	78%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	22%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

CPT approved a new family of Category I codes for implantation, removal, and replacement of cardiac contractility modulation (CCM) systems, generators, and leads in several combinations. Those 11 codes constitute the first portion of this tab. A separate set of four codes was created for programming, interrogation, and remote interrogation PC/TC.

This heart failure therapy was approved by the FDA in 2019, but only recently met CPT Category I criteria. The service utilization remains modest and the societies deployed a targeted survey of physicians identified by the vendor paired with a random list of physicians for each set of services. Each code met the minimum survey threshold of 30 responses. Only one of the device hardware codes—the main implantation code—was performed by a majority of survey respondents. Each of the other ten device hardware codes survey responses are broken out by performers and non-performers in the summary spreadsheet, because the typical respondent had not actually provided the service.

As we often see in the cardiology space for new and uncommon services like this, times and RVUs do not completely align at the 25th or median RVUs. Recommendations are based on both of those survey data points, but in a manner that should maintain relativity within the family and in a manner that generally comports with reference services and comparators.

33X03: Insertion of CCM system, transvenous electrode, single
The societies convened a panel of physicians to review the survey data. Code 33X03 will be used to report insertion of a cardiac contractility modulation system, transvenous electrode, single. As described above, the panel reviewed the pre-service time and selected package 4 for a difficult patient/difficult procedure and post-service package 9B for complex anesthesia procedures with time removed based on the survey.

Respondents indicated the patient will be discharged the same day and seen once in the office during the 90-day global period. This comports with the experience of the panel. Therefore, we recommend one 99213 office visit.

Clinically, the 33X03 procedure should fall between 33X01 and 33X02 to maintain rank order within the family. The survey 25th percentile work RVU for 33X03 is 6.00. This falls between our recommended values for 33X01 at 8.83 and 33X02 at 5.80.

The survey 25th percentile for 33X03 of 6.00 also falls between the two key reference services of 33208 at 8.52 and 33218 at 5.82.

The societies recommend the survey 25th-percentile wRVU of 6.00 with times of 58/50/17, plus one 99213, and one half-day discharge visit. This value correctly builds family rank order by assigning single-lead implant more work than generator implant and less than 2-lead implant, which is less than system implant.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0410T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiologist How often? Sometimes

Specialty Cardiologist How often? Sometimes

Specialty Interventional Cardiologist How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 50
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Service was performed approximately 25 times per year the last three years as a category III code. With pending Medicare NCD and promotion to Category I code we anticipate significant growth from that floor.

Specialty Electrophyisiologists Frequency 30 Percentage 60.00 %

Specialty Cardiologists Frequency 15 Percentage 30.00 %

Specialty Interventional Cardiologists Frequency 5 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 35 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiologists Frequency 21 Percentage 60.00 %

Specialty Cardiologist Frequency 11 Percentage 31.42 %

Specialty Interventional Cardiologist Frequency 3 Percentage 8.57 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33208

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33X04 Tracking Number J4 Original Specialty Recommended RVU: **6.23**
Presented Recommended RVU: **6.23**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **6.23**

CPT Descriptor: Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; transvenous electrode, dual

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. the patient had a previous placement of a cardiac contractility modulation system with improvement in symptoms and now has fracture of two transvenous leads. the decision is made to insert a dual lead.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 92% , In the ASC 5%, In the office 3%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 53% , Overnight stay-less than 24 hours 47% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 94%

Description of Pre-Service Work: Surgical: Review patient's history and pertinent noninvasive diagnostic studies, with special attention to cerebrovascular symptoms, cardiac symptoms, and other comorbidities that would place patient at high risk for surgery. Perform physical examination to determine if the patient has had prior procedures that required subclavian vein cannulation, evidence of subclavian vein occlusion, prior mastectomy or breast augmentation, and any current central venous lines, rashes, infection, and other implanted devices. Carefully inspect the area over the previous cardiac contractility modulation device. Also, pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Pay special attention to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking. Review all pre-procedural blood tests, focusing on coagulation and renal function studies. Consider that renal insufficiency is present, and pay attention to whether patient has received appropriate renal protective agents and hydration.
Based on review of all previous diagnostic studies, estimate the range of introducer sheaths, guiding catheters, leads, pacemakers, programmers, pacing system analyzer, external defibrillator, and recording equipment that may be required, and ensure all items are available for use. Pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Discuss procedure details, including alternatives and risks, with patient and/or family. Obtain informed consent. Assess patient's airway and respiratory status to evaluate the type of intravenous sedation that is required and safe. If intravenous sedation will not be adequate, then arrange for and provide general anesthesia support.

Radiological: Check interventional suite to ensure proper function and configuration of imaging equipment, including compliance with all radiation safety issues. Ensure all technical personnel have been familiarized with the implantation technique and are fully familiar with all required devices, especially the external defibrillator, recording equipment, programmer for the cardiac contractility modulation device, programmer for other implanted devices, and pacing system analyzer. Supervise selection of all equipment, including leads and generator, and verify all needed equipment is available. Locate and review prior films and diagnostic studies. Don radiation protection. Supervise proper positioning of patient.

Anesthesia: Discuss with anesthesia provider or support staff (i.e., RN) performing sedation that procedure and need for adjustment of level of sedation throughout the procedure to ensure safety and avoid long-term adverse effects after implantation (i.e., chest discomfort with stimulation).

Ensure ECG and hemodynamic monitors are in place and functioning Position transcutaneous defibrillation patches. Supervise or prepare and drape the patient for sterile procedure.

Description of Intra-Service Work: All of the following steps are performed under fluoroscopic guidance. Direct technical personnel throughout procedure. Infiltrate skin inferior to the clavicle with local anesthetic. Make a skin incision over the previously placed cardiac contractility modulation device. Using standard dissection techniques and electrocautery open the previously placed generator and leads. Use electrocautery for hemostasis. Under fluoroscopic and/or ultrasound guidance and utilizing anatomic guidance for landmarks, access axillary, cephalic, or subclavian veins usually via needle puncture. Repeatedly access the vein or retain guidewires to ensure access for each of the leads that are intended to be placed. Take care to avoid puncture of the subclavian artery or to enter the pleural space and stay lateral to the subclavius muscle to avoid complications. Advance a J-wire into the vein and position in the right atrium under fluoroscopy. Introduce a peel-away introducer. Advance the first right ventricular lead into position either utilizing shaped lead stylets or preformed shaped inner sheaths. Place the lead along the right ventricular septum and deploy the active fixation mechanism as appropriate. Assess the lead position by electrogram morphology, slew rate, pacing impedance, capture thresholds, and electrogram amplitude. Position the suture tie-down sleeve and suture to the lead and the pectoralis major muscle fascia, allowing for the appropriate amount of slack in the lead to reduce the likelihood of dislodgement. Advance the second lead (atrial or ventricular) into position either utilizing preshaped or manually shaped lead stylets and/or preformed shaped inner sheaths. Place the lead along the right ventricular septum or right atrium as appropriate and fixate as appropriate. Assess the lead position by electrogram morphology, slew rate, pacing impedance, capture thresholds, and electrogram amplitude. Ensure the two right ventricular leads have appropriate separation under fluoroscopy and through the programmer. If the patient has a concomitant ICD or pacemaker, testing is performed to confirm that function or the cardiac contractility modulation device does not impact appropriate function of the ICD and vice versa, commonly referred to as crosstalk between the two devices If crosstalk is observed, multiple remedial steps may be performed including reprogramming of either or both the ICD (or pacemaker) and cardiac contractility modulation device or reposition of either or both pacemaker leads. The leads may require repositioning to ensure adequate sensing and impedance characteristics are confirmed with a pacing system analyzer. Position the suture tie-down sleeve and suture to the lead and the pectoralis major muscle fascia, allowing for the appropriate amount of slack in the lead to reduce the likelihood of dislodgement.

Inspect the pocket for hemostasis and then irrigate with solution. Interrogate cardiac contractility modulation generator and program to settings appropriate to the underlying conditions of the patient. Put appropriate leads into the cardiac contractility modulation header and tighten the set screws. Wrap leads carefully beneath the pacemaker and place the generator into the pocket. Awaken the patient to assess for chest discomfort to ensure appropriate positioning of leads. Close pocket utilizing suture, staples, and/or medical adhesive as appropriate. Apply an appropriate dressing, with consideration for a pressure dressing if anticoagulation is anticipated. Re-interrogate generator to ensure lead connections are correct and tight.

Description of Post-Service Work: Ensure BP and HR are stable and normal upon arrival to recovery area. Write postoperative orders. Communicate with family and referring physicians. Review results of procedure with patient when sedation wears off. Dictate procedure note, including interpretation of lead, pulse generator, and rhythm status. Review, revise, and sign final report. Send formal report to PCP and referring providers. Review postoperative PA and lateral chest X ray for lead position. Review telemetry or Holter monitor recordings obtained until discharge. Prior to discharge, test ventricular sensing and capture functions, battery function, device diagnostics. Ensure patient understands process for charging of the device. Document the function in a pacemaker follow-up database. Check the incision and pocket for bleeding, hematoma, and cellultiis prior to discharge. Manage discharge day, including communication with PCP, patient and/or family, and staff. Hold extensive discussions with patient about timing of follow-up visits, monitoring by remote and in-clinic evaluations, and keeping the incision clean and dry, and reporting signs of infection. At post-op visit(s) assess the wound with respect to appropriate healing, remove the dressing, prescribe any required antibiotics or analgesic medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
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Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	3.00	25.00
Survey RVW:	5.49	6.23	**9.00**	9.75	16.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	50.00	**60.00**	90.00	120.00

Immediate Post Service-Time:	**40.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33X04	**Recommended Physician Work RVU: 6.23**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33217	090	5.59	**RUC Time**

CPT Descriptor Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33208	090	8.52	**RUC Time**

CPT Descriptor Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52630	090	6.55	**RUC Time**	5,113

CPT Descriptor 1 Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
62350	010	6.05	**RUC Time**	3,564

CPT Descriptor 2 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 43.5 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 30.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 33X04	Top Key Reference CPT Code: 33217	2nd Key Reference CPT Code: **33208**
Median Pre-Service Time	58.00	50.00	40.00
Median Intra-Service Time	60.00	120.00	60.00
Median Immediate Post-service Time	20.00	60.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	40.00
Median Discharge Day Management Time	19.0	0.00	38.00
Median Office Visit Time	23.0	46.00	23.00
Median Total Time	**180.00**	**276.00**	**231.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	24%	76%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	35%	65%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	29%	71%
Physical effort required	0%	53%	47%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	12%	41%	47%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	25%	50%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	8%	84%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	25%	75%
Physical effort required	0%	33%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

CPT approved a new family of Category I codes for implantation, removal, and replacement of cardiac contractility modulation (CCM) systems, generators, and leads in several combinations. Those 11 codes constitute the first portion of this tab. A separate set of four codes was created for programming, interrogation, and remote interrogation PC/TC.

This heart failure therapy was approved by the FDA in 2019, but only recently met CPT Category I criteria. The service utilization remains modest and the societies deployed a targeted survey of physicians identified by the vendor paired with a random list of physicians for each set of services. Each code met the minimum survey threshold of 30 responses. Only one of the device hardware codes—the main implantation code—was

performed by a majority of survey respondents. Each of the other ten device hardware codes survey responses are broken out by performers and non-performers in the summary spreadsheet, because the typical respondent had not actually provided the service.

As we often see in the cardiology space for new and uncommon services like this, times and RVUs do not completely align at the 25th or median RVUs. Recommendations are based on both of those survey data points, but in a manner that should maintain relativity within the family and in a manner that generally comports with reference services and comparators.

33X04: Insertion of CCM system, transvenous electrodes, dual

The societies convened a panel of physicians to review the survey data. Code 33X04 will be used to report insertion of a cardiac contractility modulation system, transvenous electrodes, dual. As described above, the panel reviewed the pre-service time and selected package 4 for a difficult patient/difficult procedure and post-service package 9B for complex anesthesia procedures with time removed based on the survey.

Respondents indicated the patient will be discharged the same day and seen once in the office during the 90-day global period. This comports with the experience of the panel. Therefore, we recommend one 99213 office visit.

The survey 25th percentile for 33X04 is 6.23 wRVUs. This falls between the 1st key reference service of 33217 (5.59) and the 2nd key reference service of 33208 (8.52). 76% of respondents reported the 33X04 procedure was overall more intense and complex than the key reference service which supports the higher wRVU and IWPUT at the survey 25th percentile.

The societies recommend the survey 25th percentile wRVU of 6.23 with times of 58/60/20, one 99213, and one half-day discharge visit for patients discharged the same day as procedure.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0411T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Interventional Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 50
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Service typically performed 25 times the last three years as a category III code. With pending Medicare NCD and promotion to category I code we anticpate significnat growth from that floor.

Specialty Electrophysiology Frequency 30 Percentage 60.00 %

Specialty Cardiology Frequency 15 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 5 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 35 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiology Frequency 21 Percentage 60.00 %

Specialty Cardiology Frequency 11 Percentage 31.42 %

Specialty Interventional Cardiology Frequency 3 Percentage 8.57 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33217

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33X05 Tracking Number J5 Original Specialty Recommended RVU: **9.90**
Presented Recommended RVU: **9.90**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **9.90**

CPT Descriptor: Removal of a permanent cardiac contractility modulation system; pulse generator and transvenous electrodes (do not report 33X05 in conjunction with 33X06, 33X07, 33X08, 93X01, 93X02, 93286, 93287)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient had a previously implanted cardiac contractility modulation system that needs to be removed due to infection.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 92% , In the ASC 5%, In the office 3%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 33% , Overnight stay-less than 24 hours 53% , Overnight stay-more than 24 hours 14%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Surgical: Review patient's history and pertinent noninvasive diagnostic studies, with special attention to cerebrovascular symptoms, cardiac symptoms, and other comorbidities that would place patient at high risk for surgery. Perform physical examination particularly focusing on device area and other areas that may impact extraction of the device. Pay special attention to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking. Review all pre-procedural blood tests, focusing on coagulation and renal function studies. Consider that renal insufficiency is present, and pay attention to whether patient has received appropriate renal protective agents and hydration.
Pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Discuss procedure details, including alternatives and risks, with patient and/or family. Obtain informed consent. Assess patient's airway and respiratory status to evaluate the type of intravenous sedation that is required and safe. If intravenous sedation will not be adequate, then arrange for and provide general anesthesia support.

Radiological: Check interventional suite to ensure proper function and configuration of imaging equipment, including compliance with all radiation safety issues. Ensure all technical personnel have been familiarized with the implantation technique and are fully familiar with all required devices, especially the external defibrillator, recording equipment, programmer for the cardiac contractility modulation device, programmer for other implanted devices, and pacing system analyzer. Supervise selection of all equipment, including leads and cardiac contractility generator, and verify all needed equipment is available. Locate and review prior films and diagnostic studies. Don radiation protection. Supervise proper positioning of patient.

Anesthesia: Discuss with anesthesia provider or support staff (i.e., RN) performing sedation that procedure

Ensure ECG and hemodynamic monitors are in place and functioning Position transcutaneous defibrillation patches. Supervise or prepare and drape the patient for sterile procedure.

Description of Intra-Service Work: An incision is made over the previously made generator pocket, and the pulse generator is exposed and removed from the fibrous capsule. The leads, including suture ties, are freed from the capsule. The generator is disconnected from the leads and removed from the pocket. The leads are cut to expose their inner cores and are then sized to accept the locking stylet which is passed through the inner core of the lead to its distal end where it is engaged under gentle traction. A firm plastic sheath is placed over the stylet and lead, freeing the lead from intravascular adhesions as it is advanced toward the lead's distal end. Firm traction is applied to the locking stylet while countertraction is applied to the endocardial surface with the plastic sheath. This process is repeated for a possible second and third transvenous lead as part of the cardiac contractility modulation system. Alternatively, and at times in the same setting, leads are extracted from the femoral approach. A large bore sheath is inserted in the femoral vein and advanced to the right atrium. A deflectable tip wire and a dotter basket where they are ensnared. While applying traction to the lead, the sheath is passed over the wire, basket, and lead to the endocardial surface for countertraction. Once freed, a lead is withdrawn into the sheath, and both are removed from the vein where pressure is applied and hemostasis is achieved. (Leads can also be removed with a laser lead extraction system. The proximal portion of the lead is cut, and the laser sheath is placed over the body of the lead. The laser sheath is then advanced over the lead through the vascular system into the heart to break up adhesions and free and lead from the endocardial surface. The laser sheath and lead are then removed from the heart and venous system). The wounds are closed and dressed.

Description of Post-Service Work: The patient must be monitored throughout the anesthesia and surgical recovery period for potential postoperative complications which include pericardial effusion with tamponade. Such patients often undergo this procedure because there is a problem with integrity of the device or infection is present and the implantable defibrillator is removed. Therefore, life-threatening ventricular arrhythmias are a significant risk and must be treated appropriately until a new device can be placed. The physician documents these services, generates a report, and communicates with the referring physician and family.At post-op visit(s) assess the wound with respect to appropriate healing, remove the dressing, prescribe any required antibiotics or analgesic medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	33X05					
Sample Size:	1914	**Resp N:**	39			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	0.00	6.00
Survey RVW:	5.59	9.90	**10.00**	10.88	16.00
Pre-Service Evaluation Time:			**50.00**		
Pre-Service Positioning Time:			**12.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	40.00	60.00	**114.00**	120.00	240.00

Immediate Post Service-Time:	**40.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**40.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **1.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33X05	**Recommended Physician Work RVU: 9.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**114.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33235	090	9.90	**RUC Time**

CPT Descriptor Removal of transvenous pacemaker electrode(s); dual lead system

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33234	090	7.66	**RUC Time**

CPT Descriptor Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	38,936

CPT Descriptor 1 Excision of bone (eg, for osteomyelitis or bone abscess); mandibleLithotripsy, extracorporeal shock wave

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57250	090	10.08	**RUC Time**	8,885

CPT Descriptor 2 Posterior colporrhaphy, repair of rectocele with or without perineorrhaph

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 34 **% of respondents:** 87.1 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 10.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 33X05	Top Key Reference CPT Code: 33235	2nd Key Reference CPT Code: **33234**
Median Pre-Service Time	58.00	50.00	50.00
Median Intra-Service Time	114.00	170.00	150.00
Median Immediate Post-service Time	40.00	60.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	23.0	110.00	32.00
Median Total Time	**254.00**	**390.00**	**292.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	56%	38%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	62%	38%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	59%	38%
Physical effort required	3%	65%	32%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	59%	41%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	25%	0%	75%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	0%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	0%	25%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

CPT approved a new family of Category I codes for implantation, removal, and replacement of cardiac contractility modulation (CCM) systems, generators, and leads in several combinations. Those 11 codes constitute the first portion of this tab. A separate set of four codes was created for programming, interrogation, and remote interrogation PC/TC.

This heart failure therapy was approved by the FDA in 2019, but only recently met CPT Category I criteria. The service utilization remains modest and the societies deployed a targeted survey of physicians identified by the vendor paired with a random list of physicians for each set of services. Each code met the minimum survey threshold of 30 responses. Only one of the device hardware codes—the main implantation code—was performed by a majority of survey respondents. Each of the other ten device hardware codes survey responses are broken out by performers and non-performers in the summary spreadsheet, because the typical respondent had not actually provided the service.

As we often see in the cardiology space for new and uncommon services like this, times and RVUs do not completely align at the 25th or median RVUs. Recommendations are based on both of those survey data points, but in a manner that should maintain relativity within the family and in a manner that generally comports with reference services and comparators.

33X05: Removal of CCM system, pulse generator and transvenous electrodes
The societies convened a panel of physicians to review the survey data. Code 33X05 will be used to report removal of a cardiac contractility modulation system including pulse generator and transvenous electrodes. As described above, the panel reviewed the pre-service time and selected package 4 for a difficult patient/difficult procedure and post-service package 9B for complex anesthesia procedures with time removed based on the survey.

The survey indicates 1 99232 visit is typical. However, the survey also indicates that the typical patient stays overnight but not more than 24 hours post-op. Therefore, per RUC policy/instructions we have removed the 99232 visit from our calculations and added 20 minutes to the post-service time. Respondents indicated the patient will be seen once in the office during the 90-day global period. This comports with the experience of the panel. Therefore, we recommend one 99214 office visit.

The survey 25th percentile wRVU aligns exactly with the 1st key reference service wRVU. This key reference service was selected by 87% of survey respondents.

The societies recommend the survey 25th percentile wRVU of 9.90 with times of 58/114/40, plus one 99214 for more complicated management after removal of the entire system, and half day discharge visit.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0414T/0415T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Interventional Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 20
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Service typicallly was performed 10 times or less during last three years as a Category III code. With pending Medicare NCD and promotion to Category I code we anticipate significant growth from that floor.

Specialty Electrophysiology Frequency 12 Percentage 60.00 %

Specialty Cardiology Frequency 6 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 2 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrphysiology Frequency 9 Percentage 60.00 %

Specialty Cardiology Frequency 5 Percentage 33.33 %

Specialty Interventional Cardiology Frequency 1 Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33235

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33X06 Tracking Number J6 Original Specialty Recommended RVU: **5.98**
Presented Recommended RVU: **4.91**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **4.91**

CPT Descriptor: Removal of a permanent cardiac contractility modulation system; pulse generator only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient needs radiation therapy to be applied in the pectoral region in which the cardiac contractility modulation pulse generator resides and needs to have his cardiac contractility modulation pulse generator removed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 90% , In the ASC 7%, In the office 3%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 83% , Overnight stay-less than 24 hours 17% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Surgical: Review patient's history and pertinent noninvasive diagnostic studies, with special attention to cerebrovascular symptoms, cardiac symptoms, and other comorbidities that would place patient at high risk for surgery. Perform physical examination, focusing particularly on the site of device pocket. Pay special attention to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking. Review all pre-procedural blood tests, focusing on coagulation and renal function studies. Pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Discuss procedure details, including alternatives and risks, with patient and/or family. Obtain informed consent. Assess patient's airway and respiratory status to evaluate the type of intravenous sedation that is required and safe. If intravenous sedation will not be adequate, then arrange for and provide general anesthesia support.

Radiological: Check interventional suite to ensure proper function and configuration of imaging equipment, including compliance with all radiation safety issues. Ensure all technical personnel have been familiarized with the implantation technique and are fully familiar with all required devices, especially the external defibrillator, recording equipment, programmer for the cardiac contractility modulation device, programmer for other implanted devices, and pacing system analyzer. Locate and review prior films and diagnostic studies. Don radiation protection. Supervise proper positioning of patient.

Anesthesia: Discuss with anesthesia provider or support staff (i.e., RN) performing sedation that procedure and need for adjustment of level of sedation throughout the procedure to ensure safety and avoid long-term adverse effects after implantation (i.e., chest discomfort with stimulation).

Ensure ECG and hemodynamic monitors are in place and functioning Position transcutaneous defibrillation patches. Supervise or prepare and drape the patient for sterile procedure.

Description of Intra-Service Work: Infiltrate skin inferior to the clavicle with local anesthetic. Make a skin incision over the previously placed cardiac contractility modulation device. Using standard dissection techniques and electrocautery

open the previously placed generator and leads. Use electrocautery for hemostasis. Locate the previously placed generator. Disconnect the generator from pacing leads (if present).

Inspect the pocket for hemostasis and then irrigate with solution. Close pocket utilizing suture, staples, and/or medical adhesive as appropriate. Apply an appropriate dressing, with consideration for a pressure dressing if anticoagulation is anticipated.

Description of Post-Service Work: Ensure BP and HR are stable and normal upon arrival to recovery area. Write postoperative orders. Communicate with family and referring physicians. Review results of procedure with patient when sedation wears off. Dictate procedure note, including interpretation of lead, pulse generator, and rhythm status. Review, revise, and sign final report. Send formal report to PCP and referring providers. Review telemetry or Holter monitor recordings obtained until discharge. Check the incision and pocket for bleeding, hematoma, and cellulitis prior to discharge. Manage discharge day, including communication with PCP, patient and/or family, and staff. Hold extensive discussions with patient about timing of follow-up visits and keeping the incision clean and dry, and reporting signs of infection. At post-op visit(s) assess the wound with respect to appropriate healing, remove the dressing, prescribe any required antibiotics or analgesic medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	33X06					
Sample Size:	1914	**Resp N:**	40			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	0.00	**0.00**	0.00	50.00
Survey RVW:		4.50	5.98	**6.08**	7.20	13.00
Pre-Service Evaluation Time:				**35.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		10.00	30.00	**38.00**	60.00	90.00
Immediate Post Service-Time:	**38.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33X06	**Recommended Physician Work RVU: 4.91**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**40.00**	**-5.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**38.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**18.00**	**33.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33223	090	6.30	**RUC Time**

CPT Descriptor Relocation of skin pocket for implantable defibrillator

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61885	090	6.05	**RUC Time**

CPT Descriptor Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67917	090	5.93	**RUC Time**	20,278

CPT Descriptor 1 Repair of ectropion; extensive (eg, tarsal strip operations)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52630	090	6.55	**RUC Time**	5,113

CPT Descriptor 2 Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are
included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 30.0 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 33X06	Top Key Reference CPT Code: 33223	2nd Key Reference CPT Code: **61885**
Median Pre-Service Time	53.00	48.00	51.00
Median Intra-Service Time	38.00	90.00	45.00
Median Immediate Post-service Time	18.00	60.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	19.00
Median Office Visit Time	23.0	32.00	46.00
Median Total Time	**151.00**	**230.00**	**181.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	17%	50%	33%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	42%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	33%	42%
Physical effort required	25%	50%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	0%	83%	17%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	83%	17%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	83%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	83%	17%
Physical effort required	0%	83%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	83%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

CPT approved a new family of Category I codes for implantation, removal, and replacement of cardiac contractility modulation (CCM) systems, generators, and leads in several combinations. Those 11 codes constitute the first portion of this tab. A separate set of four codes was created for programming, interrogation, and remote interrogation PC/TC.

This heart failure therapy was approved by the FDA in 2019, but only recently met CPT Category I criteria. The service utilization remains modest and the societies deployed a targeted survey of physicians identified by the vendor paired with a random list of physicians for each set of services. Each code met the minimum survey threshold of 30 responses. Only one of the device hardware codes—the main implantation code—was

performed by a majority of survey respondents. Each of the other ten device hardware codes survey responses are broken out by performers and non-performers in the summary spreadsheet, because the typical respondent had not actually provided the service.

As we often see in the cardiology space for new and uncommon services like this, times and RVUs do not completely align at the 25th or median RVUs. Recommendations are based on both of those survey data points or crosswalks, but in a manner that should maintain relativity within the family and in a manner that generally comports with reference services and comparators.

33X06: Removal of CCM system, pulse generator only

The societies convened a panel of physicians to review the survey data. Code 33X06 will be used to report removal of a cardiac contractility modulation system, pulse generator only. As described above, the panel reviewed the pre-service time and selected package 4 for a difficult patient/difficult procedure and post-service package 9B for complex anesthesia procedures with time removed based on the survey.

Respondents indicated the patient will be discharged the same day and seen once in the office during the 90-day global period. This comports with the experience of the panel. Therefore, we recommend one 99213 office visit.

The societies recommend a wRVU of 4.91 by way of crosswalk to code 21040 for excision of a benign tumor with times of 53/38/18, plus one 99213, and one half-day discharge visit for patients discharged the same day as procedure. This alteration from our original submission brings order to the code family rank order by assigning a value for generator explant that is lower than generator implant. (The inverse is true for leads, as lead extraction is more work than lead placement.) It is also the shortest service, and should be less work than explant of 1 lead, explant of 2 leads, and explant of an entire system.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0412T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Interventional Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 20
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Service typicallly was performed 10 times or less during last three years as a Category III code. With pending Medicare NCD and promotion to Category I code we anticipate significant growth from that floor.

Specialty Electrophysiology Frequency 12 Percentage 60.00 %

Specialty Cardiology Frequency 9 Percentage 45.00 %

Specialty Interventional Cardiology Frequency 2 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiology Frequency 9 Percentage 60.00 %

Specialty Cardiology Frequency 5 Percentage 33.33 %

Specialty Interventional Cardiology Frequency 1 Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33223

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33X07 Tracking Number J7 Original Specialty Recommended RVU: **7.66**
Presented Recommended RVU: **7.70**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **7.49**

CPT Descriptor: Removal of a permanent cardiac contractility modulation system; transvenous electrode, single

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient has an infection and needs to have a cardiac contractility modulation electrode removed.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 92% , In the ASC 6%, In the office 2%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 36% , Overnight stay-less than 24 hours 55% , Overnight stay-more than 24 hours 9%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Surgical: Review patient's history and pertinent noninvasive diagnostic studies, with special attention to cerebrovascular symptoms, cardiac symptoms, and other comorbidities that would place patient at high risk for surgery. Perform physical examination particularly focusing on device area and other areas that may impact extraction of the device. Pay special attention to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking. Review all pre-procedural blood tests, focusing on coagulation and renal function studies. Consider that renal insufficiency is present, and pay attention to whether patient has received appropriate renal protective agents and hydration.
Pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Discuss procedure details, including alternatives and risks, with patient and/or family. Obtain informed consent. Assess patient's airway and respiratory status to evaluate the type of intravenous sedation that is required and safe. If intravenous sedation will not be adequate, then arrange for and provide general anesthesia support.

Radiological: Check interventional suite to ensure proper function and configuration of imaging equipment, including compliance with all radiation safety issues. Ensure all technical personnel have been familiarized with the implantation technique and are fully familiar with all required devices, especially the external defibrillator, recording equipment, programmer for the cardiac contractility modulation device, programmer for other implanted devices, and pacing system analyzer. Supervise selection of all equipment, including leads and cardiac contractility generator, and verify all needed equipment is available. Locate and review prior films and diagnostic studies. Don radiation protection. Supervise proper positioning of patient.

Anesthesia: Discuss with anesthesia provider or support staff (i.e., RN) performing sedation that procedure

Ensure ECG and hemodynamic monitors are in place and functioning Position transcutaneous defibrillation patches. Supervise or prepare and drape the patient for sterile procedure.

Description of Intra-Service Work: An incision is made over the previously made generator pocket, and the pulse generator is exposed and removed from the fibrous capsule (if a generator is present). The leads, including suture ties, are freed from

the capsule. The generator is disconnected from the leads and removed from the pocket (if generator present). The lead to be removed is cut to expose its inner core and are then sized to accept the locking stylet which is passed through the inner core of the lead to its distal end where it is engaged under gentle traction. A firm plastic sheath is placed over the stylet and lead, freeing the lead from intravascular adhesions as it is advanced toward the lead's distal end. Firm traction is applied to the locking stylet while countertraction is applied to the endocardial surface with the plastic sheath. Alternatively, and at times in the same setting, leads are extracted from the femoral approach. A large bore sheath is inserted in the femoral vein and advanced to the right atrium. A deflectable tip wire and a dotter basket where they are ensnared. While applying traction to the lead, the sheath is passed over the wire, basket, and lead to the endocardial surface for countertraction. Once freed, the lead is withdrawn into the sheath, and both are removed from the vein where pressure is applied and hemostasis is achieved. (Leads can also be removed with a laser lead extraction system. The proximal portion of the lead is cut, and the laser sheath is placed over the body of the lead. The laser sheath is then advanced over the lead through the vascular system into the heart to break up adhesions and free and lead from the endocardial surface. The laser sheath and lead are then removed from the heart and venous system). The wounds are closed and dressed.

Description of Post-Service Work: The patient must be monitored throughout the anesthesia and surgical recovery period for potential postoperative complications which include pericardial effusion with tamponade. Such patients often undergo this procedure because there is a problem with integrity of the device or infection is present and the implantable defibrillator is removed. Therefore, life-threatening ventricular arrhythmias are a significant risk and must be treated appropriately until a new device can be placed. A minimum of 24 hours of ICU care is required, and the patient is then transferred to a telemetry unit. The physician documents these services, generates a report, and communicates with the referring physician and family. At post-op visit(s) assess the wound with respect to appropriate healing, remove the dressing, prescribe any required antibiotics or analgesic medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	33X07					
Sample Size:	1914	**Resp N:**	36			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	0.00	30.00
Survey RVW:	5.85	7.70	**8.10**	10.01	15.00
Pre-Service Evaluation Time:			**48.00**		
Pre-Service Positioning Time:			**13.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	54.00	**62.00**	90.00	240.00

Immediate Post Service-Time:	**40.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33X07	**Recommended Physician Work RVU: 7.49**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**62.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33234	090	7.66	**RUC Time**

CPT Descriptor Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33235	090	9.90	**RUC Time**

CPT Descriptor Removal of transvenous pacemaker electrode(s); dual lead system

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15823	090	6.81	**RUC Time**	89,497

CPT Descriptor 1 Blepharoplasty, upper eyelid; with excessive skin weighting down lid

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
21556	090	7.66	**RUC Time**	1,806

CPT Descriptor 2 Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 63.8 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 22.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 33X07	Top Key Reference CPT Code: 33234	2nd Key Reference CPT Code: **33235**
Median Pre-Service Time	58.00	50.00	50.00
Median Intra-Service Time	62.00	150.00	170.00
Median Immediate Post-service Time	40.00	60.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	23.0	32.00	110.00
Median Total Time	**202.00**	**292.00**	**390.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	65%	26%	4%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	74%	22%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	74%	17%
Physical effort required	4%	79%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	70%	21%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	25%	50%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	25%	75%
Physical effort required	0%	25%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

CPT approved a new family of Category I codes for implantation, removal, and replacement of cardiac contractility modulation (CCM) systems, generators, and leads in several combinations. Those 11 codes constitute the first portion of this tab. A separate set of four codes was created for programming, interrogation, and remote interrogation PC/TC.

This heart failure therapy was approved by the FDA in 2019, but only recently met CPT Category I criteria. The service utilization remains modest and the societies deployed a targeted survey of physicians identified by the vendor paired with a random list of physicians for each set of services. Each code met the minimum survey threshold of 30 responses. Only one of the device hardware codes—the main implantation code—was performed by a majority of survey respondents. Each of the other ten device hardware codes survey responses are broken out by performers and non-performers in the summary spreadsheet, because the typical respondent had not actually provided the service.

As we often see in the cardiology space for new and uncommon services like this, times and RVUs do not completely align at the 25th or median RVUs. Recommendations are based on both of those survey data points or crosswalk, but in a manner that should maintain relativity within the family and in a manner that generally comports with reference services and comparators

33X07: Removal of CCM system, transvenous electrode, single
The societies convened a panel of physicians to review the survey data. Code 33X07 will be used to report removal of a cardiac contractility modulation system, transvenous electrode, single. As described above, the panel reviewed the pre-service time and selected package 4 for a difficult patient/difficult procedure and post-service package 9B for complex anesthesia procedures with time removed based on the survey.

The survey indicates 1 99232 visit is typical. However, the survey also indicates that the typical patient stays overnight but not more than 24 hours post-op. Therefore, per RUC policy/instructions we have removed the 99232 visit from our calculations and added 20 minutes to the post-service time. Respondents indicated the patient will be seen twice in the office during the 90-day global period. This comports with the experience of the panel. Therefore, we recommend two 99213 office visits.

70% or more of survey respondents selected identical/somewhat more/much more than the 1st key reference service in all categories including overall intensity/complexity, mental effort and judgement, technical skill required, physical effort required, and psychological stress.

The societies recommend the survey 25th-percentile wRVU of 7.70 with times of 58/62/40, plus two 99213s for management of infection and device function after a lead extraction (similar to the KRSs), and one half day discharge visit.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0413T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Interventional Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 20
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Service typicallly was performed 10 times or less during last three years as a Category III code. With pending Medicare NCD and promotion to Category I code we anticipate significant growth from that floor.

Specialty Electrophysiology Frequency 12 Percentage 60.00 %

Specialty Cardiology Frequency 6 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 2 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiology Frequency 9 Percentage 60.00 %

Specialty Cardiology Frequency 5 Percentage 33.33 %

Specialty Interventional Cardiology Frequency 1 Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33234

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33X08 Tracking Number J8 Original Specialty Recommended RVU: **9.90**
Presented Recommended RVU: **8.59**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **8.60**

CPT Descriptor: Removal of a permanent cardiac contractility modulation system; transvenous electrode, dual

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient has an infection and needs to have two cardiac contractility modulation electrodes removed.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 92% , In the ASC 5%, In the office 3%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 34% , Overnight stay-less than 24 hours 57% , Overnight stay-more than 24 hours 9%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Surgical: Review patient's history and pertinent noninvasive diagnostic studies, with special attention to cerebrovascular symptoms, cardiac symptoms, and other comorbidities that would place patient at high risk for surgery. Perform physical examination particularly focusing on device area and other areas that may impact extraction of the device. Pay special attention to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking. Review all pre-procedural blood tests, focusing on coagulation and renal function studies. Consider that renal insufficiency is present, and pay attention to whether patient has received appropriate renal protective agents and hydration.
Pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Discuss procedure details, including alternatives and risks, with patient and/or family. Obtain informed consent. Assess patient's airway and respiratory status to evaluate the type of intravenous sedation that is required and safe. If intravenous sedation will not be adequate, then arrange for and provide general anesthesia support.

Radiological: Check interventional suite to ensure proper function and configuration of imaging equipment, including compliance with all radiation safety issues. Ensure all technical personnel have been familiarized with the implantation technique and are fully familiar with all required devices, especially the external defibrillator, recording equipment, programmer for the cardiac contractility modulation device, programmer for other implanted devices, and pacing system analyzer. Supervise selection of all equipment, including leads and cardiac contractility generator, and verify all needed equipment is available. Locate and review prior films and diagnostic studies. Don radiation protection. Supervise proper positioning of patient.

Anesthesia: Discuss with anesthesia provider or support staff (i.e., RN) performing sedation that procedure

Ensure ECG and hemodynamic monitors are in place and functioning Position transcutaneous defibrillation patches. Supervise or prepare and drape the patient for sterile procedure.

Description of Intra-Service Work: An incision is made over the previously made generator pocket, and the pulse generator is exposed and removed from the fibrous capsule. The leads, including suture ties, are freed from the capsule. The

generator is disconnected from the leads and removed from the pocket. The leads are cut to expose their inner cores and are then sized to accept the locking stylet which is passed through the inner core of the lead to its distal end where it is engaged under gentle traction. A firm plastic sheath is placed over the stylet and lead, freeing the lead from intravascular adhesions as it is advanced toward the lead's distal end. Firm traction is applied to the locking stylet while countertraction is applied to the endocardial surface with the plastic sheath. This process is repeated for the second transvenous lead as part of the cardiac contractility modulation system. Alternatively, and at times in the same setting, leads are extracted from the femoral approach. A large bore sheath is inserted in the femoral vein and advanced to the right atrium. A deflectable tip wire and a dotter basket where they are ensnared. While applying traction to the lead, the sheath is passed over the wire, basket, and lead to the endocardial surface for countertraction. Once freed, a lead is withdrawn into the sheath, and both are removed from the vein where pressure is applied and hemostasis is achieved. (Leads can also be removed with a laser lead extraction system. The proximal portion of the lead is cut, and the laser sheath is placed over the body of the lead. The laser sheath is then advanced over the lead through the vascular system into the heart to break up adhesions and free and lead from the endocardial surface. The laser sheath and lead are then removed from the heart and venous system). The wounds are closed and dressed.

Description of Post-Service Work: The patient must be monitored throughout the anesthesia and surgical recovery period for potential postoperative complications which include pericardial effusion with tamponade. Such patients often undergo this procedure because there is a problem with integrity of the device or infection is present and the implantable defibrillator is removed. Therefore, life-threatening ventricular arrhythmias are a significant risk and must be treated appropriately until a new device can be placed. A minimum of 24 hours of ICU care is required, and the patient is then transferred to a telemetry unit. The physician documents these services, generates a report, and communicates with the referring physician and family. At post-op visit(s) assess the wound with respect to appropriate healing, remove the dressing, prescribe any required antibiotics or analgesic medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	33X08					
Sample Size:	1914	**Resp N:**	38			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	1.00	20.00
Survey RVW:	6.10	9.90	**10.00**	10.88	16.00
Pre-Service Evaluation Time:			**46.00**		
Pre-Service Positioning Time:			**13.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	60.00	**90.00**	120.00	240.00

Immediate Post Service-Time:	**40.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33X08	**Recommended Physician Work RVU: 8.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33235	090	9.90	**RUC Time**

CPT Descriptor Removal of transvenous pacemaker electrode(s); dual lead system

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33220	090	5.90	**RUC Time**

CPT Descriptor Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	38,936

CPT Descriptor 1 Excision of bone (eg, for osteomyelitis or bone abscess); mandibleLithotripsy, extracorporeal shock wave

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57250	090	10.08	**RUC Time**	8,885

CPT Descriptor 2 Posterior colporrhaphy, repair of rectocele with or without perineorrhaph

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 35 **% of respondents:** 92.1 **%**

Number of respondents who choose 2nd Key Reference Code: 1 **% of respondents:** 2.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 33X08	Top Key Reference CPT Code: 33235	2nd Key Reference CPT Code: **33220**
Median Pre-Service Time	58.00	50.00	50.00
Median Intra-Service Time	90.00	170.00	120.00
Median Immediate Post-service Time	40.00	60.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	23.0	110.00	46.00
Median Total Time	**230.00**	**390.00**	**276.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	57%	34%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	69%	31%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	63%	37%
Physical effort required	0%	66%	34%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	60%	37%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	100%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	100%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	100%	0%
Physical effort required	0%	100%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	100%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

CPT approved a new family of Category I codes for implantation, removal, and replacement of cardiac contractility modulation (CCM) systems, generators, and leads in several combinations. Those 11 codes constitute the first portion of this tab. A separate set of four codes was created for programming, interrogation, and remote interrogation PC/TC.

This heart failure therapy was approved by the FDA in 2019, but only recently met CPT Category I criteria. The service utilization remains modest and the societies deployed a targeted survey of physicians identified by the vendor paired with a random list of physicians for each set of services. Each code met the minimum survey threshold of 30 responses. Only one of the device hardware codes—the main implantation code—was performed by a majority of survey respondents. Each of the other ten device hardware codes survey responses are broken out by performers and non-performers in the summary spreadsheet, because the typical respondent had not actually provided the service.

As we often see in the cardiology space for new and uncommon services like this, times and RVUs do not completely align at the 25th or median RVUs. Recommendations are based on both of those survey data points and crosswalks, but in a manner that should maintain relativity within the family and in a manner that generally comports with reference services and comparators.

33X08: Removal of CCM system, transvenous electrode, dual
The societies convened a panel of physicians to review the survey data. Code 33X08 will be used to report removal of a cardiac contractility modulation system, transvenous electrodes, dual. As described above, the panel reviewed the pre-service time and selected package 4 for a difficult patient/difficult procedure and post-service package 9B for complex anesthesia procedures with time removed based on the survey.

The survey indicates 1 99232 visit is typical. However, the survey also indicates that the typical patient stays overnight but not more than 24 hours post-op. Therefore, per RUC policy/instructions we have removed the 99232 visit from our calculations and added 20 minutes to the post-service time.

The survey 25th percentile work RVU of 9.90 would create a rank order anomaly in the family if it was the same as the 9.90 for 33X05.

The societies recommend a wRVU of 8.59 crosswalked from code 26449 for tenolysis that has identical intraservice time, similar post-service time, and would build correct rank order in this family. Recommended times are 58/90/40, plus two 99213s for management of infection and device function after a lead extraction (similar to the KRSs), and one half day discharge visit.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0413T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Interventional Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 20
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Service typicallly was performed 10 times or less during last three years as a Category III code. With pending Medicare NCD and promotion to Category I code we anticipate significant growth from that floor.

Specialty Electrophysiology Frequency 12 Percentage 60.00 %

Specialty Cardiology Frequency 6 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 2 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiology Frequency 9 Percentage 60.00 %

Specialty Cardiology Frequency 5 Percentage 33.33 %

Specialty Interventional Cardiology Frequency 1 Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33235

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33X09 Tracking Number J9 Original Specialty Recommended RVU: **6.00**
Presented Recommended RVU: **6.00**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **6.00**

CPT Descriptor: Removal and replacement of permanent cardiac contractility modulation system, pulse generator only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient had a previously implanted pulse generator that needs to be replaced. his device requires replacement due to battery depletion, and he wishes to continue receiving cardiac contractility modulation therapy with a replacement device.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 90% , In the ASC 7%, In the office 3%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 78% , Overnight stay-less than 24 hours 22% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 88%

Description of Pre-Service Work: Surgical: Review patient's history and pertinent noninvasive diagnostic studies, with special attention to cerebrovascular symptoms, cardiac symptoms, and other comorbidities that would place patient at high risk for surgery. Perform physical examination, focusing particularly on the site of device pocket. Pay special attention to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking. Review all pre-procedural blood tests, focusing on coagulation and renal function studies. Pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Discuss procedure details, including alternatives and risks, with patient and/or family. Obtain informed consent. Assess patient's airway and respiratory status to evaluate the type of intravenous sedation that is required and safe. If intravenous sedation will not be adequate, then arrange for and provide general anesthesia support.

Radiological: Check interventional suite to ensure proper function and configuration of imaging equipment, including compliance with all radiation safety issues. Ensure all technical personnel have been familiarized with the implantation technique and are fully familiar with all required devices, especially the external defibrillator, recording equipment, programmer for the cardiac contractility modulation device, programmer for other implanted devices, and pacing system analyzer. Locate and review prior films and diagnostic studies. Don radiation protection. Supervise proper positioning of patient.

Anesthesia: Discuss with anesthesia provider or support staff (i.e., RN) performing sedation that procedure and need for adjustment of level of sedation throughout the procedure to ensure safety and avoid long-term adverse effects after implantation (i.e., chest discomfort with stimulation).

Ensure ECG and hemodynamic monitors are in place and functioning Position transcutaneous defibrillation patches. Supervise or prepare and drape the patient for sterile procedure.

Description of Intra-Service Work: Infiltrate skin inferior to the clavicle with local anesthetic. Make a skin incision over the previously placed cardiac contractility modulation device. Using standard dissection techniques and electrocautery

open the previously placed generator and leads. Use electrocautery for hemostasis. Locate the previously placed generator. Disconnect the generator from pacing leads. Connect a new generator to the existing leads.

Inspect the pocket for hemostasis and then irrigate with solution. Place the leads and generator into the existing pocket. Close pocket utilizing suture, staples, and/or medical adhesive as appropriate. Apply an appropriate dressing, with consideration for a pressure dressing if anticoagulation is anticipated.

Description of Post-Service Work: Ensure BP and HR are stable and normal upon arrival to recovery area. Write postoperative orders. Communicate with family and referring physicians. Review results of procedure with patient when sedation wears off. Dictate procedure note, including interpretation of lead, pulse generator, and rhythm status. Review, revise, and sign final report. Send formal report to PCP and referring providers. Review telemetry or Holter monitor recordings obtained until discharge. Check the incision and pocket for bleeding, hematoma, and cellulitis prior to discharge. Manage discharge day, including communication with PCP, patient and/or family, and staff. Hold extensive discussions with patient about timing of follow-up visits and keeping the incision clean and dry, and reporting signs of infection. At post-op visit(s) assess the wound with respect to appropriate healing, remove the dressing, prescribe any required antibiotics or analgesic medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	33X09					
Sample Size:	1914	**Resp N:**	41			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	0.00	45.00
Survey RVW:	3.75	6.00	**7.00**	8.52	60.00
Pre-Service Evaluation Time:			**39.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	15.00	40.00	**45.00**	60.00	150.00

Immediate Post Service-Time:	**38.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33X09	**Recommended Physician Work RVU: 6.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**39.00**	**40.00**	**-1.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**18.00**	**33.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61885	090	6.05	**RUC Time**

CPT Descriptor Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33208	090	8.52	**RUC Time**

CPT Descriptor Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67917	090	5.93	**RUC Time**	20,278

CPT Descriptor 1 Repair of ectropion; extensive (eg, tarsal strip operations)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52630	090	6.55	**RUC Time**	5,113

CPT Descriptor 2 Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are
included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 29.2 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 21.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 33X09	Top Key Reference CPT Code: 61885	2nd Key Reference CPT Code: **33208**
Median Pre-Service Time	57.00	51.00	40.00
Median Intra-Service Time	45.00	45.00	60.00
Median Immediate Post-service Time	18.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	40.00
Median Discharge Day Management Time	19.0	19.00	38.00
Median Office Visit Time	23.0	46.00	23.00
Median Total Time	**162.00**	**181.00**	**231.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	83%	8%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	83%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	75%	17%
Physical effort required	0%	83%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	0%	92%	8%

- Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	11%	22%	22%	33%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	56%	11%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	22%	67%	11%
Physical effort required	11%	78%	11%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	22%	56%	22%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

CPT approved a new family of Category I codes for implantation, removal, and replacement of cardiac contractility modulation (CCM) systems, generators, and leads in several combinations. Those 11 codes constitute the first portion of this tab. A separate set of four codes was created for programming, interrogation, and remote interrogation PC/TC.

This heart failure therapy was approved by the FDA in 2019, but only recently met CPT Category I criteria. The service utilization remains modest and the societies deployed a targeted survey of physicians identified by the vendor paired with a random list of physicians for each set of services. Each code met the minimum survey threshold of 30 responses. Only one of the device hardware codes—the main implantation code—was

performed by a majority of survey respondents. Each of the other ten device hardware codes survey responses are broken out by performers and non-performers in the summary spreadsheet, because the typical respondent had not actually provided the service.

As we often see in the cardiology space for new and uncommon services like this, times and RVUs do not completely align at the 25th or median RVUs. Recommendations are based on both of those survey data points, but in a manner that should maintain relativity within the family and in a manner that generally comports with reference services and comparators.

33X09: Removal and replacement of CCM system, pulse generator only
The societies convened a panel of physicians to review the survey data. Code 33X09 will be used to report removal and replacement of a cardiac contractility modulation system, pulse generator only. As described above, the panel reviewed the pre-service time and selected package 4 for a difficult patient/difficult procedure and post-service package 9B for complex anesthesia procedures with time removed based on the survey.

Respondents indicated the patient will be discharged the same day and seen once in the office during the 90-day global period. This comports with the experience of the panel. Therefore, we recommend one 99213 office visit.

The 1st key reference service of 61885 has a wRVU of 6.05. The survey 25th percentile for 33X09 is 6.00. The services have identical intra-service times of 45 minutes.

The societies recommend the survey 25th percentile wRVU of 6.00 with times of 57/45/18, plus one 99213, and one half-day discharge visit.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0414T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Interventional Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 20
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Service typicallly was performed 10 times or less during last three years as a Category III code. With pending Medicare NCD and promotion to Category I code we anticipate significant growth from that floor.

Specialty Electrophysiology Frequency 12 Percentage 60.00 %

Specialty Cardiology Frequency 6 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 2 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiology Frequency 9 Percentage 60.00 %

Specialty Cardiology Frequency 5 Percentage 33.33 %

Specialty Interventional Cardiology Frequency 1 Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33208

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33X10 Tracking Number J10 Original Specialty Recommended RVU: **4.92**
Presented Recommended RVU: **5.00**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **5.00**

CPT Descriptor: Repositioning of previously implanted cardiac contractility modulation transvenous electrode(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient had a previously implanted cardiac contractility modulation system and an electrode needs to be repositioned due to dislodgement.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 93% , In the ASC 5%, In the office 2%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 56% , Overnight stay-less than 24 hours 44% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Surgical: Review patient's history and pertinent noninvasive diagnostic studies, with special attention to cerebrovascular symptoms, cardiac symptoms, and other comorbidities that would place patient at high risk for surgery. Perform physical examination to determine if the patient has had prior procedures that required subclavian vein cannulation, evidence of subclavian vein occlusion, prior mastectomy or breast augmentation, and any current central venous lines, rashes, infection, and other implanted devices. Carefully inspect the area over the previous cardiac contractility modulation device. Also, pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Pay special attention to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking. Review all pre-procedural blood tests, focusing on coagulation and renal function studies. Consider that renal insufficiency is present, and pay attention to whether patient has received appropriate renal protective agents and hydration.

Based on review of all previous diagnostic studies, estimate the range of introducer sheaths, guiding catheters, leads, pacemakers, programmers, pacing system analyzer, external defibrillator, and recording equipment that may be required, and ensure all items are available for use. Pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Discuss procedure details, including alternatives and risks, with patient and/or family. Obtain informed consent. Assess patient's airway and respiratory status to evaluate the type of intravenous sedation that is required and safe. If intravenous sedation will not be adequate, then arrange for and provide general anesthesia support.

Radiological: Check interventional suite to ensure proper function and configuration of imaging equipment, including compliance with all radiation safety issues. Ensure all technical personnel have been familiarized with the implantation technique and are fully familiar with all required devices, especially the external defibrillator, recording equipment, programmer for the cardiac contractility modulation device, programmer for other implanted devices, and pacing system analyzer. Locate and review prior films and diagnostic studies. Don radiation protection. Supervise proper positioning of patient.

Anesthesia: Discuss with anesthesia provider or support staff (i.e., RN) performing sedation that procedure and need for adjustment of level of sedation throughout the procedure to ensure safety and avoid long-term adverse effects after implantation (i.e., chest discomfort with stimulation).

Ensure ECG and hemodynamic monitors are in place and functioning Position transcutaneous defibrillation patches. Supervise or prepare and drape the patient for sterile procedure.

Description of Intra-Service Work: All of the following steps are performed under fluoroscopic guidance. Direct technical personnel throughout procedure. Infiltrate skin inferior to the clavicle with local anesthetic. Make a skin incision over the previously placed cardiac contractility modulation device. Using standard dissection techniques and electrocautery open the previously placed generator and leads. Use electrocautery for hemostasis. Disconnect the leads from the generator. Advance a stylet into the lead requiring repositioning and retract the active fixation mechanism using a standard wrench. Using manual traction withdraw the lead and then advance into the new location. Fixate the lead. Assess the lead position by electrogram morphology, slew rate, pacing impedance, capture thresholds, and electrogram amplitude. Position the suture tie-down sleeve and suture to the lead and the pectoralis major muscle fascia, allowing for the appropriate amount of slack in the lead to reduce the likelihood of dislodgement. Ensure the two right ventricular leads have appropriate separation under fluoroscopy and through the programmer. If the patient has a concomitant ICD or pacemaker, testing is performed to confirm that function or the cardiac contractility modulation device does not impact appropriate function of the ICD and vice versa, commonly referred to as crosstalk between the two devices If crosstalk is observed, multiple remedial steps may be performed including reprogramming of either or both the ICD (or pacemaker) and cardiac contractility modulation device or reposition of either or both pacemaker leads. The leads may require repositioning to ensure adequate sensing and impedance characteristics are confirmed with a pacing system analyzer. Position the suture tie-down sleeve and suture to the lead and the pectoralis major muscle fascia, allowing for the appropriate amount of slack in the lead to reduce the likelihood of dislodgement.

Inspect the pocket for hemostasis and then irrigate with solution. Interrogate cardiac contractility modulation generator and program to settings appropriate to the underlying conditions of the patient. Put appropriate leads into the cardiac contractility modulation header and tighten the set screws. Wrap leads carefully beneath the pacemaker and place the generator into the pocket. Awaken the patient to assess for chest discomfort to ensure appropriate positioning of leads. Close pocket utilizing suture, staples, and/or medical adhesive as appropriate. Apply an appropriate dressing, with consideration for a pressure dressing if anticoagulation is anticipated. Re-interrogate generator to ensure lead connections are correct and tight.

Description of Post-Service Work: Ensure BP and HR are stable and normal upon arrival to recovery area. Write postoperative orders. Communicate with family and referring physicians. Review results of procedure with patient when sedation wears off. Dictate procedure note, including interpretation of lead, pulse generator, and rhythm status. Review, revise, and sign final report. Send formal report to PCP and referring providers. Review postoperative PA and lateral chest X ray for lead position. Review telemetry or Holter monitor recordings obtained until discharge. Prior to discharge, test ventricular sensing and capture functions, battery function, device diagnostics. Ensure patient understands process for charging of the device. Document the function in a pacemaker follow-up database. Check the incision and pocket for bleeding, hematoma, and cellultiis prior to discharge. Manage discharge day, including communication with PCP, patient and/or family, and staff. Hold extensive discussions with patient about timing of follow-up visits, monitoring by remote and in-clinic evaluations, and keeping the incision clean and dry, and reporting signs of infection. At post-op visit(s) assess the wound with respect to appropriate healing, remove the dressing, prescribe any required antibiotics or analgesic medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	33X10					
Sample Size:	1914	**Resp N:**	42			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**0.00**	1.00	4.00
Survey RVW:	4.90	5.00	**6.00**	7.88	10.20
Pre-Service Evaluation Time:			**37.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	45.00	**60.00**	87.00	120.00

Immediate Post Service-Time:	**38.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33X10	**Recommended Physician Work RVU: 5.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**37.00**	**40.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**18.00**	**33.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33215	090	4.92	**RUC Time**

CPT Descriptor Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33217	090	5.59	**RUC Time**

CPT Descriptor Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33213	090	5.28	**RUC Time**	817

CPT Descriptor 1 Insertion of pacemaker pulse generator only; with existing dual leads

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63661	010	5.08	**RUC Time**	3,917

CPT Descriptor 2 Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 28 **% of respondents:** 66.6 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 9.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 33X10	Top Key Reference CPT Code: 33215	2nd Key Reference CPT Code: **33217**
Median Pre-Service Time	55.00	20.00	50.00
Median Intra-Service Time	60.00	60.00	120.00
Median Immediate Post-service Time	18.00	25.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	20.00	0.00
Median Discharge Day Management Time	19.0	38.00	0.00
Median Office Visit Time	23.0	16.00	32.00
Median Total Time	**175.00**	**179.00**	**262.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	39%	54%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	4%	32%	64%
Physical effort required	0%	54%	46%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	57%	43%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	25%	75%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	25%	75%
Physical effort required	0%	25%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

CPT approved a new family of Category I codes for implantation, removal, and replacement of cardiac contractility modulation (CCM) systems, generators, and leads in several combinations. Those 11 codes constitute the first portion of this tab. A separate set of four codes was created for programming, interrogation, and remote interrogation PC/TC.

This heart failure therapy was approved by the FDA in 2019, but only recently met CPT Category I criteria. The service utilization remains modest and the societies deployed a targeted survey of physicians identified by the vendor paired with a random list of physicians for each set of services. Each code met the minimum survey threshold of 30 responses. Only one of the device hardware codes—the main implantation code—was performed by a majority of survey respondents. Each of the other ten device hardware codes survey responses are broken out by performers and non-performers in the summary spreadsheet, because the typical respondent had not actually provided the service.

As we often see in the cardiology space for new and uncommon services like this, times and RVUs do not completely align at the 25th or median RVUs. Recommendations are based on both of those survey data points, but in a manner that should maintain relativity within the family and in a manner that generally comports with reference services and comparators.

33X10: Repositioning of previously implanted CCM transvenous electrode(s)
The societies convened a panel of physicians to review the survey data. Code 33X10 will be used to report repositioning of previously implanted cardiac contractility modulation system. As described above, the panel reviewed the pre-service time and selected package 4 for a difficult patient/difficult procedure and post-service package 9B for complex anesthesia procedures with time removed based on the survey.

Respondents indicated the patient will be discharged the same day and seen twice in the office during the 90-day global period. This comports with the experience of the panel. Therefore, we recommend two 99213 office visits.

The 1st KRS is 33215 with a wRVU of 4.92 and intra-service time of 60 minutes. The survey median time for 33X10 is also 60 minutes. The survey 25th percentile wRVU for 33X10 is 5.00. 67% of survey respondents chose 33215 as the key reference service. The 2nd key reference service was chosen by less than 10% of respondents.

The societies recommend the 25th-percentile RVU of 5.00 that compares well to the survey 1st key reference service of 33215 with a wRVU of 4.92, with times of 55/60/18, plus two 99213s for wound care and management of device function after a lead repositioning, and half-day discharge visit for patients discharged the same day as procedure, as supported by the survey.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0415T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Interventional Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 20
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Service typicallly was performed 10 times or less during last three years as a Category III code. With pending Medicare NCD and promotion to Category I code we anticipate significant growth from that floor.

Specialty Electrophysiology Frequency 12 Percentage 60.00 %

Specialty Cardiology Frequency 6 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 2 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiology Frequency 9 Percentage 60.00 %

Specialty Cardiology Frequency 5 Percentage 33.33 %

Specialty Interventional Cardiology Frequency 1 Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33215

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33X11 Tracking Number J11 Original Specialty Recommended RVU: **6.30**
Presented Recommended RVU: **5.25**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **5.25**

CPT Descriptor: Relocation or revision of skin pocket for implanted cardiac contractility modulation pulse generator

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient had a previously implanted cardiac contractility modulation system and the pulse generator needs to be relocated due to local discomfort.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 90% , In the ASC 7%, In the office 2%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 82% , Overnight stay-less than 24 hours 18% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 86%

Description of Pre-Service Work: Surgical: Review patient's history and pertinent noninvasive diagnostic studies, with special attention to cerebrovascular symptoms, cardiac symptoms, and other comorbidities that would place patient at high risk for surgery. Perform physical examination particularly focusing on device area and other areas that may impact extraction of the device. Pay special attention to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking. Review all pre-procedural blood tests, focusing on coagulation and renal function studies. Consider that renal insufficiency is present, and pay attention to whether patient has received appropriate renal protective agents and hydration.
Pay attention to other implantable devices such as pacemakers and implantable cardioverter-defibrillators that may need reprogramming in the peri-procedural period. Discuss procedure details, including alternatives and risks, with patient and/or family. Obtain informed consent. Assess patient's airway and respiratory status to evaluate the type of intravenous sedation that is required and safe. If intravenous sedation will not be adequate, then arrange for and provide general anesthesia support.

Radiological: Check interventional suite to ensure proper function and configuration of imaging equipment, including compliance with all radiation safety issues. Ensure all technical personnel have been familiarized with the implantation technique and are fully familiar with all required devices, especially the external defibrillator, recording equipment, programmer for the cardiac contractility modulation device, programmer for other implanted devices, and pacing system analyzer. Supervise selection of all equipment, including leads and cardiac contractility generator, and verify all needed equipment is available. Locate and review prior films and diagnostic studies. Don radiation protection. Supervise proper positioning of patient.

Anesthesia: Discuss with anesthesia provider or support staff (i.e., RN) performing sedation that procedure

Ensure ECG and hemodynamic monitors are in place and functioning Position transcutaneous defibrillation patches. Supervise or prepare and drape the patient for sterile procedure.

Description of Intra-Service Work: Direct technical personnel throughout procedure. Infiltrate skin inferior to the clavicle with local anesthetic. Make a skin incision over the previously placed cardiac contractility modulation device. Using

standard dissection techniques and electrocautery open the previously pocket and isolate the previously placed generator and leads. Use electrocautery for hemostasis.

After appropriate local anesthetic infusion, make a new incision in a new location in proximity to the previous pocket. Using electrocautery and standard dissection techniques, create a new pocket. Place the existing device and leads into the new pocket.

Inspect the pocket for hemostasis and then irrigate with solution. Interrogate the cardiac contractility generator and program to settings appropriate to the underlying conditions of the patient. Wrap leads carefully beneath the generator and place the generator into the pocket. Close both pockets utilizing suture, staples, and/or medical adhesive as appropriate. Apply an appropriate dressing, with consideration for a pressure dressing if anticoagulation is anticipated. Re-interrogate generator to ensure lead connections are correct and tight.

Description of Post-Service Work: Ensure BP and HR are stable and normal upon arrival to recovery area. Write postoperative orders. Communicate with family and referring physicians. Review results of procedure with patient when sedation wears off. Dictate procedure note, including interpretation of lead, pulse generator, and rhythm status. Review, revise, and sign final report. Send formal report to PCP and referring providers. Review postoperative PA and lateral chest X ray for lead position. Review telemetry or Holter monitor recordings obtained until discharge. Prior to discharge, test ventricular sensing and capture functions, battery function, device diagnostics. Ensure patient understands process for charging of the device. Document the function in a pacemaker follow-up database. Check the incision and pocket for bleeding, hematoma, and cellultiis prior to discharge. Manage discharge day, including communication with PCP, patient and/or family, and staff. Hold extensive discussions with patient about timing of follow-up visits, monitoring by remote and in-clinic evaluations, and keeping the incision clean and dry, and reporting signs of infection. At post-op visit(s) assess the wound with respect to appropriate healing, remove the dressing, prescribe any required antibiotics or analgesic medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	33X11					
Sample Size:	1914	**Resp N:**	42			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	0.00	**0.00**	0.00	10.00
Survey RVW:		4.68	6.30	**6.30**	7.00	63.00
Pre-Service Evaluation Time:				**37.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		20.00	37.00	**45.00**	60.00	100.00
Immediate Post Service-Time:	**38.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33X11	**Recommended Physician Work RVU: 5.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**37.00**	**40.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**18.00**	**33.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33215	090	6.30	**RUC Time**

CPT Descriptor Relocation of skin pocket for implantable defibrillator

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52630	090	6.55	**RUC Time**	5,113

CPT Descriptor 1 Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
62350	010	6.05	**RUC Time**	3,564

CPT Descriptor 2 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 42 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 33X11	Top Key Reference CPT Code: 33215	2nd Key Reference CPT Code:
Median Pre-Service Time	55.00	48.00	0.00
Median Intra-Service Time	45.00	90.00	0.00
Median Immediate Post-service Time	18.00	60.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	23.0	32.00	0.00
Median Total Time	**160.00**	**230.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	2%	72%	21%	5%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	76%	22%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	76%	22%
Physical effort required	2%	76%	22%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	2%	74%	24%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

CPT approved a new family of Category I codes for implantation, removal, and replacement of cardiac contractility modulation (CCM) systems, generators, and leads in several combinations. Those 11 codes constitute the first portion of this tab. A separate set of four codes was created for programming, interrogation, and remote interrogation PC/TC.

This heart failure therapy was approved by the FDA in 2019, but only recently met CPT Category I criteria. The service utilization remains modest and the societies deployed a targeted survey of physicians identified by the vendor paired with a random list of physicians for each set of services. Each code met the minimum survey threshold of 30 responses. Only one of the device hardware codes—the main implantation code—was performed by a majority of survey respondents. Each of the other ten device hardware codes survey responses are broken out by performers and non-performers in the summary spreadsheet, because the typical respondent

had not actually provided the service.

As we often see in the cardiology space for new and uncommon services like this, times and RVUs do not completely align at the 25th or median RVUs. Recommendations are based on both of those survey data points or crosswalks, but in a manner that should maintain relativity within the family and in a manner that generally comports with reference services and comparators.

33X11: Relocation or revision of skin pocket for implanted CCM pulse generator
The societies convened a panel of physicians to review the survey data. Code 33X11 will be used to report relocation or revision of skin pocket for implanted cardiac contractility modulation system. As described above, the panel reviewed the pre-service time and selected package 4 for a difficult patient/difficult procedure and post-service package 9B for complex anesthesia procedures with time removed based on the survey.

Respondents indicated the patient will be discharged the same day and seen once in the office during the 90-day global period. This comports with the experience of the panel. Therefore, we recommend one 99213 office visit.

The 1st key reference service of 33223 with a wRVU of 6.30 was chosen by 100% of survey respondents. 6.30 was also the median and the 25th percentile survey wRVU.

Finding the KRS and the survey 25th-percentile value to be too high, the societies recommend the a crosswalk value of 5.25 from code 33227 for single-lead pacemaker generator replacement. Recommended times from the survey are 55/45/18, plus one 99213, and one half-day discharge visit for patients discharged the same day as procedure.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0416T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Interventional Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 20
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Service typicallly was performed 10 times or less during last three years as a Category III code. With pending Medicare NCD and promotion to Category I code we anticipate significant growth from that floor.

Specialty Electrophysiology Frequency 12 Percentage 60.00 %

Specialty Cardiology Frequency 6 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 2 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiology Frequency 9 Percentage 60.00 %

Specialty Cardiology Frequency 5 Percentage 33.33 %

Specialty Interventional Cardiology Frequency 1 Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33223

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93X01 Tracking Number J12 Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.90**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.90**

CPT Descriptor: Programming of the cardiac contractility modulation system (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report by a physician or other qualified health care professional (do not report 93X01 in conjunction with 33X01, 33X02, 33X03, 33X04, 33X05, 33X06, 33X07, 33X08, 33X09)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. implantation of a cardiac contractility modulation system was performed in the past and requires adjustment in programming of parameters.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Pre-Service: Patient history is assessed for CCM indications and for changes in symptoms or development of interval symptoms or clinical episodes of ventricular tachyarrhythmia. Prior history and previous programmed settings of the device as well as interim remote assessments, if available, are reviewed.

Description of Intra-Service Work: Communication between the cardiac contractility modulation device and the programmer is initiated. Cardiac contractility modulation parameters are recorded and assessed. Detailed physician analysis is made of the stored cardiac contractility modulation data, including contractility data. Other device parameters are reviewed, including device alerts with regard to battery and lead function, battery voltage, lead impedance, and current. Additional measurements are made when necessary to assess the status of the insulation and conductors of the leads. Appropriate lead polarity for sensing and capture parameters is assessed. The sensing threshold is measured by recording the signal from a single lead and chamber and by iterative (stepwise) adjustment of the cardiac contractility modulation sensing value, in order to determine the appropriate sensing safety margin. After detailed analysis of each of the above parameters, a decision is made about the adequacy of the initial programmed cardiac contractility modulation parameters, and any changes that need to be made in order to optimize the device performance relative to the patient's clinical condition are identified. The device-programming changes are made, and any additional recommendations for further cardiac evaluation or treatment are provided.

Description of Post-Service Work: Documentation of the patients clinical status and device data elements including all or some of the following is performed: sensing amplitudes, lead impedances, trends, battery status including discharges, %CCM therapy delivery, # of CCM drivetrains delivered, any error codes detected by patient charger, patient activity level, average heart rate variability, patient posture, programmed parameters, and any programmed changes.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	93X01					
Sample Size:	1914	**Resp N:**	47			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	3.00	**8.00**	12.00	200.00
Survey RVW:		0.70	0.90	**1.00**	1.70	3.00
Pre-Service Evaluation Time:				**6.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		4.00	10.00	**15.00**	17.00	67.00
Immediate Post Service-Time:	**8.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93X01	**Recommended Physician Work RVU: 0.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**8.00**	**0.00**	**8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93281	XXX	0.85	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93280	XXX	0.77	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74246	XXX	0.90	**RUC Time**	43,307

CPT Descriptor 1 Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99202	XXX	0.93	**RUC Time**	1,003,013

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 55.3 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 23.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 93X01	Top Key Reference CPT Code: 93281	2nd Key Reference CPT Code: **93280**
Median Pre-Service Time	6.00	0.00	0.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	8.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**29.00**	**25.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	27%	62%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	42%	58%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	38%	62%
Physical effort required	0%	69%	31%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	54%	46%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	36%	45%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	27%	64%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	45%	46%
Physical effort required	9%	73%	18%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	55%	36%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The societies convened a panel of physicians to review the survey data. Code 93X01 will be used to report programming of the CCM system with iterative adjustment of device including review and report by physician or other qualified healthcare professional. Survey respondents reported six minutes of pre-service time and eight minutes of post-service time which comported with the experience of the panel.

The survey 25th percentile wRVU for 93X01 of 0.90 is slightly higher than the 1st key reference service code 93281 (0.85). This comports with the survey findings that 73% of respondents identified 93X01 as somewhat more or much more intense/complex than 93281.

The societies recommend the survey 25th percentile wRVU of 0.90 with times of 6/15/8.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) While this is a brand new code set with low volume overall, our expert panel believes that the typical patient receiving the CCM system also would have an ICD. As such, it is presumed the ICD would also be programmed at the same visit as the CCM is leading to 93283 likely being billed on the same visit as 93X01.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0417T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrphyisologist How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Interventional Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 6600
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. 2023 had the highest utilization of this service as a category III code at 3,300. With a pending Medicare NCD and promotion of the service to a category I code we anticipate significant growth from that floor.

Specialty Electrophysiology Frequency 3960 Percentage 60.00 %

Specialty Cardiology Frequency 1980 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 660 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,950
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiology Frequency 2970 Percentage 60.00 %

Specialty Cardiology Frequency 1485 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 495 Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93284

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93X02 Tracking Number J13 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.80**

CPT Descriptor: Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified healthcare professional, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system (do not report 93X02 in conjunction with 33X01, 33X02, 33X03, 33X04, 33X05, 33X06, 33X07, 33X08, 33X09)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with a cardiac contractility modulation system for heart failure is followed with interrogation device evaluations (in person) for device functionality and performance.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Patient history is assessed for CCM indications and for changes in symptoms or development of interval symptoms or clinical episodes of ventricular tachyarrhythmia. Prior history and previous programmed settings of the device as well as interim remote assessments, if available, are reviewed.

Description of Intra-Service Work: Information from the cardiac contractility modulation device is interrogated by telemetric communication and reviewed. The review includes assessment of the appropriateness of the cardiac contractility modulation system's function, current programmed parameters, and overall device function. Data reviewed include the following: appropriate sensing and capture; stored data of all cardiac contractility modulation parameters; alerts; battery voltage; lead impedance; and sensed voltage amplitude for each lead.

Description of Post-Service Work: Documentation of the patients clinical status and device data elements including all or some of the following is performed: sensing amplitudes, lead impedances, trends, battery status including discharges, %CCM therapy delivery, # of CCM drivetrains delivered, any error codes detected by patient charger, patient activity level, average heart rate variability, patient posture, and programmed parameters.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	93X02					
Sample Size:	1914	**Resp N:**	47			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	1.00	**6.00**	15.00	200.00
Survey RVW:		0.65	0.80	**1.00**	1.43	3.00
Pre-Service Evaluation Time:				**6.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		2.00	10.00	**15.00**	15.00	67.00
Immediate Post Service-Time:	**7.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93X02	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93280	XXX	0.77	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93281	XXX	0.85	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	680,635

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	816,351

CPT Descriptor 2 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 42.5 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 40.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 93X02	Top Key Reference CPT Code: 93280	2nd Key Reference CPT Code: **93281**
Median Pre-Service Time	6.00	7.00	7.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	7.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**28.00**	**32.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	10%	40%	45%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	45%	40%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	5%	40%	55%
Physical effort required	5%	80%	15%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	10%	75%	15%

- Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	32%	53%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	26%	63%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	47%	48%
Physical effort required	0%	79%	21%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	47%	48%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The societies convened a panel of physicians to review the survey data. Code 93X02 will be used to report in-person interrogation device evaluation with analysis, review and report by physician or other qualified healthcare professional. Survey respondents reported five minutes of pre-service time and seven minutes of post-service time which comported with the experience of the panel.

The survey 25th percentile wRVU of 0.80 for 93X02 falls between the 1st key reference service of 93280 (0.77) and the 2nd key reference service of 93281 (0.85) and has identical intra-service time to each reference code. The survey respondents were nearly evenly split between the two reference codes with 20 of 47 respondents selecting 93280 and 19 of 47 choosing 93281. This supports a value between the two codes.

The societies recommend the survey 25th percentile wRVU of 0.80 with times of 6/15/7.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) While this is a brand new code set with low volume overall, our expert panel believes that the typical patient receiving the CCM system also would have an ICD. As such, it is presumed the ICD would also be interrogated at the same visit as the CCM is leading to 93289 likely being billed on the same visit as 93X02.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0418T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Interventional Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 had the highest utilization of this service as a category III code at 300. With a pending Medicare NCD and promotion of the service to a category I code we anticipate significant growth from that floor.

Specialty Electrophysiology Frequency 360 Percentage 60.00 %

Specialty Cardiology Frequency 180 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 60 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 450
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiology Frequency 270 Percentage 60.00 %

Specialty Cardiology Frequency 135 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 45 Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93289

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93X03 Tracking Number J14 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.60**

CPT Descriptor: Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. implantation of a cardiac contractility modulation system was performed in the past and requires adjustment in programming of parameters.

CORRECTED VIGNETTE RECOMMENDED IN LETTER: A 65-year-old male with a cardiac contractility modulation system for heart failure is followed with interrogation device evaluations (remote) for device functionality and performance.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Patient history is assessed for CCM indications and for changes in symptoms or development of interval symptoms or clinical episodes of ventricular tachyarrhythmia. Prior history and previous programmed settings of the device as well as interim remote assessments, if available, are reviewed.

Description of Intra-Service Work: Communication between the cardiac contractility modulation device and the programmer is initiated via remote connectivity. Cardiac contractility modulation parameters are recorded and assessed. Detailed physician analysis is made of the stored cardiac contractility modulation data, including contractility data. Other device parameters are reviewed, including device alerts with regard to battery and lead function, battery voltage, lead impedance, and current. Additional measurements are made when necessary to assess the status of the insulation and conductors of the leads. Appropriate lead polarity for sensing and capture parameters is assessed. The sensing threshold is measured by recording the signal from a single lead and chamber and by iterative (stepwise) adjustment of the cardiac contractility modulation sensing value, in order to determine the appropriate sensing safety margin. After detailed analysis of each of the above parameters, a decision is made about the adequacy of the initial programmed cardiac contractility modulation parameters, and any changes that need to be made in order to optimize the device performance relative to the patient's clinical condition are identified. The device-programming changes are made remotely, and any additional recommendations for further cardiac evaluation or treatment are provided.

Description of Post-Service Work: Documentation of the patients clinical status and device data elements including all or some of the following is performed: sensing amplitudes, lead impedances, trends, battery status including discharges, %CCM therapy delivery, # of CCM drivetrains delivered, any error codes detected by patient charger, patient activity level, average heart rate variability, patient posture, and programmed parameters.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Schoenfeld, Dr. David Slotwiner					
Specialty Society(ies):	ACC, HRS					
CPT Code:	93X03					
Sample Size:	1914	**Resp N:**	44			
Description of Sample:	Sample comprised of a targeted list of 512 known-user EPs provided by the manufacturer, 902 EPs randomly selected from ACC and HRS membership and 500 Heart Failure specialists randomly selected from ACC membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**4.00**	16.00	400.00
Survey RVW:	0.60	0.80	**0.90**	1.20	4.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**11.00**	15.00	67.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93X03	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**11.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93280	XXX	0.77	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93281	XXX	0.85	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	680,635

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	816,351

CPT Descriptor 2 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 54.5 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 31.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 93X03	Top Key Reference CPT Code: 93280	2nd Key Reference CPT Code: **93281**
Median Pre-Service Time	5.00	7.00	7.00
Median Intra-Service Time	11.00	15.00	15.00
Median Immediate Post-service Time	5.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**21.00**	**32.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	46%	33%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	50%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	50%	37%
Physical effort required	8%	71%	21%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	17%	54%	29%

• Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	43%	43%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	50%	36%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	50%	36%
Physical effort required	29%	64%	7%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	64%	29%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The societies convened a panel of physicians to review the survey data. Code 93X03 will be used to report remote interrogation device evaluation of up to 90 days with interim analysis, review and report by physician or qualified healthcare professional. Survey respondents reported five minutes of pre-service time and five minutes of post-service time which comported with the experience of the panel.

The survey 25th percentile wRVU of 0.80 for 93X03 falls between the 1st key reference service of 93280 (0.77) and the 2nd key reference service of 93281 (0.85).

The societies recommend the survey 25th percentile wRVU of 0.80 with times of 5/11/5.

* Note: An incorrect vignette that referenced remote programming for this code was incorporated into the CCA,

CPT Coding Changes document and used in this survey. Remote programming is not possible. This code is only for remote interrogation. A letter advising of the details of the situation was submitted to the RUC chair.

98% of survey respondents indicated the vignette to be typical, which the panel believes indicates a focus on the type of patient rather than the mention of programming. At the survey 25th percentile, respondents aligned on work RVUs of 0.80 for both in-person and remote programming, which appears reasonable as interpretation is performed without both the longer time and informational benefit of seeing the patient during the service.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Interventional Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 500
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. 2024 had the highest utilization of this service as a category III code at 250. With a pending Medicare NCD and promotion of the service to a category I code we anticipate significant growth from that floor.

Specialty Electrophysiology Frequency 300 Percentage 60.00 %

Specialty Cardiology Frequency 150 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 50 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 350
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on majority of patients being Medicare beneficiaries as vignette for typical patient is of Medicare age.

Specialty Electrophysiology Frequency 210 Percentage 60.00 %

Specialty Cardiology Frequency 105 Percentage 30.00 %

Specialty Interventional Cardiology Frequency 35 Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93295

SS Rec Summary

ISSUE: Cardiac Contractility Modulation

TAB: Tab 8

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	FAC-inpt or obs/disch 38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and	090	2005	29	0.059	0.037			8.52			231	10	15	15			60			30			1			1.0			1								
2nd REF	33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	090	2002	10	0.018	0.021			5.59			262	50					120			60									2							
CURRENT	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including	090			-	-						0																								
SVY	33X01	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance	090		51	0.042	0.033	5.59	8.83	9.25	10.03	16.00	283	45	12	15	36	60	90	90	120	20			1			1.0			1			0	2	5	10	75
Targeted	33X01	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		22	0.043	0.033	6.00	9.11	10.00	11.81	16.00	302	45	15	15	39	60	90	90	120	19			0			1.0			2			2	5	8	12	25
Random	33X01	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		29	0.051	0.034	5.59	8.52	9.00	9.50	14.00	261	45	10	15	36	60	70	90	120	20			1			1.0			1			0	0	2	7	75
REC	33X01	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; pulse generator and transvenous electrodes	090			0.063	0.042			8.83			210	40	3	15			90			20						0.5			1							

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	FAC-inpt or obs/disch 38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive	090	2010	16	0.047	0.033			6.05			181	33	3	15			45			20						0.5			2							
2nd REF	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and	090	2005	10	0.059	0.037			8.52			231	10	15	15			60			30			1			1.0			1							
CURRENT	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including	090			-	-						0																								
SVY	33X02	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance	090		39	0.020	0.027	4.42	6.00	6.10	8.00	16.00	225	43	10	15	10	30	40	50	90	16			1			1.0			1			0	0	0	0	55
Targeted	33X02	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		14	-0.005	0.024	4.92	6.01	6.20	8.29	16.00	262	41	15	19	20	40	45	63	90	18			1			1.0			2			0	0	0	5	12
Random	33X02	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		25	0.054	0.033	4.42	6.00	6.10	7.50	9.00	186	45	10	15	10	30	40	45	90	15						1.0			1			0	0	0	0	55
Exp	33X02	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		9	0.013	0.027	4.92	6.00	7.50	8.30	16.00	276	45	12	18	20	30	45	90	90	15			1			1.0			1	1		1	2	5	12	55
0 Exp	33X02	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		30	0.052	0.032	4.42	6.01	6.10	7.75	9.00	190	44	10	15	10	30	40	45	90	20						1.0			1							
XWALK	33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	090			0.074	0.043			5.80			135	10	3	15			45			20						0.5			1							
REC	33X02	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; pulse generator only	090			0.069	0.037			5.80			156	40	3	15			40			16						0.5			1							

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	FAC-inpt or obs/disch 38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and	090	2005	12	0.059	0.037			8.52			231	10	15	15			60			30			1			1.0			1							
2nd REF	33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	090	1994	9	0.016	0.024			5.82			246	50					90			60									2							
CURRENT	0410T	Insertion or replacement of permanent cardiac contractility modulation system, including	090			-	-						0																								
SVY	33X03	insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance	090		40	0.052	0.034	4.92	6.00	7.88	9.00	14.00	234	41	10	15	15	44	50	66	100	17			1			1.0			1			0	0	0	1	12
Targeted	33X03	insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		16	0.029	0.030	5.00	6.19	8.13	9.70	14.00	275	38	15	17	30	44	50	67	100	17			0.5			1.0			2			0	0	0	2	12
Random	33X03	insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		24	0.042	0.032	4.92	5.58	7.60	8.93	12.00	241	45	10	15	15	44	52	63	90	18			1			1.0			1			0	0	0	0	8
Exp	33X03	insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		10	0.045	0.033	6.00	7.38	8.95	9.80	14.00	271	44	14	17	15	45	57	87	100	15			1			1.0			2			1	2	5	8	12
0 Exp	33X03	insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		30	0.021	0.027	4.92	5.68	6.85	8.58	12.00	251	38	10	15	20	42	50	60	90	20			1			1.0			1			0	0	0	0	0
REC	33X03	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; transvenous electrode, single	090			0.058	0.036			6.00			167	40	3	15			50			17						0.5			1							

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
38																																								
39					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
40	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
41	1st REF	33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	090	2002	17	0.010	0.020			5.59			276	50	0	0			120			60										2								
42	2nd REF	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and	090	2005	12	0.059	0.037			8.52			231	10	15	15			60			30				1		1.0				1								
43	CURRENT	0411T	Insertion or replacement of permanent cardiac contractility modulation system, including	090			-	-						0																										
44	SVY	33X04	insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance	090		39	0.059	0.036	5.49	6.23	9.00	9.75	16.00	251	45	10	15	30	50	60	90	120	20				1		1.0				1			0	0	0	3	25
45	Targeted	33X04	insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		16	0.024	0.029	6.00	6.95	9.15	10.88	16.00	320	44	18	19	35	54	62	90	120	19				1		1.0			2				0	0	1	4	25
46	Random	33X04	insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		23	0.053	0.034	5.49	6.05	8.60	9.30	14.00	251	45	10	15	30	48	60	90	110	20				1		1.0				1			0	0	0	0	12
47	Exp	33X04	insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		13	0.049	0.033	5.95	8.55	9.25	12.00	16.00	281	50	15	18	30	55	64	90	120	16				1		1.0			1				1	3	4	12	25
48	0 Exp	33X04	insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and	090		26	0.043	0.032	5.49	6.10	8.01	9.18	14.00	251	45	10	15	30	50	60	85	110	20				1		1.0				1			0	0	0	0	0
49	REC	33X04	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; transvenous electrode, dual	090			0.051	0.035			6.23			180	40	3	15			60			20						0.5				1							
50																																							
51					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
52	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
53	1st REF	33235	Removal of transvenous pacemaker electrode(s); dual lead system	090	1994	34	0.019	0.025			9.90			390	50					170			60								2								
54	2nd REF	33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	090	1996	4	0.028	0.026			7.66			292	50					150			60										2						
55	CURRENT	0414T/0415T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	090			-	-						0																										
56	SVY	33X05	removal of a permanent cardiac contractility modulation system; pulse generator and	090		39	0.034	0.030	5.59	9.90	10.00	10.88	16.00	329	50	12	15	40	60	114	120	240	20				1		1.0				1			0	0	0	0	6
57	Targeted	33X05	removal of a permanent cardiac contractility modulation system; pulse generator and	090		16	0.025	0.027	8.10	9.90	9.98	10.51	15.00	366	51	20	19	50	73	120	128	180	21				1		1				1			0	0	0	2	6
58	Random	33X05	removal of a permanent cardiac contractility modulation system; pulse generator and	090		23	0.049	0.035	5.59	9.90	10.00	11.00	16.00	286	50	10	15	40	60	90	120	240	20				1		1.0				1			0	0	0	0	3
59	Exp	33X05	removal of a permanent cardiac contractility modulation system; pulse generator and	090		8	0.020	0.028	8.10	9.68	10.50	14.10	16.00	372	56	12	19	40	60	77	130	170	18		1				1			2				1	2	3	5	6
60	0 Exp	33X05	removal of a permanent cardiac contractility modulation system; pulse generator and	090		31	0.033	0.030	5.59	9.90	10.00	10.53	16.00	332	45	14	15	45	68	120	120	240	20				1		1.0				1			0	0	0	0	0
61	REC	33X05	Removal of a permanent cardiac contractility modulation system; pulse generator and transvenous electrodes	090			0.055	0.039			9.90			254	40	3	15			114			40						0.5			0	1							
62																																							
63					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
64	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
65	1st REF	33223	Relocation of skin pocket for implantable defibrillator	090	1994	12	0.032	0.027			6.30			230	48					90			60										2								
66	2nd REF	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive	090	2010	6	0.047	0.033			6.05			181	33	3	15			45			20						0.5				2							
67	CURRENT	0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	090			-	-						0																										
68	SVY	33X06	removal of a permanent cardiac contractility modulation system; pulse generator only	090		40	0.024	0.028	4.50	5.98	6.08	7.20	13.00	217	35	10	15	10	30	38	60	90	18				1		1.0				1			0	0	0	0	50
69	Targeted	33X06	removal of a permanent cardiac contractility modulation system; pulse generator only	090		16	-0.029	0.022	4.75	6.00	6.30	8.10	13.00	290	36	18	19	20	30	40	60	90	19				1		1.0			2				0	0	0	1	8
70	Random	33X06	removal of a permanent cardiac contractility modulation system; pulse generator only	090		24	0.062	0.034	4.50	5.90	6.00	7.00	10.00	176	40	10	15	10	29	35	49	65	15				0		1.0				1			0	0	0	0	50
71	Exp	33X06	removal of a permanent cardiac contractility modulation system; pulse generator only	090		7	0.004	0.024	6.00	6.90	8.00	10.05	13.00	329	80	12	18	20	30	60	72	90	18				1		1.0			1	1			1	4	4	7	50
72	0 Exp	33X06	removal of a permanent cardiac contractility modulation system; pulse generator only	090		33	0.024	0.028	4.50	5.90	6.00	6.50	10.00	214	35	10	15	10	30	35	45	65	18				1		1.0				1			0	0	0	0	0
73	XWALK	21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	090			0.053	0.036			4.91			137	30					37			15										1	2						
74	REC	33X06	Removal of a permanent cardiac contractility modulation system; pulse generator only	090			0.051	0.033			4.91			151	35	3	15			38			18						0.5				1							
75																																							

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
76																																								
77					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
78	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
79	1st REF	33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	090	1996	23	0.028	0.026			7.66			292	50					150			60										2								
80	2nd REF	33235	Removal of transvenous pacemaker electrode(s); dual lead system	090	1994	8	0.019	0.025			9.90			390	50					170			60								2								
81	CURRENT	0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or	090			-	-						0																										
82	SVY	33X07	removal of a permanent cardiac contractility modulation system; transvenous electrode, single	090		36	0.025	0.029	5.85	7.70	8.10	10.01	15.00	282	48	13	15	20	54	62	90	240	20			1			1.0				2			0	0	0	0	30
83	Targeted	33X07	removal of a permanent cardiac contractility modulation system; transvenous electrode, single	090		13	0.016	0.026	7.66	8.52	9.25	11.00	14.00	356	47	20	21	40	64	90	100	120	20			1			1.0			2				0	0	0	1	8
84	Random	33X07	removal of a permanent cardiac contractility modulation system; transvenous electrode, single	090		23	0.040	0.031	5.85	7.66	7.92	9.38	15.00	254	48	10	15	20	50	60	78	240	20			1			1.0				1			0	0	0	0	30
85	Exp	33X07	removal of a permanent cardiac contractility modulation system; transvenous electrode, single	090		8	0.044	0.032	8.00	9.79	11.00	12.10	14.00	343	68	13	19	30	53	62	98	120	25		1				1.0			1	1			1	2	4	5	30
86	0 Exp	33X07	removal of a permanent cardiac contractility modulation system; transvenous electrode, single	090		28	0.037	0.030	5.85	7.66	7.86	9.06	15.00	258	45	12	15	20	54	65	90	240	20			1			1.0				1			0	0	0	0	0
87	XWALK	11970	Replacement of tissue expander with permanent implant	090			0.054	0.035			7.49			216	40	10	12			60			20			0			0.5				1	2						
88	REC	33X07	Removal of a permanent cardiac contractility modulation system; transvenous electrode, single	090			0.063	0.037			7.49			202	40	3	15			62			40						0.5				1							
89																																								
90																																								
91					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
92	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
93	1st REF	33235	Removal of transvenous pacemaker electrode(s); dual lead system	090	1994	35	0.019	0.025			9.90			390	50					170			60								2								
94	2nd REF	33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	090	1994	1	0.012	0.021			5.90			276	50					120			60								2								
95	CURRENT	0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or	090			-	-						0																										
96	SVY	33X08	Removal of a permanent cardiac contractility modulation system; transvenous electrode, dual	090		38	0.039	0.032	6.10	9.90	10.00	10.88	16.00	308	46	13	15	30	60	90	120	240	20			1			1.0				2			0	0	0	1	20
97	Targeted	33X08	Removal of a permanent cardiac contractility modulation system; transvenous electrode, dual	090		14	0.022	0.027	9.25	9.90	10.03	12.68	15.00	367	46	18	21	60	79	100	120	150	24			1			1.0			2				0	0	0	1	4
98	Random	33X08	Removal of a permanent cardiac contractility modulation system; transvenous electrode, dual	090		24	0.051	0.035	6.10	9.90	9.98	10.50	16.00	285	48	10	15	30	60	68	105	240	20			1			1.0				2			0	0	0	0	20
99	Exp	33X08	Removal of a permanent cardiac contractility modulation system; transvenous electrode, dual	090		10	0.038	0.032	9.50	10.03	11.50	12.68	15.00	364	54	17	19	40	60	77	105	150	24		1				1.0			2				1	1	4	4	20
100	0 Exp	33X08	Removal of a permanent cardiac contractility modulation system; transvenous electrode, dual	090		28	0.050	0.035	6.10	9.90	9.92	10.09	16.00	281	45	10	15	30	60	90	120	240	20			1			1.0				1			0	0	0	0	0
101	COMP	64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	090			0.038	0.033			9.00			275	33	3	15			90			30					1	1.0				2							
102	XWALK	14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands	090			0.050	0.039			8.60			223	15	10	5			90			25										2	2						
103	REC	33X08	Removal of a permanent cardiac contractility modulation system; transvenous electrode, dual	090			0.056	0.037			8.60			230	40	3	15			90			40						0.5				1							
104																																								
105																																								
106					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
107	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
108	1st REF	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive	090	2010	12	0.047	0.033			6.05			181	33	3	15			45			20						0.5				2							
109	2nd REF	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and	090	2005	9	0.059	0.037			8.52			231	10	15	15			60			30			1			1.0				1							
110	CURRENT	0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	090			-	-						0																										
111	SVY	33X09	removal and replacement of permanent cardiac contractility modulation system, pulse generator	090		41	0.039	0.031	3.75	6.00	7.00	8.52	60.00	228	39	10	15	15	40	45	60	150	18			1			1.0				1			0	0	0	0	45
112	Targeted	33X09	removal and replacement of permanent cardiac contractility modulation system, pulse generator only	090		16	-0.027	0.021	3.75	5.88	6.30	8.80	14.00	298	39	18	19	20	40	45	64	150	19			1			1.0			2				0	0	0	1	4
113	Random	33X09	removal and replacement of permanent cardiac contractility modulation system, pulse generator only	090		25	0.068	0.037	5.50	6.10	7.00	8.52	60.00	191	45	10	15	15	30	45	55	75	15			0			1.0				1			0	0	0	0	45
114	Exp	33X09	removal and replacement of permanent cardiac contractility modulation system, pulse generator only	090		10	0.001	0.025	6.00	7.19	8.00	8.93	14.00	319	53	17	19	20	45	48	63	90	24			1			1.0				2			1	1	2	3	45
115	0 Exp	33X09	removal and replacement of permanent cardiac contractility modulation system, pulse generator only	090		31	0.025	0.028	3.75	6.00	6.35	8.16	60.00	226	39	10	15	15	33	45	53	150	16			1			1.0				1			0	0	0	0	0

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
116	REC	33X09	Removal and replacement of permanent cardiac contractility modulation system, pulse generator only	090			0.065	0.037			6.00			162	39	3	15			45			18						0.5				1								
117																																								
118					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
119	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
120	1st REF	33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or	090	2002	28	0.023	0.027			4.92			179	20					60			25					1	1.0				1								
121	2nd REF	33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	090	2002	4	0.018	0.021			5.59			262	50					120			60										2								
122	CURRENT	0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode	090			-	-						0																										
123	SVY	33X10	Repositioning of previously implanted cardiac contractility modulation transvenous electrode(s),	090		42	-0.003	0.023	4.90	5.00	6.00	7.88	10.20	264	37	10	15	20	45	60	87	120	18					1	1.0				2					0	0	0	1	4
124	Targeted	33X10	Repositioning of previously implanted cardiac contractility modulation transvenous electrode(s),	090		17	-0.023	0.020	4.90	5.10	5.95	7.10	10.10	304	35	15	18	25	45	60	90	100	18					1	1.0			2					0	0	1	3	4
125	Random	33X10	Repositioning of previously implanted cardiac contractility modulation transvenous electrode(s),	090		25	0.024	0.027	4.90	5.00	6.75	8.00	10.20	246	45	10	15	20	45	60	70	120	15					1	1.0				1					0	0	0	0	4
126	Exp	33X10	Repositioning of previously implanted cardiac contractility modulation transvenous electrode(s),	090		18	0.000	0.024	4.90	5.41	6.80	8.71	10.20	287	36	14	17	20	46	62	90	120	17					1	1.0			1	1				1	1	2	4	4
127	0 Exp	33X10	Repositioning of previously implanted cardiac contractility modulation transvenous electrode(s),	090		24	-0.003	0.022	4.90	4.99	5.30	7.03	10.00	246	45	10	15	20	45	55	68	120	20					1	1.0				1					0	0	0	0	0
128	REC	33X10	Repositioning of previously implanted cardiac contractility modulation transvenous electrode(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters	090			0.033	0.029			5.00			175	37	3	15			60			18						0.5				1								
129																																								
130					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
131	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
132	1st REF	33223	Relocation of skin pocket for implantable defibrillator	090	1994	42	0.032	0.027			6.30			230	48					90			60										2								
133	2nd REF	N/A		090		0	-	-						0																										
134	CURRENT	0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	090			-	-						0																										
135	SVY	33X11	Relocation or revision of skin pocket for implanted cardiac contractility modulation pulse generator	090		42	0.024	0.028	4.68	6.30	6.30	7.00	63.00	226	37	10	15	20	37	45	60	100	18					1	1.0				1					0	0	0	0	10
136	Targeted	33X11	Relocation or revision of skin pocket for implanted cardiac contractility modulation pulse generator	090		17	-0.020	0.022	4.68	6.30	6.45	7.15	63.00	289	35	15	18	20	40	45	64	95	18					1	1.0			2					0	0	0	1	4
137	Random	33X11	Relocation or revision of skin pocket for implanted cardiac contractility modulation pulse generator	090		25	0.052	0.033	5.50	6.30	6.30	6.50	8.00	191	45	10	15	20	35	45	60	100	15					0	1.0				1					0	0	0	0	10
138	Exp	33X11	Relocation or revision of skin pocket for implanted cardiac contractility modulation pulse generator	090		9	0.002	0.024	6.00	6.45	7.00	7.40	8.00	291	40	12	20	20	45	60	64	95	18					1	1.0			1	1				1	1	2	3	10
139	0 Exp	33X11	Relocation or revision of skin pocket for implanted cardiac contractility modulation pulse generator	090		33	0.024	0.028	4.68	6.30	6.30	6.50	63.00	226	37	10	15	20	33	45	52	100	18					1	1.0				1					0	0	0	0	0
140	XWALK	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator;	090			0.064	0.042			5.25			124	10	1	6			45			20					0	0.5				1								
141	REC	33X11	Relocation or revision of skin pocket for implanted cardiac contractility modulation pulse generator	090			0.049	0.033			5.25			160	37	3	15			45			18						0.5				1								
142																																								
143																																								
144					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
145	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
146	1st REF	93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test	XXX	2016	26	0.031	0.027			0.85			32	7					15			10																		
147	2nd REF	93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test	XXX	2016	11	0.026	0.024			0.77			32	7					15			10																		
148	CURRENT	0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test	XXX			-	-						0																										
149	SVY	93X01	Programming of the cardiac contractility modulation system (in person) with iterative adjustment of the	XXX		47	0.046	0.034	0.70	0.90	1.00	1.70	3.00	29	6			4	10	15	17	67	8															0	3	8	12	200
150	Targeted	93X01	Programming of the cardiac contractility modulation system (in person) with iterative adjustment of the	XXX		27	0.037	0.029	0.70	0.95	1.00	1.91	3.00	35	10			4	10	15	20	67	10															0	5	10	14	200
151	Random	93X01	Programming of the cardiac contractility modulation system (in person) with iterative adjustment of the	XXX		20	0.054	0.040	0.77	0.89	1.00	1.39	3.00	25	6			5	10	14	15	40	5	0														0	0	5	10	50

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
152	REC	93X01	Programming of the cardiac contractility modulation system (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report by a physician or other qualified health care professional	XXX			0.039	0.031			0.90			29	6					15			8																	
153																																							
154					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
155	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
156	1st REF	93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test	XXX	2016	20	0.026	0.024			0.77			32	7					15			10																	
157	2nd REF	93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test	XXX	2016	19	0.031	0.027			0.85			32	7					15			10																	
158	CURRENT	0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection,	XXX			-	-						0																										
159	SVY	93X02	Interrogation device evaluation (in person) with analysis, review and report by a physician or other	XXX		47	0.047	0.036	0.65	0.80	1.00	1.43	3.00	28	6			2	10	15	15	67	7													0	1	6	15	200
160	Targeted	93X02	Interrogation device evaluation (in person) with analysis, review and report by a physician or other	XXX		26	0.037	0.029	0.65	0.81	1.00	1.49	2.80	35	10			4	11	15	18	67	10													0	4	8	15	200
161	Random	93X02	Interrogation device evaluation (in person) with analysis, review and report by a physician or other	XXX		21	0.048	0.035	0.70	0.80	0.85	1.20	3.00	24	6			2	10	12	15	24	6													0	0	5	10	30
162	REC	93X02	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified healthcare professional, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	XXX			0.034	0.029			0.80			28	6					15			7																	
163																																							
164					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
165	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
166	1st REF	93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test	XXX	2016	24	0.026	0.024			0.77			32	7					15			10																	
167	2nd REF	93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test	XXX	2016	14	0.031	0.027			0.85			32	7					15			10																	
168	CURRENT	N/A		XXX			-	-						0																										
169	SVY	93X03	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with	XXX		44	0.061	0.043	0.60	0.80	0.90	1.20	4.00	21	5			2	5	11	15	67	5													0	0	4	16	400
170	Targeted	93X03	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim	XXX		25	0.060	0.043	0.65	0.80	1.00	1.54	4.00	23	5			3	6	13	20	67	5													0	3	5	20	200
171	Random	93X03	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim	XXX		19	0.063	0.043	0.60	0.77	0.85	1.00	2.80	20	5			2	5	10	15	28	5													0	0	0	0	8
172	XWALK	93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker	XXX			0.038	0.030			0.60			20	5					10			5																	
173	REC	93X03	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional	XXX			0.034	0.029			0.60			21	5					11			5																	

Code	Description	Rec.	25th	Median	Rec. Pre	Rec. Intra	Rec. Post	Rec. Total	WPUT	IWPUT
33X01	Implant CCM system	8.83	8.83	9.25	58	90	20	210	0.042	0.063
33X02	Implant generator only	5.80	6.00	6.10	58	45	15	276	0.027	0.013
33X03	Implant single electrode only	6.00	6.00	7.88	58	50	17	167	0.036	0.058
33X04	Implant dual electrodes only	6.23	6.23	9.00	58	60	20	180	0.035	0.051
33X05	Remove CCM system	9.90	9.90	10.00	58	114	40	254	0.039	0.055
33X06	Remove generator only	4.91	5.98	6.08	53	38	18	151	0.033	0.051
33X07	Remove single electrode	7.49	7.70	8.10	58	62	40	202	0.037	0.063
33X08	Remove dual electrode	8.60	9.90	10.00	58	90	40	230	0.037	0.056
33X09	Remove/replace generator	6.00	6.00	7.00	57	45	18	162	0.037	0.065
33X10	Reposition electrode	5.00	5.00	6.00	55	60	18	175	0.029	0.033
33X11	Skin pocket revision	5.25	6.30	6.30	55	45	18	160	0.033	0.049

Code	Description	Rec.	25th	Median	Rec. Pre	Rec. Intra	Rec. Post	Rec. Total	WPUT	IWPUT
33X05	Remove CCM system	9.90	9.90	10.00	58	114	40	254	0.039	0.055
33X01	Implant CCM system	8.83	8.83	9.25	58	90	20	210	0.042	0.063
33X08	Remove dual electrode	8.60	9.90	10.00	58	90	40	230	0.037	0.056
33X07	Remove single electrode	7.49	7.70	8.10	58	62	40	202	0.037	0.063
33X04	Implant dual electrodes only	6.23	6.23	9.00	58	60	20	180	0.035	0.051
33X03	Implant single electrode only	6.00	6.00	7.88	58	50	17	167	0.036	0.058
33X09	Remove/replace generator	6.00	6.00	7.00	57	45	18	162	0.037	0.065
33X02	Implant generator only	5.80	6.00	6.10	58	45	15	276	0.027	0.013
33X11	Skin pocket revision	5.25	6.30	6.30	55	45	18	160	0.033	0.049
33X10	Reposition electrode	5.00	5.00	6.00	55	60	18	175	0.029	0.033
33X06	Remove generator only	4.91	5.98	6.08	53	38	18	151	0.033	0.051

FACILITY DIRECT PE INPUTS **CPT CODE(S):33X01-33X11**
SPECIALTY SOCIETY(IES):_ACC, HRS
PRESENTER(S):_Drs. Slotwiner, Schoenfeld, Wright, Tuohy

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2025

CPT Code	Long Descriptor	Global Period
33X01	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; pulse generator and transvenous electrodes (do not report 33x01 in conjunction with 33x02,33x03, 33x04, 33x09, 93x01, 93x02, 93286, 93287, 93452, 93453, 93458, 93459, 93460, 93461)	090
33X02	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; pulse generator only	090
33X03	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; transvenous electrode, single	090
33X04	Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and programming of sensing and therapeutic parameters, with evaluation when performed; transvenous electrode, dual	090
33X05	Removal of a permanent cardiac contractility modulation system; pulse generator and transvenous electrodes (do not report 33x05 in conjunction with 33x06, 33x07, 33x08, 93x01, 93x02, 93286, 93287)	090
33X06	Removal of a permanent cardiac contractility modulation system; pulse generator only	090
33X07	Removal of a permanent cardiac contractility modulation system; transvenous electrode, single	090
33X08	Removal of a permanent cardiac contractility modulation system; transvenous electrode, dual	090
33X09	Removal and replacement of permanent cardiac contractility modulation system, pulse generator only	090
33X10	Repositioning of previously implanted cardiac contractility modulation transvenous electrode(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters	090
33X11	Relocation or revision of skin pocket for implanted cardiac contractility modulation pulse generator	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
33X01	A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. the cardiologist inserts a cardiac contractility modulation system.
33X02	A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient had previously implanted cardiac contractility modulation leads and has now completed radiation therapy in the chest, so a new pulse generator needs to be inserted
33X03	A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. the patient had a previous placement of a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	cardiac contractility modulation system with improvement in symptoms and now has fracture of one transvenous lead. the decision is made to insert a single new lead.
33X04	A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. the patient had a previous placement of a cardiac contractility modulation system with improvement in symptoms and now has fracture of two transvenous leads. the decision is made to insert a dual lead.
33X05	A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient had a previously implanted cardiac contractility modulation system that needs to be removed due to infection.
33X06	A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient needs radiation therapy to be applied in the pectoral region in which the cardiac contractility modulation pulse generator resides and needs to have his cardiac contractility modulation pulse generator removed.
33X07	A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient has an infection and needs to have a cardiac contractility modulation electrode removed.
33X08	A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient has an infection and needs to have two cardiac contractility modulation electrodes removed.
33X09	a 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient had a previously implanted pulse generator that needs to be replaced. his device requires replacement due to battery depletion, and he wishes to continue receiving cardiac contractility modulation therapy with a replacement device.
33X10	A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient had a previously implanted cardiac contractility modulation system and an electrode needs to be repositioned due to dislodgement.
33X11	A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. patient had a previously implanted cardiac contractility modulation system and the pulse generator needs to be relocated due to local discomfort.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The societies utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The new codes are compared to code 33212 for pacemaker generator insertion. It seemed appropriate to compare to another 90-day global code where a device is implanted into the patient to develop recommendations for standardized 90-day clinical staff inputs. All inputs are clinical staff standards for 90-day global codes that will be adjusted as needed pending discussion of number and level of visits by the RUC.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   No.
   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   n/a
   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.
   No.

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:
   n/a

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:
   n/a

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

   Clinical staff standards for coordinating 90-day facility procedures: diagnostic/referral forms, pre-surgery services, scheduling, consent, phone calls and prescriptions

   b. Service period (includes pre, intra and post):

   The standard 6 minutes has been applied for these inpatient procedures for one half discharge day management related services when the patient is discharged the same day as the procedure, as indicated by the survey.

   c. Post-service period:

   Standard post-op office visit clinical staff time. We will adjust these, if necessary, as needed after discussion of number and level of post-op visits by the full RUC during discussions of physician work.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

n/a

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

n/a

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Established pack SA048 (2 packs for 33X07 33X08 and 33X10 that have 2 visits) Established pack SA054 (2 packs for 33X07 33X08 and 33X10 that have 2 visits)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (suture)	**SA054**	**pack**	
kit, suture removal		kit	1
povidone soln (Betadine)		ml	10

gauze, sterile 4in x 4in	item	2
gloves, sterile	pair	1
steri-strip (6 strip uou)	item	2
swab-pad, alcohol	item	2
tape, surgical paper 1in (Micropore)	inch	12
tincture of benzoin, swab	item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

n/a

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

n/a

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No.

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment please explain here:

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

n/a

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

n/a

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2025

CPT Code	Long Descriptor	Global Period
93X01	Programming of the cardiac contractility modulation system (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report by a physician or other qualified health care professional	XXX
93X02	Interrogation device evaluation (in person) with analysis, review, and report by a physician or other qualified healthcare professional, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation system	XXX
93X03	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, with interim analysis, review, and report(s) by a physician or other qualified health care professional	XXX
93X04	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93X01	A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. Implantation of a cardiac contractility modulation system was performed in the past and requires adjustment in programming of parameters.
93X02	A 65-year-old male with a cardiac contractility modulation system for heart failure is followed with interrogation device evaluations (in person) for device functionality and performance.
93X03	**Surveyed:** A 65-year-old male has a history of symptomatic heart failure with fatigue and is not a candidate for cardiac resynchronization therapy. Implantation of a cardiac contractility modulation system was performed in the past and requires adjustment in programming of parameters. **Corrected:** A 65-year-old male with a cardiac contractility modulation system for heart failure is followed with interrogation device evaluations (remote) for device functionality and performance.
93X04	A 65-year-old male with a cardiac contractility modulation system for heart failure is followed with interrogation device evaluations (remote) for device functionality and performance.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

93X01: 93284 used as reference code – CCM similarities to ICD programming
93X02: 93289 used as reference code – CCM similarities to ICD interrogation
93X03: 93295 used as reference code – CCM similarities to ICD remote interrogation
93X04: 93296 used as reference code – CCM similarities to ICD remote interrogation, PE only

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
Is this code(s) typically reported with the E/M service in the non-facility?

No.

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

93X01-93X02: New codes with very low Category III utilization. Dominant specialty appears to be electrophysiology
93X03: Newly created codes, no utilization data. Electrophysiology presumed to be the dominant specialty
93X04: Technical component code, non-physician based work, no dominant specialty.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A. New Category I codes

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

93X01: Prepare room/equipment/supplies 93X02: Prepare room/equipment/supplies 93X03: N/A 93X04: Clinical staff receives and reviews remote transmissions, prepares report and distribution of results;

    c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

93X01 ▪ Bring patient into exam room ▪ Seat patient in chair or on exam table ▪ Hook up to EKG ▪ Plug in CCM programmer and boot it up ▪ Place telemetry wand over CCM device, establish telemetry and push button to interrogate ▪ Perform sensing and impedance tests ▪ Assess level of CCM therapy delivery and confirm it is adequate ▪ Confirm battery and charging status ▪ Interpret physiologic monitoring data as applicable ▪ Make any required permanent programming changes required

- Print results and/or record on CCM follow-up form
- End telemetry session
- Remove telemetry wand and EKG from patient
- Power down CCM program and turn off EKG machine
- Escort the patient from the exam room
- Document results in the patient's medical record

93X02

- Bring patient into exam room
- Seat patient in chair or on exam table
- Hook up to EKG
- Plug in CCM programmer and boot it up
- Place telemetry wand over CCM device, establish telemetry and push button to interrogate
- Assess level of CCM therapy delivery and confirm it is adequate
- Confirm battery and charging status
- Interpret physiologic monitoring data as applicable
- Print results and/or record on CCM follow-up form
- End telemetry session
- Remove telemetry wand and EKG from patient
- Power down CCM program and turn off EKG machine
- Escort the patient from the exam room
- Document results in the patient's medical record

93X04

- Log into remote follow-up platform
- Select desired patient from work queue and open the information for that patient
- Assess level of CCM therapy delivery and confirm it is adequate
- Interpret physiologic monitoring data as applicable
- Document the results of the follow-up
- Contact the patient to schedule an in-person office visit if follow-up results require one
- Log out of the desired patient's information on the platform page
- Log out of the platform page

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

No

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

Vendor and doctor panel confirm that a device programmer is used but this equipment is provided at no cost by the vendor and vendor retains ownership of the device.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No.

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

93X01: exam table, Default Formula 93X02: exam table, Default Formula

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

93X04: 500 total. 350 Medicare

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

93X04: 93296

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

-Removed time to greet patient, obtain vital signs, provide education, obtain consent. and completion of post-procedure forms from 93X01 and 93X02 due to overlap with other interrogation/programming codes, such as 93284 and 93289.
-Removed visit supply pack from 93X01 and 93X02 due to overlap with other interrogation/ programming codes, such as 93284 and 93289.
-Change staff type for CA021 from RN/LPN/MTA blend to Electrodiagnostic Technologist for 93X01, 93X02, 93X03.
-Reduced times for CA021 to 10, 5, 18 for 93X01, 93X02, 93X04, respectively.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**			**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**		
2						**33212**		**0408T**		**33X01**			**33212**		**0409T**		**33X02**		
3		***RUC Collaboration Website***																	
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Insertion of pacemaker pulse generator only; with existing single lead		Insertion or replacement of permanent cardiac contractility modulation system,		Insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and			Insertion of pacemaker pulse generator only; with existing single lead		Insertion or replacement of permanent cardiac contractility modulation system,		Insertion or replacement of permanent cardiac contractility modulation system,		
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**					**090**				**090**			**090**				**090**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 70.42**	**$ -**	**$ -**	**$ -**	**$ 65.40**		**$ -**	**$ 70.42**	**$ -**	**$ -**	**$ -**	**$ 65.40**	
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**102.0**	**0.0**	**0.0**	**0.0**	**102.0**		**0.0**	**102.0**	**0.0**	**0.0**	**0.0**	**102.0**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**		**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**6.0**		**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**6.0**	
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**	
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 55.08**	**$ -**	**$ -**	**$ -**	**$ 55.08**		**$ -**	**$ 55.08**	**$ -**	**$ -**	**$ -**	**$ 55.08**	
13		**PRE-SERVICE PERIOD**																	
14		**Start: Following visit when decision for surgery/procedure made**																	
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5				5			5				5	
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20				20			20				20	
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8				8			8				8	
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20				20			20				20	
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7				7			7				7	
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54														
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54														
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54														
23			L037D	RN/LPN/MTA	0.54														
24			L037D	RN/LPN/MTA	0.54														
25			L037D	RN/LPN/MTA	0.54														
26		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
27		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
28		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
29		**End: When patient enters office/facility for surgery/procedure**																	
30		**SERVICE PERIOD**																	
31		**Start: When patient enters office/facility for surgery/procedure:**																	
32		**Pre-Service (of service period)**																	
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54														
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54														
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54														
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54														
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54														
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54														
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54														
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54														
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54														
42			L037D	RN/LPN/MTA	0.54														
43			L037D	RN/LPN/MTA	0.54														
44			L037D	RN/LPN/MTA	0.54														
45		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
46		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
47		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
48		**Intra-service (of service period)**																	
49	CA018	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.54														
50	CA019	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.54														
51	CA020	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.54														
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54														
53			L037D	RN/LPN/MTA	0.54														
54			L037D	RN/LPN/MTA	0.54														
55			L037D	RN/LPN/MTA	0.54														
56		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
57		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
58		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
59		**Post-Service (of service period)**																	
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54														
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54														
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54														
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54														
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54														
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54														
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54														
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54														
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and	L037D	RN/LPN/MTA	0.54														
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54														
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54														
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54														
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,	L037D	RN/LPN/MTA	0.54														
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54														
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**6**	**n/a**		**n/a**	**6**		**n/a**	**6**	**n/a**		**n/a**	**6**	
75			L037D	RN/LPN/MTA	0.54														
76			L037D	RN/LPN/MTA	0.54														
77			L037D	RN/LPN/MTA	0.54														
78		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
79		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
80		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
81		**End: Patient leaves office/facility**																	
82		**POST-SERVICE PERIOD**																	
83		**Start: Patient leaves office/facility**																	
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54														
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54														
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	
87		99211 16 minutes	16																
88		99212 27 minutes	27																
89		99213 36 minutes	36				1				1			1				1	
90		99214 53 minutes	53																
91		99215 63 minutes	63																
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**	
93			L037D	RN/LPN/MTA	0.54														
94			L037D	RN/LPN/MTA	0.54														
95			L037D	RN/LPN/MTA	0.54														
96		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
97		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
98		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54														
99		**End: with last office visit before end of global period**																	
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**															
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 14.66**	**$ -**	**$ -**	**$ -**	**$ 9.64**		**$ -**	**$ 14.66**	**$ -**	**$ -**	**$ -**	**$ 9.64**	
102	SA048	pack, minimum multi-specialty visit	5.02	pack			2				1			2				1	
103	SA054	pack, post-op incision care (suture)	4.62	pack			1				1			1				1	
104																			
109																			
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**														
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 0.68**	**$ -**	**$ -**	**$ -**	**$ 0.68**		**$ -**	**$ 0.68**	**$ -**	**$ -**	**$ -**	**$ 0.68**	
112	EQ168	light, exam	1232.887	Office Visits	0.003271745		36.0				36.0			36.0				36.0	
113	EF031	table, power	5906.76	Office Visits	0.015674926		36.0				36.0			36.0				36.0	
114																			
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*																	
119																			

	A	B	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**			**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**			**REFERENCE CODE**		**TO BE DELETED**	
2			**33212**		**0410T**		**33X03**			**33212**		**0411T**		**33X04**			**33212**		**0414T/0415T**	
3		***RUC Collaboration Website***																		
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**	Insertion of pacemaker pulse generator only; with existing single lead		Insertion or replacement of permanent cardiac contractility modulation system,		insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and			Insertion of pacemaker pulse generator only; with existing single lead		Insertion or replacement of permanent cardiac contractility modulation system,		insertion of permanent cardiac contractility modulation system, including fluoroscopic guidance and			Insertion of pacemaker pulse generator only; with existing single lead		Removal and replacement of permanent cardiac contractility modulation system	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**				**090**			**090**				**090**			**090**		
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 70.42**	**$ -**	**$ -**	**$ -**	**$ 65.40**		**$ -**	**$ 70.42**	**$ -**	**$ -**	**$ -**	**$ 65.40**		**$ -**	**$ 70.42**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**102.0**	**0.0**	**0.0**	**0.0**	**102.0**		**0.0**	**102.0**	**0.0**	**0.0**	**0.0**	**102.0**		**0.0**	**102.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**		**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**		**0.0**	**60.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**6.0**		**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**6.0**		**0.0**	**6.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 55.08**	**$ -**	**$ -**	**$ -**	**$ 55.08**		**$ -**	**$ 55.08**	**$ -**	**$ -**	**$ -**	**$ 55.08**		**$ -**	**$ 55.08**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**																		
14		**Start: Following visit when decision for surgery/procedure made**																		
15	CA001	Complete pre-service diagnostic and referral forms		5				5			5				5			5		
16	CA002	Coordinate pre-surgery services (including test results)		20				20			20				20			20		
17	CA003	Schedule space and equipment in facility		8				8			8				8			8		
18	CA004	Provide pre-service education/obtain consent		20				20			20				20			20		
19	CA005	Complete pre-procedure phone calls and prescription		7				7			7				7			7		
20	CA006	Confirm availability of prior images/studies																		
21	CA007	Review patient clinical extant information and questionnaire																		
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)																		
23																				
24																				
25																				
26		*Other activity: please include short clinical description here and type new*																		
27		*Other activity: please include short clinical description here and type new*																		
28		*Other activity: please include short clinical description here and type new*																		
29		**End: When patient enters office/facility for surgery/procedure**																		
30		**SERVICE PERIOD**																		
31		**Start: When patient enters office/facility for surgery/procedure:**																		
32		**Pre-Service (of service period)**																		
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are																		
34	CA010	Obtain vital signs																		
35	CA011	Provide education/obtain consent																		
36	CA012	Review requisition, assess for special needs																		
37	CA013	Prepare room, equipment and supplies																		
38	CA014	Confirm order, protocol exam																		
39	CA015	Setup scope (nonfacility setting only)																		
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient																		
41	CA017	Sedate/apply anesthesia																		
42																				
43																				
44																				
45		*Other activity: please include short clinical description here and type new*																		
46		*Other activity: please include short clinical description here and type new*																		
47		*Other activity: please include short clinical description here and type new*																		
48		**Intra-service (of service period)**																		
49	CA018	Assist physician or other qualified healthcare professional---directly related																		
50	CA019	Assist physician or other qualified healthcare professional---directly related																		
51	CA020	Assist physician or other qualified healthcare professional---directly related																		
52	CA021	Perform procedure/service---NOT directly related to physician work time																		
53																				
54																				
55																				
56		*Other activity: please include short clinical description here and type new*																		
57		*Other activity: please include short clinical description here and type new*																		
58		*Other activity: please include short clinical description here and type new*																		
59		**Post-Service (of service period)**																		
60	CA022	Monitor patient following procedure/service, multitasking 1:4																		
61	CA023	Monitor patient following procedure/service, no multitasking																		
62	CA024	Clean room/equipment by clinical staff																		
63	CA025	Clean scope																		
64	CA026	Clean surgical instrument package																		
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions																		
66	CA028	Review/read post-procedure x-ray, lab and pathology reports																		
67	CA029	Check dressings, catheters, wounds																		
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and																		
69	CA031	Review examination with interpreting MD/DO																		
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to																		
71	CA033	Perform regulatory mandated quality assurance activity (service period)																		
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,																		
73	CA035	Review home care instructions, coordinate visits/prescriptions																		
74	CA036	Discharge day management	**n/a**	**6**	**n/a**		**n/a**	**6**		**n/a**	**6**	**n/a**		**n/a**	**6**		**n/a**	**6**	**n/a**	
75																				
76																				
77																				
78		*Other activity: please include short clinical description here and type new*																		
79		*Other activity: please include short clinical description here and type new*																		
80		*Other activity: please include short clinical description here and type new*																		
81		**End: Patient leaves office/facility**																		
82		**POST-SERVICE PERIOD**																		
83		**Start: Patient leaves office/facility**																		
84	CA037	Conduct patient communications																		
85	CA038	Coordinate post-procedure services																		
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes																		
88		99212 27 minutes																		
89		99213 36 minutes		1				1			1				1			1		
90		99214 53 minutes																		
91		99215 63 minutes																		
92	CA039	Post-operative visits (total time)	**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**
93																				
94																				
95																				
96		*Other activity: please include short clinical description here and type new*																		
97		*Other activity: please include short clinical description here and type new*																		
98		*Other activity: please include short clinical description here and type new*																		
99		**End: with last office visit before end of global period**																		
100	**Supply Code**	**MEDICAL SUPPLIES**																		
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 14.66**	**$ -**	**$ -**	**$ -**	**$ 9.64**		**$ -**	**$ 14.66**	**$ -**	**$ -**	**$ -**	**$ 9.64**		**$ -**	**$ 14.66**	**$ -**	**$ -**
102	SA048	pack, minimum multi-specialty visit		2				1			2				1			2		
103	SA054	pack, post-op incision care (suture)		1				1			1				1			1		
104																				
109																				
110	**Equipment Code**	**EQUIPMENT**																		
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 0.68**	**$ -**	**$ -**	**$ -**	**$ 0.68**		**$ -**	**$ 0.68**	**$ -**	**$ -**	**$ -**	**$ 0.68**		**$ -**	**$ 0.68**	**$ -**	**$ -**
112	EQ168	light, exam		36.0				36.0			36.0				36.0			36.0		
113	EF031	table, power		36.0				36.0			36.0				36.0			36.0		
114																				
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*																		
119																				

	A	B	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**			**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**			**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**			**REFERENCE CODE**	
2			**33X05**			**33212**		**0412T**		**33X06**			**33212**		**0413T**		**33X07**			**33212**	
3		***RUC Collaboration Website***	removal of a permanent cardiac contractility modulation system; pulse generator and			Insertion of pacemaker pulse generator only; with existing single lead		Removal of permanent cardiac contractility modulation system; pulse generator only		removal of a permanent cardiac contractility modulation system; pulse generator only			Insertion of pacemaker pulse generator only; with existing single lead		Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)		removal of a permanent cardiac contractility modulation system; transvenous electrode,			Insertion of pacemaker pulse generator only; with existing single lead	
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**																			
5		**LOCATION**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**			**090**				**090**			**090**				**090**			**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 65.40**		**$ -**	**$ 70.42**	**$ -**	**$ -**	**$ -**	**$ 65.40**		**$ -**	**$ 70.42**	**$ -**	**$ -**	**$ -**	**$ 70.42**		**$ -**	**$ 70.42**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**102.0**		**0.0**	**102.0**	**0.0**	**0.0**	**0.0**	**102.0**		**0.0**	**102.0**	**0.0**	**0.0**	**0.0**	**102.0**		**0.0**	**102.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**		**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**		**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**		**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**		**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**6.0**		**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**6.0**		**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 55.08**		**$ -**	**$ 55.08**	**$ -**	**$ -**	**$ -**	**$ 55.08**		**$ -**	**$ 55.08**	**$ -**	**$ -**	**$ -**	**$ 55.08**		**$ -**	**$ 55.08**
13		**PRE-SERVICE PERIOD**																			
14		**Start: Following visit when decision for surgery/procedure made**																			
15	CA001	Complete pre-service diagnostic and referral forms		5			5				5			5				5			5
16	CA002	Coordinate pre-surgery services (including test results)		20			20				20			20				20			20
17	CA003	Schedule space and equipment in facility		8			8				8			8				8			8
18	CA004	Provide pre-service education/obtain consent		20			20				20			20				20			20
19	CA005	Complete pre-procedure phone calls and prescription		7			7				7			7				7			7
20	CA006	Confirm availability of prior images/studies																			
21	CA007	Review patient clinical extant information and questionnaire																			
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)																			
23																					
24																					
25																					
26		*Other activity: please include short clinical description here and type new*																			
27		*Other activity: please include short clinical description here and type new*																			
28		*Other activity: please include short clinical description here and type new*																			
29		**End: When patient enters office/facility for surgery/procedure**																			
30		**SERVICE PERIOD**																			
31		**Start: When patient enters office/facility for surgery/procedure:**																			
32		**Pre-Service (of service period)**																			
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are																			
34	CA010	Obtain vital signs																			
35	CA011	Provide education/obtain consent																			
36	CA012	Review requisition, assess for special needs																			
37	CA013	Prepare room, equipment and supplies																			
38	CA014	Confirm order, protocol exam																			
39	CA015	Setup scope (nonfacility setting only)																			
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient																			
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47		*Other activity: please include short clinical description here and type new*																			
48		**Intra-service (of service period)**																			
49	CA018	Assist physician or other qualified healthcare professional---directly related																			
50	CA019	Assist physician or other qualified healthcare professional---directly related																			
51	CA020	Assist physician or other qualified healthcare professional---directly related																			
52	CA021	Perform procedure/service---NOT directly related to physician work time																			
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56		*Other activity: please include short clinical description here and type new*																			
57		*Other activity: please include short clinical description here and type new*																			
58		*Other activity: please include short clinical description here and type new*																			
59		**Post-Service (of service period)**																			
60	CA022	Monitor patient following procedure/service, multitasking 1:4																			
61	CA023	Monitor patient following procedure/service, no multitasking																			
62	CA024	Clean room/equipment by clinical staff																			
63	CA025	Clean scope																			
64	CA026	Clean surgical instrument package																			
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions																			
66	CA028	Review/read post-procedure x-ray, lab and pathology reports																			
67	CA029	Check dressings, catheters, wounds																			
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and																			
69	CA031	Review examination with interpreting MD/DO																			
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to																			
71	CA033	Perform regulatory mandated quality assurance activity (service period)																			
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,																			
73	CA035	Review home care instructions, coordinate visits/prescriptions																			
74	CA036	Discharge day management	**n/a**	**6**		**n/a**	**6**	**n/a**		**n/a**	**6**		**n/a**	**6**	**n/a**		**n/a**	**6**		**n/a**	**6**
75																					
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77																					
78		*Other activity: please include short clinical description here and type new*																			
79		*Other activity: please include short clinical description here and type new*																			
80		*Other activity: please include short clinical description here and type new*																			
81		**End: Patient leaves office/facility**																			
82		**POST-SERVICE PERIOD**																			
83		**Start: Patient leaves office/facility**																			
84	CA037	Conduct patient communications																			
85	CA038	Coordinate post-procedure services																			
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**
87		99211 16 minutes																			
88		99212 27 minutes																			
89		99213 36 minutes		1			1				1			1				1			1
90		99214 53 minutes		0																	
91		99215 63 minutes																			
92	CA039	Post-operative visits (total time)	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**
93																					
94																					
95																					
96		*Other activity: please include short clinical description here and type new*																			
97		*Other activity: please include short clinical description here and type new*																			
98		*Other activity: please include short clinical description here and type new*																			
99		**End: with last office visit before end of global period**																			
100	**Supply Code**	**MEDICAL SUPPLIES**																			
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 9.64**		**$ -**	**$ 14.66**	**$ -**	**$ -**	**$ -**	**$ 9.64**		**$ -**	**$ 14.66**	**$ -**	**$ -**	**$ -**	**$ 14.66**		**$ -**	**$ 14.66**
102	SA048	pack, minimum multi-specialty visit		1			2				1			2				2			2
103	SA054	pack, post-op incision care (suture)		1			1				1			1				1			1
104																					
109																					
110	**Equipment Code**	**EQUIPMENT**																			
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 0.68**		**$ -**	**$ 0.68**	**$ -**	**$ -**	**$ -**	**$ 0.68**		**$ -**	**$ 0.68**	**$ -**	**$ -**	**$ -**	**$ 0.68**		**$ -**	**$ 0.68**
112	EQ168	light, exam		36.0			36.0				36.0			36.0				36.0			36.0
113	EF031	table, power		36.0			36.0				36.0			36.0				36.0			36.0
114																					
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*																			
119																					

	A	B	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX
1	**RUC Practice Expense Spreadsheet**		**TO BE DELETED**		**RECOMMENDED**			**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**			**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**		
2			**0413T**		**33X08**			**33212**		**0414T**		**33X09**			**33212**		**0415T**		**33X10**		
3		***RUC Collaboration Website***	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)		Removal of a permanent cardiac contractility modulation system; transvenous electrode,			Insertion of pacemaker pulse generator only; with existing single lead		Removal and replacement of permanent cardiac contractility modulation system		removal and replacement of permanent cardiac contractility modulation system,			Insertion of pacemaker pulse generator only; with existing single lead		Repositioning of previously implanted cardiac contractility modulation transvenous electrode		Repositioning of previously implanted cardiac contractility modulation transvenous		
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**																			
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**				**090**			**090**				**090**			**090**				**090**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ -**	**$ -**	**$ 70.42**		**$ -**	**$ 70.42**	**$ -**	**$ -**	**$ -**	**$ 65.40**		**$ -**	**$ 70.42**	**$ -**	**$ -**	**$ -**	**$ 70.42**	
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**102.0**		**0.0**	**102.0**	**0.0**	**0.0**	**0.0**	**102.0**		**0.0**	**102.0**	**0.0**	**0.0**	**0.0**	**102.0**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**60.0**		**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**		**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**6.0**		**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**6.0**		**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**6.0**	
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**	
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ 55.08**		**$ -**	**$ 55.08**	**$ -**	**$ -**	**$ -**	**$ 55.08**		**$ -**	**$ 55.08**	**$ -**	**$ -**	**$ -**	**$ 55.08**	
13		**PRE-SERVICE PERIOD**																			
14		**Start: Following visit when decision for surgery/procedure made**																			
15	CA001	Complete pre-service diagnostic and referral forms				5			5				5			5				5	
16	CA002	Coordinate pre-surgery services (including test results)				20			20				20			20				20	
17	CA003	Schedule space and equipment in facility				8			8				8			8				8	
18	CA004	Provide pre-service education/obtain consent				20			20				20			20				20	
19	CA005	Complete pre-procedure phone calls and prescription				7			7				7			7				7	
20	CA006	Confirm availability of prior images/studies																			
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29		**End: When patient enters office/facility for surgery/procedure**																			
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48		**Intra-service (of service period)**																			
49	CA018	Assist physician or other qualified healthcare professional---directly related																			
50	CA019	Assist physician or other qualified healthcare professional---directly related																			
51	CA020	Assist physician or other qualified healthcare professional---directly related																			
52	CA021	Perform procedure/service---NOT directly related to physician work time																			
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56		*Other activity: please include short clinical description here and type new*																			
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58		*Other activity: please include short clinical description here and type new*																			
59		**Post-Service (of service period)**																			
60	CA022	Monitor patient following procedure/service, multitasking 1:4																			
61	CA023	Monitor patient following procedure/service, no multitasking																			
62	CA024	Clean room/equipment by clinical staff																			
63	CA025	Clean scope																			
64	CA026	Clean surgical instrument package																			
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions																			
66	CA028	Review/read post-procedure x-ray, lab and pathology reports																			
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70	CA032	Scan exam documents into PACS. Complete exam in RIS system to																			
71	CA033	Perform regulatory mandated quality assurance activity (service period)																			
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,																			
73	CA035	Review home care instructions, coordinate visits/prescriptions																			
74	CA036	Discharge day management	**n/a**		**n/a**	**6**		**n/a**	**6**	**n/a**		**n/a**	**6**		**n/a**	**6**	**n/a**		**n/a**	**6**	
75																					
76																					
77																					
78		*Other activity: please include short clinical description here and type new*																			
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80		*Other activity: please include short clinical description here and type new*																			
81		**End: Patient leaves office/facility**																			
82		**POST-SERVICE PERIOD**																			
83		**Start: Patient leaves office/facility**																			
84	CA037	Conduct patient communications																			
85	CA038	Coordinate post-procedure services																			
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	
87		99211 16 minutes																			
88		99212 27 minutes																			
89		99213 36 minutes				1			1				1			1				1	
90		99214 53 minutes																			
91		99215 63 minutes																			
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**		**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**	
93																					
94																					
95																					
96		*Other activity: please include short clinical description here and type new*																			
97		*Other activity: please include short clinical description here and type new*																			
98		*Other activity: please include short clinical description here and type new*																			
99		**End: with last office visit before end of global period**																			
100	**Supply Code**	**MEDICAL SUPPLIES**																			
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ 14.66**		**$ -**	**$ 14.66**	**$ -**	**$ -**	**$ -**	**$ 9.64**		**$ -**	**$ 14.66**	**$ -**	**$ -**	**$ -**	**$ 14.66**	
102	SA048	pack, minimum multi-specialty visit				2			2				1			2				2	
103	SA054	pack, post-op incision care (suture)				1			1				1			1				1	
104																					
109																					
110	**Equipment Code**	**EQUIPMENT**																			
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ 0.68**		**$ -**	**$ 0.68**	**$ -**	**$ -**	**$ -**	**$ 0.68**		**$ -**	**$ 0.68**	**$ -**	**$ -**	**$ -**	**$ 0.68**	
112	EQ168	light, exam				36.0			36.0				36.0			36.0				36.0	
113	EF031	table, power				36.0			36.0				36.0			36.0				36.0	
114																					
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*																			
119																					

	A	B	BY	BZ	CA	CB	CC	CD
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**	
2			**33212**		**0416T**		**33X11**	
3		***RUC Collaboration Website***	Insertion of pacemaker pulse generator only; with existing single lead		Relocation of skin pocket for implanted cardiac contractility modulation pulse generator		Relocation or revision of skin pocket for implanted cardiac contractility modulation pulse	
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**				**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 70.42**	**$ -**	**$ -**	**$ -**	**$ 65.40**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**102.0**	**0.0**	**0.0**	**0.0**	**102.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 55.08**	**$ -**	**$ -**	**$ -**	**$ 55.08**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery/procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms		5				5
16	CA002	Coordinate pre-surgery services (including test results)		20				20
17	CA003	Schedule space and equipment in facility		8				8
18	CA004	Provide pre-service education/obtain consent		20				20
19	CA005	Complete pre-procedure phone calls and prescription		7				7
20	CA006	Confirm availability of prior images/studies						
21	CA007	Review patient clinical extant information and questionnaire						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
23								
24								
25								
26		*Other activity: please include short clinical description here and type new*						
27		*Other activity: please include short clinical description here and type new*						
28		*Other activity: please include short clinical description here and type new*						
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are						
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies						
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
41	CA017	Sedate/apply anesthesia						
42								
43								
44								
45		*Other activity: please include short clinical description here and type new*						
46		*Other activity: please include short clinical description here and type new*						
47		*Other activity: please include short clinical description here and type new*						
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly related						
50	CA019	Assist physician or other qualified healthcare professional---directly related						
51	CA020	Assist physician or other qualified healthcare professional---directly related						
52	CA021	Perform procedure/service---NOT directly related to physician work time						
53								
54								
55								
56		*Other activity: please include short clinical description here and type new*						
57		*Other activity: please include short clinical description here and type new*						
58		*Other activity: please include short clinical description here and type new*						
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff						
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and						
69	CA031	Review examination with interpreting MD/DO						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
71	CA033	Perform regulatory mandated quality assurance activity (service period)						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management	**n/a**	**6**	**n/a**		**n/a**	**6**
75								
76								
77								
78		*Other activity: please include short clinical description here and type new*						
79		*Other activity: please include short clinical description here and type new*						
80		*Other activity: please include short clinical description here and type new*						
81		**End: Patient leaves office/facility**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
84	CA037	Conduct patient communications						
85	CA038	Coordinate post-procedure services						
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes						
88		99212 27 minutes						
89		99213 36 minutes		1				1
90		99214 53 minutes						
91		99215 63 minutes						
92	CA039	Post-operative visits (total time)	**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**
93								
94								
95								
96		*Other activity: please include short clinical description here and type new*						
97		*Other activity: please include short clinical description here and type new*						
98		*Other activity: please include short clinical description here and type new*						
99		**End: with last office visit before end of global period**						
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 14.66**	**$ -**	**$ -**	**$ -**	**$ 9.64**
102	SA048	pack, minimum multi-specialty visit		2				1
103	SA054	pack, post-op incision care (suture)		1				1
104								
109								
110	**Equipment Code**	**EQUIPMENT**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 0.68**	**$ -**	**$ -**	**$ -**	**$ 0.68**
112	EQ168	light, exam		36.0				36.0
113	EF031	table, power		36.0				36.0
114								
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
119								

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**			**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**			**REFERENCE CODE**		**RECOMMENDED**			**REFEREN**
2						**93284**		**0417T**		**93X01**			**93289**		**0418T**		**93X02**			**93295**		**93X03**			**93**
3		***RUC Collaboration Website***																							
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable): September 18, 2025** **Tab: 8** **Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Programming device evaluation (in person) with iterative adjustment of the		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming of the cardiac contractility modulation system (in person) with iterative adjustment of the			Interrogation device evaluation (in person) with analysis, review and report by a		Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording		Interrogation device evaluation (in person) with analysis, review, and report by a physician or other			Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or		Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system			Interrogat evalua (remote), days; sing
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**
6		**GLOBAL PERIOD**				**XXX**				**XXX**			**XXX**				**XXX**			**XXX**		**XXX**			**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 54.23**	**$ -**	**$ -**	**$ -**	**$ 8.77**	**$ -**		**$ 43.60**	**$ -**	**$ -**	**$ -**	**$ 6.52**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**		**$ 25.60**
8		**TOTAL CLINICAL STAFF TIME**	L026A	Medical/Techn	0.36	**13.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**13.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L026A	Medical/Techn	0.36	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L026A	Medical/Techn	0.36	**13.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**13.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L026A	Medical/Techn	0.36	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**
12		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**25.5**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**		**18.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**
13		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**23.5**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**		**16.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**
16		**TOTAL CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.44	**0.0**	**0.0**	**0.0**	**0.0**	**10.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**28.0**
17		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.44	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**
18		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.44	**0.0**	**0.0**	**0.0**	**0.0**	**10.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**28.0**
19		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.44	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**
20		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 18.45**	**$ -**	**$ -**	**$ -**	**$ 7.10**	**$ -**		**$ 14.40**	**$ -**	**$ -**	**$ -**	**$ 4.90**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**		**$ 12.32**
21		**PRE-SERVICE PERIOD**																							
22		**Start: Following visit when decision for surgery/procedure made**																							
23	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54	2							2												
24	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54																				
25	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54																				
26	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54																				
27	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54																				
28	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54																				
29	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54																				
30	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54																				
31			L037D	RN/LPN/MTA	0.54																				
32			L037D	RN/LPN/MTA	0.54																				
33			L037D	RN/LPN/MTA	0.54																				
34		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
35		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
36		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
37		**End: When patient enters office/facility for surgery/procedure**																							
38		**SERVICE PERIOD**																							
39		**Start: When patient enters office/facility for surgery/procedure:**																							
40		**Pre-Service (of service period)**																							
41	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L026A	Medical/Techn	0.36	3							3												
42	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54					0							0								
43	CA010	Obtain vital signs	L026A	Medical/Techn	0.36	5							5												
44	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54					0							0								
45	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54	3				0			3				0								
46	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54																				
47	CA013	Prepare room, equipment and supplies	L026A	Medical/Techn	0.36	2							2												
48	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54					2							2								
49	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54																				
50	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54																				
51	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54																				
52	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54																				
53			L037D	RN/LPN/MTA	0.54																				
54			L037D	RN/LPN/MTA	0.54																				
55			L037D	RN/LPN/MTA	0.54																				
56		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
57		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
58		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
59		**Intra-service (of service period)**																							
60	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54	17.5							10												
61	CA018	Assist physician or other qualified healthcare professional---directly	L037A	Electrodiagno	0.44																				28
62	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54																				
63	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54																				
64	CA021	Perform procedure/service---NOT directly related to physician work time	**L037A**	Electrodiagnostic Technologist	0.44					**10**							**5**								
65			L037D	RN/LPN/MTA	0.54																				
66			L037D	RN/LPN/MTA	0.54																				
67			L037D	RN/LPN/MTA	0.54																				
68		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
69		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
70		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
71		**Post-Service (of service period)**																							
72	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54																				
73	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54																				
74	CA024	Clean room/equipment by clinical staff	L026A	Medical/Techn	0.36	3							3												
75	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54					3							3								
76	CA025	Clean scope	L037D	RN/LPN/MTA	0.54																				
77	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54																				
78	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54	3				0			3				0								
79	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54																				
80	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54																				
81	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54																				
82	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54																				
83	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54																				
84	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54																				
85	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,	L037D	RN/LPN/MTA	0.54																				
86	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54																				
87	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**			**n/a**		**n/a**		**n/a**			**n/a**		**n/a**			**n/a**
88			L037D	RN/LPN/MTA	0.54																				
89			L037D	RN/LPN/MTA	0.54																				
90			L037D	RN/LPN/MTA	0.54																				
91		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
92		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
93		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
94		**End: Patient leaves office/facility**																							
95		**POST-SERVICE PERIOD**																							
96		**Start: Patient leaves office/facility**																							
97	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54																				
98	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54																				
99		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**	**# visits**	**# visits**		**# visits**
100		99211 16 minutes	16																						
101		99212 27 minutes	27																						
102		99213 36 minutes	36																						
103		99214 53 minutes	53																						
104		99215 63 minutes	63																						
105	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**
106			L037D	RN/LPN/MTA	0.54																				
107			L037D	RN/LPN/MTA	0.54																				
108			L037D	RN/LPN/MTA	0.54																				
109		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
110		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
111		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																				
112		**End: with last office visit before end of global period**																							
113	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**																					
114		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 6.83**	**$ -**	**$ -**	**$ -**	**$ 1.51**	**$ -**		**$ 6.73**	**$ -**	**$ -**	**$ -**	**$ 1.51**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**		**$ 0.20**
115	SA048	pack, minimum multi-specialty visit	5.02	pack		1				0			1				0								
116	SD053	electrode, ECG (single)	0.06	item		5				5			5				5								
117	SJ019	electrode adhesive disk	0.21	item		5				5			5				5								
118	SJ053	swab-pad, alcohol	0.04	item		4				4			4				4								
119	SK057	paper, laser printing (each sheet)	0.02	item		15							10												10
120																									
121																									
122																									
123	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**																				
124		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 28.95**	**$ -**	**$ -**	**$ -**	**$ 0.16**	**$ -**		**$ 22.47**	**$ -**	**$ -**	**$ -**	**$ 0.11**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**		**$ 13.08**
125	EQ198	pacemaker follow-up system (incl software and hardware) (Paceart)	279453.169	Default	0.853766759	33.5							26							0					
126	EF023	table, exam	4737.727	Default	0.010538571	33.5				15			26				10			0					
127	EQ320	pacemaker interrogation, system	123250	Other Formula	0.46699661																				28
128																									
129																									
130																									
131		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*																							
132																									

	A	B	AC	AF	AG
1	**RUC Practice Expense Spreadsheet**		**CE CODE**	**RECOMMENDED**	
2			**296**	**93X04**	
3		***RUC Collaboration Website***		Interrogation device	
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable): September 18, 2025** **Tab: 8** **Specialty: ACC, HRS**	on device tion(s) up to 90 e, dual, or	evaluation (remote), up to 90 days, cardiac contractility modulation system,	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 7.92**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
12		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
13		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
16		**TOTAL CLINICAL STAFF TIME**	**0.0**	**18.0**	**0.0**
17		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
18		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**18.0**	**0.0**
19		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
20		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 7.92**	**$ -**
21		**PRE-SERVICE PERIOD**			
22		**Start: Following visit when decision for surgery/procedure made**			
23	CA001	Complete pre-service diagnostic and referral forms			
24	CA002	Coordinate pre-surgery services (including test results)			
25	CA003	Schedule space and equipment in facility			
26	CA004	Provide pre-service education/obtain consent			
27	CA005	Complete pre-procedure phone calls and prescription			
28	CA006	Confirm availability of prior images/studies			
29	CA007	Review patient clinical extant information and questionnaire			
30	CA008	Perform regulatory mandated quality assurance activity (pre-service)			
31					
32					
33					
34		*Other activity: please include short clinical description here and type new*			
35		*Other activity: please include short clinical description here and type new*			
36		*Other activity: please include short clinical description here and type new*			
37		**End: When patient enters office/facility for surgery/procedure**			
38		**SERVICE PERIOD**			
39		**Start: When patient enters office/facility for surgery/procedure:**			
40		**Pre-Service (of service period)**			
41	CA009	Greet patient, provide gowning, ensure appropriate medical records are			
42	CA009	Greet patient, provide gowning, ensure appropriate medical records are			
43	CA010	Obtain vital signs			
44	CA010	Obtain vital signs			
45	CA011	Provide education/obtain consent			
46	CA012	Review requisition, assess for special needs			
47	CA013	Prepare room, equipment and supplies			
48	CA013	Prepare room, equipment and supplies			
49	CA014	Confirm order, protocol exam			
50	CA015	Setup scope (nonfacility setting only)			
51	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			
52	CA017	Sedate/apply anesthesia			
53					
54					
55					
56		*Other activity: please include short clinical description here and type new*			
57		*Other activity: please include short clinical description here and type new*			
58		*Other activity: please include short clinical description here and type new*			
59		**Intra-service (of service period)**			
60	CA018	Assist physician or other qualified healthcare professional---directly			
61	CA018	Assist physician or other qualified healthcare professional---directly			
62	CA019	Assist physician or other qualified healthcare professional---directly			
63	CA020	Assist physician or other qualified healthcare professional---directly			
64	CA021	Perform procedure/service---NOT directly related to physician work time		**18**	
65					
66					
67					
68		*Other activity: please include short clinical description here and type new*			
69		*Other activity: please include short clinical description here and type new*			
70		*Other activity: please include short clinical description here and type new*			
71		**Post-Service (of service period)**			
72	CA022	Monitor patient following procedure/service, multitasking 1:4			
73	CA023	Monitor patient following procedure/service, no multitasking			
74	CA024	Clean room/equipment by clinical staff			
75	CA024	Clean room/equipment by clinical staff			
76	CA025	Clean scope			
77	CA026	Clean surgical instrument package			
78	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions			
79	CA028	Review/read post-procedure x-ray, lab and pathology reports			
80	CA029	Check dressings, catheters, wounds			
81	CA030	Technologist QC's images in PACS, checking for all images, reformats,			
82	CA031	Review examination with interpreting MD/DO			
83	CA032	Scan exam documents into PACS. Complete exam in RIS system to			
84	CA033	Perform regulatory mandated quality assurance activity (service period)			
85	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,			
86	CA035	Review home care instructions, coordinate visits/prescriptions			
87	CA036	Discharge day management		**n/a**	
88					
89					
90					
91		*Other activity: please include short clinical description here and type new*			
92		*Other activity: please include short clinical description here and type new*			
93		*Other activity: please include short clinical description here and type new*			
94		**End: Patient leaves office/facility**			
95		**POST-SERVICE PERIOD**			
96		**Start: Patient leaves office/facility**			
97	CA037	Conduct patient communications			
98	CA038	Coordinate post-procedure services			
99		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**
100		99211 16 minutes			
101		99212 27 minutes			
102		99213 36 minutes			
103		99214 53 minutes			
104		99215 63 minutes			
105	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**
106					
107					
108					
109		*Other activity: please include short clinical description here and type new*			
110		*Other activity: please include short clinical description here and type new*			
111		*Other activity: please include short clinical description here and type new*			
112		**End: with last office visit before end of global period**			
113	**Supply Code**	**MEDICAL SUPPLIES**			
114		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**
115	SA048	pack, minimum multi-specialty visit			
116	SD053	electrode, ECG (single)			
117	SJ019	electrode adhesive disk			
118	SJ053	swab-pad, alcohol			
119	SK057	paper, laser printing (each sheet)			
120					
121					
122					
123	**Equipment Code**	**EQUIPMENT**			
124		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**
125	EQ198	pacemaker follow-up system (incl software and hardware) (Paceart)			
126	EF023	table, exam			
127	EQ320	pacemaker interrogation, system			
128					
129					
130					
131		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*			
132					

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

Conversion of 0408T – 0418T from Category III to Category I

CPT® Codes
Impulse Dynamics, Inc.

Vendor/Company Name

By: Christopher J. Brooks

Christopher J Brooks

Printed Signature

VP, Market Access and Reimbursement
Title

23 May 2025
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2025

Diaphragm Repair – Tab 09

At the May 2025 CPT Editorial Panel meeting, one code was created to report thoracoscopic plication of the diaphragm for eventration or paralysis and CPT code 39545 was revised to specify plication of the diaphragm for eventration or paralysis, via thoracotomy. The transabdominal approach was deleted from CPT code 39545, and the transthoracic approach was clearly defined as via thoracotomy. These code changes more accurately capture the current procedures performed to treat symptomatic diaphragmatic eventration or paralysis.

Compelling Evidence

The specialty societies presented compelling evidence to support a change in physician work due to a change in patient population and a change in technique/technology. The prior code descriptor for 39545 describes both transabdominal and transthoracic approaches together. Transabdominal refers to an open laparotomy approach, and transthoracic refers to a thoracotomy approach. The transthoracic (ie, open thoracotomy) approach requires greater complexity with respect to anesthesia strategy, positioning, and incisional approach (thoracotomy) compared to a transabdominal approach (ie, open laparotomy). These distinct approaches represent differing surgical entrance points and operating within different body cavities, which do not represent similar physician work. Regarding a change in patient population and technology, Video-Assisted Thoracic Surgery (VATS) (thoracoscopic) diaphragm plication has been reported in the literature for over 20 years and has become common practice in most institutions and training programs. As a result, the open approach described by code 39545 is now used primarily in a complex patient population that cannot be safely treated with VATS thoracoscopic techniques due to adhesions, anatomy, inability to tolerate one lung ventilation, or other comorbidities. Based on Medicare claims data over the last 10 years, the volume has been slowly decreasing. However, there is no equivalent evidence to suggest a decreasing prevalence of this disease; therefore, the decrease likely represents a shift from open to thoracoscopic operations, which are difficult to directly measure as they are currently reported with an unlisted diaphragm code. Thoracoscopic and laparoscopic approaches were not available when 39545 was last valued, and these new technologies have shifted the patient population to a more technically complex cohort, resulting in longer intra-service times. **The RUC accepted compelling evidence based on a change in patient population and a change in technique/technology.**

39545 ***Plication of diaphragm for eventration or paralysis, via thoracotomy***

The RUC reviewed the survey results from 58 surgeons and recommends a work RVU of 18.45 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 45 minutes of pre-service evaluation time, 15 minutes positioning time, 10 minutes scrub/dress/wait time, 120 minutes intra-service time, 30 minutes immediate post-service time, 1-99233, 1-99232, 1-99231, 1-99238, 2-99213, totaling 419 minutes. The hospital visits are necessary to manage systemic symptoms, side effects from surgery, and risk management of the patient's hemodynamics, chest tube, and postoperative pain. Further, respiratory support is needed, which typically includes monitoring for complications such as respiratory distress, esophageal and bowel dysfunction, infection, bleeding, and other postoperative risk factors related to the thoracotomy and diaphragmatic plication. Post-operative imaging, most commonly chest x-rays, is ordered to assess the surgical outcome of

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plication and rule out common complications. The post-operative office visits are necessary for the patient to be able to assess for changes from the plication and any adverse events such as pleural effusion.

For this procedure via the open thoracotomy approach, more time is spent opening and closing the much longer rib-cutting thoracotomy incision. Less time is spent plicating the diaphragm because of the bigger opening allowing for direct visualization and the ability to palpate the leaves of the diaphragm before each pass of the needle. Palpation of the diaphragm decreases the risk of injuring non-visualized intra-abdominal structures. This patient population is more complicated compared to the thoracoscopic approach, and it is specific to a population where the thoracoscopic approach cannot be performed.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference service code 32505 *Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial* (work RVU = 15.75, 90 minutes intra-service, and 427 minutes total time) and second top key reference service code 43334 *Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis* (work RVU = 22.12, 180 minutes intra-service, and 549 minutes total time). For the first key reference code 32505, survey respondents indicated that the surveyed code was identical or somewhat more intense/complex than the reference code. Additionally, the survey respondents indicated that the surveyed code was identical, somewhat more, and much more intense when compared to the second key reference code 43334. Therefore, the surveyed code work RVU is appropriately bracketed by the intra-service time with slightly lower total time and significantly more intensity/complexity compared to the reference codes supporting the recommended work RVU.

For additional support, the RUC referenced MPC codes 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection* (work RVU = 17.75, 103 minutes intra-service, and 337 minutes total time) and 35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision* (work RVU = 21.16, 120 minutes intra-service, and 404 minutes total time). The surveyed code work RVU is appropriately bracketed by the MPC codes, given the similar intra-service times, although higher total time and slightly lower intensity and complexity of the surveyed code. The RUC also referenced CPT code 24160 *Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components* (work RVU = 18.63, 120 minutes intra-service, and 405 minutes total time). The reference code and surveyed code have identical intra-service time and similar total time, and therefore should be valued similarly. **The RUC recommends a work RVU of 18.45 for CPT code 39545.**

395X2 *Thoracoscopy, surgical, with plication of diaphragm for eventration or paralysis*
The RUC reviewed the survey results from 73 surgeons and recommends a work RVU of 20.00 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 42 minutes of pre-service evaluation time, 15 minutes positioning time, 10 minutes scrub/dress/wait time, 120 minutes intra-service time, 30 minutes immediate post-service time, 1-99233, 1-99232, 1-99238, 2-99213, totaling 396 minutes. The hospital visits are necessary to manage systemic symptoms, side effects from surgery, and risk management of the patient's hemodynamics, chest tube, and postoperative pain. Further, respiratory support is needed, which typically includes monitoring for complications such as respiratory distress, esophageal and bowel dysfunction, infection, bleeding, and other postoperative risk factors related to the thoracotomy and diaphragmatic plication. Post-operative imaging, most commonly chest x-rays, is ordered to assess the surgical outcome of plication and rule out common complications. This procedure requires one less hospital stay due to the incision size of the thoracoscopic approach

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compared to the larger incision for the thoracotomy approach. The post-operative office visits are necessary for the patient to be able to assess for changes from the plication and any adverse events, such as pleural effusion.

For this procedure performed via the thoracoscopic approach, less time is spent opening and closing the 3-5 significantly shorter thoracoscopic port sites. Specifically, more time is spent plicating the diaphragm because of a more challenging visualization field. This is due to a large, raised, billowing diaphragm, which continually needs repositioning and a decreased ability to palpate the leaves of the diaphragm increases worry of injuring the underlying abdominal contents. This procedure is more complex than family code 39545 due to the lack of tactile feedback and technical complexity of placing sutures in a minimally invasive manner.

To support the recommended work RVU, the RUC compared the surveyed code to the top key reference service codes 32673 *Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral* (work RVU = 21.13, 150 minutes intra-service, and 447 minutes total time) and 32672 *Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed* (work RVU = 27.00, 120 minutes intra-service, and 567 minutes total time). Survey respondents indicated that the surveyed code had either identical or more stress, physical effort, and skill when compared to key reference service code 32673. Specifically, the surgical visualization for the surveyed code is not as clear as the reference code 32673. This increases overall intensity and complexity as the surgeon is placing blind stitches for repositioning the elevated diaphragm. Further, for the second reference code, 32672, which has a higher work RVU and total time than the surveyed code, the survey respondents indicated that the technical skill/physical effort was identical to, somewhat more, or more complex compared to the reference code. The technical skill and physical effort of the surveyed code are identical or more complex when compared to reference code 32673 because the end result of plication is a reduction in the size of the markedly redundant elevated diaphragm striving to get the correct tension, and the reference code is a resection of significantly over-inflated lung, but ultimately not resecting too much lung.

For additional support, the RUC referenced MPC codes 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection* (work RVU = 17.75, 103 minutes intra-service, and 337 minutes total time) and 35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision* (work RVU = 21.16, 120 minutes intra-service, and 404 minutes total time). The surveyed code work RVU is appropriately bracketed by the MPC codes, given the similar intra-service times and intensity/complexity, although lower total time of the surveyed code. The RUC also referenced CPT code 27280 *Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed* (work RVU = 20.00, 120 minutes intra-service, and 383 minutes total time). The reference code and surveyed code have identical intra-service time and similar total time and therefore should be valued similarly. **The RUC recommends a work RVU of 20.00 for CPT code 395X2.**

Practice Expense

The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. The specialties clarified that SA054 *pack, post-op incision care (suture)* is typical for removal of the retained suture at the chest tube site. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

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New Technology
CPT code 395X2 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Mediastinum and Diaphragm** **Diaphragm** **Repair**				
▲39545	K1	Plication ~~Imbrication~~ of diaphragm for eventration or paralysis, via thoracotomy ~~transthoracic or transabdominal, paralytic or nonparalytic~~ (Do not report 39545 in conjunction with 32551, if pleural drain or chest tube is placed on the ipsilateral side)	090	18.45 (2025 Work RVU = 14.67)
Thoracoscopy				
●395X2	K2	Thoracoscopy, surgical, with plication of diaphragm for eventration or paralysis (Do not report 395X2 in conjunction with 32551, if pleural drain or chest tube is placed on the ipsilateral side)	090	20.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:39545 Tracking Number K1 Original Specialty Recommended RVU: **18.45**
Presented Recommended RVU: **18.45**
Global Period: 090 Current Work RVU: **14.67** RUC Recommended RVU: **18.45**

CPT Descriptor: Plication of diaphragm for eventration or paralysis, via thoracotomy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 59-year-old female has increasing dyspnea including when lying flat. An elevated right hemidiaphragm is evident on chest X ray. Diagnostic testing is consistent with eventration. Thoracotomy with plication of diaphragm is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 98% , In the ASC 2%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 14% , Overnight stay-more than 24 hours 86%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 98%

Description of Pre-Service Work: Within 24 hours prior to surgery, preadmission work-up is reviewed including imaging studies and pulmonary function tests. The patient is seen and interval history and physical exam completed to rule out concurrent illness and any contraindication to surgery. Review indications, planned surgical procedure, expected recovery, and expected outcomes including possible complications with patient and family. Answer questions and obtain informed consent. Operative site marking is performed. Preoperative orders are completed including type and timing of antibiotics and DVT prophylaxis. Surgeon performs team briefing (anesthesia, OR staff, house staff). Surgeon dresses. Surgeon verifies all required instruments and supplies are available. Surgeon assists in transfer of patient from cart to operating table. Surgeon waits for institution of appropriate monitoring, epidural catheter, vascular access, induction of anesthesia, placement of double lumen endotracheal tube. Surgeon places patient in lateral decubitus position and directs the surgical field preparation. The surgeon scrubs, gowns, and drapes the patient. The surgeon confirms visualization of the surgical site marking and the preincision surgical pause is completed.

Description of Intra-Service Work: Single lung ventilation is instituted. A right posterolateral thoracotomy incision is performed, dividing extrathoracic muscles with electrocautery for hemostasis. The chest cavity is entered over the non-resected 8th rib. A small segment rib posteriorly is resected to facilitate rib spreading. The chest is explored. An elevated and attenuated right hemidiaphragm is visualized. The diaphragm was intact, without evidence of hernia, and amenable to plication. Starting at the medial side of the diaphragm and working to the lateral side, individual #1 permanent monofilament pledgetted sutures are weaved through the diaphragm in a U-shaped fashion. These sutures are placed going from posterior to anterior and then back posteriorly. A total of 6 to 8 individual U-stitches sutures are placed which when tied down results in a flattened taut diaphragm. The pledgets prevent the suture from tearing through the diaphragm. Additional pledgetted horizontal mattress sutures are placed if needed in areas of remaining laxity. Throughout the placement of the plication sutures, care is taken to protect the underlying abdominal contents from puncture, in this case the liver. The leaves of the diaphragm are carefully palpated before each needle pass. When the plication is completed, the chest cavity is carefully evaluated for hemostasis and then irrigated. A single chest tube is placed and connected to an appropriate drainage device. The right lung is reexpanded. The preclosure surgical pause which includes counting of instruments, needles, and sponges is completed. The ribs are carefully reapproximated with pericostal sutures, and the chest then closed in multiple layers with absorbable suture.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is returned to the supine position. The patient is monitored during reversal of anesthesia. Avoidance of sudden straining during extubation is stressed. Assistance is provided in transferring patient from OR table to cart. The surgeon conducts the postprocedure debriefing. Transport of patient from operating room to recovery room is monitored. Postoperative recovery care is discussed with anesthesia and nursing staff, including need for patient-controlled analgesia and antiemetics. Nursing staff is instructed in chest tube care. Immediate postoperative orders are written. A brief operative note is entered and saved to the chart. The procedure and outcome are discussed with the family. The final operative report is completed, and a copy sent to the referring physician(s). Postoperative chest X-ray and laboratory results are reviewed. Orders for transferring patient to an appropriate surgical floor are entered. Ongoing care is discussed with floor nurses. Later on the day of surgery, the surgeon performs a postoperative visit with patient where patient's status is assessed including adequacy of pain management, and the procedure discussed.

On a daily basis, and at other times as necessary, the patient is seen and examined including review of vital signs, respiratory and gastrointestinal status, incision and imaging as appropriate. Pain scores and adequacy of analgesia are assessed. Heart and lungs are auscultated. Chest tube is evaluated and criteria for removal assessed. Chart notes from nursing/other staff are reviewed. Advance diet as appropriate. Nursing/other staff questions answered. Patient and family questions answered. Patient progress notes charted. Enter daily orders as necessary. Orders for follow-up, post-discharge imaging, laboratory tests, home care, and physical therapy are entered in anticipation of discharge. Prescriptions for medications needed postdischarge are entered. Home instructions and restrictions are discussed with the patient, family, and discharge nurse. The patient is discharged when there is no evidence of infection, respiratory status stable, pain adequately controlled, and chest tube removed. All appropriate medical records are completed, including day-of- discharge progress notes, discharge summary, discharge instructions, and correspondence with all necessary providers.

Office: Perform and document an interval history and physical exam. Respiratory status is reviewed. Pain scores and adequacy of analgesia assessed. Imaging study(ies) reviewed and independently interpreted. Review other treating providers documentation. Incision examined, and remaining superficial wound closure materials are removed as needed. The patient's recovery from surgery including activities and restrictions are discussed with patient and family. Prescriptions for medication(s) and therapy are written as necessary. Complete and update leave-of-absence and short-term disability forms as required. Progress discussed as necessary with referring provider. Progress notes are entered into the medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Joseph Turek, MD; Vigneshwar Kasirajan, MD; Daniel McCarthy, MD; Matt Reinersman, MD					
Specialty Society(ies):	Society of Thoracic Surgeons, Ameriacan Association for Thoracic Surgery					
CPT Code:	39545					
Sample Size:	484	**Resp N:**	58			
Description of Sample:	US members self-identified as general thoracic surgeons excluding students, post graduate trainees and retirees.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	t0.00	0.00	**1.00**	3.00	25.00	
Survey RVW:	15.00	18.45	**22.00**	23.38	90.00	
Pre-Service Evaluation Time:			**45.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	27.00	90.00	**120.00**	150.00	240.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**115.00**	99231x **1.00** 99232x **1.00** 99233x **1.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	39545	**Recommended Physician Work RVU: 18.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**45.00**	**40.00**	**5.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**115.00**	99231x **1.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32505	090	15.75	**RUC Time**

CPT Descriptor Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43334	090	22.12	**RUC Time**

CPT Descriptor Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.75	**RUC Time**	14,382

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	22,058

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
24160	090	18.63	**RUC Time**

CPT Descriptor Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 29.3 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 17.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 39545	Top Key Reference CPT Code: 32505	2nd Key Reference CPT Code: **43334**
Median Pre-Service Time	70.00	75.00	80.00
Median Intra-Service Time	120.00	90.00	180.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	115.0	155.00	175.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	46.0	39.00	46.00
Median Total Time	**419.00**	**427.00**	**549.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	35%	58%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	59%	35%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	29%	65%
Physical effort required	6%	35%	59%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	12%	41%	47%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	60%	20%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	60%	30%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	40%	30%	30%
Physical effort required	10%	30%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	70%	10%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Diaphragmatic eventration and paralysis are distinct entities. Eventration is when all or part of the diaphragm becomes elevated due to decreased muscle fibers in the muscular portion of the diaphragm while peripheral attachments of the diaphragm to the sternum, ribs, and spine are preserved. The resulting elevation of the diaphragm can be quite marked, allowing abdominal organs to be displaced superiorly. Eventration can be congenital but most frequently occurs with increasing age. Idiopathic eventration was identified in 57% of reported cases of diaphragm elevation in one study. In contrast to eventration, diaphragmatic paralysis is an acquired condition with elevation of the diaphragm secondary to phrenic nerve injury or dysfunction. Trauma from iatrogenic causes (e.g. surgery) or non-iatrogenic causes (e.g., motor vehicle accident) can affect the phrenic nerve anywhere along its course resulting in mechanical disruption. Phrenic nerve disruption results in lack of innervation to the diaphragm with resultant atrophy of the muscle. Other causes of diaphragmatic paralysis include thoracic tumors, viral infections and other inflammatory processes. In both eventration and paralysis, the diaphragm remains intact which is in marked contrast to diaphragmatic hernia where there is complete disruption (a blowout) of the muscle.

Patients with unilateral diaphragmatic eventration or paralysis are often asymptomatic with hemidiaphragm elevation being an incidental finding on imaging studies, and they do not require surgical intervention. However, over time, those who develop

symptoms may require surgical intervention. Dyspnea on exertion is most common. Additionally, decreased lung volumes can cause restrictive pulmonary symptoms, hypoventilation, atelectasis, hypercarbia and hypoxemia. Symptoms are classically worse when lying supine or bending forward. If the left side is afflicted, digestive symptoms may be present due to rotation of the gastric fundus under the elevated diaphragm. Complete gastric volvulus with gastric outlet obstruction is also possible. Diagnostic testing requires imaging to confirm hemidiaphragm elevation and a functional study (e.g. sniff test) to confirm abnormal hemidiaphragm movement. In complex or idiopathic cases, diagnostic work-up can be quite extensive and may include tests to rule out other pulmonary, cardiac, muscular, or neurologic conditions that may contribute to exertional dyspnea. The clinical presentation of diaphragmatic eventration and paralysis is similar and distinguishing between the two sometimes impossible. Fortunately, the treatment for symptomatic eventration or paralysis is the same specifically surgical plication of the redundant but intact diaphragm which is most commonly accomplished via thoracotomy or Video-Assisted Thoracic Surgery (VATS) (thoracoscopy).

This recommendation proposes changes to the existing code 39545 (*Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic*), and the addition of new code 395X2 (*Thoracoscopy, surgical, with plication of diaphragm for eventration or paralysis*). At the May 2025 CPT meeting, the code descriptor for 39545 was changed to "*Plication of diaphragm for eventration or paralysis, via thoracotomy*." The transabdominal approach was deleted from 39545 and transthoracic clearly defined as thoracotomy. These code changes more accurately capture the current procedures commonly performed to treat symptomatic diaphragmatic eventration or paralysis.

Compelling Evidence
Code 39545 is a Harvard code that has never been RUC surveyed.

Since 39545 was last valued, there have been changes in the patient population as well as a shift in how the procedures are performed. Several compelling lines of evidence support the need to reassess the value of this service.

First, the valuation of code 39545 is currently based on flawed methodology that combines both transabdominal and transthoracic approaches together into one code. Since laparoscopic and thoracoscopic codes did not exist when 39545 was created, transabdominal means an open laparotomy approach and transthoracic a thoracotomy approach. Laparotomy and thoracotomy approaches represent entrance into and operating within totally different body cavities and do not represent similar physician work. Compared to a transabdominal approach (open laparotomy), a transthoracic (open thoracotomy) approach requires greater complexity with respect to anesthesia strategy (single lung ventilation), positioning (lateral decubitus), and incisional approach (thoracotomy). A single code incorporating two different approaches involving different body cavities would not be created today. The literature, our Expert Panel, and the American College of Surgeons (ACS) all agree that a laparotomy approach is now rarely performed for the treatment of diaphragmatic eventration or paralysis, and creation of a laparotomy approach code for diaphragmatic plication is not indicated. Having vastly differing surgical approaches within one code descriptor represents a flawed mechanism/methodology which was used in 39545's previous valuation.

Second, technological advances have changed the physician work related to code 39545. VATS (thoracoscopic) diaphragm plication has been reported in the literature for over 20 years and has become common practice in most institutions and training programs. As a result, the open thoracotomy approach described by code 39545 is now used primarily in a more complicated patient population that cannot be safely treated with VATS techniques. Reasons that a VATS plication may not be possible include distorted anatomy and adhesions from prior surgery (possibly the surgery leading to phrenic nerve dysfunction and resulting in diaphragm paralysis). Inability to tolerate one lung anesthesia is a contraindication to most VATS procedures. From the RUC Database, over the last 10-years, current code 39545 has had volumes ranging from 146 to 279 with slowly decreasing volumes since 2019. There is no evidence to suggest decreasing prevalence of this disease, therefore the decrease in 39545 to some extent represents a shift from open to thoracoscopic operations. However, VATS plications are difficult to directly measure as they are currently reported with an unlisted diaphragm code. The RUC database currently gives a Harvard based intra-service time of 113 minutes for the combined transabdominal and transthoracic 39545 code. The STS General Thoracic Surgery Database was queried for 39545. There were 2510 cases from 2012-2024. The median procedure time was 135 minutes and mean procedure time 179 minutes for the entire cohort. Of note, the procedure time was observed to increase in the later years of the cohort. While the STS General Thoracic Surgery Database (GTSD) contained time data on over 2500 cases, that was over 12 years reinforcing its low volume. Data entry into the GTSD is limited to participating hospitals and surgeons, and diaphragm plication is classified as a non-analyzed procedure within the registry meaning data entry is optional. It is supportive of time data but limited in most other regards. A thoracoscopic approach was not available when 39545 was valued by Harvard. This new technology has shifted the patient population treated with 39545 to a more complicated cohort of patients, which has resulted in longer intra-service times than when valued through the Harvard study.

In summary, we believe that because of incorrect assumptions made in the previous valuation, and advances in technology with resultant changes in intra-service time, compelling evidence supporting an increase in value for code 39545 has been met.

Rationale 39545
The descriptor of existing code 39545 was changed by CPT from *Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic* to *Plication of diaphragm for eventration or paralysis, via thoracotomy.* The descriptor change updated the terminology from imbrication to the more commonly used term plication and revises the approaches of transthoracic or transabdominal, both contained in the same descriptor to just a thoracotomy approach. Thoracotomy is the most

common open approach now used for diaphragm plication. Laparotomy is largely of historical interest. This was confirmed in discussions with our Expert Panel and the ACS. Both groups could not justify creation of a laparotomy approach plication code. In the rare event a laparotomy approach is used, correct coding would be 39599 (*Unlisted diaphragm).* If a laparotomy were to be added to a thoracotomy approach, with appropriate supporting documentation, the -22 modifier *(Increased procedural services*) could be used.

While a laparoscopic diaphragmatic plication approach has been described in the literature, it has not become a common way of plicating the diaphragm. The literature on laparoscopic plication is predominantly small case series with primarily one physician group reporting this approach and their work subsequently referenced in several articles. The STS and ACS discussed creation of a laparoscopic diaphragmatic plication Category I code but did not think the literature supported creating one. ACS did not believe laparoscopic plication is done by enough of its members to support creation and survey of a separate laparoscopic plication code and if performed, it would also be reported with the unlisted diaphragm code (39599).

ACS was supportive of STS' efforts to update code 39545 to reflect a single open approach via thoracotomy and creation of thoracoscopic code 395X2.

The Society of Thoracic Surgeons and the American Association for Thoracic Surgery conducted a RUC survey of U.S. members who self-identify as general thoracic surgeons and received 58 responses for 39545. They convened an Expert Panel of General Thoracic surgeons to review the results.

Code 39545 is a Harvard code that has never been surveyed or reviewed by the RUC. It has a current RVW of 14.67. For revised code 39545 diaphragm plication via thoracotomy, the survey respondents indicated a pre-service evaluation time of 45 minutes, positioning time of 15 minutes and scrub, dress and wait time of 10 minutes, a median intra-service time of 120 minutes and an immediate post-service time of 30 minutes. Interestingly, the surveyed median intra-service time for 39545 is exactly the same as the intra-service time for the new thoracoscopy plication code 395X2. While we can't explain the similar total intra-service times other than coincidence, we think it important to discuss the allocation of time within each procedure which is significantly different. For 39545, more time is spent opening and closing the much longer rib-cutting thoracotomy incision. Less time is spent plicating the diaphragm because of the bigger opening allowing for direct visualization and the ability to palpate the leaves of the diaphragm before each pass of the needle. Palpation of the diaphragm decreases the risk of injuring non-visualized intra-abdominal structures. In contrast, for 395X2, less time is spent opening and closing the 3 – 5 significantly shorter thoracoscopic port sites. In 395X2, more time is spent plicating the diaphragm because of more challenging visualization due to a large, raised billowing diaphragm and a decreased ability to palpate the leaves of the diaphragm increasing worry of injuring the underlying abdominal contents.

Pre-service Time
The specialty societies selected pre-service time package 4 facility for a difficult patient and difficult procedure. Symptomatic patients considered for surgery are typically complicated patients with a history of previous surgery and other comorbidities. Because of longstanding significant dyspnea, these patients typically present in a deconditioned state. Adjustments to the pre-service time package include an increase of 5 minutes of pre-evaluation time due to the complexity of the case, including review of additional studies such as PFT, sniff test, nerve conduction studies and/or ECHO that would not typically be reviewed for other procedures performed via thoracotomy. A detailed pre-procedure briefing is conducted including anesthesia (single lung anesthesia with good lung on the downside), nursing, other OR personnel discussing patient positioning prior to induction of anesthesia. For positioning, 12 minutes were added for a total of 15 minutes to account for placing the patient from supine to a lateral decubitus position. This is consistent with other procedures performed via thoracotomy. The scrub dress and wait time was decreased by 10 minutes based on the survey.

Post-service Time
The societies selected post-service time package 9B for general anesthesia and complex procedure. Per the survey respondents, the immediate post-service time was decreased by 3 minutes for a total of 30 minutes immediate post-service time.

98% of respondents indicated that the procedure is performed in the hospital and 89% of respondents indicated that the patient stays in the hospital overnight for more than 24 hours with 98% of respondents indicating that they provide a level three subsequent hospital visit to the patient on the same day as the procedure. The survey supports two additional E/M visits after the day of surgery, which include a level two subsequent hospital visit the day after surgery and a level one subsequent hospital visit the next day with discharge day management services of 30 minutes or less on the day of discharge and two level three office visits during the global period.

The first postop visit in the hospital the same day as the procedure requires high-level medical decision making with management of systemic symptoms and side effects from the surgery and risk related to management of the patient's hemodynamics, chest tube, postoperative pain, respiratory support which typically includes mechanical or non-invasive ventilation in the immediate post-operative period and monitoring the patient for complications including respiratory distress, esophageal and bowel dysfunction due to anatomical functional changes of the diaphragm, infection, bleeding and other postoperative risk factors related to the thoracotomy and diaphragmatic plication. Post-operative imaging, most commonly chest x-rays, are ordered and reviewed including independent interpretation of images to assess the surgical outcome of plication and rule-out common complications.

The second post-operative level two visit represents moderate medical decision making with many of the immediate high-level postoperative problems and risk beginning to resolve but still requiring close management related to systemic issues and risk related to hemodynamics, chest tube, respiratory, esophageal and bowel function, and pain including prescription drug management and review of chest x-rays and other imaging if needed to assess postoperative recovery.

The third post-operative level one visit represents low-level medical decision making with the majority of the postoperative systemic issues and risk related to hemodynamic, respiratory, esophageal and bowel function, and pain management resolving, the chest tube is removed, and imaging and labs as necessary are ordered and reviewed.

The survey respondents indicated two level three E/M office visits during the 90-day global procedure. Both visits require medical decision making requiring continued monitoring of the patient's respiratory, esophageal and bowel function as well as post-operative wound and pain management, and review of oxygen saturation. Review of chest x-ray or other imaging is performed as needed. The visits will typically include prescription drug management and continued management of the patient's respiratory status and recovery which may require other interventions such as respiratory therapy.

In summary, we feel that thoracotomy code 39545 is most commonly performed in a more complicated patient population in which VATS cannot typically be performed. More intra-service time is allocated to the opening and closing of the thoracotomy incision and less time to the plication because of the larger operative field yielding direct visualization and palpation of the diaphragm. Therefore, based on the survey results, the specialty societies are recommending the 25th RVW of 18.45 and median intra-service time of 120 minutes with 45 minutes for pre-service evaluation time, 15 minutes of positioning time, 10 minutes of scrub, dress and wait time with 30 minutes of immediate post-service time with three subsequent hospital visits, discharge day management and two office visits for a total time of 419 minutes.

The table below, provides several reference codes with 90-day global periods valued by the RUC in 2010 or later with the same or a lower intra-service time and similar total times that bracket the recommended values for code 39545.

39545 Reference Codes

CPT Code	Long Desc	Global	IWPUT	Work RVU	Intra Time	Total Time	Time Source	MPC	Most Recent RUC Review	2023 MC Utilization
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	090	0.106	17.75	103	337	RUC	Yes	2014-09	14,382
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	090	0.079	17.95	120	395	RUC		2014-09	10499
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	090	0.074	18.00	120	415	RUC		2010-10	946
39545	Plication of diaphragm for eventration or paralysis, via thoracotomy	090	0.075	18.45	120	419				
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	090	0.077	18.50	90	401	RUC		2020-10	248
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	090	0.082	18.63	120	405	RUC		2013-01	80
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	090	0.112	19.60	97	374	RUC		2019-10	313723
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	090	0.104	21.16	120	404	RUC	Yes	2013-01	22058

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 39545

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Thoracic surgery How often? Sometimes

Specialty Cardiac Surgery How often? Sometimes

Specialty General Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 385
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that 60% of patients that undergo plication for diaphragmatic envetration or paralysis are under 65 years of age.

Specialty Thoracic surgery Frequency 279 Percentage 72.46 %

Specialty Cardiac surgery Frequency 91 Percentage 23.63 %

Specialty General Surgery Frequency 15 Percentage 3.89 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 241
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC Database 2023 Utilization of the code

Specialty Thoracic Surgery Frequency 176 Percentage 73.02 %

Specialty Cardiac Surgery Frequency 28 Percentage 11.61 %

Specialty General Surgery Frequency 37 Percentage 15.35 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 39545

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:395X2 Tracking Number K2 Original Specialty Recommended RVU: **20.00**
Presented Recommended RVU: **20.00**
Global Period: 090 Current Work RVU: RUC Recommended RVU: **20.00**

CPT Descriptor: Thoracoscopy, surgical, with plication of diaphragm for eventration or paralysis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female has increasing dyspnea and history of motor vehicle accident 5 years ago. An elevated right hemidiaphragm is evident on chest X ray. Diagnostic testing is consistent with right hemidiaphragm paralysis. Thoracoscopy with plication is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 99% , In the ASC 1%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 36% , Overnight stay-more than 24 hours 64%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 99%

Description of Pre-Service Work: Within 24 hours prior to surgery, preadmission work-up is reviewed including imaging studies and pulmonary function tests. The patient is seen and interval history and physical exam completed to rule out concurrent illness and any contraindication to surgery. Review indications, planned surgical procedure, expected recovery, and expected outcomes including possible complications with patient and family. Answer questions and obtain informed consent. Operative site marking is performed. Preoperative orders are completed including type and timing of antibiotics and DVT prophylaxis. Surgeon performs team briefing (anesthesia, OR staff, house staff). Surgeon dresses. Surgeon verifies all required instruments and supplies are available including reusable and disposable thoracoscopic equipment. Surgeon assists in transfer of patient from cart to operating table. Surgeon waits for institution of appropriate monitoring, vascular access, induction of anesthesia, placement of double lumen endotracheal tube. Surgeon places patient in lateral decubitus position and directs the surgical field preparation. The surgeon scrubs, gowns, and drapes the patient. The surgeon ensures all equipment necessary for thoracoscopy (e.g. thoracoscope(s), fiberoptic light cord, video camera, cautery cord) are placed sterilely in the surgical field, activated, and settings properly adjusted. The surgeon confirms visualization of the surgical site marking and the preincision surgical pause is completed.

Description of Intra-Service Work: Single lung ventilation is instituted. Using local infiltrative anesthetic, a small lateral access incision made over the top of the 6th rib and after digital palpation, a trocar placed. The thoracoscope advanced into the chest cavity and the chest is explored. An elevated and attenuated right hemidiaphragm is visualized. The diaphragm was intact, without evidence of hernia, and amenable to thoracoscopic plication. Two to four additional small incisions appropriately placed and under direct vision access gained to the chest cavity. Using a thoracoscopic forceps, the diaphragm is displaced downward and using permanent suture, multiple pledgeted running horizontal mattress sutures are individually placed. These extend from the cardiophrenic angle to the lateral chest wall. Care is taken to protect the intraabdominal contents during suture placement. These sutures are placed until the diaphragm is flat and taut. Five to eight sutures are placed with additional pledgetted mattress sutures placed as necessary in areas of laxity. Once the repair is completed, the pleural cavity explored to ensure hemostasis and irrigated. A chest tube placed and connected to an appropriate drainage device. The lung is reexpanded. The preclosure surgical pause which includes counting of instruments, needles, and sponges is completed. The individual thoracoscopic incisions are checked for hemostasis and then closed with multiple layers of absorbable suture.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is returned to the supine position. The patient is monitored during reversal of anesthesia. Avoidance of sudden straining during extubation is stressed. Assistance is provided in transferring patient from OR table to cart. The surgeon conducts the postprocedure debriefing. Transport of patient from operating room to recovery room is monitored. Postoperative recovery care is discussed with anesthesia and nursing staff, including need for patient-controlled analgesia and antiemetics. Nursing staff is instructed in chest tube care. Immediate postoperative orders are written. A brief operative note is entered and saved to the chart. The procedure and outcome are discussed with the family. The final operative report is completed, and a copy sent to the referring physician(s). Postoperative chest X-ray and laboratory results are reviewed. Orders for transferring patient to an appropriate surgical floor are entered. Ongoing care is discussed with floor nurses. Later on the day of surgery, the surgeon conducts a postoperative visit with the patient where patient status assessed including adequacy of pain management, and the procedure discussed.

On a daily basis, and at other times as necessary, the patient is seen and examined including review of vital signs, respiratory and gastrointestinal status, incision and imaging as appropriate. Pain scores and adequacy of analgesia are assessed. Heart and lungs are auscultated. Chest tube is evaluated and criteria for removal assessed. Chart notes from nursing/other staff are reviewed. Advance diet as appropriate. Nursing/other staff questions answered. Patient and family questions answered. Patient progress notes charted. Enter daily orders as necessary. Orders for follow-up, post-discharge imaging, laboratory tests, home care, and physical therapy are entered in anticipation of discharge. Prescriptions for medications needed postdischarge are entered. Home instructions and restrictions are discussed with the patient, family, and discharge nurse. The patient is discharged when there is no evidence of infection, respiratory status stable, pain adequately controlled, and chest tube removed. All appropriate medical records are completed, including day-of- discharge progress notes, discharge summary, discharge instructions, and correspondence with all necessary providers.

Office: Perform and document an interval history and physical exam. Respiratory status is reviewed. Pain scores and adequacy of analgesia assessed. . Imaging study(ies) reviewed and independently interpreted. Review other treating providers documentation. Incision examined, and remaining superficial wound closure materials are removed as needed. The patient’s recovery from surgery including activities and restrictions are discussed with patient and family. Prescriptions for medication(s) and therapy are written as necessary. Complete and update leave-of-absence and short-term disability forms as required. Progress discussed as necessary with referring provider. Progress notes are entered into the medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Joseph Turek, MD; Vigneshwar Kasirajan, MD; Daniel McCarthy, MD; Matt Reinersman, MD					
Specialty Society(ies):	Society of Thoracic Surgeons, American Association for Thoracic Surgery					
CPT Code:	395X2					
Sample Size:	484	**Resp N:**	73			
Description of Sample:	US members self-identified as general thoracic surgeons excluding students, post graduate trainees and retirees.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	2.00	**4.00**	7.00	30.00
Survey RVW:		14.00	20.00	**22.00**	24.00	90.00
Pre-Service Evaluation Time:				**42.00**		
Pre-Service Positioning Time:				**15.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		6.00	90.00	**120.00**	150.00	240.00
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**95.00**	99231x **0.00** 99232x **1.00** 99233x **1.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	395X2	**Recommended Physician Work RVU: 20.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**42.00**	**40.00**	**2.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**95.00**	99231x **0.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32673	090	21.13	**RUC Time**

CPT Descriptor Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32672	090	27.00	**RUC Time**

CPT Descriptor Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.75	**RUC Time**	14,382

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	22,058

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
27280	090	20.00	**RUC Time**

CPT Descriptor Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 28 **% of respondents:** 38.3 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 13.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 395X2	Top Key Reference CPT Code: 32673	2nd Key Reference CPT Code: **32672**
Median Pre-Service Time	67.00	75.00	75.00
Median Intra-Service Time	120.00	150.00	120.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	95.0	115.00	265.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	46.0	39.00	39.00
Median Total Time	**396.00**	**447.00**	**567.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	61%	32%	4%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	54%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	57%	32%
Physical effort required	11%	61%	29%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	54%	36%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	40%	50%	10%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	50%	30%	20%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	60%	30%
Physical effort required	10%	50%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	40%	40%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Diaphragmatic eventration and paralysis are distinct entities. Eventration is when all or part of the diaphragm becomes elevated due to decreased muscle fibers in the muscular portion of the diaphragm while peripheral attachments of the diaphragm to the sternum, ribs, and spine are preserved. The resulting elevation of the diaphragm can be quite marked allowing abdominal organs to be displaced superiorly. Eventration can be congenital but most frequently occurs with increasing age. Idiopathic eventration was identified in 57% of reported cases of diaphragm elevation in one study. In contrast to eventration, diaphragmatic paralysis is an acquired condition with elevation of the diaphragm secondary to phrenic nerve injury or dysfunction. Trauma from iatrogenic causes (e.g. surgery) or non-iatrogenic causes (e.g., motor vehicle accident) can affect the phrenic nerve anywhere along its course resulting in mechanical disruption. Phrenic nerve disruption results in lack of innervation to the diaphragm with resultant atrophy of the muscle. Other causes of diaphragmatic paralysis include thoracic tumors, viral infections and other inflammatory processes. In both eventration and paralysis, the diaphragm remains intact which is in contrast to diaphragmatic hernia where there is disruption (a blowout) of the muscle.

Patients with unilateral diaphragmatic eventration or paralysis are often asymptomatic with hemidiaphragm elevation being an incidental finding on imaging studies and they do not require surgical intervention. However, over time, those who develop symptoms may require surgical intervention. Dyspnea on exertion is most common. Additionally, decreased lung volumes can cause restrictive pulmonary symptoms, hypoventilation, atelectasis, hypercarbia and hypoxemia. Symptoms are classically worse when

lying supine or bending forward. If the left side is afflicted, digestive symptoms may be present due to rotation of the gastric fundus under the elevated diaphragm. Complete gastric volvulus with gastric outlet obstruction is also possible. Diagnostic testing requires imaging to confirm hemidiaphragm elevation and a functional study (e.g. sniff test) to confirm abnormal hemidiaphragm movement. In complex or idiopathic cases, diagnostic work-up can be quite extensive and may include tests to rule out other pulmonary, cardiac, muscular, or neurologic conditions that may contribute to exertional dyspnea. The clinical presentation of diaphragmatic eventration and paralysis is similar and distinguishing between the two is sometimes impossible. Fortunately, the treatment for symptomatic eventration or paralysis is the same specifically surgical plication of the redundant but intact diaphragm which is most commonly accomplished via Video-Assisted Thoracic Surgery (VATS) (thoracoscopy) or thoracotomy.

This recommendation proposes valuation of new code 395X2 (*Thoracoscopy, surgical, with plication of diaphragm for eventration or paralysis*) and the revised code 39545 (*Plication of diaphragm for eventration or paralysis, via thoracotomy*). These codes more accurately capture the current procedures commonly performed to treat symptomatic diaphragmatic eventration or paralysis.

Rationale 395X2
Code 395X2 Thoracoscopy, surgical, with plication of diaphragm for eventration or paralysis is a new code to account for diaphragm repair via thoracoscopy, which was not an approach available when code 39545 was initially created.

The Society of Thoracic Surgeons and the American Association for Thoracic Surgery conducted a RUC survey of U.S. members who self-identify as general thoracic surgeons and received 73 responses for 395X2. They convened an Expert Panel of General Thoracic surgeons to review the results.

For code 395X2 diaphragm plication via thoracoscopy, the survey respondents indicated a pre-service evaluation time of 42 minutes, positioning time of 15 minutes and scrub, dress and wait time of 10 minutes, a median intra-service time of 120 minutes and an immediate post-service time of 30 minutes. Interestingly, the surveyed median intra-service time for 395X2 is exactly the same as the intra-service time for code 39545. While we can't explain the similar total intra-service times other than coincidence, we think it important to discuss the significantly different allocation of time within each procedure. For 39545, more time is spent opening and closing the much longer rib-cutting thoracotomy incision. Less time is spent plicating the diaphragm because of the bigger opening allowing for direct visualization and ability to palpate the leaves of the diaphragm before each pass of the needle. Palpation of the diaphragm decreases the risk of injuring non-visualized intra-abdominal structures. In contrast, for 395X2, less time is spent opening and closing the 3 – 5 significantly shorter thoracoscopic port sites. In 395X2, more time is spent plicating the diaphragm because of more challenging visualization due to a large, raised billowing diaphragm which continually needs repositioning and a decreased ability to palpate the leaves of the diaphragm increasing worry of injuring the underlying abdominal contents.

Pre-service Time
The specialty societies selected pre-service time package 4 facility for a difficult patient and difficult procedure. Symptomatic patients considered for surgery are typically complicated patients who present in a deconditioned state due to prolonged breathing issues with significant dyspnea and a history of previous surgery and other comorbidities Adjustments to the pre-service time package include an increase of 2 minutes of pre-evaluation time due to the complexity of the case. Including review of additional studies such as PFT, sniff test, nerve conduction studies and/or ECHO that would not typically be reviewed for other procedures performed via thoracoscopy. These patients often have significant dyspnea particularly when supine. A detailed pre-procedure briefing including anesthesia (single lung anesthesia with good lung on the downside), nursing, other OR personnel discussing patient positioning prior to induction of anesthesia. For positioning, 12 minutes were added for a total of 15 minutes to account for placing the patient from supine to a lateral decubitus position. This is consistent with other procedures performed via thoracoscopy. The scrub dress and wait time was decreased by 10 minutes based on the survey.

Post-service Time
The societies selected post-service time package 9B for general anesthesia and complex procedure. Per the survey respondents, the immediate post-service time was decreased by 3 minutes for a total of 30 minutes immediate post-service time.

99% of respondents indicated that the procedure is performed in the hospital and 64% of respondents indicated that the patient stays in the hospital overnight for more than 24 hours with 99% of respondents indicating that they provide a level three subsequent hospital visit to the patient on the same day as the procedure. The survey supports an additional level two subsequent hospital visit the day after surgery, and discharge day management services of 30 minutes or less on the day of discharge and two level three office visits during the global period.

The first postop visit in the hospital the same day as the procedure requires high level medical decision making with management of systemic symptoms and side effects from the surgery and risk related to management of the patient's hemodynamics, chest tube, postoperative pain, respiratory support which typically includes mechanical or non-invasive ventilation in the immediate post-operative period and monitoring the patient for complications including respiratory distress, esophageal and bowel dysfunction due to anatomical functional changes of the diaphragm, infection, bleeding and other postoperative risk factors related to the thoracoscopy and diaphragmatic plication. Post operative imaging including most commonly chest x-rays are ordered and reviewed, including independent interpretation of images to assess the surgical outcome of plication and rule-out common complications.

The second post-operative level two visit represents moderate medical decision making with many of the immediate high-level postoperative problems and risk beginning to resolve but still requiring close management related to systemic issues and risk related to hemodynamics, chest tube removal, respiratory, esophageal and bowel function, and pain including prescription drug management and review of chest x-rays and other imaging if needed to assess postoperative recovery.

The survey shows one less hospital visit for 395X2 compared to 39545. This results in the decreased total time of 396 minutes for the VATS approach vs. 419 minutes for thoracotomy.

The survey respondents indicated two level three E/M office visits during the 90-day global procedure. Both visits require medical decision making requiring continued monitoring of the patient's respiratory, esophageal and bowl functions as well as post-operative wound and pain management, and review of oxygen saturation. Review of chest x-ray or other imaging is performed as needed. The visits will typically include prescription drug management and continued management of the patient's respiratory status and recovery which may require other interventions such as respiratory therapy.

The Expert Panel discussed the RVW of 20.00 for code 395X2 for an intra-service time of 120 minutes and total time of 396 minutes compared to the lower RVW recommendation of 18.45 for code 39545 with 120 minutes of intra-time and a total time of 419 minutes.

The VATS (thoracoscopic) approach (395X2)represents a technically more complex procedure while the open thoracotomy approach (39545) represents a more complicated patient population. 39545 has a population where VATS cannot be performed. Although the intra-service times are the same for the procedures, the time is allocated differently. For the thoracotomy procedure, the majority of the time is allocated to opening and closing of the thoracotomy incision and less time is allocated to the plication resulting in a lower overall intensity for the intra-operative portion of that procedure. In contrast to the thoracotomy procedure, the thoracoscopic procedure has increased intraoperative complexity because of, but not limited to, issues related to exposure and loss of tactile feedback. The surgeon can't easily palpate the leaves of the diaphragm and underlying abdominal contents through the small VATS trocar sites. Additionally, the surgical field is more restricted due to elevation of the diaphragm and having to operate within the confines of the rigid chest wall. There is no rib spreading. It is more difficult to push the elevated diaphragm downwards using thoracoscopic instruments compared to manual reduction with an open approach. This is particularly evident on the right side due to the liver. Because of the inability to palpate the diaphragm, the intensity of the thoracoscopy procedure is also higher because of the increased risk of puncturing the underlying abdominal contents (e.g. liver, spleen, stomach, colon) with each pass of the needle. Injury to intrathoracic structures out of the camera's field of view or on the non-visualized abdominal side of the diaphragm is therefore a greater concern with the thoracoscopic 395X2 procedure. Finally, assessment of diaphragm tension is more nuanced without manual palpation.

The increased complexity of the thoracoscopic diaphragm plication procedure is further reflected through the surveyees' responses to the intensity and complexity measures compared to the KRS codes. Code 32673 (Thoracoscopic resection of the thymus) was selected as KRS 1 by the survey respondents, and has a higher wRVU, intra-time, and total time, than the new procedure. The survey respondents indicated that new code 395X2 had either identical or more stress, physical effort, and skill than KRS 1. With VATS thymus resection, there is much clearer visualization of the thymus. 395X2 VATS diaphragm plication is accomplished though placement of blind stitches for repositioning the elevated diaphragm. The visualization is not as clear, and there is a higher risk of injury to the underlying abdominal structures. This results in a higher overall intensity for the new procedure compared to code 32673. For KRS 2, 32672 (Thoracoscopic LVRS), which has a higher wRVU and total time than KRS1 and the surveyed code, the survey respondents indicated that the overall intensity, mental effort and judgement and psychological stress was identical to, somewhat less or less than KRS 2 and the technical skill/physical effort was identical to, somewhat more, or more complex compared to the KRS 2. Similar to diaphragm plication, the LVRS code represents a VATS procedure that also has limited visualization due to the significantly over-inflated emphysematous lung within the confines of the rigid chest wall. With KRS 2, there are concerns for injuring the adjacent more normal lung. The technical skill and physical effort of 395X2 is identical or more complex because the end result of plication is a reduction in the size of the markedly redundant elevated diaphragm striving to get the correct tension, and KRS 2 which is a resection of significantly over-inflated lung but ultimately not resecting too much lung.

Therefore, based on the survey results, the specialty societies are recommending the 25th RVW of 20.00 and median intra-service time of 120 minutes with 42 minutes of pre-service evaluation time, 15 minutes of positioning time, 10 minutes of scrub, dress and wait time with 30 minutes of immediate post-service time with two subsequent hospital visits, discharge day management and two office visits for a total time of 396 minutes.

The table below provides several reference codes with 90-day global periods valued by the RUC in 2010 or later with the same or a lower intra-service time and similar total times that bracket the recommended values for code 395X2.

395X2 Reference Codes

CPT Code	Long Desc	Global	IWPUT	Work RVU	Intra Time	Total Time	Time Source	MPC	Most Recent RUC Review	2023 Medicare Utilization

CPT Code	Long Desc	Global	IWPUT	Work RVU	Intra Time	Total Time	Time Source	MPC	Most Recent RUC Review	2023 Medicare Utilization
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	090	0.106	17.75	103	337	RUC	Yes	2014-09	14,382
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	090	0.112	19.60	97	374	RUC		2019-10	313723
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	090	0.108	19.60	100	377	RUC		2019-10	174976
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	090	0.101	20.00	120	383	RUC		2014-09	3843
395X2	Thoracoscopy, surgical, with plication of diaphragm for eventration or paralysis	090	0.095	20.00	120	396				
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	090	0.098	20.38	120	403	RUC		2013-04	255
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	090	0.104	21.16	120	404	RUC	Yes	2013-01	22058
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	090	0.140	25.00	120	395	RUC		2010-02	31110

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 39599

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Thoracic Surgery How often? Sometimes

Specialty Cardiac Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 90
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that volume of thoracoscopic eventration and paralysis repair is around 23% of those that are repaired via thoracotomy.

Specialty Thoracic surgery Frequency 74 Percentage 82.22 %

Specialty Cardiac surgery Frequency 16 Percentage 17.77 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 36 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. it is estimated that 40% of the population undergoing thoracoscopic plication are Medicare patients.

Specialty Thoracic surgery Frequency 30 Percentage 83.33 %

Specialty Cardiac surgery Frequency 6 Percentage 16.66 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 39545

SS Rec Summary

ISSUE: Diaphragm Repair
TAB: 9

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	32505	Thoracotomy; with therapeutic wedge resection (eg, mass,	90	Apr-11	17	0.060	0.037			15.75			427	40	15	20			90			30			1	2	1	1.0		1	1						
2nd REF	43334	Repair, paraesophageal hiatal hernia (including fundoplication),	90	Apr-10	10	0.058	0.040			22.12			549	40	20	20			180			30			1	2	2	1.0		2							
CURRENT	39545	Imbrication of diaphragm for eventration, transthoracic or	90	Harvard		0.015	0.031			14.67			466	35		25			113			27	1				5.5	1.0		3							
SVY	39545	Plication of diaphragm for eventration or paralysis, via	90		58	0.104	0.053	15.00	18.45	22.00	23.38	90.00	419	45	15	10	27	90	120	150	240	30			1	1	1	1.0		2			0	0	1	3	75
REC	39545	Plication of diaphragm for eventration or paralysis, via thoracotomy	90			0.075	0.044			18.45			419	45	15	10			120			30			1	1	1	1.0		2							

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	32673	Thoracoscopy, surgical; with resection of thymus, unilateral or	90	Apr-11	28	0.081	0.047			21.13			447	40	15	20			150			30			1	1	1	1.0		1	1						
2nd REF	32672	Thoracoscopy, surgical; with resection-plication for	90	Apr-11	10	0.106	0.048			27.00			567	40	15	20			120			30			3	2	1	1.0		1	1						
CURRENT	N/A					-	-																														
SVY	395X2	Thoracoscopy, surgical, with plication of diaphragm for	90		73	0.111	0.056	14.00	20.00	22.00	24.00	90.00	396	42	15	10	6	90	120	150	240	30			1	1		1.0		2			0	2	5	7	30
REC	395X2	Thoracoscopy, surgical, with plication of diaphragm for eventration or paralysis	90			0.095	0.051			20.00			396	42	15	10			120			30			1	1		1.0		2							

FACILITY DIRECT PE INPUTS

CPT CODE(S): 39545, 395X2
SPECIALTY SOCIETY(IES): AATS, STS
PRESENTER(S): Joseph Turek, MD: Vigneshwar Kasirajan, MD; Daniel McCarthy, MD; Matthew Reinserman, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2025

CPT Code	Long Descriptor	Global Period
39545	Plication of diaphragm for eventration or paralysis, via thoracotomy	090
395X2	Thoracoscopy, surgical, with plication of diaphragm for eventration or paralysis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
39545	A 59-year-old female has increasing dyspnea including when lying flat. An elevated right hemidiaphragm is evident on chest X ray. Diagnostic testing is consistent with eventration. Thoracotomy with plication of diaphragm is performed.
395X2	A 45-year-old female has increasing dyspnea and history of motor vehicle accident 5 years ago. An elevated right hemidiaphragm is evident on chest X ray. Diagnostic testing is consistent with right hemidiaphragm paralysis. Thoracoscopy with plication is performed.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The specialty societies convened a consensus panel to develop the PE recommendations based on best practices and RUC guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   Code 39545 is an existing code. Code 395X2 is a new code and code 32673 was selected as the first key reference code for physician work. 32673 is a 90-day global thoracoscopic procedure that is also a facility only service.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   No
   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   NA Code 39545 is an existing code that was re-surveyed due to a change in the descriptor. The practice expense goes down based on changes in the post-operative visits and application of RUC approved pre-service clinical staff time package for 90 day global procedures in the facility setting.
   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Activity	**Clinical Staff Work**
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates the collection and documentation of preservice imaging/lab results, patient specific information and other relevant patient information for the surgical procedure including the pre-surgery assessment from the anesthesiologist. Staff enters and records all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule the operating room, supplies, equipment, and reviews checklists.
Provide pre-service education/obtain consent	Staff reviews the procedure, complications, risk, expected recovery, and answers the patient and family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status and answers final pre-admission questions.

   b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about dietary restrictions if applicable, respiratory therapy if needed and home activity restrictions. Coordinates with other physicians and QHPs involved in the care of the patient for transfer of records. Transitions discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge.

   c. Post-service period:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The clinical staff work includes the standard activities involved in office E/M visits including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, cleaning of the room, and home instructions.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, the specialty societies have included recommendations that include established PE supply packs (CMS defined) for each code:

- SA048 pack, minimum mutli-specialty visit
- SA054 pack, post-op incision care (suture)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**5.02**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.62**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

The specialty societies are recommending time based on the 'office visit' equipment formula for EF014 light, surgical and EF031 table, power.

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

The majority of cardiothoracic surgeons utilize RN's or advance practice providers (PA's or NP's) because of the complexity of triaging outpatient care for cardiothoracic surgery patients. Since CMS does not recognize PAs or NPs as clinical staff, the RN level has been traditionally accepted. This is a long-standing standard and is consistent in the family of cardiothoracic surgery codes that are not typically performed by multiple specialties. Codes 39545 and 395X2 are predominately performed by cardiothoracic surgeons and would not be considered multi-specialty procedures.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 39545, 395X2
SPECIALTY SOCIETY(IES): AATS, STS
PRESENTER(S): Joseph Turek, MD: Vigneshwar Kasirajan, MD; Daniel McCarthy, MD; Matthew Reinserman, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**	
2						**39545**		**39545**		**32673**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 09 Diaphragm Repair Specialty: AATS, STS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Imbrication of diaphragm for eventration, transthoracic or		Plication of diaphragm for eventration or paralysis, via		Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 137.66**	**$ -**	**$ 125.43**	**$ -**	**$ 119.27**
8		**TOTAL CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**153.0**	**0.0**	**144.0**	**0.0**	**135.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**81.0**	**0.0**	**72.0**	**0.0**	**63.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 116.28**	**$ -**	**$ 109.44**	**$ -**	**$ 102.60**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L051A	RN	0.76		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L051A	RN	0.76		20		20		20
17	CA003	Schedule space and equipment in facility	L051A	RN	0.76		8		8		8
18	CA004	Provide pre-service education/obtain consent	L051A	RN	0.76		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L051A	RN	0.76		7		7		7
20	CA006	Confirm availability of prior images/studies	L051A	RN	0.76						
21	CA007	Review patient clinical extant information and questionnaire	L051A	RN	0.76						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L051A	RN	0.76						
23			L051A	RN	0.76						
24			L051A	RN	0.76						
25			L051A	RN	0.76						
26		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
27		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
28		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L051A	RN	0.76						
34	CA010	Obtain vital signs	L051A	RN	0.76						
35	CA011	Provide education/obtain consent	L051A	RN	0.76						
36	CA012	Review requisition, assess for special needs	L051A	RN	0.76						
37	CA013	Prepare room, equipment and supplies	L051A	RN	0.76						
38	CA014	Confirm order, protocol exam	L051A	RN	0.76						
39	CA015	Setup scope (nonfacility setting only)	L051A	RN	0.76						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051A	RN	0.76						
41	CA017	Sedate/apply anesthesia	L051A	RN	0.76						
42			L051A	RN	0.76						
43			L051A	RN	0.76						
44			L051A	RN	0.76						
45		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
46		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
47		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L051A	RN	0.76						
50	CA019	Assist physician or other qualified healthcare professional---directly	L051A	RN	0.76						
51	CA020	Assist physician or other qualified healthcare professional---directly	L051A	RN	0.76						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L051A	RN	0.76						
53			L051A	RN	0.76						
54			L051A	RN	0.76						
55			L051A	RN	0.76						
56		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
57		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
58		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L051A	RN	0.76						
61	CA023	Monitor patient following procedure/service, no multitasking	L051A	RN	0.76						
62	CA024	Clean room/equipment by clinical staff	L051A	RN	0.76						
63	CA025	Clean scope	L051A	RN	0.76						
64	CA026	Clean surgical instrument package	L051A	RN	0.76						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L051A	RN	0.76						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L051A	RN	0.76						
67	CA029	Check dressings, catheters, wounds	L051A	RN	0.76						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L051A	RN	0.76						
69	CA031	Review examination with interpreting MD/DO	L051A	RN	0.76						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L051A	RN	0.76						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L051A	RN	0.76						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L051A	RN	0.76						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L051A	RN	0.76						
74	CA036	Discharge day management	L051A	RN	0.76	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**
75			L051A	RN	0.76						
76			L051A	RN	0.76						
77			L051A	RN	0.76						
78		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
79		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
80		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L051A	RN	0.76						
85											
86	CA038	Coordinate post-procedure services	L051A	RN	0.76						
87		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
88		99211 16 minutes	16								
89		99212 27 minutes	27				3				1
90		99213 36 minutes	36						2		1
91		99214 53 minutes	53								
92		99215 63 minutes	63								
93	CA039	Post-operative visits (total time)	L051A	RN	0.76	**0.0**	**81.0**	**0.0**	**72.0**	**0.0**	**63.0**
94			L051A	RN	0.76						
95			L051A	RN	0.76						
96			L051A	RN	0.76						
97		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**	
2						**39545**		**39545**		**32673**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 09 Diaphragm Repair Specialty: AATS, STS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Imbrication of diaphragm for eventration, transthoracic or		Plication of diaphragm for eventration or paralysis, via		Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 137.66**	**$ -**	**$ 125.43**	**$ -**	**$ 119.27**
8		**TOTAL CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**153.0**	**0.0**	**144.0**	**0.0**	**135.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**81.0**	**0.0**	**72.0**	**0.0**	**63.0**
98		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
99		*Other activity: please include short clinical description here and type*	L051A	RN	0.76						
100		**End: with last office visit before end of global period**									

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**	
2						**39545**		**39545**		**32673**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 09 Diaphragm Repair Specialty: AATS, STS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Imbrication of diaphragm for eventration, transthoracic or		Plication of diaphragm for eventration or paralysis, via		Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 137.66**	**$ -**	**$ 125.43**	**$ -**	**$ 119.27**
8		**TOTAL CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**153.0**	**0.0**	**144.0**	**0.0**	**135.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**81.0**	**0.0**	**72.0**	**0.0**	**63.0**
101	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
102		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 20.53**	**$ -**	**$ 14.66**	**$ -**	**$ 15.51**
103	SA048	pack, minimum multi-specialty visit	5.02	pack			3		2		2
104	SA053	pack, post-op incision care (suture & staple)	5.47	pack			1				1
105	SA054	pack, post-op incision care (suture)	4.62	pack					1		
106											
107											
108											
109											
110											
111	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
112		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 0.85**	**$ -**	**$ 1.33**	**$ -**	**$ 1.16**
113	EF023	table, exam	4737.727		0.010538571		81				
114	EF014	light, surgical	1256.667	Office Visits	0.002795322				72.0		63
115	EF031	table, power	5906.76	Office Visits	0.015674926				72.0		63
116											
117											
118											
119		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									
120											

	A	B	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2			**395X2**	
3		***RUC Collaboration Website***	Thoracoscopy, surgical, with plication of diaphragm for	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 09 Diaphragm Repair Specialty: AATS, STS**		
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 125.43**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**144.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**12.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**72.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 109.44**
13		**PRE-SERVICE PERIOD**		
14		**Start: Following visit when decision for surgery/procedure made**		
15	CA001	Complete pre-service diagnostic and referral forms		5
16	CA002	Coordinate pre-surgery services (including test results)		20
17	CA003	Schedule space and equipment in facility		8
18	CA004	Provide pre-service education/obtain consent		20
19	CA005	Complete pre-procedure phone calls and prescription		7
20	CA006	Confirm availability of prior images/studies		
21	CA007	Review patient clinical extant information and questionnaire		
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)		
23				
24				
25				
26		*Other activity: please include short clinical description here and type*		
27		*Other activity: please include short clinical description here and type*		
28		*Other activity: please include short clinical description here and type*		
29		**End: When patient enters office/facility for surgery/procedure**		
30		**SERVICE PERIOD**		
31		**Start: When patient enters office/facility for surgery/procedure:**		
32		**Pre-Service (of service period)**		
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are		
34	CA010	Obtain vital signs		
35	CA011	Provide education/obtain consent		
36	CA012	Review requisition, assess for special needs		
37	CA013	Prepare room, equipment and supplies		
38	CA014	Confirm order, protocol exam		
39	CA015	Setup scope (nonfacility setting only)		
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		
41	CA017	Sedate/apply anesthesia		
42				
43				
44				
45		*Other activity: please include short clinical description here and type*		
46		*Other activity: please include short clinical description here and type*		
47		*Other activity: please include short clinical description here and type*		
48		**Intra-service (of service period)**		
49	CA018	Assist physician or other qualified healthcare professional---directly		
50	CA019	Assist physician or other qualified healthcare professional---directly		
51	CA020	Assist physician or other qualified healthcare professional---directly		
52	CA021	Perform procedure/service---NOT directly related to physician work time		
53				
54				
55				
56		*Other activity: please include short clinical description here and type*		
57		*Other activity: please include short clinical description here and type*		
58		*Other activity: please include short clinical description here and type*		
59		**Post-Service (of service period)**		
60	CA022	Monitor patient following procedure/service, multitasking 1:4		
61	CA023	Monitor patient following procedure/service, no multitasking		
62	CA024	Clean room/equipment by clinical staff		
63	CA025	Clean scope		
64	CA026	Clean surgical instrument package		
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions		
66	CA028	Review/read post-procedure x-ray, lab and pathology reports		
67	CA029	Check dressings, catheters, wounds		
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,		
69	CA031	Review examination with interpreting MD/DO		
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to		
71	CA033	Perform regulatory mandated quality assurance activity (service period)		
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry		
73	CA035	Review home care instructions, coordinate visits/prescriptions		
74	CA036	Discharge day management	**n/a**	**12**
75				
76				
77				
78		*Other activity: please include short clinical description here and type*		
79		*Other activity: please include short clinical description here and type*		
80		*Other activity: please include short clinical description here and type*		
81		**End: Patient leaves office/facility**		
82		**POST-SERVICE PERIOD**		
83		**Start: Patient leaves office/facility**		
84	CA037	Conduct patient communications		
85				
86	CA038	Coordinate post-procedure services		
87		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**
88		99211 16 minutes		
89		99212 27 minutes		
90		99213 36 minutes		2
91		99214 53 minutes		
92		99215 63 minutes		
93	CA039	Post-operative visits (total time)	**0.0**	**72.0**
94				
95				
96				
97		*Other activity: please include short clinical description here and type*		

	A	B	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2			**395X2**	
3		***RUC Collaboration Website***	Thoracoscopy, surgical, with plication of diaphragm for	
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable):** **Tab: 09 Diaphragm Repair** **Specialty: AATS, STS**		
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 125.43**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**144.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**12.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**72.0**
98		*Other activity: please include short clinical description here and type*		
99		*Other activity: please include short clinical description here and type*		
100		**End: with last office visit before end of global period**		

	A	B	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2			**395X2**	
3		***RUC Collaboration Website***	Thoracoscopy, surgical, with plication of diaphragm for	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 09 Diaphragm Repair Specialty: AATS, STS**		
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 125.43**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**144.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**12.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**72.0**
101	**Supply Code**	**MEDICAL SUPPLIES**		
102		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 14.66**
103	SA048	pack, minimum multi-specialty visit		2
104	SA053	pack, post-op incision care (suture & staple)		
105	SA054	pack, post-op incision care (suture)		1
106				
107				
108				
109				
110				
111	**Equipment Code**	**EQUIPMENT**		
112		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 1.33**
113	EF023	table, exam		
114	EF014	light, surgical		72.0
115	EF031	table, power		72.0
116				
117				
118				
119		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*		
120				

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2025

Endoscopic Submucosal Dissection – Tab 10

Endoscopic submucosal dissection (ESD) is a minimally invasive endoscopic surgical procedure for the curative resection of larger and more histologically advanced epithelia-based lesions, including early cancer and submucosal carcinomas of the upper and lower gastrointestinal (GI) tract. This technique achieves oncologic outcomes traditionally associated with open or laparoscopic surgery for lesions that are too advanced for standard endoscopic mucosal resection (EMR). Considering the complexity, anesthesia requirements, specialized electrosurgical equipment, hemostatic/closure devices, the need for immediate access to multi-disciplinary rescue resources, and post-procedure monitoring, this service must be performed in the hospital outpatient setting. At its May 2025 meeting, the CPT Editorial Panel approved the creation of this new code family, which consists of two new codes to describe ESD of both the upper and lower GI tract, including mucosal closure. This new family of codes was surveyed for the September 2025 RUC meeting.

Global Period

The specialties maintained a 000-day global period for ESD is appropriate, as there is no scheduled postoperative care with the performing physician beyond immediate recovery, and any subsequent encounters are unrelated to the procedure. This preserves a resource-accurate work and practice expense valuation. A question was raised concerning what would happen if there were an immediate complication. The specialties noted that surgical staff would respond, but that delayed complications are uncommon, and pain and/or post-op bleeding are not typical. Patients who receive ESD are typically referred to by another physician, such as a gastroenterologist. On the day of the procedure, these patients are managed by the performing physician for signs of complications immediately or within the next 23 hours. After that, the patient will return to follow up with the physician who made the referral for ESD.

4XX01 ***Endoscopic submucosal dissection (ESD) of upper gastrointestinal tract, including mucosal closure, when performed***

The RUC reviewed survey results from 66 gastroenterologists and recommends the survey 25th percentile work RVU of 15.00, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 40 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 10 minutes of scrub/dress/wait time, 150 minutes of intra-service time and 33 minutes of immediate post-service time, which equals 236 minutes of total time.

To support the recommended work RVU of 15.00, the RUC compared the surveyed code to the top key reference service 49596 *Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated* (work RVU = 18.67, 160 minutes intra-service time, 270 minutes total time) and second top key reference service 49615 *Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible* (work RVU = 11.46, 100 minutes intra-service time, 190 minutes total time). The RUC notes that together the two key reference services selected by survey respondents make for

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strong comparator codes, recognizing they bracket the survey 25th percentile work RVU of 15.00, as well as total time. The top key reference service requires 160 minutes of intra-service time, which is comparable to the 150 minutes of intra-service time required for the surveyed code; considering CPT code 49596 requires more total time overall and is more intense/complex to perform, this is an appropriate comparison. In terms of intensity/complexity, the RUC also acknowledges that the surveyed code is less intense/complex to perform than both key reference services, which is appropriate based on the overall differences in physician work and time between these procedures. Moreover, the RUC acknowledges the dearth of potential reference codes that are major surgical procedures with the 000-day global period that involve similar times, so the pool of potential reference codes was limited for this code family. Overall, the RUC recommendation of the survey 25th percentile work RVU appropriately reflects the physician work and time required to perform CPT code 4XX01 and maintains relativity within this code family and across comparable services. **The RUC recommends a work RVU of 15.00 for CPT code 4XX01.**

4XX02 ***Endoscopic submucosal dissection (ESD) of lower gastrointestinal tract, including mucosal closure, when performed***
The RUC reviewed survey results from 68 gastroenterologists and recommends the survey 25th percentile work RVU of 16.38, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes scrub/dress/wait time, 180 minutes intra-service time and 33 minutes immediate post-service time, which equals 266 minutes of total time.

In their presentation, the specialty societies explained that ESD of the lower GI tract typically requires more physician work than ESD of the upper GI tract. Lesions in the lower GI tract are typically larger and are located in the colon and rectum. There is typically a need for significant irrigation and aspiration, and the scope is often in retroflexion for long periods of time, making performance in this position technically challenging. The specialty societies clarified that ESD in the lower GI tract takes longer due to more advanced maneuvering, stability, and paradoxical intraoperative movement, to which the RUC agreed.

To support the recommended work RVU of 16.38, the RUC compared the surveyed code to the top key reference service 49596 *Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated* (work RVU = 18.67, 160 minutes intra-service time, 270 minutes total time) and second key reference service 49615 *Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible* (work RVU = 11.46, 100 minutes intra-service time, 190 minutes total time). The RUC notes that together the two key reference services selected by survey respondents make for strong comparator codes, recognizing that they bracket the survey 25th percentile work RVU of 16.38, as well as total time. The top key reference service requires slightly less intra-service time but requires nearly identical total time compared to the surveyed code. The RUC also acknowledges that while CPT code 4XX02 requires more intra-service time than either of the key reference services, the surveyed code is less intense/complex to perform, which is appropriate based on the overall differences in physician work and time between these procedures. Moreover, the RUC acknowledges the dearth of potential reference codes that are major surgical procedures with the 000-day global period that involve similar times, so the pool of potential reference codes was limited for this code family. Overall, the RUC recommendation of the survey 25th percentile work RVU appropriately reflects

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the physician work and time required to perform CPT code 4XX02 and maintains relativity within this code family and across comparable services. **The RUC recommends a work RVU of 16.38 for CPT code 4XX02.**

Practice Expense
The Practice Expense Subcommittee reviewed the direct practice expense inputs and made no modifications. The Subcommittee discussed the Extensive Use of Clinical Staff pre-service standard time package for the 000-day global period in the facility setting and agreed with the specialties that its use was warranted rather than the standard time package for endoscopy. ESD is endosurgery, not traditional diagnostic/therapeutic endoscopy, and is analogous to peroral endoscopic myotomy (POEM) and endoscopic sleeve gastroplasty (ESG). These 090-day global period services were included as PE reference codes to compare with the ESD procedures. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

New Technology
CPT codes 4XX01 and 4XX02 will be placed on the New Technology list to be reviewed by the RUC in three years. The specialty societies expect these to be low-volume services.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Digestive System** **Esophagus** **Other Procedures**				
[43497]		*Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])* *(Do not report [43497] in conjunction with [32665], [43191], [43197], [43200], [43235])*		
Endoscopic techniques [43497], *4XX04*, 4XX01 include the application of surgical techniques provided through an endoscope passed to the target lesion(s) via a transoral route. Surgical techniques include the following: use of a cutting tool (eg, electrosurgical knife, scissors) to cut and/or dissect tissue; excise lesions en-bloc with margin control; suturing; clipping; or insertion of a device to approximate tissue (eg, plication, transluminal anastomosis, closure). Code 4XX01 includes biopsy of same lesion, ablation of edges, hemorrhage control, when performed.				

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●4XX01	L1	Endoscopic submucosal dissection (ESD) of upper gastrointestinal tract, including mucosal closure, when performed (Do not report 4XX01 in conjunction with 43211, 43254) (For endoscopic submucosal dissection [ESD] of lower gastrointestinal tract, use 4XX02)	000	15.00

Colon and Rectum
Endoscopy

[45378] *Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)*

[45390] *with endoscopic mucosal resection*

(Do not report [45390] in conjunction with [45380], [45381], [45385], [45398] for the same lesion)

(Do not report [45390] in conjunction with [45378], 4XX02)

Other Procedures

...

Code 4XX02 includes the application of surgical techniques provided through an endoscope passed to the target lesion(s) via a transrectal route. Surgical techniques include the following: use of a cutting tool (eg, electrosurgical knife, scissors) to cut and/or dissect tissue; excise lesions en-bloc with margin control; suturing; clipping; or insertion of a device to approximate tissue (eg, plication, transluminal anastomosis, closure). Code 4XX02 includes biopsy of same lesion, ablation of edges, hemorrhage control, when performed.

●4XX02	L2	Endoscopic submucosal dissection (ESD) of lower gastrointestinal tract, including mucosal closure, when performed (Do not report 4XX02 in conjunction with 44403, 45349, 45390) (For endoscopic submucosal dissection [ESD] of upper gastrointestinal tract, use 4XX01)	000	16.38

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:4XX01 Tracking Number L1 Original Specialty Recommended RVU: **15.00**
Presented Recommended RVU: **15.00**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **15.00**

CPT Descriptor: Endoscopic submucosal dissection (ESD) of upper gastrointestinal tract, including mucosal closure, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male presents after surveillance upper GI endoscopy for Barrett's esophagus. The physician discovers a 2-cm slightly raised nodular region within a 4-cm segment of Barrett's esophagus which on biopsy has multifocal high-grade dysplasia. The patient is referred for endoscopic submucosal dissection of the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 98% , In the ASC 2%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 31% , Overnight stay-less than 24 hours 52% , Overnight stay-more than 24 hours 17%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 98%

Description of Pre-Service Work: Conduct a comprehensive review of the patient's clinical history and prior work-up, paying particular attention to available imaging reports (e.g., CT), relevant diagnostic tests (e.g., prior endoscopy, endoscopic ultrasound, and pathology reports) and laboratory studies, especially as they relate to coagulation status, CBC, and basic metabolic panel. Review the patient's allergies and medications noting use of antiplatelets or anticoagulants. Determine the need for and timing of preprocedure antibiotics. Perform a preprocedural examination, including vitals, body mass index (BMI), airway assessment, cardiopulmonary assessment, and abdominal examination. Document preprocedural history and physical. Review the risks, benefits, alternatives, and potential complications of the procedure with the patient and the patient's family. Document informed consent. Review the logistics of the planned procedure and the postoperative management including a pre-procedural briefing with the surgical team to align on lesion location, planned resection strategy, and anticipated complications. Review the length and type of anesthesia with the anesthesiologist and discuss the need for aspiration precaution measures. Verify that all required instruments and supplies are available, including the flexible endoscope, electrosurgical instruments, injection agents, hemostatic sprays, retraction devices, retrieval devices, and closure devices, and chromoendoscopy solutions are prepared to aid in demarcation of the lesion. Position the patient on the procedure table securing and supporting all pressure points. Position the endoscope, electrosurgical equipment, retraction devices, retrieval devices, closure devices, and monitoring equipment to provide access for the procedure. Apply appropriate protective attire and shielding to all in the suite, including the patient. Perform a preprocedure time out.

Description of Intra-Service Work: Place a bite-block in the patient's mouth. Confirm with anesthesiology that an adequate level of anesthesia is in place to begin intubation of the esophagus. Insert a flexible upper endoscope through the mouth into the oropharynx and into the esophagus to assess for esophageal anatomy, retained food, infections (candidiasis), and degree of esophageal dilation/tortuosity, removing and reinserting the scope. Advance the endoscope through the lower esophageal sphincter into the proximal stomach. Insufflate the stomach with carbon dioxide (CO_2) to allow for optimal visualization. Perform an examination of the gastric mucosa, evaluating all regions of the stomach in both forward and retroflexed positions to ensure complete visualization. Next, advance the endoscope through the pylorus into the duodenal bulb. After adequate insufflation, conduct a circumferential inspection of the duodenum, including both the bulb and second portion, to assess for any mucosal abnormalities, structural changes, or other pathology. Proceed after confirming that the initial evaluation reveals no contraindications to continuing with the planned intervention. Navigate to the lesion

and inspect using high-resolution white light endoscopy and enhanced with chromoendoscopy techniques (e.g., dye-spray or electronic image enhancement) to assess morphology and determine suitability for resection. Based on the lesion position, shape and characteristics, determine the optimal ESD resection strategy (e.g. conventional, pocket, saline-immersion, or traction-assisted). Reposition the patient to optimize the lesion position and configuration for dissection. Mark the planned resection margins using electrocautery to ensure appropriate boundaries for an en-bloc, R0 resection (complete removal). Perform a submucosal injection with appropriate lifting agent using an injection needle to create a cushion beneath the lesion separating it from the muscularis propria.

After an adequate fluid cushion is achieved, expose the submucosal layer using the electrosurgical knife selected at the appropriate energy settings to create an incision followed by repeated injection of fluid to expand the field. Dissect the layers of submucosal connective tissue underneath the lesion to free it from the deeper muscle layer, being careful to maintain optimal depth of incision to prevent injury to the muscle layer. Ensure meticulous hemostasis of submucosal vessels encountered during dissection using hemostatic forceps to prevent bleeding and ensure optimal visualization. Deploy retraction devices and reposition the patient as needed to facilitate dissection. Maintain critical attention to the planes of the muscle layer and mucosal layer to ensure complete resection and minimize risk of perforation.

Once the lesion is entirely dissected free from the muscle, retrieve the resected lesion using endoscopy distal attachments and/or through the channel tools (e.g., forceps, net). Prepare the specimen for pathology, orienting the specimen using surgical pins to delineate margins. Reintroduce the endoscope to inspect the resection site for evidence of full-thickness perforation and to ensure hemostasis. Close any identified perforations using clips or suturing systems, and coagulate or clip exposed vessels. Prophylactically close the resection bed using through-the-scope clips or sutures to minimize the risk of post-procedural bleeding or delayed perforation. Perform careful inspection of the resection site to assure adequate closure and hemostasis. After suctioning to deflate the stomach and esophagus, withdraw the endoscope.

Description of Post-Service Work: Assess patient's condition including post-procedure vital signs. When the patient has reached a suitable level of consciousness, transfer the patient to the observation area. Complete post-procedure orders. Complete pathology forms as necessary. Complete post-procedure specimen verification with detailed orientation, labeling and documentation and reporting for quality purposes. Review and label photographs. Generate a procedure report and forward to referral source and other appropriate parties. Enter data into the procedure registry. When patient is stable for discharge, review findings, recommendations, plans for follow-up, including surveillance endoscopy or additional interventions, with the patient and pertinent others. Provide orders for necessary prescriptions, follow-up tests, and appointments to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	R.Bruce Cameron, MD, ACG RUC Advisor; Patricia Garcia, MD, AGA RUC Advisor; Seth A. Gross, MD, ASGE RUC Advisor; Srihav Mahadev, MD, ASGE subject matter expert; Ketan Sheth, MD, SAGES RUC Advisor					
Specialty Society(ies):	ACG, AGA, ASGE, SAGES					
CPT Code:	4XX01					
Sample Size:	1454	**Resp N:**	66			
Description of Sample:	The ACG, AGA, ASGE and SAGES conducted a survey for the September 2025 RUC meeting including a random sample of subsets of ASGE and AGA society members plus a random sample of SAGES members totaling 1,500 physicians. A total of 1,454 physicians received the survey after accounting for failed deliveries, resulting in 66 completed surveys.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**15.00**	30.00	130.00
Survey RVW:	7.00	15.00	**19.50**	22.63	50.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	120.00	**150.00**	180.00	300.00

Immediate Post Service-Time:	**40.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	4XX01	**Recommended Physician Work RVU: 15.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**150.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49596	000	18.67	**CMS Time File**

CPT Descriptor Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49615	000	11.46	**RUC Time**

CPT Descriptor Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
61645	000	15.00	**CMS Time File**

CPT Descriptor Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 36.3 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 4XX01	Top Key Reference CPT Code: 49596	2nd Key Reference CPT Code: **49615**
Median Pre-Service Time	53.00	70.00	60.00
Median Intra-Service Time	150.00	160.00	100.00
Median Immediate Post-service Time	33.00	40.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**236.00**	**270.00**	**190.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	8%	21%	71%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	4%	96%
Physical effort required	0%	8%	92%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	8%	92%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	9%	9%	82%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	18%	82%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	9%	91%
Physical effort required	0%	27%	73%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	18%	82%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code 4XX01 is a new code approved by the CPT Editorial Panel at its May 2025 CPT meeting. ESD is a minimally invasive technique that achieves oncologic outcomes traditionally associated with open or laparoscopic surgery for lesions that are too advanced for standard EMR. The procedure's complexity, anesthesia requirements, equipment intensity (specialized electrosurgical equipment, hemostatic/closure devices), and the need for immediate access to multidisciplinary rescue resources and post-procedure monitoring requires performance in the hospital outpatient setting.

The ACG, AGA, ASGE and SAGES conducted a survey of new CPT code 4XX01 *Endoscopic submucosal dissection (ESD) of upper gastrointestinal tract, including mucosal closure, when performed* for the September 2025 RUC meeting. Our multi-specialty consensus panel reviewed the survey data for code 4XX01, comparing the data and work RVUs (wRVUs) to the current data for similar 000-day global codes that were recently approved by the RUC. The consensus panel agreed with the overall survey data.

Survey Process

The ACG, AGA, ASGE and SAGES conducted a survey for the September 2025 RUC meeting including a random sample of subsets of ASGE and AGA society members plus a random sample of SAGES members totaling 1,500 physicians. A total of 1,454 physicians received the survey after accounting for failed deliveries, resulting in 66 completed surveys. The surveying societies convened an expert panel that evaluated survey results and developed the following recommendations

Recommendations

We recommend the survey 25th percentile wRVU of 15.00.

Pre- time package 4: We recommend a total of 53 minutes of pre-service evaluation time
Pre-service evaluation = 40 minutes, reflecting the package time.
Pre-service positioning = 3 minutes, reflecting the package time.
Pre-service scrub, dress, wait time = 10 minutes, reflecting the survey median which is less than the package time.

Post-time package 9B: 33 minutes of immediate post-service time, reflecting the package time.

Intra-service time: 150 minutes of intra-service time, reflecting the survey median.

Key reference services

Two reference services were selected more often than others, 49596 and 49615.

1. 49596 – *Repair of large incarcerated/strangulated anterior abdominal hernia (>10 cm)* (24/66)
2. 49615 – *Repair of recurrent anterior abdominal hernia (3–10 cm, reducible)* (11/66)

Comparable procedures

The recommended value is benchmarked to CPT code 61645 – *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial* – wRVU 15.00–a procedure that reflects comparable duration, risk, and cognitive burden.

To further validate relativity, the recommended RVU was evaluated in relation to two additional anchor codes:

- 37244 – *Vascular embolization or occlusion for hemorrhage*, which requires real-time decision-making, complex imaging, and high technical demands but only reflects 90 minutes intra service time–13.75 wRVU
- 49617 – *Repair of large, recurrent anterior abdominal hernia (>10 cm, reducible)*, reflecting prolonged operative time and extensive tissue dissection – 150 minutes intra service time –16.03 wRVU

Positioning the 15.00 work RVU for 4XX01 within this range is consistent with its procedural complexity, sustained intensity, and risk profile.

To further validate the proposed 15.00 work RVU, the Panel considered the following benchmark codes:

- 33895 – *Endovascular stent repair of coarctation of the aorta* –14.54 wRVUs
- 49616 – *Repair of recurrent incarcerated anterior abdominal hernia (3–10 cm)* –15.55 wRVUs
- 93653 – *Comprehensive EP evaluation and ablation of SVT, including 3D mapping* –15.00 wRVUs

These codes reflect similar physician work in terms of time, technical intensity, intraoperative decision-making, and risk. The Panel agreed that CPT code 4XX01 requires equal or greater effort and supported both the 150-minute intra-service time and the 15.00 work RVU as accurate and appropriate.

Comparison to Other RUC-Reviewed Codes with Similar Time and 000 global

See RUC-reviewed codes with similar times and 000 global

CPT Code	Long Descriptor	Glob	Work RVU	Pre Eval Time	Pre Posit Time	Pre Scrub, Dress, Wait Time	Intra Time	Imm Post Time	Post-op Visit Time	Total Time	Hosp Post-op Visit Count	Time Source	Most Recent RUC Review	IWPUT	MPC	2023 Medicare Util.
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	000	14.24	30	15	15	120	30	55	265	1	RUC	2004-10	0.087		1,332
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	000	14.25	30	3	5	125	30	0	193	0	RUC	2010-04	0.1024		18,199
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral CMS did not accept the RUC recommendation	000	14.50	50	6	15	120	45	0	236	0	RUC	2021-10	0.101		-
33895	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches CMS did not accept the RUC recommendation	000	14.54	50	15	15	120	60	0	260	0	RUC	2021-01	0.0968		5
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	000	14.75	30	3	5	135	30	0	203	0	RUC	2010-04	0.0985		2,625
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter	000	15.00	40	3	15	100	83	0	241	0	RUC-CMS Revised	2015-04	0.1206		12,690

CPT Code	Long Descriptor	Glob	Work RVU	Pre Eval Time	Pre Posit Time	Pre Scrub, Dress, Wait Time	Intra Time	Imm Post Time	Post-op Visit Time	Total Time	Hosp Post-op Visit Count	Time Source	Most Recent RUC Review	IWPUT	MPC	2023 Medicare Util.
	placement, and intraprocedural pharmacological thrombolytic injection(s) CMS did not accept the RUC recommendation															
4XX01	**Endoscopic submucosal dissection (ESD) of upper gastrointestinal tract, including mucosal closure, when performed**	**000**	**15.00**	**40**	**15**	**3**	**150**	**33**	**0**	**236**	**0**			**0.088**		
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	000	15.00	31	3	15	120	30	0	199	0	RUC	2021-04	0.112		27,226
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm,	000	15.55	40	15	15	140	35	0	245	0	RUC-CMS Revised	2021-04	0.0958		2,685

CPT Code	Long Descriptor	Glob	Work RVU	Pre Eval Time	Pre Posit Time	Pre Scrub, Dress, Wait Time	Intra Time	Imm Post Time	Post-op Visit Time	Total Time	Hosp Post-op Visit Count	Time Source	Most Recent RUC Review	IWPUT	MPC	2023 Medicare Util.
	incarcerated or strangulated CMS did not accept the RUC recommendation															
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	000	15.92	68	20	20	150	40	0	298	0	RUC	2005-04	0.0859		69
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible CMS did not accept the RUC recommendation	000	16.03	40	15	15	150	38	0	258	0	RUC-CMS Revised	2021-04	0.0922		1,468
4XX02	**Endoscopic submucosal dissection (ESD) of lower gastrointestinal tract, including mucosal closure, when performed**	**000**	**16.38**	**40**	**15**	**3**	**180**	**33**	**0**	**266**	**0**			**0.081**		
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral CMS did not accept the RUC recommendation	000	16.50	50	6	15	120	50	0	241	0	RUC	2021-10	0.1167		2
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch) Do Not Use to Validate Physician	000	16.60	60	15	20	173	35	0	303	0	RUC	-	0.0808		1,298

CPT Code	Long Descriptor	Glob	Work RVU	Pre Eval Time	Pre Posit Time	Pre Scrub, Dress, Wait Time	Intra Time	Imm Post Time	Post-op Visit Time	Total Time	Hosp Post-op Visit Count	Time Source	Most Recent RUC Review	IWPUT	MPC	2023 Medicare Util.
	Work- Surveyed Physician Time Has Not Been Validated by the RUC															
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	000	16.97	30			150	30	0	210	0	RUC	2002-02	0.1042		1,337
93656	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed	000	17.00	35	3	15	180	30	0	263	0	RUC	2021-04	0.0853		76,119
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated CMS did not accept	000	17.06	40	15	15	150	35	0	255	0	RUC-CMS Revised	2021-04	0.100		1,076

CPT Code	Long Descriptor	Glob	Work RVU	Pre Eval Time	Pre Posit Time	Pre Scrub, Dress, Wait Time	Intra Time	Imm Post Time	Post-op Visit Time	Total Time	Hosp Post-op Visit Count	Time Source	Most Recent RUC Review	IWPUT	MPC	2023 Medicare Util.
	the RUC recommendation															
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	000	17.97	30			120	60	0	210	0	RUC	2002-02	0.1329		2,565
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	000	17.97	40	3	15	120	30	0	208	0	RUC	2016-01	0.1351		129

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 43499

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty Surgery, general How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 13549
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Source is sales data from Boston Scientific, Creo Medical, Medtronic and Olympus.

Specialty Gastroenterology Frequency 12194 Percentage 89.99 %

Specialty Surgery, general Frequency 271 Percentage 2.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,387
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. National volume is estimated to be three times Medicare volume.

Specialty Gastroenterology Frequency 3048 Percentage 89.99 %

Specialty Surgery, general Frequency 68 Percentage 2.00 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 43497

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:4XX02 Tracking Number L2 Original Specialty Recommended RVU: **16.38**
Presented Recommended RVU: **16.38**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **16.38**

CPT Descriptor: Endoscopic submucosal dissection (ESD) of lower gastrointestinal tract, including mucosal closure, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male presents after screening colonoscopy identified a 4-cm superficial spreading rectal polyp with foci of high-grade dysplasia but does does not appear to have invasive malignancy. The patient is referred for endoscopic submucosal dissection of the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 99% , In the ASC 1%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 34% , Overnight stay-less than 24 hours 46% , Overnight stay-more than 24 hours 19%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 98%

Description of Pre-Service Work: Conduct a comprehensive review of the patient's clinical history and prior work-up, paying attention to available imaging reports (e.g., CT), relevant diagnostic tests (e.g., prior endoscopy, endoscopic ultrasound, and pathology reports) and laboratory studies, especially as they relate to coagulation status, CBC, and basic metabolic panel. Review the patient's allergies and medications noting use of antiplatelets or anticoagulants. Determine the need for timing of preprocedure antibiotics. Perform a preprocedural examination, including vitals, body mass index (BMI), airway assessment, cardiopulmonary assessment, and abdominal examination. Document preprocedural history and physical. Review the risks, benefits alternatives, and potential complications of the procedure with the patient and the patient's family. Document informed consent. Review the logistics of the planned procedure and the postoperative management including a pre-procedural briefing with the surgical team to align on lesion location, planned resection strategy, and anticipated complications. Review the length and type of anesthesia with the anesthesiologist.Verify that all required instruments and supplies are available, including the flexible endoscope, electrosurgical knife, injection agents, hemostatic sprays, retraction devices, retrieval devices, and closure devices, and chromoendoscopy solutions are prepared to aid in demarcation of the lesion. Position the patient on the procedure table securing and supporting all pressure points. Position the endoscope, electrosurgical equipment, retraction devices, retrieval devices, closure devices, and monitoring equipment to provide access for the procedure. Apply appropriate protective attire and shielding to all in the suite, including the patient. Perform a preprocedure time out.

Description of Intra-Service Work: Confirm with anesthesiology that an adequate level of anesthesia is in place to begin intubation. Inspect the perianal area and perform a digital rectal examination. Lubricate a standard flexible colonoscope and insert it into the rectum. Advance the scope to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; identify the appendiceal orifice and ileo-cecal valve. Slowly withdraw the colonoscope through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Obtain photodocumentation of appropriate normal landmarks and abnormalities. In the rectum, retroflex the colonoscope to allow examination of the rectal mucosa. Navigate to the lesion and inspect using high-resolution white light endoscopy and enhanced with chromoendoscopy techniques (e.g., dye-spray or electronic image enhancement) to assess morphology and determine suitability for resection. Based on the lesion position, shape and characteristics, determine the optimal ESD resection strategy (e.g. conventional, pocket, saline-immersion, or traction-

assisted). Reposition the patient to optimize the lesion position and configuration for dissection. Mark the planned resection margins using electrocautery to ensure appropriate boundaries for an en-bloc, R0 resection (complete removal). Perform a submucosal injection with appropriate lifting agent using an injection needle to create a cushion beneath the lesion separating it from the muscularis propria.
After an adequate fluid cushion is achieved, expose the submucosal layer using the electrosurgical knife selected at the appropriate energy settings to create an incision followed by repeated injection of fluid to expand the field. Dissect the layers of submucosal connective tissue underneath the lesion to free it from the deeper muscle layer, being careful to maintain optimal depth of incision to prevent injury to the muscle layer. Ensure meticulous hemostasis of submucosal vessels encountered during dissection using hemostatic forceps to prevent bleeding and ensure optimal visualization. Deploy retraction devices and reposition the patient as needed to facilitate dissection. Maintain critical attention to the planes of the muscle layer and mucosal layer to ensure complete resection and minimize risk of perforation. Once the lesion is entirely dissected free from the muscle, retrieve the resected lesion using endoscopy distal attachments and/or through the channel tools (e.g., forceps, net). Prepare the specimen for pathology, orienting the specimen using surgical pins to delineate margins. Reintroduce the endoscope to inspect the resection site for evidence of full-thickness perforation and to ensure hemostasis. Close any identified perforations using clips or suturing systems and coagulate or clip exposed vessels. Prophylactically close the resection bed using through-the-scope clips or sutures to minimize the risk of post-procedural bleeding or delayed perforation. Perform careful inspection of the resection site to assure adequate closure and hemostasis. After suctioning to deflate the colon and rectum, withdraw the endoscope.

Description of Post-Service Work: Assess patient's condition including post-procedure vital signs. When the patient has reached a suitable level of consciousness, transfer the patient to the observation area. Complete post-procedure orders. Complete pathology forms as necessary. Complete post-procedure specimen verification with detailed orientation, labeling and documentation and reporting for quality purposes. Review and label photographs. Generate a procedure report and forward to referral source and other appropriate parties. Enter data into the procedure registry. When patient is stable for discharge, review findings, recommendations, plans for follow-up, including surveillance endoscopy or additional interventions, with the patient and pertinent others. Provide orders for necessary prescriptions, follow-up tests, and appointments to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	R.Bruce Cameron, MD, ACG RUC Advisor; Patricia Garcia, MD, AGA RUC Advisor; Seth A. Gross, MD, ASGE RUC Advisor; Srihav Mahadev, MD, ASGE subject matter expert; Ketan Sheth, MD, SAGES RUC Advisor					
Specialty Society(ies):	ACG, AGA, ASGE, SAGES					
CPT Code:	4XX02					
Sample Size:	1454	**Resp N:**	68			
Description of Sample:	The ACG, AGA, ASGE and SAGES conducted a survey for the September 2025 RUC meeting including a random sample of subsets of ASGE and AGA society members plus a random sample of SAGES members totaling 1,500 physicians. A total of 1,454 physicians received the survey after accounting for failed deliveries, resulting in 68 completed surveys.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**24.00**	48.00	180.00
Survey RVW:	5.00	16.38	**20.78**	25.17	50.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	120.00	**180.00**	240.00	308.00

Immediate Post Service-Time:	**40.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	4XX02	**Recommended Physician Work RVU: 16.38**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49596	000	18.67	**CMS Time File**

CPT Descriptor Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49615	000	11.46	**RUC Time**

CPT Descriptor Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
33903	000	16.50	**RUC Time**

CPT Descriptor Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 31 **% of respondents:** 45.5 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 13.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 4XX02	Top Key Reference CPT Code: 49596	2nd Key Reference CPT Code: **49615**
Median Pre-Service Time	53.00	70.00	60.00
Median Intra-Service Time	180.00	160.00	100.00
Median Immediate Post-service Time	33.00	40.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**266.00**	**270.00**	**190.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	6%	23%	71%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	16%	81%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	3%	97%
Physical effort required	0%	13%	87%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	10%	90%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	11%	0%	89%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	11%	89%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	11%	89%
Physical effort required	0%	22%	78%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	11%	89%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code 4XX02 is a new CPT code approved by the CPT Editorial Panel at its May 2025 meeting. ESD is a minimally invasive technique that achieves oncologic outcomes traditionally associated with open or laparoscopic surgery for lesions that are too advanced for standard EMR. The procedure's complexity, anesthesia requirements, equipment intensity (specialized electrosurgical equipment, hemostatic/closure devices), and the need for immediate access to multidisciplinary rescue resources and post-procedure monitoring requires performance in the hospital outpatient setting.

The ACG, AGA, ASGE and SAGES conducted a survey of new CPT code 4XX02 *Endoscopic submucosal dissection (ESD) of lower gastrointestinal tract, including mucosal closure, when performed* for the September 2025 RUC meeting. Our multi-specialty consensus panel reviewed the survey data for code 4XX02, comparing the data and work RVUs (wRVUs) to the current data for similar 000-day global codes that were recently approved by the RUC. The consensus panel agreed with the overall survey data.

Survey Process

The ACG, AGA, ASGE and SAGES conducted a survey for the September 2025 RUC meeting including a random sample of subsets of ASGE and AGA society members plus a random sample of SAGES members totaling 1,500 physicians. A total of 1,454 physicians received the survey after accounting for failed deliveries, resulting in 68 completed surveys. The surveying societies convened an expert panel that evaluated survey results and developed the following recommendations

Recommendations

We recommend the survey 25th percentile wRVU of 16.38.

Pre- time package 4: We recommend a total of 53 minutes of pre-service evaluation time
Pre-service evaluation = 40 minutes, reflecting the package time.
Pre-service positioning = 3 minutes, reflecting the package time.
Pre-service scrub, dress, wait time = 10 minutes, reflecting the survey median which is lower than the package time.

Post-time package 9B: 33 minutes of immediate post-service time, reflecting the package time.

Intra-service time: 180 minutes of intra-service time, reflecting the survey median.

Key reference services

Two reference services were selected more often than others, 49596 and 49615.

1. 49596 – *Repair of large incarcerated/strangulated anterior abdominal hernia (>10 cm)* (31/68)
2. 49615 – *Repair of recurrent anterior abdominal hernia (3–10 cm, reducible)* (9/68)

Comparable procedures

The recommended value of 16.38 wRVUs is benchmarked to CPT code 33903 (*Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral*–wRVU-16.50 a procedure that reflects comparable duration, risk, and cognitive burden.
To further validate the relativity of the recommended work RVU for CPT code 4XX02, the proposed value was evaluated against two codes that represent similarly complex, high-intensity procedures:

- **49617** – *Repair of anterior abdominal hernia(s), recurrent, any approach, with implantation of mesh;total defect(s) >10 cm, reducible* –16.03 work RVUs
- **93656** – *Comprehensive electrophysiologic evaluation with transseptal catheterization and catheter ablation of atrial fibrillation, including 3D mapping and intracardiac echocardiography* – 17.00 work RVUs

These procedures were selected due to their comparable intra-service times, technical complexity, and cognitive demands. Both codes involve sustained physician focus, prolonged operative or procedural time, and significant intraoperative decision-making—features that closely parallel the requirements of lower GI ESD.

CPT 49617 represents a technically demanding surgical procedure involving extensive tissue dissection, prosthetic placement, and the need for careful management of recurrence and comorbidities. Similarly, CPT 93656 involves a multi-step electrophysiologic and ablation process that requires precision, complex mapping, and high levels of physician engagement throughout the case.

Positioning the recommended work RVU of 16.38 for CPT code 4XX02 within this established range reflects the intensity, risk profile, and sustained technical and cognitive work involved in performing endoscopic submucosal dissection in the lower GI tract. The valuation acknowledges the added procedural challenges unique to colorectal ESD—such as variable lesion morphology, bowel preparation constraints, and higher risk of adverse events—while maintaining relativity among similar 000 day global services.

To further validate the proposed 16.38 work RVU, the Panel considered the following benchmark codes:

- 49617- Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible – 16.03 wRVUs
- 33903- Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral – 16.50 wRVUs
- 37182- Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation) – 16.97 wRVUs

These codes reflect similar physician work in terms of time, technical intensity, intraoperative decision-making, and risk. The Panel agreed that CPT code 4XX02 requires equal or greater effort and supported both the 180-minute intra-service time and the 16.38 work RVU as accurate and appropriate.

Comparison to Other RUC-Reviewed Codes with Similar Time and 000 global (Please see attachment A for a comparison table of RUC-reviewed codes with similar times and 000 global)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45399

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty Surgery,Colon Rectal How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 15287
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Source is sales data from Boston Scientific, Creo Medical, Medtronic and Olympus.

Specialty Gastroenterology Frequency 13758 Percentage 89.99 %

Specialty Surgery, Colon Rectal Frequency 764 Percentage 4.99 %

Specialty l Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,822
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. National volume is estimated to be three times Medicare volume.

Specialty Gastroenterology Frequency 3440 Percentage 90.00 %

Specialty Surgery, Colon Rectal Frequency 191 Percentage 4.99 %

Specialty l Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 43497

SS Rec Summary

ISSUE: Endoscopic Submucosal Dissection, Upper and Lower GI (4XX01, 4XX02)

TAB: 10

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,	000	Apr-21	24	0.103	0.069			18.67			270	40	15	15			160			40					
2nd REF	49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,	000	Apr-21	11	0.097	0.060			11.46			190	35	10	15			100			30					
CURRENT						-	-						0														
SVY	4XX01	Endoscopic submucosal dissection (ESD) of upper gastrointestinal tract, including mucosal	000		66	0.115	0.075	7.00	15.00	19.50	22.63	50.00	260	45	15	10	30	120	150	180	300	40	0	5	15	30	130
REC	4XX01	Endoscopic submucosal dissection (ESD) of upper gastrointestinal tract, including mucosal closure, when performed	000			0.088	0.064			15.00			236	40	3	10			150			33					
1st REF	49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,	000	Apr-21	31	0.103	0.069			18.67			270	40	15	15			160			40					
2nd REF	49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,	000	Apr-21	9	0.097	0.060			11.46			190	35	10	15			100			30					
CURRENT						-	-						0														
SVY	4XX02	Endoscopic submucosal dissection (ESD) of lower gastrointestinal tract, including mucosal	000		68	0.103	0.072	5.00	16.38	20.78	25.17	50.00	290	45	15	10	30	120	180	240	308	40	0	5	24	48	180
REC	4XX02	Endoscopic submucosal dissection (ESD) of lower gastrointestinal tract, including mucosal closure, when performed	000			0.081	0.062			16.38			266	40	3	10			180			33					

FACILITY DIRECT PE INPUTS **CPT CODE(S): 4XX01, 4XX02**

SPECIALTY SOCIETY(IES): ACG, AGA, ASGE, SAGES

PRESENTER(S): R. Bruce Cameron, MD, ACG RUC Advisor; Patricia Garcia, MD, AGA RUC Advisor; Seth A. Gross, MD, ASGE RUC Advisor; Srihav Mahadev, MD, ASGE subject matter expert; Ketan Sheth, MD, SAGES RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2025

CPT Code	Long Descriptor	Global Period
4XX01	Endoscopic submucosal dissection (ESD) of upper gastrointestinal tract, including mucosal closure, when performed	000
4XX02	Endoscopic submucosal dissection (ESD) of lower gastrointestinal tract, including mucosal closure, when performed	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
4XX01	A 68-year-old male presents after surveillance upper GI endoscopy for Barrett's esophagus. The physician discovers a 2 cm slightly raised nodular region within a 4 cm segment of Barrett's esophagus which on biopsy has multifocal high-grade dysplasia. Endoscopic ultrasound of chest and abdomen have shown the lesion to be amenable to endoscopic resection. The patient is referred for endoscopic submucosal dissection of the lesion.
4XX02	A 68-year-old male presents after screening colonoscopy discovered a 4 cm superficial spreading rectal polyp with foci of high-grade dysplasia but does not appear to have invasive malignancy. The patient is referred for endoscopic submucosal dissection of the lesion.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The ACG, AGA, ASGE and SAGES convened an RVS expert panel of the surveying specialty societies to review practice expense data for code 4XX01, 4XX02. The panel included both sub-specialists and generalists from within the specialties of a variety of settings across the United States. They also received input from practice managers and clinical staff familiar with the direct expense inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   We selected 49596 (*Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated*) as the comparison code because it has similar global period and clinical staff activities. **updated practice expense spreadsheet includes comparison to CPT codes POEM (43497) and endoscopic sleeve gastroplasty (4XX04).**

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No, 4XX01 and 4XX02 are new surgical procedures and will not be reported with E/M service

   See the *Billed Together* tab in the RUC Database.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

Not applicable

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

While we are not requesting additional time outside of approved pre-service packages, we would like to clarify the package selected. Endoscopic submucosal dissection ESD is not traditional diagnostic/therapeutic endoscopy; it is endosurgery—surgery performed via an endoscope—analogous to POEM (43497) and endoscopic sleeve gastroplasty (4XX04). Therefore, we have selected practice expense standard package 000day global "Extensive Use of Clinical Staff" not "Clinical Staff for Endoscopy". Given its surgical workflow, risk profile, resource intensity, and routine use of general anesthesia, the CPT Editorial Panel appropriately located ESD with endosurgical procedures in the "Other Procedures" subheading of the Surgery/Digestive section of the CPT book rather than within the GI endoscopy section. Endosurgical codes in the "Other Procedures" section provide the most appropriate PE comparators: procedures performed in a hospital setting, under general anesthesia or deep sedation; with prolonged room and staff time; advanced electrosurgical dissection and closure systems (caps, hemostatic tools, suturing/closure devices); higher nursing and anesthesia support; and continuous physiologic monitoring with immediate capability for intervention. Accordingly, PE comparison for ESD should reference these endosurgical codes, not routine endoscopy. We also maintain a 000-day global for ESD is appropriate, as there is no scheduled postoperative care with the performing physician beyond immediate recovery and any subsequent encounters are problem-oriented. This preserves a resource-accurate PE valuation without importing the 090-day global assumptions used for related—but postoperatively distinct—surgical endoscopy codes.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

Not applicable

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Codes 4XX01 and 4XX02 are 000-day global procedures that are performed in the facility only and therefore the PE reflects the standard clinical staff time package inputs as described below:

4XX01

Complete pre-service diagnostic and referral forms = 5 minutes (CA001)

- Obtain and reconcile referral materials in the EHR
- Confirm indication, relevant endoscopic/pathologic results, comorbidities, allergies
- Document risk factors (e.g., OSA, cardiopulmonary disease) that affect sedation/anesthesia plan
- Identify missing elements for RN review

Coordinate pre-surgery services (including test results) = 10 minutes (CA002)

- Review antiplatelet/anticoagulant and diabetes regimens
- Route protocol orders to the physician as needed
- Coordinate patient pre-procedure evaluation
- Coordinate required testing (e.g., labs, ECG, specialty clearance); confirm receipt and clinical acceptability
- Communicate patient-specific risks/findings to anesthesia team

Schedule space and equipment in facility = 5 minutes (CA003)

- Schedule the ESD procedure in a dedicated endoscopy suite equipped for advanced endoscopic procedures
- Allocate procedure time to ensure sufficient time
- Schedule anesthesia support based on the patient's risk assessment and procedure complexity
- GI office staff coordinate with hospital staff to ensure appropriate equipment and specialized nursing availability

Provide pre-service education/obtain consent = 7 minutes (CA004)

- Provide patient education including:
  - Diagnosis/indication for ESD and expected benefits
  - Procedure overview in plain language
  - Risks/complications: bleeding, perforation, stricture risk, and need for additional therapy
  - Opportunity to decline treatment
  - Sedation effects: expected post-sedation symptoms and when to seek help

- Pre-procedure instructions: fasting/NPO; coordination with medication holds per protocol
- Post-procedure expectations: sore throat, dietary advancement, activity guidance, and typical recovery timeline.
- Contact instructions for red-flag symptoms (heavy bleeding, severe pain, fever, dyspnea)
- Perform teach-back and document understanding

- Prepare consent materials for physician execution at check-in

Complete pre-procedure phone calls and prescription = 3 minutes (CA005)

- Confirm completion of pre-surgery instruction, NPO/fasting, driver/escort, and medication holds
- Facilitate protocol-based prescriptions and route to physician for signature when required

4XX02

Complete pre-service diagnostic and referral forms = 5 minutes (CA001)

- Obtain and reconcile referral materials in the EHR
- Confirm indication, relevant endoscopic/pathologic results, comorbidities, allergies
- Document risk factors (e.g., OSA, cardiopulmonary disease) that affect sedation/anesthesia plan
- Identify missing elements for RN review

Coordinate pre-surgery services (including test results) = 10 minutes (CA002)

- Review antiplatelet/anticoagulant and diabetes regimens
- Route protocol orders to the physician as needed
- Coordinate patient pre-procedure evaluation
- Coordinate required testing (e.g., labs, ECG, specialty clearance); confirm receipt and clinical acceptability
- Communicate patient-specific risks/findings to anesthesia team

Schedule space and equipment in facility = 5 minutes (CA003)

- Schedule the ESD procedure in a dedicated endoscopy suite equipped for advanced endoscopic procedures
- Allocate procedure time to ensure sufficient time
- Schedule anesthesia support based on the patient's risk assessment and procedure complexity
- GI office staff coordinate with hospital staff to ensure appropriate equipment and specialized nursing availability

Provide pre-service education/obtain consent = 7 minutes (CA004)

- Provide patient education including:
  - Diagnosis/indication for ESD and expected benefits
  - Procedure overview in plain language

- Risks/complications: bleeding, perforation, and need for additional therapy
- Opportunity to decline treatment
- Sedation effects: expected post-sedation symptoms and when to seek help
- Pre-procedure instructions: bowel prep; coordination with medication holds per protocol
- Post-procedure expectations: activity guidance and typical recovery timeline
- Contact instructions for red-flag symptoms (heavy bleeding, severe pain, fever, dyspnea)
- Perform teach-back and document understanding

- Prepare consent materials for physician execution at check-in

Complete pre-procedure phone calls and prescription = 3 minutes (CA005)

- Confirm completion of pre-surgery instruction, bowel prep, driver/escort, and medication holds
- Facilitate protocol-based prescriptions and route to physician for signature when required

b. Service period (includes pre, intra and post):

c. Post-service period:

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

Not applicable

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

Not applicable

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**		**REFERENCE CODE**	
2						**49596**		**45390**		**43497**	
3		***RUC Collaboration Website***				Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian),		Colonoscopy, flexible; with endoscopic mucosal resection		Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 10 - Endoscopic Submucosal Dissection Specialty:ACG, AGA, ASGE, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**000**		**000**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 16.20**			**$ -**	**$ 75.83**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**30.0**	**0.0**	**22.0**	**0.0**	**120.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**30.0**	**0.0**	**19.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**54.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 16.20**	**$ -**	**$ 11.88**	**$ -**	**$ 64.80**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		3		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		10		5		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		5		3		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		7		5		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		3		3		7
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54						
23			L037D	RN/LPN/MTA	0.54						
24			L037D	RN/LPN/MTA	0.54						
25			L037D	RN/LPN/MTA	0.54						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54						
42			L037D	RN/LPN/MTA	0.54						
43			L037D	RN/LPN/MTA	0.54						
44			L037D	RN/LPN/MTA	0.54						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54						
53			L037D	RN/LPN/MTA	0.54						
54			L037D	RN/LPN/MTA	0.54						
55			L037D	RN/LPN/MTA	0.54						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**					**6**
75			L037D	RN/LPN/MTA	0.54						
76			L037D	RN/LPN/MTA	0.54						
77			L037D	RN/LPN/MTA	0.54						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54				3		
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**				
87		99211 16 minutes	16								
88		99212 27 minutes	27								2
89		99213 36 minutes	36								
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**54.0**
93			L037D	RN/LPN/MTA	0.54						
94			L037D	RN/LPN/MTA	0.54						
95			L037D	RN/LPN/MTA	0.54						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**		**REFERENCE CODE**	
2						**49596**		**45390**		**43497**	
3		***RUC Collaboration Website***				Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian),		Colonoscopy, flexible; with endoscopic mucosal resection		Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 10 - Endoscopic Submucosal Dissection Specialty:ACG, AGA, ASGE, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**000**		**000**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 16.20**			**$ -**	**$ 75.83**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**30.0**	**0.0**	**22.0**	**0.0**	**120.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**30.0**	**0.0**	**19.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**54.0**
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**		**REFERENCE CODE**	
2						**49596**		**45390**		**43497**	
3		***RUC Collaboration Website***				Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian),		Colonoscopy, flexible; with endoscopic mucosal resection		Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 10 - Endoscopic Submucosal Dissection Specialty:ACG, AGA, ASGE, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**000**		**000**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 16.20**			**$ -**	**$ 75.83**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**30.0**	**0.0**	**22.0**	**0.0**	**120.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**30.0**	**0.0**	**19.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**54.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 10.04**
102	SA048	pack, minimum multi-specialty visit	5.02	pack							2
103											
104											
105											
106											
107											
108											
109											
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**			**$ -**	**$ 0.99**
112	EF023	table, exam	4737.727		0.010538571						72
113	EQ168	light, exam	1232.887		0.003271745						72
114											
115											
116											
117											
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									
119											

	A	B	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2			**4XX04**		**4XX01**		**4XX02**	
3		***RUC Collaboration Website***	Gastric restrictive procedure, transoral, endoscopic sleevegastroplasty (ESG), including		Endoscopic submucosal dissection (ESD) of upper gastrointestinal tract,		Endoscopic submucosal dissection (ESD) of lower gastrointestinal tract, including	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 10 - Endoscopic Submucosal Dissection Specialty:ACG, AGA, ASGE, SAGES**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**				
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 108.10**	**$ -**	**$ 16.20**	**$ -**	**$ 16.20**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**163.0**	**0.0**	**30.0**	**0.0**	**30.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**30.0**	**0.0**	**30.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**97.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 88.02**	**$ -**	**$ 16.20**	**$ -**	**$ 16.20**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery/procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)		20		10		10
17	CA003	Schedule space and equipment in facility		8		5		5
18	CA004	Provide pre-service education/obtain consent		20		7		7
19	CA005	Complete pre-procedure phone calls and prescription		7		3		3
20	CA006	Confirm availability of prior images/studies						
21	CA007	Review patient clinical extant information and questionnaire						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
23								
24								
25								
26		*Other activity: please include short clinical description here and type*						
27		*Other activity: please include short clinical description here and type*						
28		*Other activity: please include short clinical description here and type*						
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are						
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies						
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
41	CA017	Sedate/apply anesthesia						
42								
43								
44								
45		*Other activity: please include short clinical description here and type*						
46		*Other activity: please include short clinical description here and type*						
47		*Other activity: please include short clinical description here and type*						
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly						
50	CA019	Assist physician or other qualified healthcare professional---directly						
51	CA020	Assist physician or other qualified healthcare professional---directly						
52	CA021	Perform procedure/service---NOT directly related to physician work time						
53								
54								
55								
56		*Other activity: please include short clinical description here and type*						
57		*Other activity: please include short clinical description here and type*						
58		*Other activity: please include short clinical description here and type*						
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff						
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,						
69	CA031	Review examination with interpreting MD/DO						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
71	CA033	Perform regulatory mandated quality assurance activity (service period)						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management		**6**	**n/a**		**n/a**	
75								
76								
77								
78		*Other activity: please include short clinical description here and type*						
79		*Other activity: please include short clinical description here and type*						
80		*Other activity: please include short clinical description here and type*						
81		**End: Patient leaves office/facility**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
84	CA037	Conduct patient communications						
85	CA038	Coordinate post-procedure services						
86		***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes		1				
88		99212 27 minutes		3				
89		99213 36 minutes						
90		99214 53 minutes						
91		99215 63 minutes						
92	CA039	Post-operative visits (total time)	**0.0**	**97.0**	**0.0**	**0.0**	**0.0**	**0.0**
93								
94								
95								
96		*Other activity: please include short clinical description here and type*						
97		*Other activity: please include short clinical description here and type*						

	A	B	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2			**4XX04**		**4XX01**		**4XX02**	
3		***RUC Collaboration Website***	Gastric restrictive procedure, transoral, endoscopic sleevegastroplasty (ESG), including		Endoscopic submucosal dissection (ESD) of upper gastrointestinal tract,		Endoscopic submucosal dissection (ESD) of lower gastrointestinal tract, including	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 10 - Endoscopic Submucosal Dissection Specialty:ACG, AGA, ASGE, SAGES**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**				
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 108.10**	**$ -**	**$ 16.20**	**$ -**	**$ 16.20**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**163.0**	**0.0**	**30.0**	**0.0**	**30.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**30.0**	**0.0**	**30.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**97.0**	**0.0**	**0.0**	**0.0**	**0.0**
98		*Other activity: please include short clinical description here and type*						
99		**End: with last office visit before end of global period**						

	A	B	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2			**4XX04**		**4XX01**		**4XX02**	
3		***RUC Collaboration Website***	Gastric restrictive procedure, transoral, endoscopic sleevegastroplasty (ESG), including		Endoscopic submucosal dissection (ESD) of upper gastrointestinal tract,		Endoscopic submucosal dissection (ESD) of lower gastrointestinal tract, including	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 10 - Endoscopic Submucosal Dissection Specialty:ACG, AGA, ASGE, SAGES**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**				
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 108.10**	**$ -**	**$ 16.20**	**$ -**	**$ 16.20**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**163.0**	**0.0**	**30.0**	**0.0**	**30.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**30.0**	**0.0**	**30.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**97.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 20.08**	**$ -**	**$ -**	**$ -**	**$ -**
102	SA048	pack, minimum multi-specialty visit		4				
103								
104								
105								
106								
107								
108								
109								
110	**Equipment Code**	**EQUIPMENT**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**			**$ -**	**$ -**	**$ -**	**$ -**
112	EF023	table, exam		135				
113	EQ168	light, exam		135				
114								
115								
116								
117								
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
119								

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2025

Congenital Duodenal Obstruction Repair – Tab 11

At the May 2025 CPT Editorial Panel meeting, two new codes were created to report surgical treatment for congenital duodenal obstruction via an open or laparoscopic approach, that were previously reported using unlisted codes. These procedures are performed on infants and are not anticipated to be reported in the Medicare population.

44XX1 ***Duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction***
The RUC reviewed the survey results from 83 surgeons and recommends a work RVU of 50.00 based on the survey median, which maintains relativity within the family for this code. The RUC recommends 60 minutes pre-service evaluation time, 12 minutes positioning time, 10 minutes scrub/dress/wait time, 120 minutes intra-service time, 30 minutes immediate post-service time, 2-99291 critical care visits, 3-99233, 6-99232, 10-99231 subsequent hospital inpatient visits, 1-99238 discharge visit, 1-99214 and 1-99213 post-operative office visits, totaling 1,078 minutes.

For this procedure, substantial pre-service work is required to ensure optimal clinical outcomes in the premature neonate for whom duodenoduodenostomy or duodenojejunostomy is lifesaving. The preoperative phase involves review of extensive diagnostic evaluation, including laboratory testing and advanced imaging studies, to delineate the anatomy and characterize the degree of congenital duodenal obstruction. These assessments are critical for operative planning and perioperative risk stratification. Coordination with pediatric anesthesia and the neonatal intensive care unit (NICU) team is essential to establish a comprehensive perioperative management plan. In addition, detailed discussions are undertaken with the parents or legal guardians to review the procedure, potential complications, and the anticipated postoperative course. Preoperative preparation includes careful patient positioning to allow optimal exposure of the operative field while maintaining the safety and integrity of the premature neonate. Due to the fragility of the patient's skin and peripheral nerves, additional time is devoted to achieving a stable and protective position to minimize the risk of pressure-related injury and to facilitate the intricate dissection required during the operation. The intra-service surgical component is technically complex and requires advanced operative skill. Achieving exposure of the retroperitoneal space in a premature infant weighing approximately two kilograms demands precise and delicate dissection. Mobilization of the colon and splenic flexure is necessary to access the duodenum. This dissection must be performed with extreme care to avoid injury to the critical vascular and biliary structures of the porta hepatis, including the portal vein, hepatic artery, common bile duct, inferior vena cava, and pancreas. The subsequent repair of the duodenal atresia involves meticulous suture technique under magnification to maintain patency and prevent leakage. Given the markedly limited circulating blood volume in a neonate, even a minor vascular injury carries significant mortality risk, underscoring the technical demands of the procedure. In the postoperative phase, the neonate remains critically ill and is managed primarily in the NICU. Premature neonates often experience delayed extubation because they are slow to recover from general anesthesia. Nutritional advancement is gradual, as feeding tolerance can be limited following relief of an obstruction that existed throughout gestation. Additionally, many of these patients have significant comorbidities, such as congenital heart disease or other gastrointestinal atresias, which complicate recovery and necessitate prolonged, intensive postoperative management.

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To support the recommended work RVU, the RUC compared the surveyed code to the top key reference service codes 44127 *Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering* (work RVU = 49.30, 150 minutes intra-service, and 1,357 minutes total time) and 44126 *Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering* (work RVU = 42.23, 120 minutes intra-service, and 1,125 minutes total time). Compared to the key reference services, the surveyed code is significantly more demanding and intense/complex. A duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction usually requires greater technical skill and is considered more intense and complex than a standard single resection and anastomosis of the proximal small intestine, mostly because of anatomical size/difficulty, risk of injury to critical structures, and the requirement for precise mobilization in a highly confined retroperitoneal space with vital nearby structures (pancreas, bile duct, ampulla of Vater). The duodenum's fixed retroperitoneal position complicates exposure and manipulation. The surveyed code is technically more challenging, especially in premature neonates, due to the size and thickness of duodenal tissue and proximity to major vessels and ducts and is often considered one of the more complex neonatal gastrointestinal procedures due to challenging anatomy and high risk for intraoperative complications.

For additional support, the RUC referenced MPC codes 33534 *Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts* (work RVU = 39.88, 193 minutes intra-service, and 717 minutes total time) and 43117 *Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)* (work RVU = 57.50, 330 minutes intra-service, and 1,067 minutes total time). The surveyed code work RVU is appropriately bracketed by the MPC reference codes. While the intra-service time is lower than the reference codes, the intensity and complexity of the intra-service period is significant as previously described. Additionally, the total time of the surveyed code is higher than both MPC reference codes, which further supports the recommended work RVU. **The RUC recommends a work RVU of 50.00 for CPT code 44XX1.**

44XX2 *Laparoscopy, surgical; duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction*
The RUC reviewed the survey results from 69 surgeons and recommends a work RVU of 52.60 based on the survey median, which maintains relativity within the family for this code. The RUC recommends 60 minutes pre-service evaluation time, 15 minutes positioning time, 10 minutes scrub/dress/wait time, 180 minutes intra-service time, 30 minutes immediate post-service time, 2-99291 critical care visits, 2-99233, 4-99232, 9-99231 subsequent hospital inpatient visits, 1-99238 discharge visit, 1-99214 and 1-99213 post-operative office visits, totaling 986 minutes.

The surgical management of congenital duodenal obstruction in a premature neonate via laparoscopic duodenoduodenostomy or duodenojejunostomy requires extensive pre-, intra-, and postoperative work due to the complexity and fragility of the patient. This procedure represents one of the most technically demanding neonatal laparoscopic operations. The surgeon's cognitive load, constant vigilance, and fine motor precision are exceptionally high due to the confined operative field, fragility of tissues, and critical anatomy involved. The perioperative mortality risk remains significant, and intraoperative complications may be rapidly fatal without immediate recognition and response. The postoperative period also requires extensive continued surgical oversight given the high risk of complications and prolonged recovery in the NICU. Pre-service work requires additional time to review comprehensive diagnostic testing and advanced imaging to define the anatomical defect and guide operative planning. Given that the procedure is essential for survival, these evaluations are performed urgently and in close coordination with a multidisciplinary team. Detailed counseling is conducted with the parents or legal guardians to review the planned surgical intervention, discuss potential risks, and outline postoperative recovery expectations. Collaborative preoperative planning with pediatric anesthesia and the

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neonatal intensive care unit (NICU) team is critical to anticipate perioperative challenges. Additional time is required for precise patient positioning to achieve optimal laparoscopic access to the operative field while minimizing the risk of peripheral nerve injury and preserving the delicate skin integrity of the premature neonate. Intra-service work is exceptionally demanding, both technically and physiologically, in a premature neonate. Laparoscopic entry and port placement are performed with extreme caution due to the small operating space and proximity of critical structures. The colon and splenic flexure must be mobilized to expose the duodenum, requiring careful retraction and dissection under magnification. During mobilization, vital structures within and adjacent to the porta hepatis—such as the portal vein, hepatic artery, common bile duct, inferior vena cava, and pancreas—must be meticulously preserved. The duodenal atresia is then repaired using precise laparoscopic suturing techniques, ensuring tension-free anastomosis and maintaining luminal patency. The limited circulating blood volume in a neonate means that even a minor vascular injury can precipitate rapid hemodynamic collapse, making surgical precision critical. Post-service work entails intensive NICU management, as the neonate remains critically ill following the procedure. Premature neonates frequently demonstrate delayed emergence from anesthesia, often necessitating continued mechanical ventilation upon NICU arrival. Initiation and progression of enteral feeds are typically slow, given that the obstruction has been present for the entirety of gestation and intestinal motility is markedly immature. Recovery is further complicated in many cases by significant comorbidities, including congenital heart defects or additional gastrointestinal atresias, necessitating ongoing multidisciplinary monitoring and intervention throughout the hospitalization.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference service codes 44127 *Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering* (work RVU = 49.30, 150 minutes intra-service, and 1,357 minutes total time) and 44126 *Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering* (work RVU = 42.23, 120 minutes intra-service, and 1,125 minutes total time). Compared to the key reference services, the surveyed code is significantly more demanding and intense/complex. A duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction usually requires greater technical skill and is considered more intense and complex than a standard single resection and anastomosis of the proximal small intestine, mostly because of anatomical difficulty, risk of injury to critical structures, and the requirement for precise mobilization in a highly confined retroperitoneal space with vital nearby structures (pancreas, bile duct, ampulla of Vater). The duodenum's fixed retroperitoneal position complicates exposure and manipulation. The surveyed code is technically more challenging, especially in very small neonates, due to the size and thickness of duodenal tissue and proximity to major vessels and ducts and is often considered one of the more complex neonatal gastrointestinal procedures due to challenging anatomy and high risk for intraoperative complications. The laparoscopic approach further increases technical intensity as it involves operating within a very limited space and requires advanced skills. Challenges include limited visualization and the need for precise suturing and tissue manipulation with long, slender instruments. Errors in precision are not forgiving and may result in conversion to an open procedure.

For additional support, the RUC referenced codes 33534 *Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts* (work RVU = 39.88, 193 minutes intra-service, and 717 minutes total time) and 43117 *Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)* (work RVU = 57.50, 330 minutes intra-service, and 1,067 minutes total time). They surveyed code work RVU is appropriately bracketed by the MPC reference codes. While the intra-service time is lower than the reference codes, the intensity and complexity of the intra-service period is significant as previously described, which supports the recommended work RVU. **The RUC recommends a work RVU of 52.60 for CPT code 44XX2.**

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Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Digestive System** **Intestines (Except Rectum)** **Incision**				
●44XX1	M1	Duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction	090	50.00

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Laparoscopy Incision				
(e)44180	-	Laparoscopy, surgical~~,~~; enterolysis (freeing of intestinal adhesion) (separate procedure) (For laparoscopy with salpingolysis, ovariolysis, use 58660)	090	15.27 (No Chage – Editorial) (2025 Work RVU = 15.27)
●44XX2	M2	duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction	090	52.60

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44XX1 Tracking Number M1 Original Specialty Recommended RVU: **45.00**
Presented Recommended RVU: **45.00**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **50.00**

CPT Descriptor: Duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-week gestation, 2 kg infant with a prenatal diagnosis of duodenal atresia that is confirmed on postnatal imaging. The infant undergoes duodenoduodenostomy for congenital duodenal obstruction.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preoperative testing is reviewed to confirm that both fluid and electrolyte derangements are adequately corrected. Medical history regarding any associated anomalies is again reviewed. Confirmation is made with blood bank that a type and screen has been received. Appropriate selection, timing, and administration of antibiotics are ensured. The planned procedure and postoperative management are reviewed with the infant's parent/guardian. Informed consent is reviewed and obtained from the parent/guardian, including witness confirmation. The length of anesthesia, including adjuncts to postoperative analgesia management, are reviewed with the anesthesiologist. The choice of analgesia, monitoring, and attention to hemodynamic changes and possible complications are extremely important to prevent any anesthetic complications and to be able to adapt to intraoperative physiological changes during the procedure. Verify that all required instruments and supplies are available. Confirm temperature equipment to preserve body temperature is available. Assistance is provided in transfer of the infant from isolette to operating table. Monitor/assist with positioning of patient with arms adducted or abducted less than 90 degrees, ensuring a neutral spine and neck alignment. Careful attention is given to preventing nerve injury and maintaining skin integrity. Assist anesthesia team with initiation of anesthesia, to ensure surgical access to upper abdomen. The areas of skin to be prepared and draped are indicated by the surgeon to ensure that all of the potential operative field is included in the preparation. The surgeon scrubs and gowns. A surgical time-out is performed with operating surgical team.

Description of Intra-Service Work: Under general anesthesia, a right transverse supraumbilical incision is made and carried through the abdominal wall. The umbilical vein is ligated and divided as needed for exposure. The right colon and hepatic flexure are mobilized. Bowel is explored to rule out additional distal atresias. Bowel and liver are retracted. Duodenum is mobilized to identify and protect the portal triad (vein, artery and main bile duct), IVC, and colon mesentery. A transverse enterotomy is made just proximal to the atresia and a longitudinal enterotomy is made just distal to the atresia, with care to avoid the ampulla. The distal bowel is irrigated with saline to confirm that there are no distal atresias. A "diamond shaped" anastomosis is performed with suture. The anastomosis is inspected for leak and patency. The NG tube is palpated in the stomach. A count of instruments, needles, sponges, and laparotomy pads is performed. The abdominal organs are returned to normal anatomical position. The omentum is draped over the abdominal contents. The fascia and the wound is closed in layers.

Description of Post-Service Work: Apply sterile dressings and participate in the post-procedure debrief (“time-out”). Write a brief operative note, then assist in transferring the intubated infant to an isolette and accompany the patient to the NICU.

Immediately communicate with the neonatologist and NICU team regarding postoperative care. Write initial postoperative orders, including laboratory studies and imaging. Discuss the surgery, its outcome, and the expected postoperative course with the parents/guardian. Dictate a detailed operative report.

The infant is critically ill following this procedure. During the initial postoperative period, complex decision-making is required to assess, support, and stabilize vital system functions in order to prevent life-threatening deterioration. This includes the risk of failure of major organ systems such as the central nervous system, cardiovascular system (shock or circulatory collapse), renal, hepatic, metabolic, and respiratory systems. Postoperatively, the infant remains intubated until extubation orders are given by the surgeon. Orders are written for ventilator settings in coordination with NICU respiratory staff, as well as for a postoperative chest X-ray to confirm ET and NG tube positioning and assess lung status. Arterial blood gases are checked and confirmed, and NG management is reassessed daily. The infant is kept NPO with IV fluids ordered, and electrolytes are adjusted daily according to laboratory results. Total parenteral nutrition is ordered in consultation with the pharmacist/dietitian, with strict intake/output charting and daily weights. Pain control medications are ordered based on weight-based dosing, and the infant is assessed for comfort. The need for continuation of perioperative antibiotics is reviewed daily, with orders updated as appropriate. Stress ulcer prophylaxis and antireflux medication is considered for gastric protection. Laboratory studies (CBC, BMP, and ABGs for ventilator or clinical changes) are ordered as required. Imaging is obtained and reviewed as clinically needed, including chest X-rays to confirm line and tube positions and abdominal studies if obstruction or anastomotic leak is suspected. Wound care is managed by the surgeon during routine checks, with additional dressing change orders written to monitor drainage, bleeding, and skin integrity by nursing staff. The care plan is reviewed often and updated in collaboration with the NICU team, with regular communication to the family/guardian. Daily patient assessment guides whether orders are escalated or de-escalated, acknowledging that the infant's clinical course may vary significantly over many weeks. The daily care plan includes ongoing evaluation of readiness for ventilator weaning and extubation; determination of whether supplemental oxygen is required and the method of delivery (CPAP, high-flow nasal cannula, or standard nasal cannula); management of fluids and TPN; assessment of bowel function and readiness to discontinue NG suction; planning for NG tube removal; and decisions regarding the initiation of enteral feedings. Feeding plans include the type of nutrition (breast milk or formula), formulation, volumes, frequency, and methods of administration (oral and/or gavage).

When the infant is ready for discharge, management includes a comprehensive physical exam and assessment of home needs, such as nursing visits if indicated. The feeding regimen is reviewed in detail with the parents/guardian. Hospital medications are reconciled, and in consultation with other treating providers, all outpatient medication orders are confirmed. Instructions are provided to the parents/guardian on monitoring for gastrointestinal complications such as vomiting, lack of stooling, or abdominal distension, and guidance is given on when to contact the surgeon or seek urgent hospital evaluation. Surgical follow-up appointments are arranged, and coordination with other specialists is completed as indicated. The medical record is finalized, including day-of-discharge progress notes, discharge summary, discharge instructions, and necessary insurance documentation.

At each follow-up office visit, the surgeon reviews documentation from all involved treating providers, obtains and records an interval history from the parents or guardian, and performs a physical examination that includes assessment of vital signs and growth parameters, particularly weight. Current medications are reviewed, with decisions made regarding the need for continued therapy (e.g., antireflux treatment). Findings and assessments are discussed with the parents or guardian, with dedicated time to address their questions and concerns. Laboratory studies are ordered as clinically indicated. Dietary guidance is provided, including the consideration of nutritional supplements if necessary. Parents are counseled on potential complications, both short-term and long-term, such as bowel obstruction due to adhesions, intestinal dysmotility, or duodenal dilation, and are advised on when to seek urgent evaluation by the surgeon or hospital team. The surgeon coordinates care with other members of the multidisciplinary team as appropriate and documents each visit thoroughly by dictating, reviewing, and signing progress notes in the medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Don Selzer, MD, FACS; Charles Mabry, MD, FACS; Richard Weiss, MD, FACS					
Specialty Society(ies):	American College of Surgeons, American Pediatric Surgical Association					
CPT Code:	44XX1					
Sample Size:	996	**Resp N:**	83			
Description of Sample:	Random society membership					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**2.00**	3.00	10.00	
Survey RVW:	26.35	45.00	**50.00**	52.55	59.20	
Pre-Service Evaluation Time:			**80.00**			
Pre-Service Positioning Time:			**12.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	50.00	113.00	**120.00**	150.00	360.00	

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**605.00**	99231x **10.00** 99232x **6.00** 99233x **3.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	44XX1	**Recommended Physician Work RVU: 50.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**40.00**	**20.00**
Pre-Service Positioning Time:		**12.00**	**3.00**	**9.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**605.00**	99231x **10.00** 99232x **6.00** 99233x **3.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
44127	090	49.30	**RUC Time**

CPT Descriptor Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
44126	090	42.23	**RUC Time**

CPT Descriptor Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33534	090	39.88	**RUC Time**	4,330

CPT Descriptor 1 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
43117	090	57.50	**RUC Time**	339

CPT Descriptor 2 Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 42 **% of respondents:** 50.6 **%**

Number of respondents who choose 2nd Key Reference Code: 35 **% of respondents:** 42.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 44XX1	Top Key Reference CPT Code: 44127	2nd Key Reference CPT Code: **44126**
Median Pre-Service Time	82.00	90.00	90.00
Median Intra-Service Time	120.00	150.00	120.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	140.0	170.00	140.00
Median Other Hospital Visit Time	605.0	760.00	605.00
Median Discharge Day Management Time	38.0	55.00	38.00
Median Office Visit Time	63.0	102.00	102.00
Median Total Time	**1078.00**	**1,357.00**	**1,125.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	28%	55%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	43%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	31%	67%
Physical effort required	2%	52%	46%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	45%	55%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	23%	66%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	43%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	26%	74%
Physical effort required	0%	51%	49%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	26%	74%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

For CPT 2027, two new Category I codes 44XX1, 44XX2 were approved to report surgical treatment of congenital duodenal obstruction via an open and a laparoscopic approach. A survey request was sent to a random selection of members from the American College of Surgeons self-designated as general surgeons and the American Pediatric Surgical Association.

Recommendation – 44XX1

We recommend the survey 25th percentile work RVU of 45.00.

Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Add 20 minutes (total = 60 minutes) for extensive preoperative testing of the newborn and review of imaging to assist with preoperative planning. There is also extensive discussion with the parents/guardian about the planned procedure and expected postoperative recovery, with pediatric anesthesia, and with the NICU team.

Positioning time: Add 9 minutes (total time = 12 minutes) to account for additional time for positioning of the infant in relation to anesthesia lines, ensuring optimal access to the surgical field. Position the upper extremities in adduction or abduction of less than 90 degrees, maintain neutral alignment of the spine and cervical region, and implement measures to minimize the risk of peripheral nerve injury and preserve skin integrity.

Scrub, dress, wait time: Subtract 10 minutes (total time = 10 minutes) to be consistent with survey median.

Immediate Post-time

Package 9b: Subtract 3 minutes to be consistent with the survey median.

Key Reference Code Comparison

Survey respondents are well-acquainted with both the key reference codes and the new code 44XX1, and are therefore well-positioned to compare the services. Intensity and complexity measures clearly indicate that code 44XX1 represents a procedure significantly more demanding than the reference codes. A duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction usually requires greater technical skill and is considered more intense and complex than a standard single resection and anastomosis of the proximal small intestine, mostly because of anatomical difficulty, risk of injury to critical structures, and the requirement for precise mobilization in a highly confined retroperitoneal space with vital nearby structures (pancreas, bile duct, ampulla of Vater). The duodenum's fixed retroperitoneal position complicates exposure and manipulation. 44XX1 is technically more challenging, especially in very small neonates due to the size and thickness of duodenal tissue and proximity to major vessels and ducts, and is often considered one of the more complex neonatal gastrointestinal procedures due to challenging anatomy and high risk for intraoperative complications.

MPC Code Comparison

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99291	99233	99232	99231	99238-99239	99214	99213	99212
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	39.88	0.110	717	95	193	40	1	3	1	1	1	1		1
44XX1	Duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction	45.00	0.066	1078	82	120	30	2	3	6	10	1	1	1	
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	57.50	0.088	1067	105	330	45	2	2	3	3	1	1	2	1

Other Code Comparison

The table below presents codes reviewed over the past decade that are associated with substantial total times. These findings provide compelling support for the recommendation for code 44XX1 and underscore the necessity of accounting for all components of physician work—preoperative, intraoperative, and postoperative—when establishing an appropriate relative value.

CPT	DESC	Year	IWPUT	RVUs				Time			
				w-RVU	PRE	INTRA	POST	TOTAL	PRE	INTRA	POST
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage	2016	**0.091**	**66.42**	2.18	38.39	25.85	**1157**	110	420	627

CPT	DESC	Year	IWPUT	RVUs				Time			
				w-RVU	PRE	INTRA	POST	TOTAL	PRE	INTRA	POST
	procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)										
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	2018	**0.124**	**64.00**	1.84	37.34	24.81	**998**	95	300	603
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	2018	**0.124**	**63.40**	1.35	37.30	24.74	**911**	70	300	541
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	2016	**0.097**	**63.00**	2.18	34.97	25.85	**1097**	110	360	627
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)	2016	**0.093**	**62.00**	2.14	33.58	26.28	**1097**	105	360	632
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)	2018	**0.110**	**60.88**	1.80	39.80	19.27	**901**	90	363	448
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	2018	**0.130**	**60.08**	1.80	39.00	19.27	**838**	90	300	448
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	2018	**0.126**	**58.79**	1.80	37.71	19.27	**838**	90	300	448
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	2016	**0.088**	**57.50**	2.14	29.08	26.28	**1067**	105	330	632
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or	2016	**0.106**	**55.00**	1.95	31.69	21.35	**957**	100	300	557

CPT	DESC	Year	IWPUT	RVUs				Time			
				w-RVU	PRE	INTRA	POST	TOTAL	PRE	INTRA	POST
	esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)										
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	2016	**0.091**	**52.05**	1.91	24.62	25.52	**977**	95	270	612
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	2023	**0.075**	**50.00**	1.80	26.92	21.28	**1046**	90	360	596
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	2018	**0.100**	**45.13**	1.80	24.05	19.27	**778**	90	240	448
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	2017	**0.143**	**45.00**	1.95	25.43	17.61	**735**	100	178	457
44XX1	**Open (25th pctl)**		**0.066**	**45.00**	**1.69**	**7.94**	**35.36**	**1078**	**82**	**120**	**876**
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	2017	**0.141**	**45.00**	1.95	25.43	17.61	**737**	100	180	457
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	2016	**0.118**	**41.50**	1.84	24.86	14.80	**676**	95	210	371
49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	2023	**0.075**	**40.00**	1.58	23.14	15.28	**814**	80	310	424
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube	2017	**0.141**	**36.50**	1.95	16.93	17.61	**677**	100	120	457

CPT	DESC	Year	IWPUT	RVUs				Time			
				w-RVU	PRE	INTRA	POST	TOTAL	PRE	INTRA	POST
	endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)										
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	2023	**0.092**	**36.00**	2.14	23.98	9.88	**649**	105	260	284
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	2017	**0.137**	**36.00**	1.95	16.43	17.61	**677**	100	120	457
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	2023	**0.090**	**35.50**	2.14	23.48	9.88	**649**	105	260	284
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	2016	**0.108**	**35.00**	1.84	19.38	13.78	**622**	95	180	347

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799 Unlisted procedure, small intestine

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty general surgery Frequency 400 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is not a procedure performed on Medicare-aged patients

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44126

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44XX2 Tracking Number M2 Original Specialty Recommended RVU: **49.00**
Presented Recommended RVU: **49.00**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **52.60**

CPT Descriptor: Laparoscopy, surgical; Duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 38-week gestation, 3 kg infant with a prenatal diagnosis of duodenal atresia that is confirmed on postnatal imaging. The infant undergoes laparoscopic duodenoduodenostomy for congenital duodenal obstruction.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preoperative testing is reviewed to confirm that both fluid and electrolyte derangements are adequately corrected. Medical history regarding any associated anomalies is again reviewed. Confirmation is made with blood bank that a type and screen has been received. Appropriate selection, timing, and administration of antibiotics are ensured. The planned procedure and postoperative management are reviewed with the infant's parent/guardian. Informed consent is reviewed and obtained from the parent/guardian, including witness confirmation. The length of anesthesia, including adjuncts to postoperative analgesia management, are reviewed with the anesthesiologist. The choice of analgesia, monitoring, and attention to hemodynamic changes and possible complications are extremely important to prevent any anesthetic complications and to be able to adapt to intraoperative physiological changes during the procedure. Verify that all required instruments and supplies are available. Confirm temperature equipment to preserve body temperature is available. Assistance is provided in transfer of the infant from isolette to operating table. Monitor/assist patient positioning, initially supine while upper extremity intravenous and arterial access points are dressed, padded and secured. The arms are then padded and tucked at the infant's sides. The infant may be secured to the table, including a soft chest and thigh strap, as it may be necessary to roll the table during the procedure to use gravity to assist with shifting the abdominal contents. There is also consideration of positioning the infant relative to laparoscopy equipment, including lines and video equipment and anesthesia lines relative to the rest of the equipment. Assist anesthesia team with initiation of anesthesia, to ensure surgical access to upper abdomen. Preposition all laparoscopic equipment for appropriate height and location. The areas of skin to be prepared and draped are indicated by the surgeon to ensure that all of the potential operative field is included in the preparation. The surgeon scrubs and gowns. A surgical time-out is performed with operating surgical team.

Description of Intra-Service Work: Under general anesthesia, a trans-umbilical incision is made. A Veress needle is cautiously inserted. The abdomen insufflated with carbon dioxide. Once the abdomen has reached an appropriate level of insufflation, a laparoscopic port with trocar is inserted at the umbilicus. Additional laparoscopic ports are inserted under direct visualization following infiltration of the skin and soft tissue with local anesthetic. The abdomen is thoroughly inspected. The falciform ligament is retracted by trans-abdominal suture placement. The right colon and hepatic flexure are mobilized delicately with laparoscopic instruments. The bowel is thoroughly explored to rule out additional distal atresias. Manipulation of the bed in addition to laparoscopic instruments are used to retract the bowel and liver. The duodenum is mobilized and the type and extent of the atresia is determined. A transverse enterotomy is made with ultrasonic shears just proximal to the atresia and a longitudinal enterotomy is made just distal to the atresia. Care is taken to avoid the ampulla of

Vater. A “diamond shaped” handsewn anastomosis is performed with suture. The anastomosis is inspected for leak and patency. Bowel is returned to normal anatomic position. A complete camera survey of the abdomen and contents is performed to inspect for bleeding and visceral injury from retraction. The laparoscopic ports are removed and the fascia is closed followed by closure of the skin incisions.

Description of Post-Service Work: Apply sterile dressings and participate in the post-procedure debrief (“time-out”). Write a brief operative note, then assist in transferring the intubated infant to an isolette and accompany the patient to the NICU. Immediately communicate with the neonatologist and NICU team regarding postoperative care. Write initial postoperative orders, including laboratory studies and imaging. Discuss the surgery, its outcome, and the expected postoperative course with the parents/guardian. Dictate a detailed operative report.

The infant is critically ill following this procedure. During the initial postoperative period, complex decision-making is required to assess, support, and stabilize vital system functions in order to prevent life-threatening deterioration. This includes the risk of failure of major organ systems such as the central nervous system, cardiovascular system (shock or circulatory collapse), renal, hepatic, metabolic, and respiratory systems. Postoperatively, the infant remains intubated until extubation orders are given by the surgeon. Orders are written for ventilator settings in coordination with NICU respiratory staff, as well as for a postoperative chest X-ray to confirm ET and NG tube positioning and assess lung status. Arterial blood gases are checked and confirmed, and NG management is reassessed daily. The infant is kept NPO with IV fluids ordered, and electrolytes are adjusted daily according to laboratory results. Total parenteral nutrition is ordered in consultation with the pharmacist/dietitian, with strict intake/output charting and daily weights. Pain control medications are ordered based on weight-based dosing, and the infant is assessed for comfort. The need for continuation of perioperative antibiotics is reviewed daily, with orders updated as appropriate. Stress ulcer prophylaxis and antireflux medication is considered for gastric protection. Laboratory studies (CBC, BMP, and ABGs for ventilator or clinical changes) are ordered as required. Imaging is obtained and reviewed as clinically needed, including chest X-rays to confirm line and tube positions and abdominal studies if obstruction or anastomotic leak is suspected. Wound care is managed by the surgeon during routine checks, with additional dressing change orders written to monitor drainage, bleeding, and skin integrity by nursing staff. The care plan is reviewed often and updated in collaboration with the NICU team, with regular communication to the family/guardian. Daily patient assessment guides whether orders are escalated or de-escalated, acknowledging that the infant’s clinical course may vary significantly over many weeks. The daily care plan includes ongoing evaluation of readiness for ventilator weaning and extubation; determination of whether supplemental oxygen is required and the method of delivery (CPAP, high-flow nasal cannula, or standard nasal cannula); management of fluids and TPN; assessment of bowel function and readiness to discontinue NG suction; planning for NG tube removal; and decisions regarding the initiation of enteral feedings. Feeding plans include the type of nutrition (breast milk or formula), formulation, volumes, frequency, and methods of administration (oral and/or gavage).

When the infant is ready for discharge, management includes a comprehensive physical exam and assessment of home needs, such as nursing visits if indicated. The feeding regimen is reviewed in detail with the parents/guardian. Hospital medications are reconciled, and in consultation with other treating providers, all outpatient medication orders are confirmed. Instructions are provided to the parents/guardian on monitoring for gastrointestinal complications such as vomiting, lack of stooling, or abdominal distension, and guidance is given on when to contact the surgeon or seek urgent hospital evaluation. Surgical follow-up appointments are arranged, and coordination with other specialists is completed as indicated. The medical record is finalized, including day-of-discharge progress notes, discharge summary, discharge instructions, and necessary insurance documentation.

At each follow-up office visit, the surgeon reviews documentation from all involved treating providers, obtains and records an interval history from the parents or guardian, and performs a physical examination that includes assessment of vital signs and growth parameters, particularly weight. Current medications are reviewed, with decisions made regarding the need for continued therapy (e.g., antireflux treatment). Findings and assessments are discussed with the parents or guardian, with dedicated time to address their questions and concerns. Laboratory studies are ordered as clinically indicated. Dietary guidance is provided, including the consideration of nutritional supplements if necessary. Parents are counseled on potential complications, both short-term and long-term, such as bowel obstruction due to adhesions, intestinal dysmotility, or duodenal dilation, and are advised on when to seek urgent evaluation by the surgeon or hospital team. The surgeon coordinates care with other members of the multidisciplinary team as appropriate and documents each visit thoroughly by dictating, reviewing, and signing progress notes in the medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Don Selzer, MD, FACS; Charles Mabry, MD, FACS; Richard Weiss, MD, FACS					
Specialty Society(ies):	American College of Surgeons, American Pediatric Surgical Association					
CPT Code:	44XX2					
Sample Size:	996	**Resp N:**	69			
Description of Sample:	Random society membership					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**1.00**	2.00	15.00	
Survey RVW:	32.00	49.00	**52.60**	55.00	68.00	
Pre-Service Evaluation Time:			**80.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	60.00	150.00	**180.00**	210.00	360.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**				
Other Hospital time/visit(s):	**450.00**	99231x **9.00** 99232x **4.00** 99233x **2.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	44XX2	**Recommended Physician Work RVU: 52.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**40.00**	**20.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**450.00**	99231x **9.00** 99232x **4.00** 99233x **2.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
44127	090	49.30	**RUC Time**

CPT Descriptor Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
44126	090	42.23	**RUC Time**

CPT Descriptor Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33534	090	39.88	**RUC Time**	4,330

CPT Descriptor 1 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
43117	090	57.50	**RUC Time**	339

CPT Descriptor 2 Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 42.0 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 27.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 44XX2	Top Key Reference CPT Code: 44127	2nd Key Reference CPT Code: **44126**
Median Pre-Service Time	85.00	90.00	90.00
Median Intra-Service Time	180.00	150.00	120.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	140.0	170.00	140.00
Median Other Hospital Visit Time	450.0	760.00	605.00
Median Discharge Day Management Time	38.0	55.00	38.00
Median Office Visit Time	63.0	102.00	102.00
Median Total Time	**986.00**	**1,357.00**	**1,125.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	14%	48%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	41%	59%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	7%	93%
Physical effort required	0%	38%	62%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	17%	83%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	5%	68%	27%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	63%	37%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	11%	89%
Physical effort required	0%	16%	84%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	32%	68%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

For CPT 2027, two new Category I codes 44XX1, 44XX2 were approved to report surgical treatment of congenital duodenal obstruction via an open and a laparoscopic approach. A survey request was sent to a random selection of members from the American College of Surgeons self-designated as general surgeons and the American Pediatric Surgical Association.

Recommendation – 44XX2

We recommend the survey 25th percentile work RVU of 49.00.

Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Add 20 minutes (total = 60 minutes) for extensive preoperative testing of the newborn and review of imaging to assist with preoperative planning. There is also extensive discussion with the parents/guardian about the planned procedure and expected postoperative recovery, with pediatric anesthesia, and with the NICU team.

Positioning time: Add 12 minutes (total time = 15 minutes) to account for additional time for positioning of the infant in relation to anesthesia lines and laparoscopic equipment, ensuring optimal access to the surgical field. Position the upper extremities in adduction or abduction of less than 90 degrees, maintain neutral alignment of the spine and cervical region, and implement measures to minimize the risk of peripheral nerve injury and preserve skin integrity.

Scrub, dress, wait time: Subtract 10 minutes (total time = 10 minutes) to be consistent with survey median.

Immediate Post-time

Package 9b: Subtract 3 minutes to be consistent with the survey median.

Key Reference Code Comparison

Survey respondents are well-acquainted with both the key reference codes and the new code 44XX2, and are therefore well-positioned to compare the services. Intensity and complexity measures clearly indicate that code 44XX2 represents a procedure significantly more demanding than the reference codes. A duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction usually requires greater technical skill and is considered more intense and complex than a standard single resection and anastomosis of the proximal small intestine, mostly because of anatomical difficulty, risk of injury to critical structures, and the requirement for precise mobilization in a highly confined retroperitoneal space with vital nearby structures (pancreas, bile duct, ampulla of Vater). The duodenum's fixed retroperitoneal position complicates exposure and manipulation. 44XX2 is technically more challenging, especially in very small neonates due to the size and thickness of duodenal tissue and proximity to major vessels and ducts, and is often considered one of the more complex neonatal gastrointestinal procedures due to challenging anatomy and high risk for intraoperative complications.. The laparoscopic approach further increases technical intensity as it involves operating within a very limited space and requires advanced skills. Challenges include limited visualization and the need for precise suturing and tissue manipulation with long, slender instruments. Errors in precision are not forgiving and may result in conversion to an open procedure.

MPC Code Comparison

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99291	99233	99232	99231	99238-99239	99214	99213	99212
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	39.88	0.110	717	95	193	40	1	3	1	1	1	1		1
44XX2	Laparoscopic, 25th pctl	49.00	0.097	986	85	180	30	2	2	4	9	1	1	1	
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	57.50	0.088	1067	105	330	45	2	2	3	3	1	1	2	1

Other Code Comparison

The table below presents codes reviewed over the past decade that are associated with substantial total times. These findings provide compelling support for the recommendation for code 44XX2 and underscore the necessity of accounting for all components of physician work—preoperative, intraoperative, and postoperative—when establishing an appropriate relative value.

CPT	DESC	Year	IWPUT	RVUs				Time			
				w-RVU	PRE	INTRA	POST	TOTAL	PRE	INTRA	POST
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open	2016	**0.091**	**66.42**	2.18	38.39	25.85	**1157**	110	420	627

CPT	DESC	Year	IWPUT	RVUs				Time			
				w-RVU	PRE	INTRA	POST	TOTAL	PRE	INTRA	POST
	cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)										
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	2018	**0.124**	**64.00**	1.84	37.34	24.81	**998**	95	300	603
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	2018	**0.124**	**63.40**	1.35	37.30	24.74	**911**	70	300	541
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	2016	**0.097**	**63.00**	2.18	34.97	25.85	**1097**	110	360	627
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)	2016	**0.093**	**62.00**	2.14	33.58	26.28	**1097**	105	360	632
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)	2018	**0.110**	**60.88**	1.80	39.80	19.27	**901**	90	363	448
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	2018	**0.130**	**60.08**	1.80	39.00	19.27	**838**	90	300	448
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	2018	**0.126**	**58.79**	1.80	37.71	19.27	**838**	90	300	448
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	2016	**0.088**	**57.50**	2.14	29.08	26.28	**1067**	105	330	632
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic	2016	**0.106**	**55.00**	1.95	31.69	21.35	**957**	100	300	557

CPT	DESC	Year	IWPUT	RVUs				Time			
				w-RVU	PRE	INTRA	POST	TOTAL	PRE	INTRA	POST
	transhiatal esophagectomy)										
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	2016	**0.091**	**52.05**	1.91	24.62	25.52	**977**	95	270	612
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	2023	**0.075**	**50.00**	1.80	26.92	21.28	**1046**	90	360	596
44XX2	**Open (25th pctl)**		**0.097**	**49.00**	**1.76**	**17.42**	**29.82**	**986**	**85**	**180**	**721**
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	2018	**0.100**	**45.13**	1.80	24.05	19.27	**778**	90	240	448
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	2017	**0.143**	**45.00**	1.95	25.43	17.61	**735**	100	178	457
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	2017	**0.141**	**45.00**	1.95	25.43	17.61	**737**	100	180	457
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	2016	**0.118**	**41.50**	1.84	24.86	14.80	**676**	95	210	371
49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	2023	**0.075**	**40.00**	1.58	23.14	15.28	**814**	80	310	424
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure	2017	**0.141**	**36.50**	1.95	16.93	17.61	**677**	100	120	457

CPT	DESC	Year	IWPUT	RVUs				Time			
				w-RVU	PRE	INTRA	POST	TOTAL	PRE	INTRA	POST
	sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)										
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	2023	**0.092**	**36.00**	2.14	23.98	9.88	**649**	105	260	284
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	2017	**0.137**	**36.00**	1.95	16.43	17.61	**677**	100	120	457
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	2023	**0.090**	**35.50**	2.14	23.48	9.88	**649**	105	260	284
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	2016	**0.108**	**35.00**	1.84	19.38	13.78	**622**	95	180	347

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44238 Unlisted laparoscopy procedure, intestine (except rectum)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty general surgery Frequency 200 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is not a procedure performed on Medicare-aged patients

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44126

ISSUE: Congenital Duodenal Obstruction Repair
TAB: 11

SOURCE	CPT	DESC	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 91	POST 92	POST 33	POST 32	POST 31	POST 38	POST 39	POST-OFFICE 15	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	POST-OFFICE 11	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal	90	2001	42	0.013	0.036			49.30			1357	90					150			30	2	1	4	7	13		1.0		1	2	1							
REF2	44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal	90	2001	35	0.028	0.038			42.23			1125	90					120			30	2		3	6	10	1.0			1	2	1						
current	44799	Unlisted procedure, small intestine	YYY			-	-			CP			0																									
SVY	44XX1	Duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction	90		83	0.104	0.046	26.35	45.00	50.00	52.55	59.20	1098	80	12	10	50	113	120	150	360	30	2		3	6	10	1.0			1	1			0	1	2	3	10
REC	44XX1	**Duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction**				0.108	0.046			50.00			1078	60	12	10			120			30	2		3	6	10	1.0			1	1							
REF1	44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal	90	2001	29	0.013	0.036			49.30			1357	90					150			30	2	1	4	7	13		1.0		1	2	1							
REF2	44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal	90	2001	19	0.028	0.038			42.23			1125	90					120			30	2		3	6	10	1.0			1	2	1						
current	44238	Unlisted laparoscopy procedure, intestine (except rectum)	YYY			-	-			CP			0																									
SVY	44XX2	Laparoscopy, surgical; duodenoduodenostomy or duodenojejunostomy for congenital duodenal	90		69	0.114	0.052	32.00	49.00	52.60	55.00	68.00	1006	80	15	10	60	150	180	210	360	30	2		2	4	9	1.0			1	1			0	0	1	2	15
REC	44XX2	**Laparoscopy, surgical; duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction**				0.117	0.053			52.60			986	60	15	10			180			30	2		2	4	9	1.0			1	1							

FACILITY DIRECT PE INPUTS **CPT CODE(S): 44XX1, 44XX2**

SPECIALTY SOCIETY(IES): ACS, APSA

PRESENTER(S): Charles Mabry, MD, FACS; Richard Weiss, MD, FACS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2025

CPT Code	Long Descriptor	Global Period
44XX1	Duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction	90
44XX2	Laparoscopy, surgical; duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction	90

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
44XX1	A 35-week gestation, 2 kg infant with a prenatal diagnosis of duodenal atresia that is confirmed on postnatal imaging. The infant undergoes duodenoduodenostomy for congenital duodenal obstruction.
44XX2	A 38-week gestation, 3 kg infant with a prenatal diagnosis of duodenal atresia that is confirmed on postnatal imaging. The infant undergoes laparoscopic duodenoduodenostomy for congenital duodenal obstruction.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Surgeons familiar with the procedure reviewed the PE details for a similar procedure and considered current staff, supplies, and equipment for the two new codes

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   Key reference code 44126 was chosen as a PE reference, particularly as it included the same level of discharge management.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   no
   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   n/a – new codes
   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and

has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

NO

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Activity	**Clinical Staff Work**
Complete pre-service diagnostic and referral forms	Staff ensures referral and all relevant history and diagnostic information is ported into the surgeon's office EHR in order to complete surgical authorization and establish the patient's records for insurance.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of preservice imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including presurgery assessment with anesthesiologist for the surgeon's office EHR and records all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists.
Provide pre-service education/obtain consent	Staff confirms procedure, complication risk, process of recovery and consent has been obtained and entered into the surgeon's office EHR
Complete pre-procedure phone calls and prescription	Staff answers questions from parent/guardian/family.

   a. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to family/guardian questions and reviewing home supply needs. Coordinate with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge

   b. Post-service period:

The clinical staff work includes the standard activities involved in office E/M visits including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, updating medications, obtaining vital signs, assisting with positioning, coordination of care, cleaning of the room, and home instructions.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
   N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
    N/A

14. Are you recommending a PE supply pack for this recommendation? ☐ Yes or ☒No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
    N/A

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:
    N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    ☐ Yes or ☒ No.
    a. If yes, please explain how the computer is used for this service(s).

b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment please explain here:

EF023	table, exam	Office Visits	
EF017	scale, new born, digital	Other	5 minutes per office visit has been assigned for use of a scale as not every exam room will include a dedicated scale. The infant will need to be taken to the scale, undressed, and settled down to be able to obtain an accurate reading, and then taken back to the exam room.

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

Code 44126

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

SB036	paper, exam table	5 ft per visit - Pediatric table is shorter than adult exam table
SB022	gloves, non-sterile	2 pair per visit – one for surgeon and one for clinical staff
SB004	cover, thermometer probe	One for each visit for rectal temperature
SB044	underpad 2ft x 3ft (Chux)	One for each visit - Placed on new born scale for weight and used for cover when diaper is off during exam
SM022	sanitizing cloth-wipe (surface, instruments, equipment)	One for each visit to clean surfaces after visit

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2						**44126**		**44XX1**		**44XX2**	
3	**Clinical Activity Code**	**Meeting Date: 09/2025** **Revision Date (if applicable): 9-21-25** **Tab: 11** **Specialty: ACS, APSA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Enterectomy, resection of small intestine for congenital atresia, single resection and		Duodenoduodenostomy or duodenojejunostomy for congenital duodenal obstruction		Laparoscopy, surgical; duodenoduodenostomy or duodenojejunostomy for congenital duodenal	
4		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5		**GLOBAL PERIOD**				**90**	**90**	**90**	**90**	**90**	**90**
6		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**N/A**	**$ 147.94**	**N/A**	**$ 90.47**	**N/A**	**$ 90.47**
7		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**224.0**	**0.0**	**161.0**	**0.0**	**161.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**152.0**	**0.0**	**89.0**	**0.0**	**89.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 120.96**	**$ -**	**$ 86.94**	**$ -**	**$ 86.94**
12		**PRE-SERVICE PERIOD**									
13		**Start: Following visit when decision for surgery/procedure made**									
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5		5
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20		20
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8		8
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20		20
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7		7
28		**End: When patient enters office/facility for surgery/procedure**									
29		**SERVICE PERIOD**									
30		**Start: When patient enters office/facility for surgery/procedure:**									
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**
80		**End: Patient leaves office/facility**									
81		**POST-SERVICE PERIOD**									
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16								
87		99212 27 minutes	27				1				
88		99213 36 minutes	36				2		1		1
89		99214 53 minutes	53				1		1		1
90		99215 63 minutes	63								
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**152.0**	**0.0**	**89.0**	**0.0**	**89.0**
98		**End: with last office visit before end of global period**									
99	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 24.88**	**$ -**	**$ 2.56**	**$ -**	**$ 2.56**
101	SA048	pack, minimum multi-specialty visit	5.02	pack			4				
102	SA052	pack, post-op incision care (staple)	4.8	pack			1				
103	SB036	paper, exam table	0.014	foot					10		10
104	SB022	gloves, non-sterile	0.3	pair					4		4
105	SB004	cover, thermometer probe	0.22	item					2		2
106	SB044	underpad 2ft x 3ft (Chux)	0.32	item					2		2
107	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item					2		2
109	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 2.10**	**$ -**	**$ 0.97**	**$ -**	**$ 0.97**
111	EF023	table, exam	4737.727	Office Visits	0.010538571		152		89		89
112	EQ168	light, exam	1232.887	Office Visits	0.003271745		152				
113	EF017	scale, new born, digital	1279.41	Other Formula	0.002845912				10		10
114											
115											

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2025

Irreversible Electroporation of Tumor, Pancreas – Tab 12

In May 2025, the CPT Editorial Panel approved the addition of a code to report open irreversible electroporation (IRE) ablation of tumors of the pancreas and revision of a Category III code to exclude open ablation via IRE of tumors of the pancreas.

48XXX ***Ablation, irreversible electroporation of tumor(s) of the pancreas, open, including imaging guidance***
The RUC reviewed the survey results from 32 general surgeons, surgical oncologists and hepatopancreatobiliary surgeons and determined that the survey 25th percentile work RVU of 25.19 appropriately accounts for the physician work involved in this service. The RUC recommends the following physician time components: 50 minutes pre-service evaluation time, 10 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 120 minutes intra-service time, 30 minutes immediate post-service time, 1-99233, 2-99232, 3-99231 subsequent hospital inpatient or observation care visits, 1-99238 discharge visit, and 1-99214 and 2-99213 office visits for 544 minutes total time as supported by the survey.

Pre-time package 4 *Difficult patient/Difficult procedure* for the facility setting was selected with adjustments to the evaluation and positioning times. An additional 10 minutes of physician evaluation time is necessary for extensive preoperative review of angiographic studies, magnetic resonance imaging (MRI), computed tomography (CT) scans, and associated radiology reports to guide surgical planning. These imaging reviews are essential for determining vascular involvement, tumor margins, and the feasibility of resection versus ablation. In addition, additional positioning time is necessary due to the complexity of aligning the patient, anesthesia lines, intraoperative imaging guidance equipment, and IRE probe systems with associated monitoring and energy delivery devices. This positioning must allow unobstructed operative access to the pancreas while maintaining the accuracy and safety of probe placement during the procedure.

The specialty noted that the surgeon approaches the case with the primary intent of resecting the pancreatic tumor if technically feasible. However, the IRE system is prepared and available intraoperatively should the tumor be deemed unresectable upon direct visualization and assessment. In such cases, IRE serves as a critical alternative therapy for local control of the tumor. Most patients undergoing this procedure have locally advanced pancreatic cancer and have previously completed chemotherapy, resulting in tissue changes, adhesions, and increased complexity in surgical management. Postoperatively, these patients require close monitoring for postoperative complications related to both open pancreatic surgery and IRE technology, including risk of pancreatitis, vascular injury, and arrhythmias from energy delivery. Standard postoperative management includes a lengthy inpatient hospitalization to allow for vigilant observation, pain control, nutritional support, and multidisciplinary care coordination. The RUC concurred with the inpatient length of stay recommendation and with the survey median response of two 99213 and one 99214 post-operative office visits.

To justify a work RVU of 25.19, the RUC compared CPT code 48XXX to the top key reference service code 47380 *Ablation, open, of 1 or more liver tumor(s); radiofrequency* (work RVU = 24.56, 200 minutes intra-service time and 550 minutes total time) and noted that the intra-service

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time is less for the surveyed code yet intensity is greater, justifying the higher work value. The RUC also compared the surveyed code to the second key reference service code 49189 *Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm* (work RVU = 40.00, 310 minutes intra-service time and 814 minutes total time) and noted that the reference service has much more intra-service and total time than the surveyed code denoting more physician work, and is therefore appropriately valued higher.

It was further noted that survey respondents who selected the top two key reference codes rated the intensity and complexity measures for the surveyed code as being significantly greater. The portal vein, superior mesenteric vein (SMV), superior mesenteric artery (SMA), celiac artery, and all its branches are within millimeters of where these probes are placed, and the anatomy is markedly distorted from the locally advanced tumor, prior chemotherapy, and often radiation treatment these patients have already received. Exposing and operating on the pancreas next to the SMA/SMV/celiac artery is far more intense in this domain than a liver ablation or excision/destruction of a large peritoneal tumor.

The RUC also agreed that the surveyed code is appropriately bracketed by the MPC codes 32669 *Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)* (work RVU = 23.53 and 150 minutes intra-service time and 502 minutes total time) and 34705 *Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)* (work RVU = 29.58 and 150 minutes intra-service time and 512 minutes total time). The RUC concluded that CPT code 48XXX should be valued at the 25th percentile work RVU, as supported by the survey. **The RUC recommends a work RVU of 25.19 for CPT code 48XXX.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

New Technology
CPT code 48XXX will be placed on the New Technology list and will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Digestive System** **Pancreas** **Excision**				

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Other Procedures				
●48XXX	N1	Ablation, irreversible electroporation of tumor(s) of the pancreas, open, including imaging guidance (Do not report 48XXX in conjunction with 76940, 77002, 77013, 77022) (For ablation, irreversible electroporation of tumor[s] in organs other than pancreas, open, use 0601T)	090	25.19

Category III Codes

▲[0600T] *Ablation, irreversible electroporation; 1 or more tumors per organ other than liver or prostate, including imaging guidance, when performed, percutaneous*

Sunset January ~~*2026*~~ *2031*

(Do not report [0600T] in conjunction with [76940], [77002], [77013], [77022])

(For ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous, use [4001X])

(For ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous, use 5XX11)

▲[0601T] 1 or more tumors per organ other than pancreas, including fluoroscopic and ultrasound guidance, when performed, open

Sunset January ~~*2026*~~ *2031*

(Do not report [0601T] in conjunction with [76940], [77002])

(For ablation, irreversible electroporation, pancreas, 1 or more tumors, including imaging guidance, open, use 48XXX)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:48XXX Tracking Number N1 Original Specialty Recommended RVU: **27.00**
Presented Recommended RVU: **25.19**
Global Period: 090 Current Work RVU: RUC Recommended RVU: **25.19**

CPT Descriptor: Ablation, irreversible electroporation of tumor(s) of the pancreas, open, including imaging guidance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male with biopsy-proven locally advanced pancreatic ductal adenocarcinoma has completed 6 months of induction chemotherapy and has no evidence of metastatic disease, but the tumor continues to encase the celiac and superior mesenteric arteries and is deemed unresectable. He undergoes irreversible electroporation ablation of the tumor.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review preoperative work-up, with particular attention to understanding the vascular anatomy identified on the numerous cross-sectional imaging studies obtained during the course of chemotherapy. Particular attention is paid to CT or MRI representation of the portal venous and mesenteric arterial anatomy and common bile duct in relation to the tumor and pancreas identifying potential areas where a resection may still be possible or where electroporation is most likely needed. Review results of preoperative testing (laboratory, EKG, chest X-ray, availability of blood products). Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of DVT prophylaxis. Write orders for preoperative medications, including beta blockers, if indicated. Meet with the patient and the patient's family to review the planned procedure and postoperative management. Review and obtain informed consent, including witness. Review the length and type of anesthesia with the anesthesiologist. Verify that all required instruments and supplies are available. Assist in the transfer of the patient from the gurney to the operating table. Monitor/assist with the supine positioning of the patient. Monitor placement of central venous and arterial lines following intubation and the induction of general anesthesia to confirm required access of electroporation and imaging equipment. Indicate areas of skin to be prepared and mark surgical incisions. Scrub and gown. Perform surgical time-out with operating surgical team.

Description of Intra-Service Work:
Make an upper midline incision. Identify and carefully divide the Linea alba. Grasp, elevate, and carefully incise the peritoneum to avoid injury to the bowel. Clear adhesions using sharp dissection in order to expose all of the abdominal viscera. Place a wound protector and set up the retractor. Perform a visual and manual complete exploration of the abdominal cavity and its contents to rule out occult metastatic disease that would preclude further exploration. Enter the lesser sac by dividing the gastrocolic ligament outside of the gastroepiploic vessels. Clear adhesions between the posterior stomach and the anterior border of the pancreas. Follow the middle colic vein down to the inferior border of the pancreas. Ligate the gastrocolic trunk using ties and clips. Identify the SMV as it courses behind the pancreas. Begin creating a retropancreatic tunnel, if feasible. Mobilize the right colon by incising the white line of Toldt. Identify the plane between the colon mesentery and the duodenum. Perform a wide Kocher maneuver of the duodenum to the level of the left renal vein. Begin the portal dissection by removing the common hepatic artery lymph node and send for frozen section. Dissect

out the hepatic artery and gastroduodenal artery, if possible. Dissect the hepatic artery back towards the celiac axis. Use intraoperative ultrasound to identify the tumor and its relationship to the SMV, portal vein, celiac, hepatic artery, and SMA.

Once the tumor is deemed unresectable, irreversible electroporation will be performed. Under continuous intraoperative imaging guidance, place five irreversible electroporation (IRE) probes to bracket the target lesion entirely for an intended ablation area including the encased celiac and superior mesenteric arteries and other impacted structures identified. Probes are placed parallel at the same depth to each other at least 1.5 to max 2.2 centimeter spacing. Confirm level of anesthesia is sufficient to suppress muscle twitch. With attention to the gated pulse delivery, electroporation is cycled between the probe pairs until the allotted 90-100 pulses per probe pair are achieved. Monitor the electrical current change between probes to assure IRE of tissue. Monitor the ablation zone via ultrasound. When IRE treatment is complete, the probes are pulled back and treatment is repeated as necessary based on the length of the tumor or removed if the intended electroporation is achieved. Irrigate the abdominal cavity copiously. Obtain hemostasis. Inspect the abdomen for injury and the presence of any instruments or lap pads (ie, conduct a count). Remove and count all the retractor components to ensure all components are accounted for. Return the abdominal organs to normal anatomical position. Drape the omentum over the abdominal contents. Place drain(s) as required. Close the fascia with running suture. Conduct a second count of the instrument, needle, sponge, and lap pad. Irrigate and approximate the subcutaneous tissues and close the skin.

Description of Post-Service Work: Apply sterile dressings. Standby as the patient undergoes reversal of anesthesia. Assist in the transfer of the patient from the operating table to the gurney. Assist in transport of the patient from the operating room to the recovery room. Discuss postoperative recovery care with anesthesia and nursing staff, including the need for patient-controlled analgesia. Discontinue prophylactic antibiotic therapy as appropriate. Review postoperative laboratory results. Discuss procedure and outcome with the patient's family in the waiting area. Write the immediate postoperative note in the patient's chart. Write orders for transferring to the general surgical floor and discuss ongoing care with nursing staff. Dictate operative report and copy referring physician(s). Call the referring physician(s). Later the same day and daily, review interval nursing/other staff chart notes. Discuss ongoing care with nursing staff. Evaluate vital signs and intake/output. Monitor fluid and electrolyte status and renal function; monitor for problems, such as ileus, pancreatic leak, or intestinal ischemia. Examine the patient, including reviewing vital signs and confirming as necessary. Auscultate the heart, lungs, and abdomen for bowel sounds. Manage dressings to wounds daily, monitor status of incision, and looking for signs of infection. Monitor drain(s) output. Continue prophylaxis for DVT and monitor daily for adequacy. Assess the need for beta-blockers and order as required. Assess the need for antibiotics and order as required. Monitor and document patient progress, such as evaluate for sepsis, bowel function, and cardiorespiratory function. Assess pain scores and adequacy of analgesia. Write orders for laboratory studies, films, and medications. Manage nasogastric tube, remove when appropriate, and advance diet. Write orders for patient activity and therapy as required. Chart patient progress notes. Answer patient and patient's family questions. Answer nursing/other provider questions. Monitor values of laboratory tests including complete blood count, liver function tests, and pancreatic enzymes assessing for potential complications of pancreatic tissue ablation causing biliary outflow obstruction or pancreatitis or a pancreatic leak. Prior to discharge, examine the patient, and assess the wounds, drains, and status of incisions. Auscultate the heart, lungs, and abdomen. Reconcile hospital medications, and in consultation with other treating providers, confirm that all orders are in place for medications needed post-discharge, including timing and need for resumption of preoperative medications. Order the continuation of prophylaxis for DVT. Discuss home restrictions (ie, diet, activity, bathing) with the patient, family members, and discharging nurse. Complete all appropriate medical records, including day-of-discharge progress notes, discharge summary, and discharge instructions, and insurance forms. At each office visit, perform and document an interval history and physical examination. Perform a review of other treating providers' documentation. Remove dressings and evaluate the wound. Remove staples when appropriate (at a single visit or over multiple visits). Remove drains when appropriate (at a single visit or over multiple visits). Reapply dressings as needed. Perform and address evaluation for postoperative problems (eg, seroma, constipation). Review the pathology report with the patient and family. Answer patient and family questions. Perform a PDMP check at every visit, review pain medications and make adjustments, including counseling on side effects and tapering instructions. Consider and continue DVT prophylaxis, as required. Review activity limitations and wound care with the patient and the patient's family. Discuss and order physical therapy, home health, and occupational therapy as required. Consider and order laboratory studies to evaluate postoperative anemia, hydration, and electrolytes as required post-review. Consider and order imaging to evaluate for healing or complications as required. Discuss dietary instructions and the need for nutritional supplements. Perform multidisciplinary discussions with other treating providers and updates to primary care physician. Complete leave-of-absence or short-term disability forms. Dictate, review, and sign medical record progress notes.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Don Selzer, MD, FACS; Charles Mabry, MD, FACS					
Specialty Society(ies):	American College of Surgeons					
CPT Code:	48XXX					
Sample Size:	570	**Resp N:**	32			
Description of Sample:	Random selection of membership, American Chapter of the International Hepato-Pancreato-Biliary Association (500) Vendor supplied list of device-trained surgeons (70)					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	1.00	**5.00**	8.00	50.00
Survey RVW:		22.00	25.19	**33.85**	36.75	50.00
Pre-Service Evaluation Time:				**53.00**		
Pre-Service Positioning Time:				**19.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		60.00	120.00	**120.00**	10.00	360.00
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**195.00**	99231x **3.00** 99232x **2.00** 99233x **1.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	48XXX	**Recommended Physician Work RVU: 25.19**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**50.00**	**40.00**	**10.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	195.00	99231x **3.00** 99232x **2.00** 99233x **1.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	86.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
47380	090	24.56	**RUC Time**

CPT Descriptor Ablation, open, of 1 or more liver tumor(s); radiofrequency

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49189	090	40.00	**RUC Time**

CPT Descriptor Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
32669	090	23.53	**RUC Time**	2,680

CPT Descriptor 1 Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34705	090	29.58	**RUC Time**	9,669

CPT Descriptor 2 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 **% of respondents:** 34.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 48XXX	Top Key Reference CPT Code: 47380	2nd Key Reference CPT Code: **49189**
Median Pre-Service Time	75.00	85.00	80.00
Median Intra-Service Time	120.00	200.00	310.00
Median Immediate Post-service Time	30.00	45.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	195.0	120.00	230.00
Median Discharge Day Management Time	38.0	38.00	55.00
Median Office Visit Time	86.0	62.00	109.00
Median Total Time	**544.00**	**550.00**	**814.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	27%	55%	18%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	36%	64%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	18%	73%
Physical effort required	9%	64%	27%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	0%	9%	91%

- Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	33%	67%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	17%	33%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

For CPT 2027, code 48XXX was approved for reporting open irreversible electroporation (IRE) ablation of tumors of the pancreas, including imaging guidance and Category III code 0601T was revised to describe open IRE ablation of tumors in organs other than the pancreas. A survey request was sent to a random selection of 500 members from the American Chapter of the International Hepato-Pancreato-Biliary Association. This society is recognized by the American College of Surgeons and includes general surgeons and surgical oncologists who would be familiar with treating pancreas tumors. A survey request was also sent to a list of surgeons that was provided by the device vendor who have been trained to use the IRE device. The Summary Spreadsheet presents survey statistics for each group separately and for all respondents.

Recommendation – 48XXX

We recommend 25.19 which is the 25th percentile work RVU**.**

Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Add 10 minutes (total = 50 minutes) for extensive preoperative review of angiograms and MRI and CT imaging and reports to assist with preoperative planning.

Positioning time: Add 7 minutes (total time = 10 minutes) to account for additional time to position the patient, anesthesia lines, imaging guidance equipment, and IRE probes with connected equipment for clear access during surgery.

Scrub, dress, wait time: Subtract 5 minutes (total time = 15 minutes) to be consistent with survey median.

Immediate Post-time

Package 9b: Subtract 3 minutes to be consistent with the survey median.

Discussion of Postoperative Office Visits

At the first postoperative visit, an interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wound is evaluated. Some or all staples/sutures are removed as appropriate. Drain(s) may be removed. Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. The pathology report is reviewed with the patient and family. Patient and family questions are answered. A PDMP check is performed, pain medications are reviewed and alterations made including counseling on side effects and tapering instructions. DVT prophylaxis is considered and continued unless contraindicated. Activity limitations and wound care are reviewed. Physical therapy, home health, occupational therapy are discussed and ordered as required. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with reviewed. Imaging to evaluate for healing or complications is considered and ordered as required. Dietary instructions and need for nutritional supplements are discussed. Multidisciplinary discussion with other treating providers and update to primary care physician is performed. Leave of absence or short term disability forms are completed. Medical record progress notes are dictated, reviewed, and signed. (The survey median 99214 visit level is supported based on MDM or time)

At subsequent postoperative visits, an interval history and physical exam is performed. The wounds are inspected and any remaining staples, sutures, and drain(s) are removed, with dressings applied as required. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. A PDMP check is performed, pain medications are reviewed and alterations made including counseling on side effects and tapering instructions. Activity limitations and wound care are reviewed. DVT prophylaxis is considered and continued unless contraindicated. Physical therapy, home health, and/or occupational therapy notes are reviewed. Continuation of therapy and home health is discussed with patient and ordered as required. Patient and family questions are answered. Discussion with other treating providers occurs as additional treatment plans may be initiated once surgical recovery is adequate (eg systemic therapy or radiation). Interval imaging and labs reviewed and care plan changed if appropriate. Medical record progress notes are dictated, reviewed, and signed. Leave of absence or short term disability forms are updated, as required. An update to other treating providers and primary care physician is provided. (The survey median 99213 visit level is supported based on MDM or time).

Comparison to Key Reference Procedures

The survey respondents would be familiar with the key reference code procedures and rated the intensity and complexity for the survey code significantly greater than reference codes. The portal vein, SMA, Celiac, and all its branches are within millimeters of where these probes are placed and the anatomy is markedly distorted from the locally advanced tumor, extensive chemotherapy, and often radiation therapy these patients have already received. Exposing and operating on the pancreas next to the SMA/SMV/celiac is far more intense in this domain than a liver ablation or excision/destruction of a large peritoneal tumor.

Comparison to Similar Procedures

CPT	DESCRIPTOR	global	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99233	99232	99231	99238	99214	99213
4001X*	Perc IRE liver	0	9.41	0.082	190	70	90	30						
5XX11*	Perc IRE prostate	90	13.50	0.100	256	58	90	18				0.5	1	1
48XXX	Open IRE pancreas	90	25.19	0.094	544	75	120	30	1	2	3	1	1	2

*RUC recommendation shown has been accepted by CMS in proposed rule for CY2026

MPC Code Comparison

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99233	99232	99231	99238	99214	99213	99212
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	23.53	0.084	502	75	150	30	2	1	1	1		1	1
48XXX	Open IRE pancreas tumor	25.19	0.094	544	75	120	30	1	2	3	1	1	2	
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft…	29.58	0.130	512	150	150	40	1			1		1	1

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0601T Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty surgical oncology How often? Rarely

Specialty general surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 300
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Manufacturer device sales data for 2024

Specialty surgical oncology Frequency 240 Percentage 80.00 %

Specialty general surgery Frequency 60 Percentage 20.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 50 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Specialty estimate based on national sales data for 2024 and reporting of prior code 0601T (open IRE of any organ).

Specialty surgical oncology Frequency 40 Percentage 80.00 %

Specialty general surgery Frequency 10 Percentage 20.00 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 36260

ISSUE: Irreversible Electroporation of Tumor – Pancreas

TAB: 12

SOURCE	CPT	DESC	global	Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
REF1	47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	090	2002	11	0.068	0.045			24.56			550	85					200			45					2	2	1.0				2	1						
REF2	49189	Excision or destruction, open, intra-abdominal (ie, peritoneal,	090	2023	6	0.075	0.049			40.00			814	50	15	15			310			30			2	2	2		1		1	3						
current	0601T	Ablation, irreversible electroporation; 1 or more tumors	YYY							CP			0																									
SVY	48XXX	Ablation, irreversible electroporation of tumor(s) of the pancreas, open,	090		32	0.166	0.062	22.00	25.19	33.85	36.75	50.00	547	53	10	15	60	120	120	180	360	30			1	2	3	1.0			1	2				0	1	5	8	50
SVY	48XXX	Random			12	0.159	0.061	22.00	24.56	33.00	35.00	45.00	543	53	7	15	120	120	120	125	180	30			1	2	3	1.0			1	2				0	0	1	3	6
SVY	48XXX	Targeted			20	0.132	0.057	24.00	28.19	33.85	39.29	50.00	593	58	10	14	60	115	148	180	360	45			1	2	3	1.0			1	2				1	5	6	11	50
REC	48XXX	Ablation, irreversible electroporation of tumor(s) of the pancreas, open, including imaging guidance	090			0.094	0.046			25.19			544	50	10	15			120			30			1	2	3	1.0			1	2								

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2025

CPT Code	Long Descriptor	Global Period
48XXX	Ablation, irreversible electroporation of tumor(s) of the pancreas, open, including imaging guidance	90

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
48XXX	A 58-year-old male with biopsy-proven locally advanced pancreatic ductal adenocarcinoma has completed 6 months of induction chemotherapy and has no evidence of metastatic disease, but the tumor continues to encase the celiac and superior mesenteric arteries and is deemed unresectable. He undergoes irreversible electroporation ablation of the tumor.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Surgeons familiar with this procedure reviewed PE direct details for recently review reference code 49189 to develop inputs for new code 48XXX.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   Reference code 49189, *Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm*, has been selected as a recently reviewed open abdominal procedure performed on a patient with cancer.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   No
   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   N/A
   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Activity	**Clinical Staff Work**
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of preservice imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including presurgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists. Confirms that IRE equipment will be available.
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status, and answers final pre-admission questions.

   b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions and outpatient follow-up. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge

   c. Post-service period:

The clinical staff work includes the standard activities involved in office E/M visits including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, cleaning of the room, and home instructions.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? ☒ Yes or ☐ No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

CMS established pack

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (suture & staple)	**SA053**	**pack**	
kit, staple removal		kit	1
kit, suture removal		kit	1
povidone soln (Betadine)		ml	10

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

gauze, sterile 4in x 4in	item	2
gloves, sterile	pair	1
steri-strip (6 strip uou)	item	2
swab-pad, alcohol	item	2
tape, surgical paper 1in (Micropore)	inch	12
tincture of benzoin, swab	item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (suture)	**SA054**	**pack**	
kit, suture removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
☐ Yes or ☒ No.
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

EF031	table, power	Office Visits	+J91	
EQ168	light, exam	Office Visits	+J91	

PE-ONLY CODES ADDITIONAL INFORMATION

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

36260

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

- SM022, sanitizing cloth-wipe (surface, instruments, equipment), is needed to clean hard surfaces at each postoperative visit. This is consistent with the addition of SM022 to E/M office visit codes as this was not included in the E/M multispecialty office visit pack.
- SA054 (suture) is needed in addition to SA053 (suture and staple) as it is typical to remove the drain(s) at a visit separate from removal of wound sutures and staples. In addition, wound sutures and staples are not typically all removed at a single visit, requiring more than a single pack.
- SB044 (Chux), will be used at the visits that drains, sutures, and/or staples are removed.
- SG039 (ABD-Combine), and SG079 (tape) will be used for dressings related to the operative wound or drains.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**49189**		**48XXX**	
3	**Clinical Activity Code**	**Meeting Date: 09/2025** **Revision Date (if applicable):** **Tab: 12** **Specialty: ACS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or		Ablation, irreversible electroporation of tumor(s) of the pancreas, open, including imaging	
4		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
5		**GLOBAL PERIOD**				**90**	**90**	**90**	**90**
6		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**N/A**	**$ 161.92**	**N/A**	**$ 135.09**
7		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**236.0**	**0.0**	**197.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**15.0**	**0.0**	**12.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**161.0**	**0.0**	**125.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 127.44**	**$ -**	**$ 106.38**
12		**PRE-SERVICE PERIOD**							
13		**Start: Following visit when decision for surgery/procedure made**							
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7
28		**End: When patient enters office/facility for surgery/procedure**							
29		**SERVICE PERIOD**							
30		**Start: When patient enters office/facility for surgery/procedure:**							
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**15**	**n/a**	**12**
80		**End: Patient leaves office/facility**							
81		**POST-SERVICE PERIOD**							
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16						
87		99212 27 minutes	27						
88		99213 36 minutes	36				3		2
89		99214 53 minutes	53				1		1
90		99215 63 minutes	63						
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**161.0**	**0.0**	**125.0**
98		**End: with last office visit before end of global period**							
99	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 31.43**	**$ -**	**$ 26.34**
101	SA048	pack, minimum multi-specialty visit	5.02	pack			4		3
102	SA053	pack, post-op incision care (suture & staple)	5.47	pack			1		1
103	SA054	pack, post-op incision care (suture)	4.62	pack			1		1
104	SB044	underpad 2ft x 3ft (Chux)	0.32	item			2		2
105	SG039	dressing, 5in x 9in (ABD-Combine)	0.22	item			1		1
106	SG079	tape, surgical paper 1in (Micropore)	0.01	inch			12		12
107	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item			4		3
109	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 3.05**	**$ -**	**$ 2.37**
111	EF031	table, power	5906.76	Office Visits	0.015674926		161.0		125.0
112	EQ168	light, exam	1232.887	Office Visits	0.003271745		161.0		125.0

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

Open Irreversible Electroporation of Tumor, Pancreas
CPT® Codes

AngioDynamics, Inc
Vendor/Company Name

By: Linda C. Upchurch
Signature

_Linda C. Upchurch_____
Printed Signature

_VP Global Healthcare Economics_____
Title

_05/14/2025_____
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2025

Percutaneous Lumbar Decompression – Tab 13

At the January 2025 RUC meeting, the surveying societies requested deletion of CPT code 62287 due to declining Medicare utilization. At the May 2025 CPT Editorial Panel meeting, additional utilization estimates were reviewed, and requests from neurosurgery and radiology were received to retain the code. It was determined that the code should be maintained within the CPT code set to report this service. Since the code was not surveyed with family codes 62330 and 62331 in January 2025, it was placed back on the LOI for survey at the September 2025 RUC meeting.

62287 ***Decompression percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar***
The RUC reviewed the survey results from 38 surgeons and recommends a work RVU of 7.06 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 38 minutes pre-service evaluation time, 10 minutes positioning time, 10 minutes scrub/dress/wait time, 37 minutes intra-service time, 20 minutes immediate post-service time, 0.5-99238 discharge visit, and 2-99213 post-operative office visits, totaling 180 minutes. The RUC agreed with the specialty recommendation that a half-day discharge visit and 2-99213 office visits are typical. The post-operative office visits are necessary for the patient to confirm a successful outcome of the procedure at 7-10 days post-surgery and 6 weeks post-surgery.

For this procedure, the skin is anesthetized at the entry site, and an introducer needle is carefully advanced along a posterior lateral trajectory into the nucleus pulposus of the disc using regular fluoroscopic guidance. Meticulous care is taken to avoid structures like the exiting nerve root medially, and vascular structures, or the viscera laterally. A guide wire is then placed, the tract is dilated, and a working cannula is then placed and advanced into the disc. A discogram is then performed with contrast to confirm placement and to evaluate the structural integrity of the annulus. Through that cannula, instruments are inserted and used to remove small portions of the nucleus pulposus from the posterior third of the disc. Each pass requires regular fluoroscopic confirmation and tactile judgment to ensure that you are in the nucleus and to preserve the annular integrity. Once adequate decompression is achieved, the area is flushed, and homeostasis is confirmed, closure occurs. The goal of this procedure is to reduce intradiscal pressure and decompress the nerve root to reduce nerve irritation and related pain.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference service codes 22869 *Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level* (work RVU = 7.03, 45 minutes intra-service, 175 minutes total time) and 63662 *Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed* (work RVU = 11.00, 60 minutes intra-service, 243 minutes total time). A majority of the survey respondents that selected one of the two top key reference codes indicated that the surveyed code is identical or somewhat more intense/complex than the key reference codes. The intra-service time is lower than the key reference services, but the post-operative work is similar, as supported by the total time. Therefore, the recommended work RVU of 7.06 is

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appropriately bracketed by the reference codes. The top key reference code 22869 provides a strong relative comparison when compared to intra-service time, total time, and post-operative work. Therefore, the codes should be valued similarly.

For additional support, the RUC referenced MPC codes 15823 *Blepharoplasty, upper eyelid; with excessive skin weighting down lid* (work RVU = 6.81, 45 minutes intra-service, 161 minutes total time) and 14060 *Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less* (work RVU = 9.23, 60 minutes intra-service, 183 minutes total time). The recommended work RVU is appropriately bracketed by the MPC reference codes. The intra-service time of the surveyed code is lower than both codes; however, the total time is very close to MPC code 14060. Thus, the surveyed code recommended work RVU is appropriately supported relative to the reference MPC codes.

Further, CPT code 29881 *Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed* (work RVU = 7.03, 40 minutes intra-service, 194 minutes total time) has similar intra-service time and total time. Therefore, the surveyed code should be valued similarly to the reference code. **The RUC recommends a work RVU of 7.06 for CPT code 62287.**

62330 ***Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar***
62331 ***Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)***
CPT codes 62330 and 62331 were surveyed for the January 2025 RUC meeting. In the CY 2026 MFS Proposed Rule, the RUC recommended work values of 8.00 for CPT code 62330 and 4.25 for CPT code 62331 were accepted. **The RUC agreed with the specialty societies and recommends affirmation of the current work RVU of 8.00 for CPT code 62330 and 4.25 for CPT code 62331.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs for CPT code 62287. The PE Subcommittee agreed to affirm the January 2025 PE recommendations for CPT codes 62330 and 62331. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Nervous System** **Spine and Spinal Cord** **Injection, Drainage, or Aspiration**				

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...

~~Percutaneous spinal procedures are done with indirect visualization (eg, image guidance) (eg, 62287). Endoscopic assistance during an open procedure with continuous and direct visualization (light-based) is reported using excision codes (eg, 63020-63035).~~

~~(For transforaminal epidural injection, see 64479-64484)~~

~~(Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with 62324, 62325, 62326, 62327)~~

~~**Definitions**~~

~~For purposes of CPT coding, the following definitions of approach and visualization apply. The primary approach and visualization define the service, whether another method is incidentally applied. Surgical services are presumed open, unless otherwise specified.~~

~~***Percutaneous:*** Image-guided procedures (eg, computer tomography [CT] or fluoroscopy) performed with indirect visualization of the spine without the use of any device that allows visualization through a surgical incision.~~

~~***Endoscopic:*** Spinal procedures performed with continuous direct visualization of the spine through an endoscope.~~

~~***Open:*** Spinal procedures performed with continuous direct visualization of the spine through a surgical opening.~~

~~***Indirect visualization:*** Image-guided (eg, CT or fluoroscopy), not light-based visualization.~~

~~***Direct visualization:*** Light-based visualization; can be performed by eye, or with surgical loupes, microscope, or endoscope.~~

(For the techniques of microsurgery and/or use of microscope, use 69990)

62263 *Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days*

(62263 includes code 77003)

62264 *1 day*

(Do not report 62264 with 62263)

(62264 includes code 77003)

~~62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar~~

~~(Do not report 62287 in conjunction with 62267, 62290, 62322, 77003, 77012, 72295, when performed at same level)~~

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~~(For non-needle based technique for percutaneous decompression of nucleus pulposus of intervertebral disc, see 0274T, 0275T)~~

Percutaneous Decompression of Neural Elements (Blue Heading)

Percutaneous spinal procedures are done with indirect visualization (eg, image guidance) (eg, 62287~~),~~, 62330, 62331, 0274T). Endoscopic assistance during an open procedure with continuous and direct visualization (light-based) is reported using excision codes (eg, 63020-63035).

(For transforaminal epidural injection, see 64479-64484)

(Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with 62324, 62325, 62326, 62327)

Definitions

For purposes of CPT coding, the following definitions of approach and visualization apply. The primary approach and visualization define the service, whether another method is incidentally applied. Surgical services are presumed open, unless otherwise specified.

Percutaneous: *Image-guided procedures (eg, computer tomography [CT] or fluoroscopy) performed with indirect visualization of the spine without the use of any device that allows visualization through a surgical incision.*

Endoscopic: *Spinal procedures performed with continuous direct visualization of the spine through an endoscope.*

Open: *Spinal procedures performed with continuous direct visualization of the spine through a surgical opening.*

Indirect visualization: *Image-guided (eg, CT or fluoroscopy), not light-based visualization.*

Direct visualization: *Light-based visualization; can be performed by eye, or with surgical loupes, microscope, or endoscope.*

(f)62287	O1	Decompression ~~procedure,~~ percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar (Do not report 62287 in conjunction with 62267, 62290, 62322, 77003, 77012, 72295, when performed at same level) (For non-needle based technique for percutaneous decompression of nucleus pulposus of intervertebral disc, see 0274T~~, 0275T~~) (For percutaneous lumbar decompression using non-needle-based technique, see 62330, 62331)	090	7.06 (2025 Work RVU = 9.03)

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(f)62330	O2	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	090	8.00 Affirm January 2025 RUC Recommendation
(f)62331	O3	additional interspace(s), lumbar (List separately in addition to code for primary procedure) (Use 62331 in conjunction with 62330) (Do not report 62331 more than once per operative session) (Do not report 62330, 62331 in conjunction with 62322, 62323, 62380, 63005, 63030, 63042, 63047, 64483, 64486, 77003, 77012) (For unilateral procedure report modifier 52 in conjunction with 62330, 62331)	ZZZ	4.25 Affirm January 2025 RUC Recommendation

Endoscopic Decompression of Neural Elements and/or Excision of Herniated Intervertebral Discs

Definitions

For purposes of CPT coding…

Percutaneous: *Image-guided…*

…

(For the techniques of microsurgery and/or use of microscope, use 69990)

(For percutaneous decompression, see 62287, 62330, 62331, 0274T~~, 0275T~~)

Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Discs

Definitions

For purposes of CPT coding…

…

(When 63001-63048 are followed by arthrodesis, see 22590-22614)

(For the techniques of microsurgery and/or use of microscope, use 69990)

(For percutaneous decompression, see 62287, 62330, 62331, 0274T~~, 0275T~~)

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63020 *Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical*

(For bilateral procedure, report 63020 with modifier 50)

63030 *1 interspace, lumbar*

(For bilateral procedure, report 63030 with modifier 50)

✚*63035* *each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)*

(Use 63035 in conjunction with 63020-63030)

(Do not report 63030, 63035 in conjunction with 22630, 22632, 22633, 22634, for laminotomy performed to prepare the interspace for fusion on the same interspace[s] and vertebral segment[s])

(For decompression performed on the same interspace[s] and vertebral segment[s] as posterior interbody fusion that includes laminectomy, removal of facets, and/or opening/widening of the foramen for decompression of nerves or spinal components, such as spinal cord, cauda equina, or nerve roots, see 63052, 63053)

(For bilateral procedure, report 63035 twice. Do not report modifier 50 in conjunction with 63035)

(For percutaneous ~~endoscopic~~ approach, see 62330, 62331, 0274T~~, 0275T~~)

Radiology
Radiologic Guidance
Fluoroscopic Guidance

✚*77003* *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)*

(Use 77003 in conjunction with 61050, 61055, 62267, 62273, 62280, 62281, 62282, 62284, 64449, 64510, 64517, 64520, 64610, 96450)

(Do not report 77003 in conjunction with 62270, 62272, 62330, 62331, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62328, 62329, 64415, 64416, 64417, 64445, 64446, 64447, 64448, 0627T, 0628T)

Computed Tomography Guidance

77012 *Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation*

(Do not report 77011, 77012 in conjunction with 22586)

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(Do not report 77012 in conjunction with 10009, 10010, 10030, 27096, 32408, 32554, 32555, 32556, 32557, 55706, 5XX00, 5XX01, 5XX02, 55X03, 5XX04, 5XX07, 5XX08, 5XX10, 62270, 62272, 62328, 62329, 6XX07, 6XX08, 6XX09, 6XX10, 6XX11, 6XX12, 62330, 62331, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 0232T, 0481T, 0629T, 0630T)

Category III Codes

0274T *Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic*

~~0275T lumbar~~

~~(For percutaneous decompression of the nucleus pulposus of intervertebral disc utilizing needle based technique, use 62287)~~

(0275T has been deleted)

(For percutaneous decompression of the nucleus pulposus of intervertebral disc utilizing needle-based technique, use 62287)

(For percutaneous interlaminar lumbar decompression without laminotomy /laminectomy, see 62287, 62330, 62331)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62287 Tracking Number O1 Original Specialty Recommended RVU: **7.06**
Presented Recommended RVU: **7.06**
Global Period: 090 Current Work RVU: **9.03** RUC Recommended RVU: **7.06**

CPT Descriptor: Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 25-year-old male presents with low back pain, sciatica, an absent ankle reflex, and weakness of the posterior calf muscle. An MRI exam shows a diffuse bulging annulus and disk at L5-S1. The patient is scheduled for percutaneous diskectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 37% , In the ASC 60%, In the office 3%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 79% , Overnight stay-less than 24 hours 14% , Overnight stay-more than 24 hours 7%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review previous medical records including evaluation of previous imaging and appropriate lab and screening studies. Select and display appropriate images. Review and obtain informed consent from the patient. Verify that all required instruments and supplies are available in the operating suite. Review the type and duration of anesthesia with the anesthesiologist. IV antibiotics are administered to mitigate risk of discitis. Assist with turning the patient to the prone position and placing a ventral bolster under the lower abdomen to flex the spine forward to decrease the lumbar lordosis adequately. Adjust the patient's position, including repositioning the upper extremities as needed to allow unimpeded use of fluoroscopy. Scrub and gown, including lead apron. Prepare and drape the patient in sterile fashion. Perform a surgical time-out to confirm the patient and the procedure with the OR staff. Identify the correct level with fluoroscopic guidance.

Description of Intra-Service Work: Fluoroscopy is used to identify and mark the appropriate disc level in both anteroposterior (AP) and lateral projections. The planned entry point is anesthetized with local anesthetic. Using intermittent fluoroscopic guidance, an introducer is carefully advanced along a posterolateral trajectory toward the center of the disc, taking care to avoid exiting the nerve root in the foramen and to stay anterior to the posterior vertebral body line on lateral view. Once the disc is accessed, a guidewire is then advanced through the needle, followed by serial dilation and the placement of a working cannula into the disc space. Constant vigilance is needed to ensure the needle is within Kambin's triangle to avoid exiting nerve root or vascular structures.

The discectomy is then performed using the chosen system—whether it be manual graspers, aspiration-based devices, or radiofrequency ablation. The goal is to remove a portion of the nucleus pulposus from the posterior one-third of the disc to decompress the herniation, reduce intradiscal pressure, and alleviate nerve root irritation. Great care is taken not to remove excessive tissue or disrupt the annulus, which could predispose to instability. Once adequate decompression is achieved, the disc space is flushed as needed and the cannula is withdrawn. Hemostasis is obtained, and the skin is closed with a sterile dressing or a simple suture if necessary.

Description of Post-Service Work: Immediate postoperative work: The patient is monitored during resolution of anesthesia. The patient is assisted in transfer from the operating table to the gurney. Transport of the patient from the OR to the recovery room is monitored. Postoperative recovery care is discussed with the anesthesia and nursing staff. A brief operative note is written, and a postoperative note is written while in the recovery room. The patient's stabilization is monitored in the recovery room. Includes patient stabilization, communication with the family and referring physician (including written and/or telephone reports and orders), and monitoring for signs of bleeding. An operative report is dictated, and a copy is sent to the referring physician(s) if needed.

Discharge management: The procedure and outcome are discussed with the family and/or caregiver in the waiting area. Physical therapy for the use of crutches or walker is ordered. Questions from the patient and family and/or caregiver are answered. Orders for follow-up and post-discharge laboratory tests, X rays, prescriptions for medications and physical therapy, as needed post-discharge, are written. Home restrictions (ie, diet, activity, bathing) are discussed with the patient and family and/or caregiver, and discharge nurse. The patient is discharged after they have recovered from anesthesia and when there is return of adequate nutrition intake, adequate pain control with oral analgesics, and independent ambulation. All appropriate medical records, including day-of-discharge progress notes, discharge summary, discharge instructions, and insurance forms, are completed.

Office visits: First visit (occurs 7-10 days after procedure): The patient is examined, and discussion takes place. Questions from the patient and family and/or caregiver are answered. The wound is assessed. Sutures/staples are removed if placed. An exam is performed to assess strength, reflexes and sensation. Pain is assessed and pain medications are discontinued or prescriptions are extended. Activity restrictions are reviewed and physical therapy may be ordered or may be delayed until the second visit. Progress is discussed (verbal and/or written) with the primary care physician. Progress notes are entered into the medical record.
Second visit (6 weeks after the procedure): Patient is examined, and discussion takes place. Questions from the patient and family and/or caregiver are answered. Efficacy of the procedure is assessed. Activity restrictions are reviewed and typically lifted at this visit. Physical therapy is ordered or prior physicial therapy order is reviewed and modified. Progress is discussed (verbal and/or written) with the primary care physician. A prescription for pain management is written. Progress notes are entered into the medical record.
All post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Antigone Argyriou, MD; Minhaj Khaja, MD; E. Kano Mayer, MD; Carlo Milani, MD; Andrew Moriarity, MD and Clemens Schirmer, MD					
Specialty Society(ies):	AAPM&R, AANS, ACR, CNS, NASS, and SIR					
CPT Code:	62287					
Sample Size:	4900	**Resp N:**	38			
Description of Sample:	300 AANS, CNS, members self designated as spine surgeon 1348 AAPM&R, interventional pain member community 1780 ACR, random membership sample and interventional radiology sample 287 NASS, random membership 1157 SIR, random membership 28 VENDOR					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**2.00**	5.00	100.00	
Survey RVW:	4.00	7.06	**8.00**	9.88	20.00	
Pre-Service Evaluation Time:			**38.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	5.00	30.00	**37.00**	65.00	150.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	62287	**Recommended Physician Work RVU: 7.06**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**38.00**	**40.00**	**-2.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**37.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	46.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22869	090	7.03	**RUC Time**

CPT Descriptor Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63662	090	11.00	**RUC Time**

CPT Descriptor Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15823	090	6.81	**RUC Time**	89,497

CPT Descriptor 1 Blepharoplasty, upper eyelid; with excessive skin weighting down lid

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
14060	090	9.23	**RUC Time**	78,850

CPT Descriptor 2 Adjacent tissue trasnsfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
29881	090	7.03	**RUC Time**

CPT Descriptor Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/sharving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 42.1 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 26.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 62287	Top Key Reference CPT Code: 22869	2nd Key Reference CPT Code: **63662**
Median Pre-Service Time	58.00	55.00	63.00
Median Intra-Service Time	37.00	45.00	60.00
Median Immediate Post-service Time	20.00	17.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	38.00
Median Office Visit Time	46.0	39.00	62.00
Median Total Time	**180.00**	**175.00**	**243.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	13%	13%	31%	43%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	38%	31%	31%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	31%	19%	50%
Physical effort required	31%	50%	19%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	19%	19%	62%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	20%	80%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	10%	90%
Physical effort required	10%	20%	70%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	20%	70%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background and Survey

Code 62287 for percutaneous decompression of the nucleus pulposus of intervertebral disc was identified on the January 2025 RUC LOI for newly established Category I codes for percutaneous interlaminar decompression (62XX0 and 62XX1). 62287 was not surveyed at the time and instead was submitted to CPT for deletion; a proposal which the CPT Editorial Panel rejected at their May meeting. Subsequently, it was added to the LOI for the September RUC meeting. Six societies expressed interest in surveying the code:

American Academy of Physical Medicine and Rehabilitation (AAPM&R)
American Association of Neurological Surgeons (AANS)
American College of Radiology (ACR)
Congress of Neurological Surgeons (CNS)
North American Spine Society (NASS)
Society for Interventional Radiology (SIR)

AAPM&R also obtained a list of 28 trained providers from a device company. This list of providers was compared to society distribution lists for deduplication purposes.

Recommendation and Rationale

The societies recommend the survey 25th percentile work RVU of 7.06, survey median times of 58 minutes pre-service, 37 minutes intra-service, and 20 minutes immediate post-service accompanied by a 0.5 discharge day management service 99238 and the survey median of two 99213 established patient office/outpatient E/M visits for a total time of 180 minutes.

Time Rationale

Pre-Service Time: The societies are recommending package 4 (difficult patient/difficult procedure) with the following modifications:

- Evaluation time – Subtract 2 minutes (total = 38 minutes) to be consistent with survey median
- Positioning time – Add 7 minutes to package time (total = 10 minutes). The patient is positioned prone and a ventral bolster is placed under the lower abdomen to flex the spine forward to decrease the lumbar lordosis adequately. The upper extremities are positioned as needed to allow unimpeded use of fluoroscopy.
- Scrub, dress, and wait time – Subtract 10 minutes (total = 10 minutes) to be consistent with survey median.

Immediate Post-Service Time: The societies are recommending package 8b (IV sedation/complex procedure) with a standard time of 28 minutes, reduced by 8 minutes for a recommended time of 20 minutes aligned with the survey median.

Discharge Day Management: The societies are recommending 0.5 x99238, which is the proxy established by the RUC for discharge day management when patients are typically discharged on the same day.

Post-Service Office Visits: The societies are recommending two level three established patient office/outpatient E/M visits (99213). This aligns with the survey results and reflects one fewer office visit than in the current inputs for the code. The first office visit typically takes place 10-14 days following the procedure with the second visit typically occurring a month later (6 weeks post-procedure).

Work RVU Rationale

The society recommended work RVU of 7.06 is the survey 25th percentile value. It is well supported by the key reference services, particularly code 22869, which is the first key reference service. While both the median survey value and 25th percentile are below the current value of the service, the societies felt the 25th percentile was more appropriate given the change in intra-service time and reduction in post-service office visits from 3 to 2.

Based on the small number of providers on the vendor list (28) and the limited volume of procedures in the RUC database (100 performed in 2023), the societies believe this procedure is infrequently performed. However, the societies were able to obtain a sufficient survey response rate of 38 with a median experience rate of 2 procedures performed in the last 12 months. The RVU responses were relatively consistent across responding specialties. The societies believe the survey data supports a 25th percentile work RVU recommendation.

Comparison to Key Reference Services

RUC Year	CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	TOTAL POST
2021	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	7.03	0.077	175	33	12	10	45	75
	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to	7.06	0.078	180	38	10	10	37	85

		remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar								
2009	63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	11.00	0.094	243	33	15	15	60	120

Comparison to MPC Codes

RUC Year	CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	TOTAL POST
2010	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	6.81	0.072	161	10	1	5	45	100
	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	7.06	0.078	180	38	10	10	37	85
2005	14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	9.23	0.89	183	15	10	5	60	93

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 62287

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Rarely

Specialty pain medicine How often? Rarely

Specialty radiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database - 2023

Specialty neurosurgery Frequency 10 Percentage 10.00 %

Specialty pain medicine Frequency 70 Percentage 70.00 %

Specialty radiology Frequency 4 Percentage 4.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Explor/Decompr/Excis disc

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 62287

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Percutaneous Lumbar Decompression
TAB: 13

SOURCE	CPT	DESC	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 32	POST 31	POST 38	POST 39	POST-OFFICE 15	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	POST-OFFICE 11	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression	90	2021	16	0.077	0.040			7.03			175	33	12	10			45			17			0.5				1	1						
REF2	63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy,	90	2009	10	0.094	0.045			11.00			243	33	15	15			60			20			1.0				2	1						
current	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle	90	1995		0.054	0.036			9.03			248	70					60			30			0.5				3							
SVY	**62287**	**Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based**	**90**		**38**	**0.086**	**0.040**	**4.00**	**7.06**	**8.00**	**9.88**	**20.00**	**199**	**38**	**10**	**10**	**5**	**30**	**37**	**65**	**150**	**20**			**1.0**				**2**				**0**	**0**	**2**	**5**	**100**
SVY	62287	Targeted			4	0.092	0.039	7.00	7.23	7.65	8.50	10.00	195	38	13	10	20	28	35	60	120	23			1.0				1	1			2	3	7	11	13
SVY	62287	Random			34	0.070	0.037	4.00	7.06	8.00	9.88	20.00	218	40	10	10	5	30	37	66	150	20			1.0		1	1					0	0	1	5	100
REC	**62287**	**Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging**				**0.078**	**0.039**			**7.06**			**180**	**38**	**10**	**10**			**37**			**20**			**0.5**				**2**							

RUC Rec (01-2025) accepted by CMS in Proposed Rule for 2026

AFFIRM	**62330**	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	**090**	01/25	**106**	**0.065**	**0.038**			**8.00**			**208**	**40**	**10**	**10**			**45**			**15**			**0.5**				**3**							
AFFIRM	**62331**	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; **additional interspace(s), lumbar (List separately in**	**ZZZ**	01/25	**105**	**0.099**	**0.099**			**4.25**			**43**	**0**	**0**	**0**			**43**			**0**														

FACILITY DIRECT PE INPUTS **CPT CODE(S):__62287_**
SPECIALTY SOCIETY(IES):__AAPM&R, AANS, ACR, CNS, NASS and SIR_
PRESENTER(S): Antigone Argyriou, MD; Minhaj Khaja, MD; E. Kano Mayer, MD; Carlo Milani, MD; Andrew Moriarity, MD; and Clemens Schirmer, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2025

CPT Code	Long Descriptor	Global Period
62287	Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
62287	A 25-year-old male presents with low back pain, sciatica, an absent ankle reflex, and weakness of the posterior calf muscle. An MRI exam shows a diffuse bulging annulus and disk at L5-S1. The patient is schedule for percutaneous diskectomy.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The societies convened an expert panel of advisors via email and conference call to discuss the recommendations for 62287. The advisors agreed that this service is performed in the facility, requiring the resources either of a hospital or ambulatory surgical center. Thus the societies recommended standard facility inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   The current code's existing PE inputs serve as the reference for this recommendation.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   No
   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   Not applicable.
   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed

that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Standard inputs are used for a 090 day global code

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

Pre-service time in our reference code was assigned to CA008 in the RUC database but has been distributed between CA001-CA005 as is aligned with PE subcommittee standards.

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Complete pre-service diagnostic and referral forms	**5 minutes (standard)** Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	**20 minutes (standard)** Staff coordinates collection and documentation of imaging and lab results, patient specific information and other relevant patient information for the procedure, including conducting requisite pre-procedure assessment. All clinical updates are entered and recorded in the EHR.
Schedule space and equipment in facility	**8 minutes (standard)** Staff interacts with the facility to schedule space, supplies, equipment, and review checklists.
Provide pre-service education/obtain consent	**20 minutes (standard)** Staff reviews procedure, complication risk, recovery process, and answers patient and family questions.
Complete pre-procedure phone calls and prescription	**7 minutes (standard)** Staff reviews pre-operative medication changes and patient medical status, and answers final pre-admission questions.

   b. Service period (includes pre, intra and post):

6 minutes (standard)
Prior to discharge, clinical staff assist with necessary post-discharge care coordination, including:
- Respond to patient and family questions about home activity restrictions
- Confirm discharge medications, if needed
- Coordinate with other physicians and QHPs involved in the patient's care for records transfer

- Transition discharge information to the physician's office medical record, including medication list, correspondence, and imaging and lab results pending at discharge

c. Post-service period:

72 minutes – standard clinical staff time for office/outpatient E/M visits (two 99213 visits)
The clinical staff work includes the standard activities involved in any E/M visit, such as:

- Greet the patient and provide gowning
- Ensure all appropriate medical records are available including interval imaging and labs, physical therapy reports, and chart notes from other physicians
- Review current medications and allergies in the EHR
- Obtain vital signs
- Prepare room, including all necessary equipment and supplies
- Assist with patient positioning for exam
- Assist with wound care, as needed
- Clean room and equipment
- Answer patient and family questions about home care, including activity limitations and reinforcement of physical therapy activities
- Assist physician with orders for medication and physical therapy changes

Assist with answering patient, family/caregiver, therapist, other clinician questions and processing changes in care

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

Not applicable

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

Not applicable

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

Not applicable.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

14. Are you recommending a PE supply pack for this recommendation? **Yes** or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, standard packs for minimum multi-specialty visit (SA048) and post-op incision care (SA054)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	**Code**	**Unit**	**Item Qty**
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	**Code**	**Unit**	**Item Qty**
pack, post-op incision care (suture)	**SA054**	**pack**	
kit, suture removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Equipment Code	Equipment	Equipment Formula	Facility Minutes
EF031	table, power	Office visits	72
EQ168	light, exam	Office visits	72

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Two units of supply item SM022 are included to clean surfaces, instruments and equipment at each post-operative visit. This is consistent with the addition of SM022 to E/M office visit codes as this was not included in the E/M multispecialty office visit pack.

The societies are recommending a power table (EF031) in place of the current exam table input (EF023) as well as an exam light (EQ168). Since this code was last reviewed, there have been updates to the appropriate equipment for office visits following this procedure. The power table and exam light are standard in the surgical office for this specialty. These inputs align with the equipment inputs for 62XX0, which was presented in January 2025.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**	
2						**CPT Code 62287**		**CPT Code 62287**		**22867**	
3		***RUC Collaboration Website***				Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing		Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing		Insertion of interlaminar/interspinous process stabilization/distraction device, without	
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable):** **Tab: 13** **Specialty: AAPM&R, AANS/CNS, ACR, NASS, SIR, ASA (PILD only)**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 118.08**	**$ -**	**$ 90.68**	**$ -**	**$ 115.69**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**174.0**	**0.0**	**138.0**	**0.0**	**174.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**108.0**	**0.0**	**72.0**	**0.0**	**108.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 93.96**	**$ -**	**$ 74.52**	**$ -**	**$ 93.96**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7		7
20	CA006	Confirm availability of prior images/studies									
21	CA007	Review patient clinical extant information and questionnaire									
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)									
23											
24											
25											
26		*Other activity: please include short clinical description here and type*									
27		*Other activity: please include short clinical description here and type*									
28		*Other activity: please include short clinical description here and type*									
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are									
34	CA010	Obtain vital signs									
35	CA011	Provide education/obtain consent									
36	CA012	Review requisition, assess for special needs									
37	CA013	Prepare room, equipment and supplies									
38	CA014	Confirm order, protocol exam									
39	CA015	Setup scope (nonfacility setting only)									
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient									
41	CA017	Sedate/apply anesthesia									
42											
43											
44											
45		*Other activity: please include short clinical description here and type*									
46		*Other activity: please include short clinical description here and type*									
47		*Other activity: please include short clinical description here and type*									
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly									
50	CA019	Assist physician or other qualified healthcare professional---directly									
51	CA020	Assist physician or other qualified healthcare professional---directly									
52	CA021	Perform procedure/service---NOT directly related to physician work time									
53											
54											
55											
56		*Other activity: please include short clinical description here and type*									
57		*Other activity: please include short clinical description here and type*									
58		*Other activity: please include short clinical description here and type*									
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4									
61	CA023	Monitor patient following procedure/service, no multitasking									
62	CA024	Clean room/equipment by clinical staff									
63	CA025	Clean scope									
64	CA026	Clean surgical instrument package									
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions									
66	CA028	Review/read post-procedure x-ray, lab and pathology reports									
67	CA029	Check dressings, catheters, wounds									
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,									
69	CA031	Review examination with interpreting MD/DO									
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to									
71	CA033	Perform regulatory mandated quality assurance activity (service period)									
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry									
73	CA035	Review home care instructions, coordinate visits/prescriptions									
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
75											
76											
77											
78		*Other activity: please include short clinical description here and type*									
79		*Other activity: please include short clinical description here and type*									
80		*Other activity: please include short clinical description here and type*									
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications									
85	CA038	Coordinate post-procedure services									
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36				3		2		3
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**108.0**	**0.0**	**72.0**	**0.0**	**108.0**
93											

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**	
2						**CPT Code 62287**		**CPT Code 62287**		**22867**	
3		***RUC Collaboration Website***				Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc,		Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc,		Insertion of interlaminar/interspinous process stabilization/distraction device, without	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 13 Specialty: AAPM&R, AANS/CNS, ACR, NASS, SIR, ASA (PILD only)**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	any method utilizing		any method utilizing			
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 118.08**	**$ -**	**$ 90.68**	**$ -**	**$ 115.69**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**174.0**	**0.0**	**138.0**	**0.0**	**174.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**108.0**	**0.0**	**72.0**	**0.0**	**108.0**
94											
95											
96		*Other activity: please include short clinical description here and type*									
97		*Other activity: please include short clinical description here and type*									
98		*Other activity: please include short clinical description here and type*									
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**	
2						**CPT Code 62287**		**CPT Code 62287**		**22867**	
3		***RUC Collaboration Website***				Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing		Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing		Insertion of interlaminar/interspinous process stabilization/distraction device, without	
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable):** **Tab: 13** **Specialty: AAPM&R, AANS/CNS, ACR, NASS, SIR, ASA (PILD only)**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 118.08**	**$ -**	**$ 90.68**	**$ -**	**$ 115.69**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**174.0**	**0.0**	**138.0**	**0.0**	**174.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**108.0**	**0.0**	**72.0**	**0.0**	**108.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 22.98**	**$ -**	**$ 14.80**	**$ -**	**$ 19.68**
102	SA048	pack, minimum multi-specialty visit	5.02	pack			3		2		3
103	SA054	pack, post-op incision care (suture)	4.62	pack			1		1		1
104	SG017	bandage, Kling, non-sterile 2in	1.65	item			2				
105	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item					2		
106											
107											
108											
109											
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.14**	**$ -**	**$ 1.36**	**$ -**	**$ 2.05**
112	EF023	table, exam	4737.727	Office Visits	0.010538571		108.0				
113	EF031	table, power	5906.76	Office Visits	0.015674926				72.0		108.0
114	EQ168	light, exam	1232.887	Office Visits	0.003271745				72.0		108.0
115											
116											
117											
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									
119											

	A	B	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED - Affirmation of January 2025 Recommendations**		**REFERENCE CODE**		**RECOMMENDED - Affirmation of January 2025 Recommendations**	
2			**CPT Code 62330**		**22552**		**CPT Code 62331**	
3		***RUC Collaboration Website***	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access		Arthrodesis, anterior interbody, including disc space preparation, discectomy		Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 13 Specialty: AAPM&R, AANS/CNS, ACR, NASS, SIR, ASA (PILD only)**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 115.69**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**174.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**108.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 93.96**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery/procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms		5				
16	CA002	Coordinate pre-surgery services (including test results)		20				
17	CA003	Schedule space and equipment in facility		8				
18	CA004	Provide pre-service education/obtain consent		20				
19	CA005	Complete pre-procedure phone calls and prescription		7				
20	CA006	Confirm availability of prior images/studies						
21	CA007	Review patient clinical extant information and questionnaire						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
23								
24								
25								
26		*Other activity: please include short clinical description here and type*						
27		*Other activity: please include short clinical description here and type*						
28		*Other activity: please include short clinical description here and type*						
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are						
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies						
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
41	CA017	Sedate/apply anesthesia						
42								
43								
44								
45		*Other activity: please include short clinical description here and type*						
46		*Other activity: please include short clinical description here and type*						
47		*Other activity: please include short clinical description here and type*						
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly						
50	CA019	Assist physician or other qualified healthcare professional---directly						
51	CA020	Assist physician or other qualified healthcare professional---directly						
52	CA021	Perform procedure/service---NOT directly related to physician work time						
53								
54								
55								
56		*Other activity: please include short clinical description here and type*						
57		*Other activity: please include short clinical description here and type*						
58		*Other activity: please include short clinical description here and type*						
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff						
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,						
69	CA031	Review examination with interpreting MD/DO						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
71	CA033	Perform regulatory mandated quality assurance activity (service period)						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management	**n/a**	**6**	**n/a**		**n/a**	
75								
76								
77								
78		*Other activity: please include short clinical description here and type*						
79		*Other activity: please include short clinical description here and type*						
80		*Other activity: please include short clinical description here and type*						
81		**End: Patient leaves office/facility**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
84	CA037	Conduct patient communications						
85	CA038	Coordinate post-procedure services						
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes						
88		99212 27 minutes						
89		99213 36 minutes		3				
90		99214 53 minutes						
91		99215 63 minutes						
92	CA039	Post-operative visits (total time)	**0.0**	**108.0**	**0.0**	**0.0**	**0.0**	**0.0**
93								

	A	B	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED - Affirmation of January 2025 Recommendations**		**REFERENCE CODE**		**RECOMMENDED - Affirmation of January 2025 Recommendations**	
2			**CPT Code 62330**		**22552**		**CPT Code 62331**	
3		***RUC Collaboration Website***	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access		Arthrodesis, anterior interbody, including disc space preparation, discectomy		Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access	
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable):** **Tab: 13** **Specialty: AAPM&R, AANS/CNS, ACR, NASS, SIR, ASA (PILD only)**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 115.69**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**174.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**108.0**	**0.0**	**0.0**	**0.0**	**0.0**
94								
95								
96		*Other activity: please include short clinical description here and type*						
97		*Other activity: please include short clinical description here and type*						
98		*Other activity: please include short clinical description here and type*						
99		**End: with last office visit before end of global period**						

	A	B	M	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet		RECOMMENDED - Affirmation of January 2025 Recommendations		REFERENCE CODE		RECOMMENDED - Affirmation of January 2025 Recommendations	
2			CPT Code 62330		22552		CPT Code 62331	
3		*RUC Collaboration Website*	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access		Arthrodesis, anterior interbody, including disc space preparation, discectomy		Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access	
4	Clinical Activity Code	Meeting Date: September 2025 Revision Date (if applicable): Tab: 13 Specialty: AAPM&R, AANS/CNS, ACR, NASS, SIR, ASA (PILD only)						
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	090	090	ZZZ	ZZZ	ZZZ	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 115.69	$ -	$ -	$ -	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	174.0	0.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	60.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	6.0	0.0	0.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	108.0	0.0	0.0	0.0	0.0
100	Supply Code	MEDICAL SUPPLIES						
101		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ 19.68	$ -	$ -	$ -	$ -
102	SA048	pack, minimum multi-specialty visit		3				
103	SA054	pack, post-op incision care (suture)		1				
104	SG017	bandage, Kling, non-sterile 2in						
105	SM022	sanitizing cloth-wipe (surface, instruments, equipment)						
106								
107								
108								
109								
110	Equipment Code	EQUIPMENT						
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ -	$ 2.05	$ -	$ -	$ -	$ -
112	EF023	table, exam						
113	EF031	table, power		108.0				
114	EQ168	light, exam		108.0				
115								
116								
117								
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
119								

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

62287
CPT® Codes

Stryker Instruments
Vendor/Company Name

By: Stan Dietz

Stan Dietz
Printed Signature

Director Instruments, IVS - Reimbursement & Market Access
Title

6/3/2025
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Percutaneous Interlaminar Lumbar Decompression – Tab 10

At the September 2024 CPT Editorial Panel meeting two new Category I codes, 62330 and 62331, were created to report percutaneous interlaminar lumbar decompression with partial removal of the ligamentum flavum. These two new codes replace the existing Category III code, 0275T, to report this service. The code family was surveyed for the January 2025 RUC meeting.

62287 ***Decompression percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar***
The specialty societies noted that the utilization of CPT code 62287 has always been low and continues to decline, with only 100 claims in the 2023 Medicare data. Given the low volume of 62287, the code could not be surveyed and properly valued within the code family. **Therefore, the specialty societies will submit a CPT code change application (CCA) requesting the deletion of CPT code 62287 for the CPT 2026 cycle.**

62330 ***Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar***
The RUC reviewed the survey results from 106 anesthesiologists and pain medicine specialists and recommends a work RVU of 8.00 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 40 minutes of pre-service evaluation time, 10 minutes positioning time, 10 minutes scrub/dress/wait time, 45 minutes intra-service time, 15 minutes immediate post-service time, 0.5-99238, 3-99213, and 208 minutes total time. The RUC concurred that the 0.5-day discharge is appropriate given that this service is primarily performed in the facility setting.

It is important to note that for the initial interspace, all imaging guidance is included, and the procedure is performed on one side and then the contralateral side; this code describes a bilateral procedure.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 22869 *Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level* (work RVU = 7.03, 45 minutes intra-service, 175 minutes total time) and 22867 *Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level* (work RVU = 15.00, 90 minutes intra-service, 271 minutes total time). The surveyed code is performed directly within the vertebral canal, however, in comparison the interspinous spacer procedure (code 22869) is not. The work of code 22869 is performed between the spinous processes of vertebrae rather than in proximity to the spinal cord like the surveyed code. The proximity to the spinal cord and vertebral canal increases the intensity and complexity of the surveyed code given that there are additional risks. This is due to the ligamentum flavum's intimate position relative to the spinal cord, nerve roots, and subarachnoid space. The space between spinous processes, as

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described by code 22869, is generally more removed from sensitive neurological tissues. Reference code 22867 describes the insert of an interspinous spacer between the spinous processes of vertebrae in the spine, however, different from code 22869 the procedure includes an open decompression. A procedure with an open decompression typically takes more time compared to a procedure without. The surveyed code does not include open decompression and has the same intra-service time as reference code 22869, albeit a higher total time supported the RUC recommended work RVU.

For additional support, the RUC reference MPC code 21556 *Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm* (work RVU = 7.66, 60 minutes intra-service, and 234 minutes total time) and 15823 *Blepharoplasty, upper eyelid; with excessive skin weighting down lid* (work RVU = 6.81, 45 minutes intra-service, and 161 minutes total time). The surveyed code work RVU is appropriately bracketed by the MPC codes. **The RUC recommends a work RVU of 8.00 for CPT code 62330.**

62331 ***Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 105 anesthesiologists and pain medicine specialists and recommends a work RVU of 4.25 based on a direct crosswalk to CPT code 60661 *Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)* (work RVU = 4.25, 45 minutes intra-service and total time), which maintains relativity within the family for this code. The RUC recommends 43 minutes of intra-service and total time for this add-on code.

It is important to note that for the add-on service, the initial interspace is complete, and then a new incision is made for an additional interspace. For the additional interspace, all imaging guidance is done again, and the procedure is performed on one side and then the contralateral side; this code describes a bilateral procedure. It is typical for only one additional interspace to be performed.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 22634 *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)* (work RVU = 7.96, 65 minutes intra-service and total time) and 22552 *Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)* (work RVU = 6.50, 45 minutes intra-service and total time). Reference code 22634 describes the work to treat each additional interspace during spinal fusion surgery using a posterolateral technique with a posterior interbody technique. Code 22634 is a procedure that involves the vertebral canal similar to the surveyed code. Survey respondents who selected 22643 as their key reference indicated that the surveyed code was identical (42%) or more intense/complex (26%) overall when compared to reference code 22643. Survey respondents who selected 22552 as their key reference indicated that the surveyed code was identical (42%) or more intense/complex (19%) when compared to the second reference code 22552. The surveyed code recommended work RVU is appropriately relative to the key reference services.

For additional support, the RUC reference MPC code 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)* (work RVU = 4.13, 40 minutes intra-service and total time) and

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22632 *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)* (work RVU = 5.22, 60 minutes intra-service and total time). The surveyed code work RVU is appropriately bracketed by the MPC codes. **The RUC recommends a work RVU of 4.25 for CPT code 62331.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

New Technology
CPT codes 62330 and 62331 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Nervous System** **Spine and Spinal Cord** **Injection, Drainage, or Aspiration**				
Injection of contrast during…				
Code 62263 describes a…				
Code 62264 describes multiple…				
Codes 62263 and 62264 include…				
Fluoroscopy or CT and any…				
The placement and use…				
Threading a catheter into…				
When reporting 62320, 62321…				
~~Percutaneous spinal procedures are done with indirect visualization (eg, image guidance) (eg, 62287). Endoscopic assistance during an open procedure with continuous and direct visualization (light-based) is reported using excision codes (eg, 63020-63035).~~ ~~(For transforaminal epidural injection, see 64479-64484)~~				

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~~(Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with 62324, 62325, 62326, 62327)~~

~~**Definitions**~~

~~For purposes of CPT coding, the following definitions of approach and visualization apply. The primary approach and visualization define the service, whether another method is incidentally applied. Surgical services are presumed open, unless otherwise specified.~~

~~***Percutaneous:*** Image-guided procedures (eg, computer tomography [CT] or fluoroscopy) performed with indirect visualization of the spine without the use of any device that allows visualization through a surgical incision.~~

~~***Endoscopic:*** Spinal procedures performed with continuous direct visualization of the spine through an endoscope.~~

~~***Open:*** Spinal procedures performed with continuous direct visualization of the spine through a surgical opening.~~

~~***Indirect visualization:*** Image-guided (eg, CT or fluoroscopy), not light-based visualization.~~

~~***Direct visualization:*** Light-based visualization; can be performed by eye, or with surgical loupes, microscope, or endoscope.~~

(For the techniques of microsurgery and/or use of microscope, use 69990)

62263 *Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days*

(62263 includes code 77003)

62264 *1 day*

(Do not report 62264 with 62263)

(62264 includes code 77003)

…

62284 *Injection procedure for myelography and/or computed tomography, lumbar*

(Do not report 62284 in conjunction with 62302, 62303, 62304, 62305, 72240, 72255, 72265, 72270)

(When both 62284 and 72240, 72255, 72265, 72270 are performed by the same physician or other qualified health care professional for myelography, see 62302, 62303, 62304, 62305)

(For injection procedure at C1-C2, use 61055)

*(For radiological supervision and interpretation, see **Radiology**)*

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~~62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar~~

~~(Do not report 62287 in conjunction with 62267, 62290, 62322, 77003, 77012, 72295, when performed at same level)~~

~~(For non-needle based technique for percutaneous decompression of nucleus pulposus of intervertebral disc, see 0274T, 0275T)~~

62290 Injection procedure for discography, each level; lumbar

62291 cervical or thoracic

(For radiological supervision and interpretation, see 72285, 72295)

62326 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

62327 with imaging guidance (ie, fluoroscopy or CT)

(Do not report 62327 in conjunction with 77003, 77012, 76942)

(Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with 62324, 62325, 62326, 62327)

Percutaneous Decompression of Neural Elements (Blue Heading)

Percutaneous spinal procedures are done with indirect visualization (eg, image guidance) (eg, 62287~~.~~, 62330, 62331, 0274T). Endoscopic assistance during an open procedure with continuous and direct visualization (light-based) is reported using excision codes (eg, 63020-63035).

(For transforaminal epidural injection, see 64479-64484)

(Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with 62324, 62325, 62326, 62327)

Definitions

For purposes of CPT coding, the following definitions of approach and visualization apply. The primary approach and visualization define the service, whether another method is incidentally applied. Surgical services are presumed open, unless otherwise specified.

Percutaneous: *Image-guided procedures (eg, computer tomography [CT] or fluoroscopy) performed with indirect visualization of the spine without the use of any device that allows visualization through a surgical incision.*

Endoscopic: *Spinal procedures performed with continuous direct visualization of the spine through an endoscope.*

Open: *Spinal procedures performed with continuous direct visualization of the spine through a surgical opening.*

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Indirect visualization: *Image-guided (eg, CT or fluoroscopy), not light-based visualization.* ***Direct visualization:*** *Light-based visualization; can be performed by eye, or with surgical loupes, microscope, or endoscope.*				
#▲62287	T1	Decompression ~~procedure,~~ percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar (Do not report 62287 in conjunction with 62267, 62290, 62322, 77003, 77012, 72295, when performed at same level) (For non-needle based technique for percutaneous decompression of nucleus pulposus of intervertebral disc, see 0274T~~, 0275T~~) <u>(For percutaneous lumbar decompression using non-needle-based technique, see 62330, 62331)</u>	090	Request to Delete for CPT 2026 (2025 Work RVU = 9.03)
#●62330	T2	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	090	8.00
●✚62331	T3	additional interspace(s), lumbar (List separately in addition to code for primary procedure) (Use 62331 in conjunction with 62330) (Do not report 62331 more than once per operative session) (Do not report 62330, 62331 in conjunction with 62322, 62323, 62380, 63005, 63030, 63042, 63047, 64483, 64486, 77003, 77012) (For unilateral procedure report modifier 52 in conjunction with 62330, 62331)	ZZZ	4.25
Endoscopic Decompression of Neural Elements and/or Excision of Herniated Intervertebral Discs ***Definitions*** *For purposes of CPT coding…*				

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Percutaneous: *Image-guided…*

…

(For the techniques of microsurgery and/or use of microscope, use 69990)

(For percutaneous decompression, see 62287, 62330, 62331, 0274T~~, 0275T~~)

Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Discs

Definitions

For purposes of CPT coding…

…

(When 63001-63048 are followed by arthrodesis, see 22590-22614)

(For the techniques of microsurgery and/or use of microscope, use 69990)

(For percutaneous decompression, see 62287, 62330, 62331, 0274T~~, 0275T~~)

63020 *Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical*

(For bilateral procedure, report 63020 with modifier 50)

63030 *1 interspace, lumbar*

(For bilateral procedure, report 63030 with modifier 50)

+63035 *each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)*

(Use 63035 in conjunction with 63020-63030)

(Do not report 63030, 63035 in conjunction with 22630, 22632, 22633, 22634, for laminotomy performed to prepare the interspace for fusion on the same interspace[s] and vertebral segment[s])

(For decompression performed on the same interspace[s] and vertebral segment[s] as posterior interbody fusion that includes laminectomy, removal of facets, and/or opening/widening of the foramen for decompression of nerves or spinal components, such as spinal cord, cauda equina, or nerve roots, see 63052, 63053)

(For bilateral procedure, report 63035 twice. Do not report modifier 50 in conjunction with 63035)

(For percutaneous ~~endoscopic~~ approach, see 62330, 62331, 0274T~~, 0275T~~)

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Radiology
Radiologic Guidance
Fluoroscopic Guidance

✚*77003* *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)*

(Use 77003 in conjunction with 61050, 61055, 62267, 62273, 62280, 62281, 62282, 62284, 64449, 64510, 64517, 64520, 64610, 96450)

(Do not report 77003 in conjunction with 62270, 62272, 62330, 62331, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62328, 62329, 64415, 64416, 64417, 64445, 64446, 64447, 64448, 0627T, 0628T)

Computed Tomography Guidance

77012 *Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation*

(Do not report 77011, 77012 in conjunction with 22586)

(Do not report 77012 in conjunction with 10009, 10010, 10030, 27096, 32408, 32554, 32555, 32556, 32557, 55706, 55707, 55708, 55709, 55710, 55711, 55712, 55713, 55715, 62270, 62272, 62328, 62329, 64466, 64467, 64468, 64469, 64473, 64474, 62330, 62331, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 0232T, 0481T, 0629T, 0630T)

Category III Codes

0274T *Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic*

~~0275T lumbar~~

~~(For percutaneous decompression of the nucleus pulposus of intervertebral disc utilizing needle based technique, use 62287)~~

(0275T has been deleted)

(For percutaneous decompression of the nucleus pulposus of intervertebral disc utilizing needle-based technique, use 62287)

(For percutaneous interlaminar lumbar decompression without laminotomy/laminectomy, see 62287, 62330, 62331)

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October 2, 2024

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
330 N. Wabash Avenue, Suite 39300
Chicago, IL 60611

Subject: Percutaneous Interlaminar Lumbar Decompression

Dear Dr. Silva:

The American Society of Anesthesiologists (ASA) and American Society of Regional Anesthesia and Pain Medicine (ASRA) are preparing survey recommendations for Percutaneous Interlaminar Lumbar Decompression, including CPT codes 62XX0, 62XX1 and 62287, for consideration at the January 2025 RUC meeting. When preparing for the survey, the societies realized that utilization for CPT code 62287 was very low. The current RUC database shows low and steadily decreasing usage of CPT code 62287 over the last ten years from a high of 487 services in 2012 to only 103 services in 2022 – a nearly 80 percent decrease. An analysis of the Medicare Physician & Other Practitioners by Geography and Service analytic files shows only a limited number of unique providers reporting this service annually over the last five years from a high of 92 in 2018 to a low of 76 in 2022. Utilization and rendering provider data for CPT code 62287 is summarized below in Table/Graph 1 and Table/Graph 2, respectively.

Given the low and declining utilization of CPT code 62287 and the limited number of providers reporting this service, the societies do not believe it will be possible to obtain an adequate survey and properly value CPT code 62287 within the code family for the January 2025 RUC meeting. In addition, the societies will be submitting a code change application requesting the deletion of CPT code 62287 for consideration at the February 2025 CPT meeting. Therefore, the societies recommend that CPT code 62287 not be surveyed for the January 2025 RUC meeting and that it be sent to CPT for deletion in CY 2027.

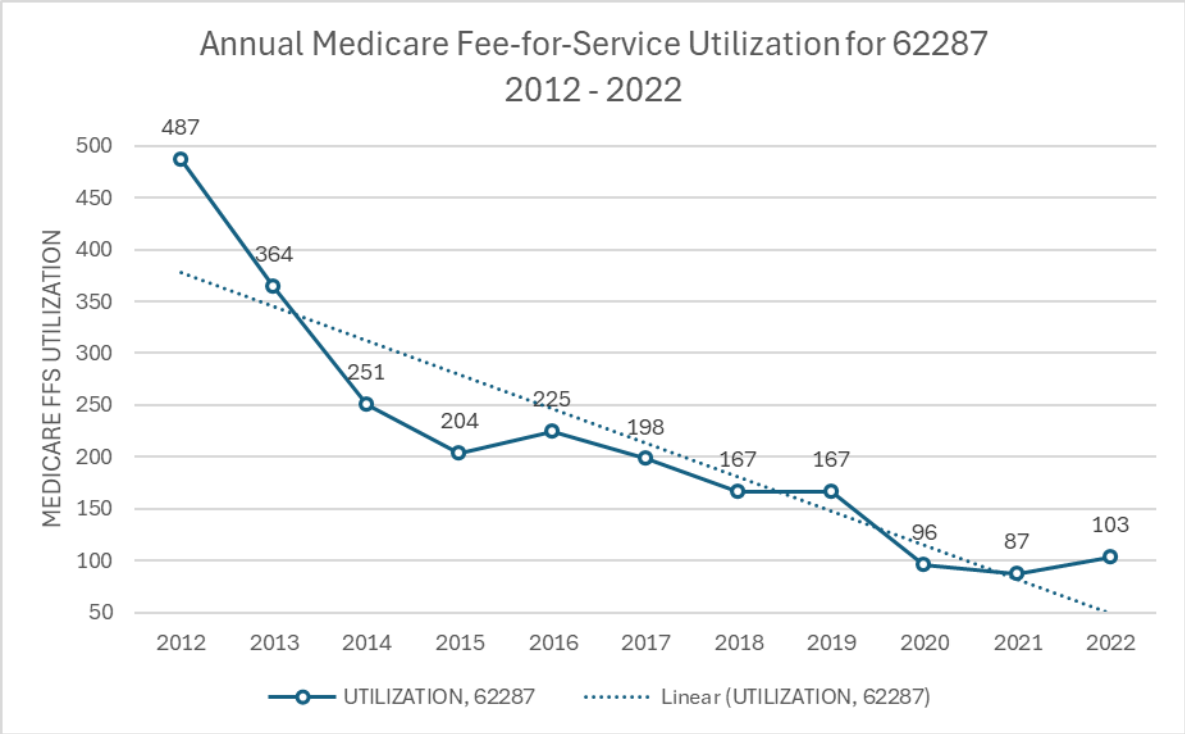
Should you have any questions, please contact Helen Olkaba at h.olkaba@asahq.org. Thank you for your consideration of this matter.

Sincerely,

Richard W. Rosenquist, M.D., FASRA
ASA RUC Advisor

Trent Emerick, MD, MBA
ASRA RUC Advisor

Table/Graph 1. Annual Medicare Fee-for-Service Utilization for 62287, 2012 - 2022



Table/Graph 2. Annual Number of Unique Providers Reporting 62287, 2018 - 2022

YEAR	UNIQUE PROVIDERS, 62287
2018	92
2019	69
2020	74
2021	76
2022	76

Source: Analysis of CMS Medicare Physician & Other Practitioners - by Geography and Service analytic files 2018-2022, results include claims with "TC" modifier and claims performed in both facility and non facility settings including ambulatory surgical centers.

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January 15, 2025

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee
Relative Value Systems, American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Dear Dr. Silva,

The American Academy of Pain Medicine (AAPM) appreciates the opportunity to comment on the relative value recommendations for Tab 10: Percutaneous Interlaminar Lumbar Decompression (62287, 62XX0, 62XX1).

This is a service performed by a subset of our members and the recommendations have been reviewed by our Coding and Reimbursement Committee. Our committee concludes that the survey data is robust in the number of responses and the types of respondents. The survey was sent to a targeted vendor list and a random sample of members of the five specialty societies involved with the survey. The survey results at the 25th percentile are consistent between the two groups and when the results are combined. Further, the key reference services used in the survey are familiar to physicians performing the procedure and are reasonable comparisons that support an appropriate rank order.

In conclusion, AAPM supports the specialty societies' recommendations for the 25th percentile survey data for 62XX0 and 62XX1.

Sincerely,

Gregory Polston

Gregory Polston, MD
AAPM RUC Advisor

cc: Charles Argoff, MD, President
Sharon H. Kneebone, Executive Director

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62330 Tracking Number T2 Original Specialty Recommended RVU: **8.00**
Presented Recommended RVU: **8.00**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **8.00**

CPT Descriptor: Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male is diagnosed with symptomatic lumbar spinal stenosis with neurogenic claudication unresponsive to conservative therapy. Imaging demonstrates thickened ligamentum flavum with resultant stenosis of the spinal canal at L3-L4. The patient does not require immediate open decompression. The patient undergoes a percutaneous thinning of the ligamentum flavum.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 27% , In the ASC 67%, In the office 6%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 97% , Overnight stay-less than 24 hours 3% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Perform a targeted history and physical examination. Review the patient's medical record. Pay particular attention to any evidence of infection, anticoagulation and bleeding disorders as these increase the risk of severe complications from the procedure. Meet with patient and family and/or caregiver to review planned procedure and postoperative management. Review and obtain informed consent from patient. Verify that all required instruments and supplies are available in the operating suite. Review imaging and select and display appropriate images. Review the type and duration of anesthesia with the anesthesiologist. Assist with turning the patient to the prone position and placing a ventral bolster under the lower abdomen to flex the spine forward to adequately decrease the lumbar lordosis. Adjust the patient's position, including repositioning the upper extremities as needed to allow unimpeded use of fluoroscopy. Scrub and gown, including lead apron. Prepare and drape the patient in sterile fashion. Perform a surgical time-out to confirm the patient and the procedure with the OR staff. Identify the correct level with fluoroscopic guidance.

Description of Intra-Service Work: An access point to the interlaminar epidural space of the appropriate level (eg, L3-L4) is identified as close as possible to the midline and marked. The overlying skin and subcutaneous tissues are anesthetized with a local anesthetic. An 18G Touhy needle is directed under fluoroscopic guidance into the epidural space, contrast dye is injected to confirm epidural spread, and baseline epidurogram images are taken. An 1 cm incision is made at the medial pedicular line approximately 1.5 vertebral levels below the target treatment level. The trocar and portal are inserted and advanced under fluoroscopic guidance to the interlaminar space. Local anesthesia is injected to anesthetize the track and treatment area. The trocar is advanced to the interlaminar space under fluoroscopic guidance, and a portal stabilizer device is locked into the device. The trocar is removed, and the depth guide is attached to the portal. A small bone rongeur is used to remove small bony fragments of the superior and inferior laminae under fluoroscopic guidance to allow further advancement of the working portal. A tissue sculptor is used to remove small sections of ligamentum flavum under fluoroscopic guidance with insertion and removal of the tissue sculptor as each section is removed. In a typical case, the instruments are used to resect between 20 and 50 fragments of bone and ligamentous tissue per single hemilaminar segment, with each tissue fragment measuring between 0.5 and 3.0 mm in greatest. Under fluoroscopic guidance repeat refreshing of the epidural contrast is performed and epidurogram views are obtained to confirm decompression of the

spinal canal. The portal is removed from the first side. The exact same procedure is then repeated on the contralateral side. After completing the contralateral side, images are taken and compared to baseline images. The portal and epidural needle are removed, hemostasis is achieved, and the skin incision(s) are closed.

Description of Post-Service Work: Facility: Sterile dressings are applied. The patient is monitored during resolution of anesthesia. The patient is assisted in transfer from the operating table to the gurney. Transport of the patient from the OR to the recovery room is monitored. Postoperative recovery care is discussed with the anesthesia and nursing staff. A brief operative note is written, and a postoperative note is written while in the recovery room. The patient's stabilization is monitored in the recovery room. An operative report is dictated, and a copy is sent to the referring physician(s) if needed. The procedure and outcome are discussed with the family and/or caregiver in the waiting area. Physical therapy for the use of crutches or walker is ordered. Questions from the patient and family and/or caregiver are answered. Orders for follow-up and post-discharge laboratory tests, X rays, prescriptions for medications and physical therapy, as needed post-discharge, are written. Home restrictions (ie, diet, activity, bathing) are discussed with the patient and family and/or caregiver, and discharge nurse. Completed forms for handicap parking are provided. The patient is discharged after they have recovered from anesthesia and when there is return of adequate nutrition intake, adequate pain control with oral analgesics, and independent ambulation. All appropriate medical records, including day-of-discharge progress notes, discharge summary, discharge instructions, and insurance forms, are completed. All hospital visits and post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure.

Office visits: The patient is examined, and discussion takes place. Questions from the patient and family and/or caregiver are answered. The wound is assessed. Sutures/staples are removed if placed. An exam is performed to confirm normal strength, reflexes and sensation. Activity and/or restrictions are reviewed. Questions from the patient and family and/or caregiver are answered. Physical therapy is ordered, rehabilitation is supervised, and physical therapy is monitored. Progress is discussed (verbal and written) with the primary care physician. A prescription for pain management is written. Progress notes are entered into the medical record. All post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Esther Yoon, MD Graham Wagner, MD					
Specialty Society(ies):	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA-PM); American Academy of Physical Medicine and Rehabilitation (AAPM&R); International Pain and Spine Intervention Society (IPSIS); North American Neuromodulation Society (NANS)					
CPT Code:	62330					
Sample Size:	7895	**Resp N:**	106			
Description of Sample:	ASA: Random sample of 1,943 members. ASRA-PM: Random sample of 1,182 members. AAPM&R: Random sample of 1,367 members who are part of the society's interventional pain member community. IPSIS: Random sample of 750 members. NANS: Random sample of 933 members. Vendor list: A targeted vendor list of 1,720 physicians who have furnished the procedure at least once since January 1, 2023.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**7.00**	18.00	150.00
Survey RVW:	5.50	8.00	**10.00**	12.00	90.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	16.00	40.00	**45.00**	60.00	180.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**69.0**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	62330	**Recommended Physician Work RVU: 8.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**

Pre-Service Scrub, Dress, Wait Time:	**10.00**	**20.00**	**-10.00**
Intra-Service Time:	**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**28.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22869	090	7.03	**RUC Time**

CPT Descriptor Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22867	090	15.00	**RUC Time**

CPT Descriptor Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
21556	090	7.66	**RUC Time**	1,846

CPT Descriptor 1 Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54530	090	8.46	**RUC Time**	1,012

CPT Descriptor 2 Orchiectomy, radical, for tumor; inguinal approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 45 **% of respondents:** 42.0 **%**

Number of respondents who choose 2nd Key Reference Code: 25 **% of respondents:** 24.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 62330	**Top Key Reference CPT Code:** 22869	**2nd Key Reference CPT Code:** **22867**
Median Pre-Service Time	60.00	55.00	63.00
Median Intra-Service Time	45.00	45.00	90.00
Median Immediate Post-service Time	15.00	17.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	69.0	39.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**208.00**	**175.00**	**271.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	9%	44%	38%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	62%	27%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	49%	42%
Physical effort required	11%	51%	38%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	18%	42%	40%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	44%	48%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	56%	32%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	40%	52%
Physical effort required	12%	36%	52%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	52%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Survey: Five societies (ASA, ASRA-PM, AAPM&R, IPSIS, NANS) surveyed both codes 62330 and 62331 using a single survey instrument. Each society sent the survey instrument to a random sample of their membership. The survey was also sent to a targeted vendor list ("vendor list"), which was approved by the Research Subcommittee. The societies obtained the vendor list from the sole vendor of the FDA-cleared devices that are used for the percutaneous interlaminar lumbar decompression (PILD) procedure. The vendor list included active contact information for 1,720 physician who have performed at least one PILD procedure since January 1, 2023.

For this January 2025 RUC meeting, only work was surveyed. An expert panel of RUC advisors from each of the five surveying societies was convened to review the survey data and inform the work recommendations. The expert panel also developed the practice expense (PE) recommendations.

Recommendations: For code 62330, the societies recommend the survey 25th percentile RVW of 8.00, and the survey median times of 60 minutes total pre-service, 45 minutes intra-service, and 15 minutes immediate post-service for a total time of 208 minutes. The societies offer the following rationale for these recommendations.

Pre-time: Package 4 (difficult patient / difficult procedure), with the following modifications:

- *Positioning:* Add 7 minutes to the standard package time of 3 minutes, consistent with the survey median. The additional 7 minutes is spent (1) turning the patient to the prone position, (2) placing a ventral bolster under the lower abdomen to flex the spine forward to adequately decrease the lumbar lordosis, and (3) further adjusting the patient's position, including repositioning the upper extremities, as needed, to allow unimpeded use of fluoroscopy.
- *Scrub, dress, wait (SDW):* Subtract 10 minutes from the standard package time of 20 minutes, consistent with the survey median.
- *Total pre-service time:* Subtract 3 minutes from the standard package time of 63 minutes to reflect the adjusted positioning (+7 minutes) and SDW (-10 minutes) times, and consistent with the survey median.

	Package 4 Standard Time	62330 Survey Median Time	62330 Recommended Time
EVAL	40	40	40
POSIT	3	10	10
SDW	20	10	10
TOTAL	63	60	60

Immediate post-time: Package 8b (IV sedation / complex procedure) adjusted to subtract 13 minutes from the standard package time of 28 minutes, for a total of 15 minutes, consistent with the survey median.

Post-op visits – DISCHARGE: One half-day (0.5) discharge day management visit code 99238. The survey median number of discharge day management visits is zero. However, the societies recommend one half-day (0.5) discharge day management visit code 99238, which is typical for this service and consistent with other similar 90-day global services, including both key reference service (KRS) codes. Most (97%) survey respondents said the typical patient for this procedure is discharged on the same day as the procedure. A discharge day management visit is appropriate and

necessary to perform a final evaluation, discuss the procedure, provide instructions for post-operative care, and prepare discharge paperwork. Most (86%) 90-day global services include at least one discharge day management visit (either code 99238 or code 99239). The top KRS codes for code 62330 (codes 22869 and 22867) each include the same half-day (0.5) discharge day management visit code 99238 that the societies recommend for code 62330.

Post-op visits – OFFICE: Survey median of three (3) level two office/outpatient E/M visits for an established patient (code 99213).

RVW: Survey 25th percentile RVW of 8.00.

IST: Survey median IST of 45 minutes.

The 25th percentile RVW and median IST are well supported by the strong survey data, which reflect a robust response rate (n=106) that exceeds the 30-response minimum for codes with annual Medicare utilization less than 100,000. The 25th percentile RVW and median IST values were the same when respondents were stratified by vendor list (n=30), society affiliation (n=76), and respondents with experience (n=94).

IWPUT: 0.065 based on the recommended survey 25th percentile RVW of 8.00 and survey median pre-, intra-, and post-service times. An IWPUT of 0.065 is conservative relative to top KRS codes 22869 and 22867, which have IWPUTs of 0.077 and 0.106, respectively.

Reference service list (RSL): Anesthesiology and pain medicine specialists furnish a relatively small number of 90-day global services. Because our members do not report many 90-day global services, we were limited when selecting RSL codes that would be both (1) appropriate and consistent with RUC guidelines / requirements, and (2) familiar enough to survey respondents for the purposes of rating code 62330. The final RSL for code 62330 included 22 90-day global services. Three of these services (codes 22867, 22869, 63655) describe spine procedures that anesthesiology and pain medicine specialist commonly furnish; the other 19 RSL codes are rarely, if ever, reported by anesthesiology and pain medicine specialists. RVWs for the 22 RSL codes were well-distributed and ranged from 6.68 to 15.00. The RSL included six (6) MPC codes, and most codes were RUC reviewed in the last 10 (n=12) or 15 (n=9) years; one code (code 53445, an MPC code) was RUC reviewed in 2008.

Key Reference Service (KRS) Comparison: Nearly all survey respondents (87%) chose the three spine procedures that anesthesiology and pain medicine specialists commonly furnish as the KRS codes for rating code 62330, including when respondents were stratified by vendor list (83%), society affiliation (88%), and with (88%) and without (75%) experience. Code 22869 was the 1st KRS code for all survey respondents (42%), and when respondents were stratified by vendor list (40%), society affiliation (43%), and respondents with (44%) and without (33%) experience. Code 22867 was the 2nd KRS code for all survey respondents (24%), and when respondents were stratified by vendor list (33%), and respondents with experience (24%). Code 63655 was the 2nd KRS code when respondents were stratified by society affiliation (25%) and those without experience (25%). Although the RVW range for the selected KRS codes is somewhat wide (7.03; 10.92; 15.00), it appropriately bounds the recommended survey 25th percentile RVW of 8.00 and is consistent with how respondents rated code 62330 relative to the KRS codes for each intensity / complexity sub-measure.

TOP KEY REFERENCE SERVICE SELECTION – 62330

CODE	RVW	ALL	VENDOR LIST	SOCIETY AFFILIATION	WITH EXPERIENCE	WITHOUT EXPERIENCE
22869	7.03	42%	40%	43%	44%	33%
22867	15.00	24%	33%	20%	24%	17%
63655	10.92	21%	10%	25%	20%	25%
TOTAL		*87%*	*83%*	*88%*	*88%*	*75%*

1st KRS: Code 22869 was most recently reviewed at the April 2021 RUC meeting. The RUC reviewed the survey results from 75 physicians and determined that a value between the survey 25th percentile of 6.75 and survey median of 8.00 would most accurately reflect the typical physician work necessary to perform this service. The RUC recommended a RVW of 7.03 and times of 55 / 45 / 17 / 175 for code 22869. The survey 25th percentile RVW of 8.00 for code 62330 is appropriate relative to code 22869 and well-supported by the survey data.

The PILD procedure (code 62330) is performed directly within the vertebral canal; the interspinous spacer procedure (code 22869) is not – the work is performed between the spinous processes of vertebrae rather than in proximity to the spinal cord for code 62330. This is a key distinction for the purposes of assessing the relative intensity / complexity because procedures within the vertebral canal, like code 62330, can carry additional risks compared to procedures performed between spinous processes, like code 22869. This is due to the ligamentum flavum's intimate position relative to the spinal cord, nerve roots, and subarachnoid space. The space between spinous processes is generally more removed from sensitive neurological tissues.

The increased intensity / complexity of a procedure within the vertebral canal (code 62330) relative to a procedure where the work is performed between the vertebrae (code 22869) is well supported by the survey data. While the median IST for the two procedures is the same (45 minutes), survey respondents rated code 62330 as identical or more intense for each intensity / complexity sub-measure, including:

- overall intensity and complexity (44% identical; 47% more)
- mental effort and judgement (62% identical; 27% more)
- technical skill (49% identical; 42% more)
- physical effort (51% identical; 38% more)
- psychological stress (42% identical; 40% more)

The increased intensity / complexity of code 62330 relative to other spine procedures, like code 22869 can also be explained by differences in patient population. Patients who undergo the PILD procedure (code 62330) tend to be older and more medically complex compared to patients who undergo other lumbar decompression procedures, like interspinous spacers (code 22869) or laminectomy. This is supported by the literature. In a prospective longitudinal study comparing outcomes between Medicare beneficiaries who underwent the PILD procedure (n=2,229) and a control group of patients receiving interspinous spacers (code 22869; n = 3,401) for the treatment of LSS with neurogenic claudication, patients in the PILD group were significantly older than patients in the interspinous spacer cohort. (Staats, 2024) Symptomatic LSS patients frequently suffer from multiple medical comorbidities that make them unattractive candidates for more invasive decompression procedures that carry a higher risk of significant procedural morbidity, including due to the need for general anesthesia and longer hospital stays. In one retrospective observational cohort study of 50 patients (mean age = 73 years) who underwent the PILD procedure, most were overweight (36%) or obese (40%) with medical comorbidities that included, among others, hypertension (78%), diabetes type 1 and 2 (34%), depression (20%), coronary artery disease (30%), hypercholesterolemia (54%), rheumatoid arthritis (12%), peripheral vascular disease (8%); 68% were documented as class 3 according to the physical status classification system of the American Society of Anesthesiologists (ASA); 24% and 8% were graded ASA class 2 and 4, respectively. (Durkin, 2013) The survey data support the increased intensity and complexity of the PILD procedure (code 62330), which requires the same IST (45 minutes) as the interspinous spacer procedure (code 22869) but has a higher survey 25th percentile (8.00) and median (10.00) RVW compared to the survey 25th percentile (6.75) and median (8.00) RVW for code 22869 when surveyed for the April 2021 RUC meeting where the RUC ultimately recommended an RVW of 7.03.

For code 62330, the recommended survey 25th percentile RVW of 8.00 and median IST of 45 minutes results in an IWPUT of 0.065, which is lower than the IWPUT of 0.077 for code 22869.

2nd KRS: Code 22867 was most recently reviewed at the January 2016 RUC meeting. The RUC reviewed the survey results from 58 physicians and recommends a RVW of 15.00, based on a direct crosswalk to code 29915 *Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion).* The RUC recommended a RVW of 15.00 and times of 63 / 90 / 30 / 271 for code 22867. The survey 25th percentile RVW of 8.00 for code 62330 is appropriate relative to code 22867 and well-supported by the survey data.

Like code 22869 (1st KRS), code 22867 describes a procedure to insert an interspinous spacer between the spinous processes of vertebrae in the spine. They key difference between these services is that code 22867 includes an open decompression whereas code 22869 does not. A procedure with an open decompression takes more time compared to a procedure without, which is reflected in the higher IST for code 22867 (90 minutes) than code 22869 (45 minutes). Code 62330 does not include an open decompression (as stated in the vignette) and has the same survey median IST as code 22869 (45 minutes), which also does not include an open decompression. The recommended survey median IST of 45 minutes for code 62330 is appropriate relative to the survey median IST of 90 minutes for code 22867 due to the difference in intra-service work for a procedure that includes open decompression compared to one that does not. In addition to requiring more IST, open decompression procedures can be more intense compared to procedures without open decompression. This is reflected in the slightly higher IWPUT for code 22867 (0.106) compared to code 22869 (0.077).

The increased intensity / complexity of a percutaneous procedure in the vertebral canal relative to a procedure where the work is performed between the vertebrae is well supported by the survey data. Respondents rated code 62330 as identical or more intense compared to code 22867 for each intensity / complexity sub-measure, including:

- overall intensity and complexity (44% identical; 56% more)
- mental effort and judgement (56% identical; 32% more)
- technical skill (52% identical; 40% more)
- physical effort (52% identical; 36% more)
- psychological stress (40% identical; 52% more)

For code 62330, the recommended survey 25th percentile RVW of 8.00 and median IST of 45 minutes results in an IWPUT of 0.065, which is lower than the IWPUT of 0.106 for code 22867.

SUMMARY - 62330

KRS	CODE	DESCRIPTOR	RVW	IWPUT	TT	EVAL	POSIT	SDW	IST	POST	SRVY RESP	YR
1st KRS	22869	Insertion of interlaminar/ interspinous process stabilization/ distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	7.03	0.077	175	33	12	10	45	17	75	2021-04
2nd KRS	22867	Insertion of interlaminar/ interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	15.00	0.106	271	33	15	15	90	30	58	2016-01
SRVY MED	62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	10.00	0.123	189	40	10	10	45	15	106	NEW
REC	**62330**	**Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar**	**8.00**	**0.065**	**208**	**40**	**10**	**10**	**45**	**15**	**106**	**NEW**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0275T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pain Management How often? Sometimes

Specialty Anesthesiology How often? Sometimes

Specialty Interventional Pain Management How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 18200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate national, one-year utilization of approximately 18,200 for code 62330. This estimate is based on 2022 sales data provided by the sole vendor of the FDA-cleared devices for this procedure (previously reported with Category III code 0275T) and reflects combined utilization for both Medicare and non-Medicare patients. The vendor sales data does not include the frequency and percentage data for each specialty. We used the 2022 Medicare specialty mix for code 0275T (as shown in the RUC database) to estimate the frequnecy and percentage for each specialty nationally in a one-year period for both Medicare and non-Medicare patients. [Note: The societies obtained the 2022 sales data from the sole vendor of the FDA-cleared devices for this procedure as part of the CPT code change application submission process; this same vendor also provided the societies with a targeted vendor list for the purposes of this survey.]

Specialty Pain Management Frequency 5533 Percentage 30.40 %

Specialty Anesthesiology Frequency 5460 Percentage 30.00 %

Specialty Interventional Pain Management Frequency 3986 Percentage 21.90 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,052 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate national, one-year utilization for Medicare patients of

approximately 10,052 for code 62330. This estimate is based on 2022 Medicare claims data for Category III code 0275T, as shown in the RUC database. To estimate the frequency for each specialty, we extrapolated based on the RUC database 2022 specialty percentages for all sites.

Specialty Pain Management Frequency 3056 Percentage 30.40 %

Specialty Anesthesiology Frequency 3019 Percentage 30.00 %

Specialty Interventional Pain Management Frequency 2201 Percentage 21.90 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 0275T

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62331 Tracking Number T3 Original Specialty Recommended RVU: **5.00**
Presented Recommended RVU: **5.00**
Global Period: ZZZ Current Work RVU: **N/A** RUC Recommended RVU: **4.25**

CPT Descriptor: Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old female is diagnosed with symptomatic lumbar spinal stenosis with neurogenic claudication unresponsive to conservative therapy. Imaging demonstrates thickened ligamentum flavum with resultant stenosis of the spinal canal at L3-L4 and L4-L5. The patient does not require immediate open decompression. After performing thinning of the L3-L4 ligamentum flavum (separately reported), an additional thinning of the L4-5 ligamentum flavum is performed. [Note: This is an add-on service. Only consider the additional work related to treatment of one additional interspace.]

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital , In the ASC , In the office

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day , Overnight stay-less than 24 hours , Overnight stay-more than 24 hours

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day

Description of Pre-Service Work:

Description of Intra-Service Work: The patient has undergone a percutaneous interlaminar decompressive procedure at one level (eg, L3-L4). Immediately following this decompression, the exact same procedure is repeated at an additional symptomatic level.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Esther Yoon, MD Graham Wagner, MD					
Specialty Society(ies):	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA-PM); American Academy of Physical Medicine and Rehabilitation (AAPM&R); International Pain and Spine Intervention Society (IPSIS); North American Neuromodulation Society (NANS)					
CPT Code:	62331					
Sample Size:	7895	**Resp N:**	105			
Description of Sample:	ASA: Random sample of 1,943 members. ASRA-PM: Random sample of 1,182 members. AAPM&R: Random sample of 1,367 members who are part of the society's interventional pain member community. IPSIS: Random sample of 750 members. NANS: Random sample of 933 members. Vendor list: A targeted vendor list of 1,720 physicians who have furnished the procedure at least once since January 1, 2023.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	15.00	110.00
Survey RVW:	2.00	5.00	**7.00**	9.75	112.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	30.00	**43.00**	60.00	225.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	62331	**Recommended Physician Work RVU: 4.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**43.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22634	ZZZ	7.96	**RUC Time**

CPT Descriptor Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22552	ZZZ	6.50	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 1 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22632	ZZZ	5.22	**RUC Time**	1576

CPT Descriptor 2 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 31 **% of respondents:** 30.0 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 26.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 62331	**Top Key Reference CPT Code:** 22634	**2nd Key Reference CPT Code:** **22552**
Median Pre-Service Time	0.00	0.00	5.00
Median Intra-Service Time	43.00	65.00	45.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**43.00**	**65.00**	**50.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**

Overall intensity/complexity	0%	32%	42%	19%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	29%	52%	20%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	26%	52%	23%
Physical effort required	16%	58%	26%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	23%	52%	26%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	4%	33%	41%	15%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	30%	59%	11%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	37%	48%	15%
Physical effort required	33%	48%	19%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	37%	37%	26%

- Estimated risk of malpractice suit with poor outcome

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Recommendations: For code 62331, the societies recommend the survey 25th percentile RVW of 5.00, and the survey median times of 0 minutes total pre-service, 43 minutes intra-service, and 0 minutes immediate post-service for a total time of 43 minutes. The societies offer the following rationale for these recommendations.

RVW: Survey 25th percentile RVW of 5.00.

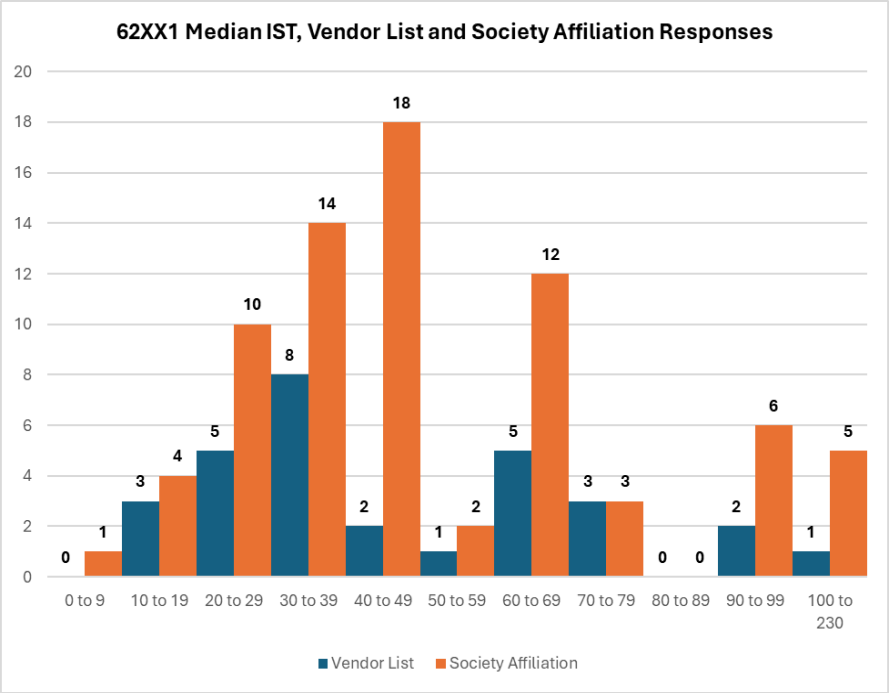
IST: Survey median IST of 43 minutes.

The survey 25th percentile RVW and median IST are well supported by the survey data, which reflect a robust response rate (n=105) that exceed the 30-response minimum for codes with annual Medicare utilization less than 100,000. The survey 25th percentile RVW is similar when respondents are stratified by vendor list (5.05), society affiliation (5.16), and respondents with experience (5.00). The survey median IST is also similar when respondents are stratified by society affiliation (45 minutes) and respondents with and without experience (both 43 minutes). The median IST for vendor list respondents is slightly lower at 33 minutes, however this is due to the relatively small number of vendor list responses (n=30), which are distributed bi-modally. There are several more vendor list responses at the lower end of the IST range, which results in a median IST for vendor list respondents that is not representative of the overall distribution. The survey mean IST is more consistent, including when stratified by vendor list and society affiliation. Specifically, for all 105 respondents for code 62331 the mean IST is 51 minutes versus 48 minutes for the 30 vendor list respondents and 52 minutes for the 75 society affiliation respondents. While using a vendor list can help collect survey data from physicians who have firsthand experience furnishing a procedure—particularly for newer services that have not been as widely adopted—nearly all (85%) of the 105 survey respondents for code 62331 reported some experience with the PILD procedure. Accordingly, we believe it is most appropriate to consider the survey data for all 105 respondents for code 62331 versus only one subset of respondents, as these data provide greater statistical power and more adequately represent data from the physicians who are currently furnishing the procedure.

The recommended survey median IST of 43 minutes for code 62331 is appropriate relative recommended survey median IST of 45 minutes for code 62330 because the intra-service work for the two procedures is identical and therefore requires the identical amount of IST. This is well-supported by the survey data which show similar median IST for codes 62330 and 62331, including when the survey data are stratified by each type of respondent. This is also well-supported by other base service and add-on service code pairs, including for other percutaneous spine procedures and injection procedures commonly furnished by anesthesiology and pain medicine specialists.

INTRA-SERVICE TIME – 62331

RESPONDENT	RESP	MIN	25th %TILE	50th %TILE	75th %TILE	MAX	MEAN
All	105	1	30	43	60	225	51
Vendor List	30	12	27	33	63	180	48
Society Affiliation	75	1	30	45	60	225	52


62XX1 Median IST, Vendor List and Society Affiliation Responses
20
18
16
14
12
10
8
6
4
2
0
0 to 9
10 to 19
20 to 29
30 to 39
40 to 49
50 to 59
60 to 69
70 to 79
80 to 89
90 to 99
100 to 230
0
1
3
4
5
10
8
14
2
18
1
2
5
12
3
3
0
0
2
6
1
5
Vendor List
Society Affiliation

EXAMPLES OF BASE SERVICE AND ADD-ON SERVICE CODE PAIRS WITH THE SAME IST

CODE	DESCRIPTION	GLOBAL	RVW	IST	SOURCE	YR	IWPUT
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	010	5.85	45	RUC	2006-04	0.0775
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	ZZZ	3.03	45	RUC	2006-04	0.0673
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	000	1.82	15	RUC	2009-04	0.0858
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	ZZZ	1.16	15	RUC	2009-04	0.0773
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	ZZZ	1.16	15	RUC	2009-04	0.0773
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	000	1.52	15	RUC	2009-04	0.0658
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	ZZZ	1.00	15	RUC	2009-04	0.0667
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	ZZZ	1.00	15	RUC	2009-04	0.0667
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	010	7.15	60	RUC	2021-01	0.0671
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	ZZZ	3.77	60	RUC	2021-01	0.0628
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	010	3.32	20	RUC	2020-10	0.0465
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	ZZZ	1.32	20	RUC	2020-10	0.0660

Reference service list (RSL): The RSL for code 62331 included 19 codes. RSL code RVWs were well-distributed and ranged from 4.25 to 14.14. The RSL included four spine procedure services (codes 22552, 22634, 22858, 22840) that are commonly furnished by anesthesiology and pain medicine specialists. Two of these services (codes 22634, 22552) were selected as KRS codes by most (55%) respondents, including when respondents were stratified by vendor list (47%), society affiliation (59%), and with (57%) and without (42%) experience. Both KRS codes were well-distributed in terms of RVW (6.50 and 7.96) and IST (45 and 65) and appropriately bound the recommended survey 25th percentile RVW of 5.00 and survey median IST of 43 minutes for code 62331, which is well-supported by the survey data from 105 respondents.

Key Reference Service (KRS) Comparison: All respondents selected the same two services as either 1st or 2nd KRS codes, including when the survey data were stratified by each type of respondent.

TOP KEY REFERENCE SERVICE SELECTION – 62331

CODE	RVW	ALL	VENDOR LIST	SOCIETY AFFILIATION	WITH EXPERIENCE	WITHOUT EXPERIENCE
22552	6.50	26%	39%	24%	28%	8%
22634	7.96	30%	17%	35%	29%	33%
TOTAL		*55%*	*47%*	*59%*	*57%*	*42%*

1st KRS: Code 22634 was most recently reviewed at the April 2021 RUC meeting; it is also an MPC code. The RUC reviewed the survey results from 111 physicians and determined that the survey 25th percentile RVW of 7.96 appropriately accounts for the physician work involved in this add-on service. The RUC recommended a RVW of 7.96 and times of 0 / 65 / 0 / 65 for code 22634.

Code 22634 describes the work to treat each additional interspace(s) during spinal fusion surgery using a posterolateral technique with posterior interbody technique. Code 22634 is a procedure which involves the vertebral canal, like code 62331. For each intensity / complexity sub-measure, approximately half of respondents rated code 62331 as identical to code 22634; the other half were generally split between those who said code 62331 is more versus less intense, including:

- overall intensity and complexity (42% identical; 26% more; 32% less)
- mental effort and judgement (52% identical; 19% more; 29% less)
- technical skill (52% identical; 23% more; 26% less)
- physical effort (58% identical; 36% more; 16% less)
- psychological stress (52% identical; 26% more; 23% less)

For code 62331, the recommended survey 25th percentile RVW of 5.00 and median IST of 43 minutes results in an IWPUT of 0.116, which is lower than the IWPUT of 0.122 for code 22634.

2nd KRS: Code 22552 was most recently reviewed at the February 2010 RUC meeting. The RUC reviewed survey results from 109 physicians and determined that the survey 25th percentile RVW of 6.50 appropriately valued this service. The RUC recommended a RVW of 6.50 and times of 5 / 45 / 0 / 50 for code 22552. For each intensity / complexity sub-measure most respondents rated code 62331 as identical or less intense compared to code 22552, including:

- overall intensity and complexity (41% identical; 22% more; 37% less)
- mental effort and judgement (59% identical; 11% more; 30% less)
- technical skill (48% identical; 15% more; 37% less)
- physical effort (48% identical; 19% more; 33% less)
- psychological stress (37% identical; 26% more; 37% less)

For code 62331, the recommended survey 25th percentile RVW of 5.00 and median IST of 43 minutes results in an IWPUT of 0.116, which is lower than the IWPUT of 0.142 for code 22552.

SUMMARY - 62331

KRS	CODE	DESCRIPTOR	RVW	IWPUT	TT	EVAL	POSIT	SDW	IST	POST	SRVY RESP	YR
1st KRS	22634 **MPC*	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	7.96	0.122	65	0	0	0	65	0	111	2021-04
2nd KRS	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)	6.50	0.142	50	5	0	0	45	0	109	2010-02
SRVY MED	62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	7.00	0.163	43	0	0	0	43	0	105	NEW
REC	**62331**	**Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)**	**5.00**	**0.116**	**43**	**0**	**0**	**0**	**43**	**0**	**105**	**NEW**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0275T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pain Management How often? Sometimes

Specialty Anesthesiology How often? Sometimes

Specialty Interventional Pain Management How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 7280
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate national, one-year utilization of approximately 7,280 for code 62331. This estimate reflects approximately 40% of the 2022 sales data provided by the sole vendor of the FDA-cleared devices for this procedure (previously reported with Category III code 0275T) and reflects combined utilization for both Medicare and non-Medicare patients. We estimate that approximately 40% of patients who undergo the PILD procedure will be treated at more than one level. This estimate is based a review of the relevant literature.The vendor sales data does not include the frequency and percentage data for each specialty. We used the 2022 Medicare specialty mix for code 0275T (as shown in the RUC database) to estimate the frequnecy and percentage for each specialty nationally in a one-year period for both Medicare and non-Medicare patients. [Note: The societies obtained the 2022 sales data from the sole vendor of the FDA-cleared devices for this procedure as part of the CPT code change application submission process; this same vendor also provided the societies with a targeted vendor list for the purposes of this survey.]

Specialty Pain Management Frequency 2213 Percentage 30.40 %

Specialty Anesthesiology Frequency 2184 Percentage 30.00 %

Specialty Interventional Pain Management Frequency 1594 Percentage 21.90 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4021
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please

explain the rationale for this estimate. We estimate national, one-year utilization for Medicare patients of approximately 4,021 for code 62331. This estimate reflects approximately 40% of the 2022 Medicare fee-for-service claims for CPT code 0275T (n=10,052), as shown in the RUC database. We estimate that approximately 40% of patients who undergo the PILD procedure will be treated at more than one level. This estimate is based a review of the relevant literature.

Specialty Pain Management Frequency 1222 Percentage 30.40 %

Specialty Anesthesiology Frequency 1206 Percentage 30.00 %

Specialty Interventional Pain Management Frequency 881 Percentage 21.90 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 0275T

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Percutaneous Interlaminar Lumbar Decompression (62XX0, 62XX1)

TAB: 10

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open	090	2021-04	45	0.077	0.040			7.03			175	33	12	10			45			17						0.5		1	1							
2nd REF	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion,	090	2016-01	25	0.106	0.055			15.00			271	33	15	15			90			30						0.5		3							
SVY	62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for	090		106	0.123	0.053	5.50	8.00	10.00	12.00	90.00	189	40	10	10	16	40	45	60	180	15								3				0	2	7	18	150
Vendor List	62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for	090		30	0.093	0.047	7.00	8.00	8.50	12.00	25.30	183	36	9	9	19	31	45	60	145	15								3				2	7	11	29	150
Society Affiliation	62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for	090		76	0.133	0.055	5.50	8.00	10.00	12.13	90.00	183	40	10	10	16	40	45	60	180	15								1	1			0	1	5	11	100
REC	62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	090		106	0.065	0.038			8.00			208	40	10	10			45			15						0.5		3								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including	ZZZ	2021-04	31	0.122	0.122			7.96			65	0	0	0			65			0															
2nd REF	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and	ZZZ	2010-02	27	0.142	0.130			6.50			50	5	0	0			45			0															
SVY	62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for	ZZZ		105	0.163	0.163	2.00	5.00	7.00	9.75	112.00	43	0	0	0	1	30	43	60	225	0												0	2	5	15	110
Vendor List	62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for	ZZZ		30	0.246	0.246	3.00	5.05	7.98	10.00	15.00	33	0	0	0	12	27	33	63	180	0												0	5	8	21	110
Society Affiliation	62311	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for	ZZZ		75	0.156	0.156	2.00	5.16	7.00	9.38	112.00	45	0	0	0	1	30	45	60	225	0												0	1	5	10	51
REC	62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	ZZZ		105	0.099	0.099			4.25			43	0	0	0			43			0															
XWALK	60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	ZZZ		105	0.094	0.094			4.25			45	0	0	0			45			0															

SPECIALTY SOCIETY(IES): ASA, ASRA-PM, AAPM&R, IPSIS, NANS
PRESENTER(S): Richard Rosenquist, MD; Gordon H. Morewood, MD; Trent Emerick, MD; Esther Yoon, MD; Graham Wagner, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	090
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
62330	A 67-year-old male is diagnosed with symptomatic lumbar spinal stenosis with neurogenic claudication unresponsive to conservative therapy. Imaging demonstrates thickened ligamentum flavum with resultant stenosis of the spinal canal at L3-L4. The patient does not require immediate open decompression. The patient undergoes a percutaneous thinning of the ligamentum flavum.
62331	A 70-year-old female is diagnosed with symptomatic lumbar spinal stenosis with neurogenic claudication unresponsive to conservative therapy. Imaging demonstrates thickened ligamentum flavum with resultant stenosis of the spinal canal at L3-L4 and L4-L5. The patient does not require immediate open decompression. After performing thinning of the L3-L4 ligamentum flavum (separately reported), an additional thinning of the L4-5 ligamentum flavum is performed. [Note: This is an add-on service. Only consider the additional work related to treatment of one additional interspace.]

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel consisting of RUC advisors and subject matter experts from each of the surveying societies communicated via email and zoom to develop PE recommendations. The expert panel reviewed (1) survey times, (2) existing inputs for key reference service codes, and (3) PE standards.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The societies recommend the following PE reference codes:

   <u>62330</u>
   PE Reference code #1: Code 22869 was the 1st KRS selected by 42% of survey respondents (n=45). Codes 22869 and 62330 both describe surgical procedures of the lumbar spine without open decompression or fusion and including imaging guidance when performed. Codes 22869 and 62330 are 90-global services with similar facility PE inputs for clinical staff activities, supplies, equipment.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PE Reference code #2: Code 22867 was the 2nd KRS selected by 24% of survey respondents (n=25). Codes 22867 and 62330 both describe surgical procedures of the lumbar spine including imaging guidance when performed. Codes 22867 and 62330 are 90-global services with similar facility PE inputs for clinical staff activities, supplies, equipment.

62331
PE Reference code #1: Code 22634 was the 1st KRS selected by 30% of survey respondents (n=31). Codes 22634 and 62331 both describe each additional interspace treated during a primary surgical procedure of the lumbar spine. Codes 22634 and 62331 are ZZZ global services with no facility PE inputs for clinical staff activities, supplies, equipment.

PE Reference code #2: Code 22552 was the 2nd KRS selected by 26% of survey respondents (n=27). Codes 22552 and 62331 both describe each additional interspace treated during a primary surgical procedure of the spine (cervical for code 22552, lumbar for code 62331). Codes 22552 and 62331 are ZZZ global services with no facility PE inputs for clinical staff activities, supplies, equipment.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

No

See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

Codes 62330 and 62331 are new Category I codes. The procedures described by codes 62330 and 62331 were previously reported with Category III code 0275T. Since both codes 62330 and 62331 are new, the global periods have not transitioned.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Pre-service clinical staff activities for code 62330 include the following:

Complete pre-service diagnostic and referral forms	**5 minutes (standard)** Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	**20 minutes (standard)** Staff coordinates collection and documentation of imaging and lab results, patient specific information and other relevant patient information for the procedure, including conducting requisite pre-procedure assessment. All clinical updates are entered and recorded in the EHR.
Schedule space and equipment in facility	**8 minutes (standard)** Staff interacts with the facility to schedule space, supplies, equipment, and review checklists.
Provide pre-service education/obtain consent	**20 minutes (standard)** Staff reviews procedure, complication risk, recovery process, and answers patient and family questions.
Complete pre-procedure phone calls and prescription	**7 minutes (standard)** Staff reviews pre-operative medication changes and patient medical status, and answers final pre-admission questions.

   b. Service period (includes pre, intra and post):

Service period clinical staff activities for code 62330 include the following:

6 minutes (standard)
Prior to discharge, clinical staff assist with necessary post-discharge care coordination, including:

- Respond to patient and family questions about home activity restrictions
- Confirm discharge medications, if needed
- Coordinate with other physicians and QHPs involved in the patient's care for records transfer
- Transition discharge information to the physician's office medical record, including medication list, correspondence, and imaging and lab results pending at discharge

c. Post-service period:

Post-service period clinical staff activities for code 62330 include the following:

108 minutes – standard clinical staff time for current office E/M visits (three 99213 visits)
The clinical staff work includes the standard activities involved in any E/M visit, such as:

- Greet the patient and provide gowning
- Ensure all appropriate medical records are available including interval imaging and labs, physical therapy reports, and chart notes from other physicians
- Review current medications and allergies in the EHR
- Obtain vital signs
- Prepare room, including all necessary equipment and supplies
- Assist with patient positioning for exam
- Assist with wound care, as needed
- Clean room and equipment
- Answer patient and family questions about home care, including activity limitations and reinforcement of physical therapy activities
- Assist physician with orders for medication and physical therapy changes
- Assist with answering patient, family/caregiver, therapist, other clinician questions and processing changes in care

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, we recommend two supply packs: SA048 and SA054.
These supply packs are both established packs as defined by CMS.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (suture)	**SA054**	**pack**	
kit, suture removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
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Equipment Code	Equipment	Equipment Formula	Facility Minutes
EF031	table, power	Office visits	108
EQ168	light, exam	Office visits	108

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

The societies recommend a PLI crosswalk to code 22869 for code 62330 and code 22870 for code 62331 based on a similar specialty mix. The societies reviewed 2023 utilization data (published with the calendar year 2025 Physician Fee Schedule final rule) for all CPT codes to identify appropriate PLI crosswalks for codes 62330 and 62331. Our analysis focused on codes that (1) are predominantly provided in the facility setting, and (2) have a similar specialty mix to code 0275T. codes 22869 and 22870 are furnished in a facility setting 99% of the time by a similar mix of specialties as code 0275T.

Code	Crosswalk	Descriptor	PLI RVU
62330	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	0.70
62331	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	0.23

	2022 Medicare Percentages for Global Medicare Specialty (All Sites), Specialty %		
Specialty	**0275T**	**22869**	**22870**
Pain Management	30.4%	30.3%	31.0%
Anesthesiology	30.0%	31.5%	31.9%
Interventional Pain Management	21.9%	22.1%	23.6%
Physical Medicine and Rehabilitation	15.8%	11.8%	10.3%
Neurology	0.4%	0.6%	0.3%
Diagnostic Radiology	0.4%	0.8%	0.6%
Source: RUC database (accessed 11/11/2024)			

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**		**RECOMI**
2						**22869**		**22867**		**62**
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 10** **Specialty: ASA, ASRA-PM, AAPM&R, IPSIS, NANS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level		Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level		Decomp percutan partial rem ligamentu including l for ac epidurogr imaging gu CT or fluc bilater interspac
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 85.31**	**$ -**	**$ 115.69**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**129.0**	**0.0**	**174.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**63.0**	**0.0**	**108.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 69.66**	**$ -**	**$ 93.96**	**$ -**
13		**PRE-SERVICE PERIOD**								
14		**Start: Following visit when decision for surgery/procedure made**								
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5	
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20	
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8	
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20	
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7	
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54					
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54					
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54					
23			L037D	RN/LPN/MTA	0.54					
24			L037D	RN/LPN/MTA	0.54					
25			L037D	RN/LPN/MTA	0.54					
26		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
27		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
28		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
29		**End: When patient enters office/facility for surgery/procedure**								
30		**SERVICE PERIOD**								
31		**Start: When patient enters office/facility for surgery/procedure:**								
32		**Pre-Service (of service period)**								
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54					
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54					
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54					
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54					
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54					
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54					
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54					
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54					
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54					
42			L037D	RN/LPN/MTA	0.54					
43			L037D	RN/LPN/MTA	0.54					
44			L037D	RN/LPN/MTA	0.54					
45		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
46		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
47		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
48		**Intra-service (of service period)**								
49	CA018	Assist physician or other qualified healthcare professional---directly related to	L037D	RN/LPN/MTA	0.54					
50	CA019	Assist physician or other qualified healthcare professional---directly related to	L037D	RN/LPN/MTA	0.54					
51	CA020	Assist physician or other qualified healthcare professional---directly related to	L037D	RN/LPN/MTA	0.54					
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54					
53			L037D	RN/LPN/MTA	0.54					
54			L037D	RN/LPN/MTA	0.54					
55			L037D	RN/LPN/MTA	0.54					
56		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
57		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
58		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
59		**Post-Service (of service period)**								
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54					
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54					
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54					
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54					
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54					
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54					
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54					
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54					
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and	L037D	RN/LPN/MTA	0.54					
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54					
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54					
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54					
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,	L037D	RN/LPN/MTA	0.54					
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54					
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**6**	**n/a**	**6**	**n/a**
75			L037D	RN/LPN/MTA	0.54					
76			L037D	RN/LPN/MTA	0.54					
77			L037D	RN/LPN/MTA	0.54					
78		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
79		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
80		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
81		**End: Patient leaves office/facility**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**		**RECOMI**
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5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 85.31**	**$ -**	**$ 115.69**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**129.0**	**0.0**	**174.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**63.0**	**0.0**	**108.0**	**0.0**
82		**POST-SERVICE PERIOD**								
83		**Start: Patient leaves office/facility**								
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54					
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54					
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16							
88		99212 27 minutes	27				1			
89		99213 36 minutes	36				1		3	
90		99214 53 minutes	53							
91		99215 63 minutes	63							
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**63.0**	**0.0**	**108.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54					
94			L037D	RN/LPN/MTA	0.54					
95			L037D	RN/LPN/MTA	0.54					
96		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
97		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
98		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54					
99		**End: with last office visit before end of global period**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**		**RECOMI**
2						**22869**		**22867**		**62**
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 10** **Specialty: ASA, ASRA-PM, AAPM&R, IPSIS, NANS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level		Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level		Decomp percutan partial rem ligamentu including l for ac epidurogr imaging gu CT or fluc bilater interspac
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 85.31**	**$ -**	**$ 115.69**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**129.0**	**0.0**	**174.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**63.0**	**0.0**	**108.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 14.66**	**$ -**	**$ 19.68**	**$ -**
102	SA048	pack, minimum multi-specialty visit	5.02	pack			2		3	
103	SA054	pack, post-op incision care (suture)	4.62	pack			1		1	
104										
105										
106										
107										
108										
109										
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**					
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 0.99**	**$ -**	**$ 2.05**	**$ -**
112	EF031	table, power	5906.76	Office Visits	0.015674926		63.0		108.0	
113	EQ168	light, exam	1232.887	Office Visits	0.003271745				108.0	
114										
115										
116										
117										
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*								
119										

	A	B	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**REFERENCE CODE**		**REFERENCE CODE**		**RECOMMENDED**	
2			**330**	**22634**		**22552**		**62331**	
3		***RUC Collaboration Website***	pression, eous, with oval of the m flavum, aminotomy ccess, aphy, and uidance (ie, roscopy), al; one e, lumbar	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)		Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)		Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 10** **Specialty: ASA, ASRA-PM, AAPM&R, IPSIS, NANS**							
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 115.69**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**174.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**108.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 93.96**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	5						
16	CA002	Coordinate pre-surgery services (including test results)	20						
17	CA003	Schedule space and equipment in facility	8						
18	CA004	Provide pre-service education/obtain consent	20						
19	CA005	Complete pre-procedure phone calls and prescription	7						
20	CA006	Confirm availability of prior images/studies							
21	CA007	Review patient clinical extant information and questionnaire							
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)							
23									
24									
25									
26		*Other activity: please include short clinical description here and type new in*							
27		*Other activity: please include short clinical description here and type new in*							
28		*Other activity: please include short clinical description here and type new in*							
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are							
34	CA010	Obtain vital signs							
35	CA011	Provide education/obtain consent							
36	CA012	Review requisition, assess for special needs							
37	CA013	Prepare room, equipment and supplies							
38	CA014	Confirm order, protocol exam							
39	CA015	Setup scope (nonfacility setting only)							
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
41	CA017	Sedate/apply anesthesia							
42									
43									
44									
45		*Other activity: please include short clinical description here and type new in*							
46		*Other activity: please include short clinical description here and type new in*							
47		*Other activity: please include short clinical description here and type new in*							
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly related to							
50	CA019	Assist physician or other qualified healthcare professional---directly related to							
51	CA020	Assist physician or other qualified healthcare professional---directly related to							
52	CA021	Perform procedure/service---NOT directly related to physician work time							
53									
54									
55									
56		*Other activity: please include short clinical description here and type new in*							
57		*Other activity: please include short clinical description here and type new in*							
58		*Other activity: please include short clinical description here and type new in*							
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4							
61	CA023	Monitor patient following procedure/service, no multitasking							
62	CA024	Clean room/equipment by clinical staff							
63	CA025	Clean scope							
64	CA026	Clean surgical instrument package							
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions							
66	CA028	Review/read post-procedure x-ray, lab and pathology reports							
67	CA029	Check dressings, catheters, wounds							
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and							
69	CA031	Review examination with interpreting MD/DO							
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
71	CA033	Perform regulatory mandated quality assurance activity (service period)							
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,							
73	CA035	Review home care instructions, coordinate visits/prescriptions							
74	CA036	Discharge day management	**6**	**n/a**		**n/a**		**n/a**	
75									
76									
77									
78		*Other activity: please include short clinical description here and type new in*							
79		*Other activity: please include short clinical description here and type new in*							
80		*Other activity: please include short clinical description here and type new in*							
81		**End: Patient leaves office/facility**							

	A	B	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**REFERENCE CODE**		**REFERENCE CODE**		**RECOMMENDED**	
2			**330**	**22634**		**22552**		**62331**	
3		***RUC Collaboration Website***	pression, eous, with oval of the m flavum, aminotomy ccess, aphy, and uidance (ie, roscopy), al; one e, lumbar	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)		Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)		Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 10** **Specialty: ASA, ASRA-PM, AAPM&R, IPSIS, NANS**							
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 115.69**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**174.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**108.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications							
85	CA038	Coordinate post-procedure services							
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes							
88		99212 27 minutes							
89		99213 36 minutes	3						
90		99214 53 minutes							
91		99215 63 minutes							
92	CA039	Post-operative visits (total time)	**108.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93									
94									
95									
96		*Other activity: please include short clinical description here and type new in*							
97		*Other activity: please include short clinical description here and type new in*							
98		*Other activity: please include short clinical description here and type new in*							
99		**End: with last office visit before end of global period**							

	A	B	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**REFERENCE CODE**		**REFERENCE CODE**		**RECOMMENDED**	
2			**330**	**22634**		**22552**		**62331**	
3		***RUC Collaboration Website***	pression, eous, with oval of the m flavum, aminotomy ccess, aphy, and uidance (ie, roscopy), al; one e, lumbar	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)		Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)		Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 10** **Specialty: ASA, ASRA-PM, AAPM&R, IPSIS, NANS**							
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 115.69**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**174.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**108.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 19.68**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
102	SA048	pack, minimum multi-specialty visit	3						
103	SA054	pack, post-op incision care (suture)	1						
104									
105									
106									
107									
108									
109									
110	**Equipment Code**	**EQUIPMENT**							
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 2.05**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
112	EF031	table, power	108.0						
113	EQ168	light, exam	108.0						
114									
115									
116									
117									
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
119									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: Codes Reported Together 75% or More

September 2025

Rotational Vestibular Assessment – Tab 14

In April 2024, the Relativity Assessment Workgroup (RAW) identified code 92546 as reported with 92540 by the same physician or qualified health care professional on the same date of service 84% of the time based on 2022 Medicare Utilization data. However, code 92540 is reported with 92546 less than 50% of the time. In September 2024, the RAW reviewed the action plan and recommended referral to the CPT Editorial Panel to revise the descriptor for code 92546 to clarify the service so that it is no longer typically reported with code 92540 more than 75% of the time. Specifically, CPT code 92546 is a separate and distinct service from CPT code 92540, in that 92546 utilizes the use of a calibrated, computer controlled rotary chair and requires different work and equipment than CPT code 92540. The specialties noted that the codes can still be reported together, although it is strongly anticipated that it will be far less frequent (<50%). At the September 2025 CPT Editorial Panel Meeting, CPT code 92546 was deleted, and two new codes were added to report rotational vestibular assessment. The two new codes were surveyed for the September 2025 RUC meeting.

Compelling Evidence

The specialty societies presented compelling evidence to support a change in physician work due to a change in specialty. According to Medicare utilization data, the plurality of the billing is from audiology (31%), followed by neurology (29.8%), and otolaryngology (12.8%). Further, Audiology time is currently captured as clinical labor in practice expense. However, since 2009, audiologists may bill Medicare independently. As such, audiologists' time should not be captured under practice expense. Rather, audiology time should be accounted for in professional work. **The RUC accepted compelling evidence based on a change in specialty.**

92XX5 ***Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report;***

The RUC reviewed the survey results from 92 audiologists and neurologists and recommends a work RVU of 0.92 based on the survey median, which maintains relativity within the family for this code. The RUC recommends 10 minutes of pre-service evaluation time, 25 minutes intra-service time, 10 minutes immediate post-service time, totaling 45 minutes.

For this procedure, the patient is strapped into the chair, goggles are placed, and their visual awareness is compromised. The chair is being moved in different directions, with varying intensities of movement. It is important to remember that these patients are also undergoing this service because they have had a long-standing vestibular history and are often frightened and anxious about the procedure. The service requires the skill of the physician/qualified healthcare professional (QHP) to make clinical decisions and interpret the results continuously throughout the entirety of the test. Further, monitoring the patient for symptom provocation so that real-time decision-making can be made is essential to the procedure.

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To support the recommended work RVU, compared the surveyed code to the top key reference service codes 92519 *Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)* (work RVU = 1.20, 35 minutes intra-service, 50 minutes total time) and 92537 *Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)* (work RVU = 0.60, 30 minutes intra-service, 40 minutes total time). A majority of the survey respondents that selected the top key reference codes indicated that the surveyed code is more intense/complex. A majority of the survey respondents that selected the second key reference code indicated that the surveyed code and reference code have identical intensity. The surveyed code intra-service time is lower when compared to the key reference services; however, the total time and related intensity and complexity of the surveyed code are relative to the reference services. Therefore, the recommended work RVU is appropriately bracketed by the key reference services.

For additional support, the RUC referenced MPC codes 92517 *Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)* (work RVU = 0.80, 20 minutes intra-service, 32 minutes total time) and 92653 *Auditory evoked potentials; neurodiagnostic, with interpretation and report* (work RVU = 1.05, 30 minutes intra-service, 50 minutes total time). The MPC reference codes appropriately bracket the survey code work RVU, intra-service time, and total time, supporting the recommended work RVU and relativity within the MFS. **The RUC recommends a work RVU of 0.92 for CPT code 92XX5.**

92XX6 ***Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report; with velocity step testing (VST) (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 80 audiologists and neurologists and recommends a work RVU of 0.48 based on the survey median, which maintains relativity within the family for this code. The RUC recommends 12 minutes intra-service and total time.

For this add-on procedure, vestibular step testing (VST) provides additional diagnostic information about central vestibular function and helps to distinguish lateralization of peripheral vestibular dysfunction. The equipment used is the same as it is for the base code 92XX5. The additional test allows for rotation of the chair at lower and higher velocities than the sinusoidal harmonic acceleration (SHA) testing in the base code and requires additional time for the testing. Specifically, the computer-controlled chair is abruptly accelerated in a clockwise direction to a designated velocity for 60 seconds before a rapid deceleration is immediately applied back to baseline velocity for an additional 60 seconds. The process is then repeated in a counterclockwise direction. The assessment consists of four low-velocity and four high-velocity targets, each involving 60 seconds of rotational movement. For maximizing the test findings, the physician/qualified health care professional (QHP) must be engaged with the patient throughout the test to secure valid results and will make real-time decisions to adjust the protocol.

To support the recommended work RVU, the RUC compared the surveyed code to the top key reference service codes 92621 *Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)* (work RVU = 0.35, 15 minutes intra-service and total time) and 92627 *Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)* (work RVU = 0.33, 15 minutes intra-service and total time). A majority of the survey respondents that selected the key reference codes indicated that the surveyed code is identical or more intense/complex. Although the intra-service and total time are slightly lower than the key reference service, the surveyed code is overall more intense and complex to perform and should be valued slightly higher.

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For additional support, the RUC referenced MPC codes 77001 *Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)* (work RVU = 0.38, 15 minutes intra-service, 17 minutes total time) and 96168 *Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)* (work RVU = 0.60, 15 minutes intra-service and total time). The surveyed code intra-service time is lower when compared to the MPC codes; however, the surveyed code is more intense and complex to perform when compared to code 77001 and is identical to the intensity and complexity to perform MPC code 96168. Therefore, the recommended work RVU is appropriately supported by the MPC codes. **The RUC recommends a work RVU of 0.48 for CPT code 92XX6.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made minor modifications. The PE Subcommittee removed the supply input SJ010 *Basin, emesis* which was deemed to be not typically used for every patient. Further, equipment item ED021 *Computer, desktop, w-monitor* was removed as this input is considered an indirect expense in accord with CMS policy. The PE Subcommittee agreed with the specialty societies and is recommending a new equipment item for the *VNG Open Chair System*. This new system includes goggles. The "Other" equipment formula is used because the physician/audiologist time required to perform the rotational chair testing is accounted for in the work component rather than in the PE. The specialties clarified that the equipment is a fixed installation, bolted to the floor in a specialized room for this test, and cannot be moved. Further, the procedure is not typically performed with another procedure on the same day. The patient is sent specifically for the rotational vestibular assessment with the chair. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

New Technology
CPT code 92XX5 and 92XX6 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Ophthalmology** **Special Ophthalmological Services** **Other Specialized Services**				
[92270]		*Electro-oculography with interpretation and report*		

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		(For vestibular function tests with recording, see [92537], [92538], [92540], [92541], [92542], [92544], [92545]~~, [92546]~~, [92547], [92548], 92XX5, 92XX6) (Do not report [92270] in conjunction with [92537], [92538], [92540], [92541], [92542], [92544], [92545]~~, [92546]~~, [92547], [92548], [92549], 92XX5, 92XX6) *(To report saccadic eye movement testing with recording, use [92700])* **Special Otorhinolaryngologic Services** **Vestibular Function Tests, With Recording (eg, ENG)**		
D92546	-	~~Sinusoidal vertical axis rotational testing~~ ~~(Do not report 92546 in conjunction with 92270)~~ (92546 has been deleted. To report rotational chair testing, see 92XX5, 92XX6)	~~XXX~~	~~(2025 Work RVU = 0.29)~~
●92XX5	P1	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report; (Do not report 92XX5 in conjunction with 92270)	XXX	0.92
●✚92XX6	P2	with velocity step testing (VST) (List separately in addition to code for primary procedure) (Use 92XX6 in conjunction with 92XX5)	ZZZ	0.48

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92XX5 Tracking Number P1 Original Specialty Recommended RVU: **0.92**
Presented Recommended RVU: **0.92**
Global Period: XXX Current Work RVU: **0.29** RUC Recommended RVU: **0.92**

CPT Descriptor: Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report (do not report 92XX5 in conjunction with 92270)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 53-year-old female presented with dizziness and vertigo of unknown origin. Rotational vestibular assessment by sinusoidal harmonic acceleration testing with calibrated, computer-controlled chair is performed to evaluate status of the vestibulo-ocular reflex and to determine the degree of functional compensation.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The QHP reviews the patient's medical record, including any communications and/or treatments from the referring QHP, previous diagnostic testing, relevant comorbidities, and history of taking vestibular suppressants and other centrally acting medications. The QHP prepares the equipment prior to patient arrival (e.g., goggle/equipment calibration). The QHP confirms the patient history with the patient, evaluates standardized questionnaires, and reviews current medications, explains the purpose, procedure, and safety of the test. The patient is instructed about the nature of the procedure in relation to their medical history and their expectations.

Description of Intra-Service Work: The patient is instructed about what is required before and during testing. For example, the patient should remain attentive during testing, keep eyes open, avoid looking away, and keep the head stable. Some components of testing, such as chair rotation movements, may be physically unsettling to patients. Attentional tasks will be completed between test runs to maintain arousal. The QHP removes any residual makeup or facial lotions due to interference with the infrared pupil tracking. The QHP confirms patient understanding of instructions before proceeding.
The patient is seated upright in the rotational chair and is secured via a seatbelt to ensure safety and diminish extraneous movements. Video-oculography goggles are fitted over the eyes of the patient to record pupil movement as a measure of eye motion. The goggles must be snug, contain infrared cameras to record eye movements, dichroic glass to allow the patient to see in front of them while reflecting the eye image to the cameras, and a removeable cover to transition the patient from light to dark. The QHP accurately places the goggles to avoid introducing light artifact which impacts effective tracking and compromises the ability to visually fixate, thus artificially suppressing the vestibulo-ocular reflex (VOR). To ensure accurate pupil tracking, the QHP adjusts video goggle settings for contrast and sensitivity. Good positioning of the eye in the camera's recording area, focusing of the eyes so they do not look blurry, and pupillary focusing is confirmed before proceeding with testing.
The QHP adjusts the patient's head to be pitched downward at a 30-degree angle to align the patient's horizontal semicircular canals in the same plane with the chair's horizontal axis of rotation. The patient's head is securely strapped in this downward position so that the patient's head moves in sync with the chair. VOR gain, the primary metric of this test, is defined as the ratio of eye velocity to head velocity. Chair velocity serves as a substitute for head velocity. After securing the patient in the chair, the chair lock is disengaged to allow free rotation. The room is darkened for testing and the goggle cover removed. The QHP initiates test calibration which involves the patient tracking a light stimulus on a TV monitor

moving across a defined path (sinusoidal or eccentric gaze hold), and establishes a known range of motion for accurate eye movement measurement.
The QHP places the goggle cover on the patient to ensure complete darkness, eliminating the opportunity to suppress the VOR . The chair is then oscillated at fixed frequencies. The rotational chair is accelerated to each target frequency, decelerated, switches direction, then accelerated and decelerated completing one cycle of rotation. Each frequency has 3-6 cycles for repeatability. Testing is routinely done at least one low, medium, and high frequency, ranging from 0.01 to Hz to 1.28 Hz. Intermediate frequencies may be repeated or added if the QHP sees recordings that indicate VOR abnormalities at a specific frequency range or if there is a recording error or artifact, such as excessive blinking. Intermediate frequencies may be added by QHP in real-time based on the findings. Throughout testing, the QHP provides attentional tasking to the patient to maintain consistent VOR responses.
During the procedure, the QHP actively monitors test quality, patient comfort, compliance, safety, and the integrity of sinusoidal harmonic acceleration (SHA) recordings. For each frequency, the presence or absence of a VOR response is determined, and if present, the gain, phase, and symmetry are calculated. The QHP interprets raw data to assess brainstem-cerebellar function. SHA results are integrated with results from other vestibular test findings. Age-appropriate normative data are used to aid in interpretation. Based on the findings, the QHP formulates a diagnostic assessment including localization, severity of the vestibular system dysfunction, if present, and to determine if velocity step testing is required. The QHP reviews test results and develops a report of impressions and recommendations.

Description of Post-Service Work: The QHP discusses results, clinical implications, prognosis and recommendations on follow-up evaluation or therapy (e.g., vestibular rehab) with the patient/family/caregivers. The QHP prepares a report of the diagnostic results and provides recommendations documenting the encounter in the medical record and prints a summary of recordings for storage in the patient’s electronic health record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Erin Miller, AuD, Patricia Gaffney, AuD, Marianna Spanaki, MD, Terry Fife, MD, Deborah Carlson, PhD					
Specialty Society(ies):	American Academy of Audiology, American Academy of Neurology, American Speech-Language-Hearing Association					
CPT Code:	92XX5					
Sample Size:	4079	**Resp N:**	92			
Description of Sample:	Random sample of the membership of each society in addition to a targeted survey of the membership of the American Balance Society					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**40.00**	104.00	700.00
Survey RVW:	0.30	0.72	**0.92**	1.20	30.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	16.00	**25.00**	37.00	120.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92XX5	**Recommended Physician Work RVU: 0.92**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92519	XXX	1.20	**RUC Time**

CPT Descriptor Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92537	XXX	0.60	**RUC Time**

CPT Descriptor Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92517	XXX	0.80	**RUC Time**	7,501

CPT Descriptor 1 Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92653	XXX	1.05	**RUC Time**	21,786

CPT Descriptor 2 Auditory evoked potentials; neurodiagnostic, with interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 31.5 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 19.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 92XX5	Top Key Reference CPT Code: 92519	2nd Key Reference CPT Code: **92537**
Median Pre-Service Time	10.00	10.00	5.00
Median Intra-Service Time	25.00	35.00	30.00
Median Immediate Post-service Time	10.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**45.00**	**50.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	48%	37%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	37%	58%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	55%	34%
Physical effort required	20%	68%	10%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	41%	58%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	72%	27%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	38%	55%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	72%	16%
Physical effort required	50%	50%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	16%	66%	16%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 92546 was identified by the AMA RUC Relativity Assessment Workgroup (RAW) as being reported together with CPT code 92540 (Basic Vestibular Evaluation) in 75% or more of cases, based on 2022 Medicare claims data. Recognizing the need for updates, organizations representing audiology, neurology, and otolaryngology (AAA, ASHA, AAN, and AAO-HNS) collaborated to develop an action plan recommending that CPT code 92546 be referred to the CPT Editorial Panel for the creation of a detailed code descriptor, vignette, and description of service to appropriately define this procedure. This code, created prior to 1992, currently lacks a detailed descriptor, description of service, or vignette, and its utilization may not align with its intended use. The proposed revisions aim to clarify the intended purpose of the code and accurately reflect both clinical work and practice expenses. The action plan was presented to and accepted by the RAW at its September 2024 meeting.

Current CPT 92546 is performed to obtain a dynamic, quantitative assessment of vestibular function—specifically the vestibulo-ocular reflex (VOR) at mid-to-high stimulus frequencies and the degree of central compensation after peripheral loss. These data are pivotal for diagnosing and differentiating vestibular disorders (especially bilateral

vestibular hypofunction), adjudicating equivocal or conflicting results from other tests, and guiding management and rehabilitation. CPT 92546 is a separate and distinct service from CPT 92540: it requires a computerized rotational chair, specialized software, and continuous monitoring, and it measures physiologic domains not captured by the 92540 battery. The rotary-chair methodology, equipment, technical setup, and professional interpretation are different from—and not duplicative of—those used for 92540.

During the September AMA RUC RAW review, the societies recommended that newly created CPT codes 92XX5 and 92XX6, together with CPT 92540, remain on the RAW "billed together" screen for three years. A defined three-year window will allow CMS and the RUC to assess real-world utilization and case-mix, capturing substitution, add-on, and referral patterns. Historically, rotational chair testing (92546) has often been billed in combination with other vestibular services (e.g., 92540) or referred externally when not available in-office, obscuring the standalone time, intensity, and resource needs of the service. Maintaining these codes on the screen will enable a focused, data-driven review to ensure accurate valuation, reduce distortions from billing combinations, and clarify the true clinical intensity of the procedure.

CPT Code 92XX5 is the base code describing rotational vestibular assessment with sinusoidal harmonic acceleration (SHA), which is the most commonly performed rotational vestibular assessment. This procedure evaluates the vestibular system by delivering sinusoidal rotational stimulation via a computer-controlled, motor-driven chair. Oscillations are delivered at precise accelerations and velocities, ranging in frequency from 0.01 Hz to 1.28 Hz, and are typically completed at low, medium, and high frequencies. SHA testing isolates and assesses the functional integrity of the horizontal vestibulo-ocular reflex (VOR) and evaluates whether the central vestibular system has compensated for any peripheral impairments.

Compelling evidence

The expert panel believes there is compelling evidence for an increase in the current **work RVU from 0.29 to 0.92** for the following reasons:

- CPT code 92546, which is currently used to capture these services, has never been surveyed, and does not have a clinical vignette or a detailed description of the procedure. This omission likely skewed perceptions of provider involvement and failed to convey the actual cognitive complexity, clinical judgment, and interpretive workload required. Additionally, utilizing inappropriate crosswalks to simpler tests underestimated complexity, greater diagnostic depth, and the need for interpretation across a broader frequency range in the rotational vestibular assessment.

- According to Medicare utilization data, the plurality of the billing is from audiology (31%) followed by neurology (29.8%) and otolaryngology (12.8%). Audiology time is currently captured as clinical labor in practice expense. However, audiologists now bill Medicare independently and audiology time should not be captured under practice expense. As such, audiology time should be accounted for in professional work.

Survey Sample

The survey data and recommendations are based upon a random sample of AAA, AAN, and ASHA memberships. Specifically, AAA sent 1781 surveys to a random sample of the general membership; ASHA sent 1794 surveys to a random sample of a subset of audiologists indicating experience in vestibular disorders; AAN sent 396 surveys to a random sample of members of established AAN sections. Additionally, a targeted survey was sent to 108 members of the American Balance Society (ABS), at the approval of the Research Subcommittee. Duplicate survey distributions were identified and eliminated. The total sample size was 4079, with 92 completed responses. Of those 92 responses, 67 came from the random sample of audiologists, 17 came from the targeted survey of audiologists, and 8 came from neurologists.

Expert Panel Recommendations

An expert panel of audiologists and neurologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

We recommend the median work RVU of 0.92 and the total time of 45 minutes.

Time

The expert panel validated the median survey times of 10 minutes (pre-service), 25 minutes (intra-service), and 10 minutes (post-service), concluding that these values accurately reflect the clinical intensity and workflow associated with rotational chair testing. The 10 minutes of pre-service time are essential for the qualified health professional (QHP) to conduct a comprehensive review of the patient's medical history and medications, select and customize the test protocol, correlate prior diagnostic findings (e.g., caloric testing, VEMP), and perform precise calibration of the rotational chair and associated equipment.

The 25 minutes of intra-service time is critical to perform the test, actively monitor the patient in real time, and make continuous clinical judgments. The QHP must assess test fidelity, monitor patient responses, ensure patient safety, and determine whether to adjust or expand testing frequencies based on the patient's evolving clinical presentation. This phase is highly dynamic and demands constant engagement and decision-making by the provider. Based on the findings, the QHP formulates a diagnostic assessment impression, including localization, and potential severity of the vestibular system dysfunction, if present, and to determine if velocity step testing is required. The QHP synthesizes the complex multi-frequency data, integrates the results with clinical findings, and develops a report of impressions and recommendations.

Post-service, the 10 minutes are required for the QHP to discuss results, clinical implications, prognosis and recommendations for follow-up evaluation or therapy (e.g., vestibular rehab) with the patient/family/caregivers. The QHP shares results with referring provider(s) and prints a summary of rotational chair test data for storage in the patient's electronic health record.

Rotational chair testing is a highly specialized, active, clinician-directed procedure. It demands sustained QHP oversight to ensure diagnostic accuracy, patient safety, and meaningful interpretation. This testing is most often completed on medically complex populations such as older adults with balance impairment, individuals with neurologic comorbidities, or patients experiencing chronic dizziness.

In summary, the expert panel strongly supports the allocation of 10 minutes for pre-service, 25 minutes for intra-service, and 10 minutes for post-service activities, for a total of 45 minutes. These times are supported by the clinical complexity, cognitive workload, and high level of professional engagement required to perform this advanced vestibular assessment safely and effectively to maximize patient comfort and compliance necessary to achieve optimal results.

Work RVU

The expert panel validated the median surveyed work RVU of 0.92 and affirmed that it is appropriate, accurately capturing the clinical intensity and professional effort involved in rotational chair testing. This valuation also supports appropriate rank order within the broader family of vestibular diagnostic codes. Historically, CPT code 92546 (Sinusoidal Vertical Axis Rotational Testing) was not formally surveyed to establish physician time values or work RVUs. It also did not account for the role of audiologists as independently billing qualified health professionals (QHPs) who directly perform and interpret the service. The original valuation relied on flawed crosswalk methodology, lacked a clinical vignette, and was based on outdated assumptions that bundled audiologist work under clinical staff time within the practice expense (PE) component. As a result, the true professional workload and cognitive complexity were substantially underestimated.

Under the prior structure, CPT code 92546 was assigned a total intra-service work time of just 8 minutes, with no time allocated for pre- or post-service work. Meanwhile, practice expense included 64 minutes of clinical staff time—50 minutes of which was intended to reflect the testing component performed by audiologists. However, with the transition to audiologists independently performing and billing for this service as QHPs, it is no longer appropriate to classify their time under PE. Instead, the time must be reassigned as intra-service professional time, consistent with AMA RUC valuation principles and reflective of the direct clinical involvement and decision-making required of the billing provider.

The current survey identified a median intra-service time of 25 minutes—more than triple the prior total time allocated to QHP work. Reassigning this time from PE to professional intra-service time represents a substantial shift in how the service is valued and, in turn, warrants a corresponding increase in the work RVU. Based on standard RUC valuation principles, the increase in intra-service time alone supports the median surveyed work RVU of 0.92.

It is important to note that during rotational chair testing, a audiologist/QHP must remain present and actively engaged for the entire procedure. Continuous attendance is necessary to manage sudden symptoms (e.g., vertigo, emesis,

syncope), adjust stimulus parameters in real time, and prevent data loss by correcting artifacts in ocular recordings. The audiologist's ongoing clinical judgment guides sequence, repetitions, and protocol changes based on evolving responses and comorbidities. This uninterrupted oversight ensures patient safety, preserves diagnostic validity, and reflects the service's time intensity and clinical complexity.

To further support the median value of 0.92 wRVU, we applied the 92546 WPUT to calculate work RVUs for XX5 and XX6 using their intra-service times. Code 92546 carries 8 minutes of intra-service time valued at 0.29 wRVU, yielding a WPUT of 0.29 ÷ 8 ≈ ***0.036 wRVU/min****. Applying this rate:* ***XX5 (25 min) ≈ 0.90 wRVU*** *and* ***XX6 (12 min) ≈ 0.43 wRVU****, which aligns closely with the recommended median values. The 50 minutes of total clinical time for 92546 is also consistent with the cumulative time for XX5 plus XX6. Because audiologist/QHP work has transitioned to the wRVU, WPUT is an appropriate comparator supporting selection of the median; defaulting to the 25th percentile fails to account for the PE-to-work shift in clinical labor and would systematically undervalue these services.*

In light of these factors—including updated billing structures, the reclassification of clinical time from practice expense to professional work, and the need for continuous, hands-on involvement from performers of the service - both audiology and neurology—the expert panel concludes that the proposed work RVU of 0.92 is appropriate.

To illustrate the impact of these changes, the table below compares the estimated changes to wRVU and practice expense and resulting values.

Scenario	Work RVU	CY2025 National Payment Rate*	PE Inputs (Non-facility)	PE Clinical Labor
Current 92546 – including Audiology in PE	0.29	$ 9.38	$ 82.28	$ 49.69
Proposed 92XX5 – estimates based on moving Audiology from PE to work	0.92	$ 29.76	$ 36.18	$ 5.40
Variance	0.63	$ 20.38	$ (46.10)	$ (44.29)

CF CY2025 - $32.35*

Comparison to Other Codes
The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for 92XX5.

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	0.60	0.030	40	5	30	5	**2nd KFS**
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	0.80	0.0221	36	8	23	5	**MPC**
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	0.80	0.0266	32	7	20	5	**MPC**
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)	0.87	0.0198	42	5	27	10	
92XX5	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report;	0.92	0.019	45	10	25	10	**Survey code**
85097	Bone marrow, smear interpretation	0.94	0.0376	25	0	25	0	**MPC**
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	1.05	0.0201	50	10	30	10	**MPC**
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	1.20	0.021	50	10	35	5	**1st KFS**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. We anticipate this code will be reported with the other vestibular codes. However, the selection of other codes will depend largely on the reason for testing and the patient's history. We anticipate that this code will be billed typically together with CPT code 92XX6 when supplemental testing is required. A typical scenario would be when rotational vestibular assessment by sinusoidal harmonic acceleration testing with calibrated, computer-controlled chair, was completed and patient requires supplemental testing with velocity step testing to determine laterality of the disorder.

CPT Code: 92XX6 Global Period: ZZZ Work RVU: 0.48 Time: Pre:0 Intra: 12 Post:0

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92546

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Commonly

Specialty Neurology How often? Sometimes

Specialty Otolaryngology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 120042
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimated Medicare patient utilization (seen below) multiplied by three.

Specialty Audiology Frequency 37213 Percentage 30.99 %

Specialty Neurology Frequency 35868 Percentage 29.87 %

Specialty Otolaryngology Frequency 15485 Percentage 12.89 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 40,014 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. These estimates are based on 2023 Medicare Utilization data for CPT codes 92546 from the AMA RUC database.

Specialty Audiology Frequency 12404 Percentage 30.99 %

Specialty Neurology Frequency 11924 Percentage 29.79 %

Specialty Otolaryngology Frequency 5161 Percentage 12.89 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92546

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92XX6 Tracking Number P2 Original Specialty Recommended RVU: **0.48**
Presented Recommended RVU: **0.48**
Global Period: ZZZ Current Work RVU: **0.00** RUC Recommended RVU: **0.48**

CPT Descriptor: Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report; with velocity step testing (VST) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 63-year-old male presents with persistent dizziness and vertigo of unknown origin. Rotational vestibular assessment by sinusoidal harmonic acceleration testing with calibrated, computer-controlled chair, was completed. Supplemental testing is performed using velocity step testing to determine laterality of the disorder.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: None

Description of Intra-Service Work: Sinusoidal harmonic acceleration (SHA) testing was inconclusive, necessitating the performance of velocity step testing (VST). VST provides additional diagnostic information about central vestibular function and helps to distinguish lateralization of peripheral vestibular dysfunction. The QHP removes the goggle cover and the patient is instructed about the additional testing including patient safety and requisite compliance. Specifically, the patient is instructed that the computer-controlled chair is abruptly accelerated in a clockwise direction to a target rotational velocity for 60 seconds before a rapid deceleration is immediately applied back to baseline velocity for an additional 60 seconds. The process is then repeated in a counterclockwise direction. The assessment consists of four low-velocity and four high-velocity targets, each involving 60 seconds of rotational movement. To initiate the test, the goggle cover is reapplied by the QHP placing the patient in complete darkness eliminating the opportunity to suppress the VOR. The QHP provides real-time monitoring to ensure patient safety and optimize test findings. For each VST recording, the direction and amplitude of nystagmus and the rate of nystagmus decay (time constant and phase lead) are measured. Additionally, for each VST recording, the direction, gain (amplitude of nystagmus), symmetry, and the rate of nystagmus decay (time constant) are measured. Responses are compared against age-appropriate normative data. These findings are interpreted and captured as part of the patient report.

Description of Post-Service Work: None

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Erin Miller, AuD, Patricia Gaffney, AuD, Marianna Spanaki, MD, Terry Fife, MD, Deborah Carlson, PhD					
Specialty Society(ies):	American Academy of Audiology, American Academy of Neurology, American Speech-Language-Hearing Association					
CPT Code:	92XX6					
Sample Size:	4079	**Resp N:**	80			
Description of Sample:	Random sample of the membership of each society in addition to a targeted survey of the membership of the American Balance Society					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**10.00**	50.00	100.00
Survey RVW:	0.20	0.35	**0.48**	0.66	10.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	8.00	**12.00**	20.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	92XX6	**Recommended Physician Work RVU: 0.48**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92621	ZZZ	0.35	**RUC Time**

CPT Descriptor Evaluation of central auditory function, with report: each additional 15 minutes (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92627	ZZZ	0.33	**RUC Time**

CPT Descriptor Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
77001	ZZZ	0.38	**RUC Time**	233,273

CPT Descriptor 1 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96168	ZZZ	0.60	**RUC Time**	1,344

CPT Descriptor 2 Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 35 **% of respondents:** 43.7 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 26.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 92XX6	Top Key Reference CPT Code: 92621	2nd Key Reference CPT Code: **92627**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	12.00	15.00	15.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**12.00**	**15.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	28%	48%	37%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	48%	45%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	54%	42%
Physical effort required	17%	65%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	0%	45%	54%

• Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	52%	23%	19%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	19%	38%	42%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	47%	38%
Physical effort required	23%	57%	19%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	28%	61%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 92546 was identified by the AMA RUC Relativity Assessment Workgroup (RAW) as being reported together with CPT code 92540 (Basic Vestibular Evaluation) in 75% or more of cases, based on 2022 Medicare claims data. Recognizing the need for updates, organizations representing audiology, neurology, and otolaryngology (AAA, ASHA, AAN, and AAO-HNS) collaborated to develop an action plan recommending that CPT code 92546 be referred to the CPT Editorial Panel for the creation of a detailed code descriptor, vignette, and description of service to appropriately define this procedure. This code, created prior to 1992, currently lacks a detailed descriptor, description of service, or vignette, and its utilization may not align with its intended use. The proposed revisions aim to clarify the intended purpose of the code and accurately reflect both clinical work and practice expenses. The action plan was presented to and accepted by the RAW at its September 2024 meeting.

Current CPT 92546 is performed to obtain a dynamic, quantitative assessment of vestibular function—specifically the vestibulo-ocular reflex (VOR) at mid-to-high stimulus frequencies and the degree of central compensation after peripheral loss. These data are pivotal for diagnosing and differentiating vestibular disorders (especially bilateral vestibular hypofunction), adjudicating equivocal or conflicting results from other tests, and guiding management and rehabilitation. CPT 92546 is a separate and distinct service from CPT 92540: it requires a computerized rotational chair, specialized software, and continuous monitoring, and it measures physiologic domains not captured by the 92540 battery. The rotary-chair methodology, equipment, technical setup, and professional interpretation are different from—and not duplicative of—those used for 92540.

During the September AMA RUC RAW review, the societies recommended that newly created CPT codes 92XX5 and 92XX6, together with CPT 92540, remain on the RAW "billed together" screen for three years. A defined three-year window will allow CMS and the RUC to assess real-world utilization and case-mix, capturing substitution, add-on, and referral patterns. Historically, rotational chair testing (92546) has often been billed in combination with other vestibular services (e.g., 92540) or referred externally when not available in-office, obscuring the standalone time, intensity, and resource needs of the service. Maintaining these codes on the screen will enable a focused, data-driven review to ensure accurate valuation, reduce distortions from billing combinations, and clarify the true clinical intensity of the procedure.

CPT Code 92XX6 is the add-on code describing rotational vestibular assessment with velocity step testing (VST) in addition to sinusoidal harmonic acceleration (SHA). VST assesses VOR function at higher frequencies of rotation and uses rapid acceleration and deceleration of the motor-driven chair. The chair accelerates to low and high target rotational velocities and abruptly decelerates back to baseline, in both clockwise and counterclockwise directions. This provides additional diagnostic information about central vestibular function and helps to distinguish lateralization of peripheral vestibular dysfunction. CPT code 92XX6 was presented to the CPT Editorial Panel during the May 2025 meeting as a standalone code. However, the Editorial Panel finalized edits to designate 92XX6 as an add-on code to base code 92XX5 as subject matter experts reported this procedure would not be done in isolation, but rather, would be added to the base rotational chair code when diagnostically indicated.

Compelling evidence
The expert panel believes there is compelling evidence for **work RVU of 0.48** for the following reasons:

- Currently, there is no designated CPT code to capture this service. It may have vaguely been captured under the CPT code 92546, however, there is no evidence. Additionally, CPT code 92546 has never been surveyed, and does not have a clinical vignette or a detailed description of the procedure. This omission likely skewed perceptions of provider involvement and failed to convey the actual cognitive complexity, clinical judgment, and interpretive workload required. Furthermore, utilizing inappropriate crosswalks to simpler tests underestimated the patient and procedure complexity, and greater diagnostic depth of this procedure.

- According to Medicare utilization data, the plurality of billing is by audiology (31%) followed by neurology (29.8%) and otolaryngology (12.8%). Audiology time is currently captured as clinical labor in practice expense. However, audiologists now bill Medicare independently and audiology time should not be captured under practice expense. As such, audiology time should be accounted for in professional work.

Survey Sample
The survey data and recommendations are based upon a random sample of AAA, AAN, and ASHA memberships. Specifically, AAA sent 1781 surveys to a random sample of the general membership; ASHA sent 1794 surveys to a random sample of a subset of audiologists indicating experience in vestibular disorders; AAN sent 396 surveys to a random sample of members of established AAN sections. Additionally, a targeted survey was sent to 108 members of the American Balance Society (ABS), at the approval of the Research Subcommittee. The total sample size was 4079, with 80 completed responses. Of those 80 responses, 59 came from the random sample of audiologists, 14 came from the targeted survey of audiologists, and 7 came from neurologists.

Expert Panel Recommendations
An expert panel of audiologists and neurologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

We recommend the median for work RVU of 0.48 and the median time of 12 minutes.

Time

The expert panel reviewed the survey data and supported the median times of 0 minutes for pre-service, 12 minutes for intra-service, and 0 minutes for post-service work. As 92XX6 is an add-on code to the base procedure (92XX5), pre- and post-service activities are captured under the primary code and do not require duplication here. The 12 minutes of intra-service time is essential to conduct the velocity step test (VST), which includes real-time monitoring and clinical decision-making related to test fidelity, supervising patient safety, and securing the patient's physiological response.

During VST, the patient is seated in a computer-controlled rotational chair, which is rapidly accelerated in a clockwise direction to a target velocity for 60 seconds, followed by immediate deceleration back to baseline for an additional 60 seconds. This same protocol is repeated in a counterclockwise direction across both low and high target velocities. In addition to required time for acceleration and deceleration, time is required to confirm setup, safety monitoring, and patient instruction to ensure compliance necessary. In summary, the expert panel affirms the appropriateness of the reported times—0 minutes pre-, 12 minutes intra-, and 0 minutes post-service—for a total of 12 minutes. These times accurately reflect the procedural complexity and clinical engagement required to perform this advanced vestibular assessment.

Work RVU

The expert panel validated the median surveyed work RVU of 0.48 and agreed that it accurately reflects the clinical intensity of the service and maintains appropriate rank order within the family of vestibular testing codes. Previous valuations of rotational chair testing failed to capture the true provider work due to the absence of a clinical vignette, inappropriate crosswalks to simpler tests, and outdated assumptions about billing practices—specifically, when audiology services were billed under the physician's NPI. At that time, the interpretive work of the QHP was indirectly accounted for through practice expense and the non-physician work pool. However, with audiologists now independently billing for these services, that construct is no longer valid.

Patients requiring additional evaluation with velocity step testing (VST) are typically more complex, often presenting with unresolved symptoms, multiple comorbidities, and diagnostic uncertainty following initial testing (e.g., SHA). These cases demand greater clinical oversight and interpretive effort, as the QHP must guide testing in real time, ensure patient safety, and analyze nuanced findings to advance the diagnostic process. The complexity of both the patient and the procedure is substantial, particularly when VST is used to address persistent diagnostic dilemmas. *This sequencing increases complexity: laterality is typically unknown until X6 is performed, the clinician must determine the affected ear during X6, interpret and document the care plan pathway.*

As noted above, rotational chair testing is an active, clinician-directed diagnostic procedure that demands continuous engagement from a QHP throughout its performance. The QHP plays a critical role in monitoring the patient's physiological responses, ensuring the fidelity and accuracy of test parameters, and making real-time clinical decisions to adjust the assessment based on the patient's tolerance and presentation. This level of oversight is particularly essential in higher-risk populations, such as older adults with impaired balance or fall risk, individuals with underlying neurological disorders (e.g., Parkinson's disease, multiple sclerosis), and patients with persistent, unexplained dizziness. These patients often exhibit unpredictable or heightened sensitivity to vestibular stimuli, requiring careful titration of test intensity and duration to avoid adverse effects and to optimize diagnostic yield. As such, the complexity of patient management during rotational chair testing extends well beyond the technical operation of the equipment and underscores the importance of QHP involvement in delivering a safe and clinically meaningful assessment.

To further support the median value of 0.92 wRVU, we applied the 92546 WPUT to calculate work RVUs for XX5 and XX6 using their intra-service times. Code 92546 carries 8 minutes of intra-service time valued at 0.29 wRVU, yielding a WPUT of 0.29 ÷ 8 ≈ ***0.036 wRVU/min****. Applying this rate:* ***XX5 (25 min) ≈ 0.90 wRVU*** *and* ***XX6 (12 min) ≈ 0.43 wRVU****, which aligns closely with the recommended median values. The 50 minutes of total clinical time for 92546 is also consistent with the cumulative time for XX5 plus XX6. Because audiologist/QHP work has transitioned to the wRVU, WPUT is an appropriate comparator supporting selection of the median; defaulting to the 25th percentile fails to account for the PE-to-work shift in clinical labor and would systematically undervalue these services.*

Comparison to Other Codes

The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for 92XX6.

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	0.33	0.040	15	0	15	0	**2nd KFS**
92621	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)	0.35	0.051	15	0	15	0	**1st KFS**
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure	0.35	0.0233	15	0	15	0	**MPC**
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	0.38	0.0223	17	2	15	0	**MPC**
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	0.45	0.0450	10	0	10	0	

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
92XX6	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report; with velocity step testing (VST) (List separately in addition to code for primary procedure)	0.48	0.040	12	0	12	0	**Survey code**
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	0.50	0.0333	15	0	15	0	**MPC**
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	0.55	0.0367	15	0	15	0	
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	0.60	0.0400	15	0	15	0	**MPC**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. We anticipate this code will often be reported with the other vestibular codes. However, the selection of other codes will depend largely on the reason for testing and the patient's history. We anticipate that this code when billed, will be billed together 100% of the time with 92XX5, as 92XX5 is the base code to this add-on code, when supplemental testing is required. A typical scenario would be when rotational vestibular assessment by sinusoidal harmonic acceleration testing with calibrated, computer-controlled chair, was completed and patient requires supplemental testing with velocity step testing to determine laterality of the disorder.

   CPT Code: 92XX5 Global Period: XXX Work RVU:0.92 Time: Pre 10 Intra:25 Post:10

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92546

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Sometimes

Specialty Neurology How often? Sometimes

Specialty Otolayrngology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 12003
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The estimates are based on 2023 Medicare utilization data for CPT code 92546 from the AMA RUC database. The societies estimate 10% of the 2023 Medicare utilization for 92546 will be reported as 92XX6. The national estimate is the product of the estimate Medicare patient utilization (seen below) multiplied by three..

Specialty Audiology Frequency 3721 Percentage 31.00 %

Specialty Neurology Frequency 3577 Percentage 29.80 %

Specialty Otolaryngology Frequency 1548 Percentage 12.89 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,001
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. These estimates are based on 2023 Medicare utilization data for CPT code 92546 from the AMA RUC database. Based on subject matter experts, approximately 10% of the individuals who receive rotational vestibular assessment undergo velocity step testing. Therefore, the societies estimate 10% of the 2023 Medicare utilization for 92546 will be reported as 92XX6. The following numbers represent the estimates for velocity step testing.

Specialty Audiology Frequency 1241 Percentage 31.01 %

Specialty Neurology Frequency 1192 Percentage 29.79 %

Specialty Otolaryngology Frequency 516 Percentage 12.89 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92546

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Rotational Vestibular Assessment 92XX5, 92XX6

TAB: 14

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and	XXX	2019	29	0.025	0.024			1.20			50	10					35			5					
2nd REF	92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one	XXX	2015	18	0.013	0.015			0.60			40	5					30			5					
CURRENT	92546	Sinusoidal vertical axis rotational testing	XXX	1995		-	0.036			0.29			8														
SVY	92XX5	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA)	XXX		92	0.019	0.020	0.30	0.72	0.92	1.20	30.00	45	10	0	0	1	16	25	37	120	10	0	10	40	104	700
	AAN	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA)	XXX		8	0.028	0.025	0.70	0.89	1.00	1.20	1.80	40	10	0	0	1	14	20	34	45	10	0	3	28	300	350
	Audiology	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA)	XXX		84	0.018	0.020	0.30	0.72	0.90	1.20	30.00	45	10	0	0	10	17	25	37	120	10	0	10	40	100	700
Audiology	AAA	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA)	XXX		31	0.018	0.020	0.50	0.78	0.95	1.20	30.00	47	11	0	0	10	19	25	40	120	11	0	1	30	95	700
	ABS	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA)	XXX		17	0.031	0.026	0.58	0.72	0.90	1.20	1.35	34	7	0	0	10	12	17	30	48	10	9	24	125	350	500
	ASHA	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA)	XXX		36	0.019	0.020	0.30	0.72	0.90	1.20	1.62	44	9	0	0	10	19	25	37	60	10	0	11	24	98	600
REC	92XX5	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report (do not report 92XX5 in conjunction with 92270)	XXX			0.019	0.020			0.92			45	10					25			10					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	92621	Evaluation of central auditory function, with report; each additional 15 minutes	ZZZ	2008	35	0.023	0.023			0.35			15						15								
2nd REF	92627	Evaluation of auditory function for surgically implanted device(s) candidacy	ZZZ	2018	21	0.022	0.022			0.33			15						15								
CURRENT	N/A	N/A				-	-						0														
SVY	92XX6	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA)	ZZZ		80	0.040	0.040	0.20	0.35	0.48	0.66	10.00	12	0	0	0	5	8	12	20	120	0	0	2	10	50	700
	AAN	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA)	ZZZ		7	0.045	0.045	0.33	0.35	0.50	0.70	1.00	11	0	0	0	5	6	11	15	20	0	0	2	5	28	300
	Audiology	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA)	ZZZ		73	0.040	0.040	0.20	0.33	0.48	0.65	10.00	12	0	0	0	5	8	12	20	120	0	0	2	12	50	700
Audiology	AAA	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA)	ZZZ		31	0.033	0.033	0.21	0.36	0.50	0.75	10.00	15	0	0	0	5	9	15	20	120	0	0	1	18	50	700
	ABS	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA)	ZZZ		14	0.035	0.035	0.20	0.31	0.38	0.50	1.05	11	0	0	0	6	8	11	15	27	0	0	5	10	43	175
	ASHA	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA)	ZZZ		28	0.048	0.048	0.20	0.33	0.48	0.64	1.50	10	0	0	0	5	8	10	22	40	0	0	1	14	38	500
REC	92XX6	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report; with velocity step testing (VST) (List separately in addition to code for primary procedure)	ZZZ			0.040	0.040			0.48			12	0					12			0	0				

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):92XX5, 92XX6 - Rotational Vestibular Assessment
SPECIALTY SOCIETY(IES): AAA, ASHA, AAN
PRESENTER(S): Deborah Carlson, PhD (ASHA), Patricia Gaffney, AuD (AAA), Erin L. Miller, AuD (AAA), Marianna Spanaki, MD (AAN), Terry Fife, MD (AAN),

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2025

CPT Code	Long Descriptor	Global Period
92XX5	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report (do not report 92XX5 in conjunction with 92270)	XXX
+92XX6	Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report; with velocity step testing (VST) (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
92XX5	A 53-year-old female presents with persistent dizziness and vertigo of unknown origin. Rotational vestibular assessment by sinusoidal harmonic acceleration testing with calibrated, computer-controlled chair is performed to evaluate the status of the vestibulo-ocular reflex and to determine the degree of functional compensation.
+92XX6	A 63-year-old male presents with persistent dizziness and vertigo of unknown origin. Rotational vestibular assessment by sinusoidal harmonic acceleration testing with calibrated, computer-controlled chair, was completed. Supplemental testing is performed using velocity step testing to determine laterality of the disorder. [Note: This is an add-on service. Only consider the additional work related to the velocity step testing]

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American Academy of Audiology, American Speech-Language-Hearing Association, and the American Academy of Neurology convened a consensus panel of neurologists and audiologists that included experts familiar with these services to evaluate the direct practice expense inputs for rotational vestibular assessment. The experts come from different practice settings (eg, private practice, clinic, hospital-based) and geographic regions of the country.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The societies are providing the current code, 92546, as reference for 92XX5 as well as CPT code 92548 as an additional reference because it has similar inputs to 92XX5.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The societies are providing CPT code 92627 as the reference code for 92XX6 because it is an add-on code and has similar equipment inputs to 92XX6.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
Is this code(s) typically reported with the E/M service in the non-facility?

No

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

According to the RUC database in the non-facility the dominant providers of 92546 are: -Audiology – 31.0% -Neurology – 29.8% -Otolaryngology – 12.9%

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

The overall aggregate current cost for clinical activities, supplies and equipment is expected to decrease due to the shift of 56 minutes of audiology time from PE to physician work. However, we have provided updated invoices for equipment and anticipate a slight increase for equipment cost only due to that updated data.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

3 minutes was previously included but we are not recommending time for this activity.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

• Complete pre-procedure phone calls and prescription (CA005) - Patient phone call with instructions for testing visit: guidance on food, caffeine and alcohol intake, smoking cessation, avoid any constrictive/compression clothing, review of medication list and counsel on which should be withheld prior to testing, plan for driving as test may cause dizziness or fainting. Perform medical screening for pacemakers or anything that may contraindicate test**. 3 minutes**

    b. Service period (includes pre, intra and post):

• Greet patient, provide gowning, ensure appropriate medical records are available (CA009) – greet patient, review medical records – 1 minute removed as patient does not receive gowning. **2 minutes** • Prepare room, equipment and supplies (CA013) - Set up the equipment, including all attachments, ensure that it has been properly cleaned, and adjusted for the patient, including entry of basic clinical information into testing software. **2 minutes**

    c. Post-service period:

• Clean room/equipment by clinical staff (CA024) - Any disposable items are discarded, and reusable equipment is thoroughly sanitized and repackaged. **3 minutes**

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

N/A

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A.

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

VNG open chair and goggles are requested to be added. This is the specialized equipment required to complete this procedure. This item is not listed on the Direct Input Medical Supplies Listing. We are including a paid invoice for the VNG Open Rotational Chair system, **which includes goggles.**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

The estimated useful life for the VNG Open Rotational Chair system is 7 years

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A - **Removed**

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

The equipment formula is classified as "Other" because the physician/audiologist time required to perform the rotational chair testing is accounted for in the work component rather than in the PE. Additionally, no ancillary clinical staff are involved in the procedure. To appropriately account for equipment time, we proposed 2 minutes for room preparation (CA013) and 3 minutes for room cleaning (CA024) in addition to the 25 minutes intraservice time = 30 minutes for 92XX5; and 12 minutes intraservice time for 92XX6. The equipment is a fixed installation, bolted to the floor in a specialized room for this test, and cannot be moved.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

None

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Remove all clinical L052A activities – review chart, prepare room / electrodes, perform service, collate and prepare data, clean room – **56 minutes**
Update supplies – removing electrodes and related supplies
Update supplies – add sanitizing wipes for patient and equipment and three additional pieces of paper for printing
Update equipment – including desktop computer, goggles and open rotational chair system

Recommendations for 92XX5

ROW	CODE	92XX5	current	REC	Rationale
CLINICAL ACTIVITIES					
19	**CA005**	Complete pre-procedure phone calls and prescription	3	3	**Retain** – Recommended standard 3 minutes for clinical staff to provide pre-test instructions covering dietary and lifestyle guidance (food, caffeine, alcohol, smoking), avoidance of constrictive or compression clothing, medication review with guidance on which to withhold, and driving precautions due to possible dizziness or fainting. Conduct a medical screening for pacemakers or other conditions that may contraindicate the test.

	33	**CA009**	Greet patient, provide gowning, ensure appropriate medical records are available (L037D – RN/LPN/MTA)	3	2	**Decrease** – Recommend below the standard of 3 minutes, as gowning is not required. Clinical staff prepare medical records for QHP review and provide a brief explanation of the testing procedure.
	34	**CA010**	Obtain vital signs (L037D – RN/LPN/MTA)	3	0	**Remove** – this activity is not required.
	37	**CA013**	Prepare room, equipment and supplies (L037D – RN/LPN/MTA)	0	2	**Add** – Recommend the standard of 2 minutes. Clinical staff prepares the equipment for testing, including all attachments, and ensures that it has been properly cleaned and adjusted for the patient, including entry of basic clinical information into testing software.
	45		Review Charts (L052A – Audiologist)	3	0	**Remove –** Captured in Line 33
	46		Prepare Room / Electrodes (L052A – Audiologist)	7	0	**Remove-** removing electrodes and all related activities
	52	**CA021**	Perform procedure/service--- NOT directly related to physician work time (L052A – Audiologist)	30	0	**Remove –** Audiologists now bill independently and should not be included in clinical labor time
	62	**CA024**	Clean room/equipment by clinical staff (L037D – RN/LPN/MTA)	0	3	**Add –** Recommend the standard of 3 minutes. Clinical staff discard any disposable items, and reusable equipment is thoroughly sanitized and repackaged. .
	78		Clean Room / equipment (L052A – Audiologist)	5	0	**Remove –** Audiologists now bill independently and should not be included in clinical labor time
	79		Collate and prepare extensive amount of recording paper (L052A – Audiologist)	5	0	**Remove –** reports are computerized and printed on standard paper

85	**CA038**	Coordinate post procedure services (L052A – Audiologist)	3	0	**Remove -** Audiologists now bill independently and should not be included in clinical labor time
MEDICAL SUPPLIES					
102	**SK059**	paper, recording (per sheet)	6	3	**Decrease –** From 6 sheets to 3 sheets, used to document and review each of the required tests. **This is for printing out the test results/source data. Rotary chair equipment is operated outside of medical record systems. Summary results need to be printed and scanned into the medical record system.**
103	**SM022**	sanitizing cloth-wipe (surface, instruments, equipment)	0	2	**Add-** requesting 2 cloth-wipes for cleaning of chair and restraints before and after the procedure
104	**SB022**	Gloves, non-sterile	1	1	**Retain-** required when QHP is physically touching the patient during the assessment to maintain hygiene.
105	**SM025**	specula tips, otoscope	1	0	**Remove –** this item is no longer required to perform this procedure
106	**SJ053**	swab-pad, alcohol	2	2	**Retain-** requesting 2 alcohol swab pads for cleaning of goggles before and after the procedure
107	**SF021**	cautery, patient ground pad w-cord	1	0	**Remove-** removing electrodes and all related supplies
108	**SD053**	electrode, ECG single	1	**0**	**Remove-** removing electrodes and all related supplies
109	**SG008**	applicator, cotton-tipped, non-sterile 6in	2	0	**Remove –** removing electrodes and all related supplies
110	**SG079**	tape, surgical paper 1in (Micropore)	12	0	**Remove-** removing electrodes and all related supplies
111	**SJ021**	electrode conductive paste	1	**0**	**Remove-** removing electrodes and all related supplies
112	**SJ010**	basin, emesis	1	**0**	**Remove –** removed emesis basin

113	**SM021**	sanitizing cloth-wipe (patient)	0	2	**Add:** required to clean eye debris/makeup. Recommending one for each eye
114	**SK008**	audiology scoring forms	1	1	**Retain –** required to score and document service
EQUIPMENT					
118	**EQ002**	CDP-computerized dynamic posturography system	56	0	**Remove-** This equipment is no longer used.
119	**EQ025**	ENG recording system	56	30	**Decrease -** Equipment needed for duration of clinical staff time for preparation and clean up (CA013 and CA024) and QHP intraservice time.
123	**ED021**	Computer, desk-top w-monitor	0	**0**	**Remove -** Remove desk-top computer as this is an indirect expense.
125	**NEW**	*VNG* open chair system **and goggles**	0	30	**Add-** requesting to add as this is the specialized equipment to perform the test. This equipment is needed for duration of procedure performance (QHP intraservice time) plus clinical staff time for preparation and clean up (CA013 and CA024). **Goggles are included as a part of the chair system**

Recommendations for 92XX6

ROW	CODE	92XX6	REF	REC	Rationale
CLINICAL ACTIVITIES: No clinical activities. This is an add-on code.					
MEDICAL SUPPLIES					
102	**SK059**	paper, recording (per sheet)	3	3	**Add-** Used to document and review each of the required tests. **This is required for printing additional test results/source data under 92XX6. Rotary chair equipment is operated outside of medical record systems. Summary results need to be printed and scanned into the medical record system.**
EQUIPMENT					

119	**EQ025**	ENG recording system	0	12	**Add-** this is the specialized equipment required to perform this procedure. This equipment is needed for duration of procedure performance (QHP intraservice time).
123	**ED021**	Computer, desktop w-monitor	0	**0**	**Remove –** remove desktop computer as this is an indirect expense.
125	**NEW**	*VNG* open chair and goggles	0	12	**Add-** this is the specialized equipment required to perform this procedure. This equipment is needed for duration of QHP intraservice time. **Goggles are included as a part of the chair system.**

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**	
2						**92548**		**92546**		**92XX5**	
3		***RUC Collaboration Website***				Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes		Sinusoidal vertical axis rotational testing		Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 14 - Rotational Vestibular Testing Specialty: AAA, ASHA, AAN**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**		**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 10.80**	**$ -**	**$ 82.28**	**$ -**	**$ 20.70**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**7.0**	**0.0**	**62.0**	**0.0**	**10.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**7.0**	**0.0**	**56.0**	**0.0**	**7.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 3.78**	**$ -**	**$ 49.68**	**$ -**	**$ 5.40**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54						
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54						
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54						
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54						
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54			3		3	
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54						
23			L037D	RN/LPN/MTA	0.54						
24			L037D	RN/LPN/MTA	0.54						
25			L037D	RN/LPN/MTA	0.54						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54	2		3		2	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54			3			
35	CA011	Provide education/obtain consent	L052A	Audiologist	0.81						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	2				2	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54						
42			L037D	RN/LPN/MTA	0.54						
43			L037D	RN/LPN/MTA	0.54						
44			L037D	RN/LPN/MTA	0.54						
45	OLD	*Review charts*	L052A	Audiologist	0.81			3			
46	OLD	*Prepare room, equipment and supplies (Callibration and Prepare*	L052A	Audiologist	0.81			7			
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L052A	Audiologist	0.81			30			
53			L037D	RN/LPN/MTA	0.54						
54			L037D	RN/LPN/MTA	0.54						
55			L037D	RN/LPN/MTA	0.54						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	3				3	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.54						
76			L037D	RN/LPN/MTA	0.54						
77			L037D	RN/LPN/MTA	0.54						
78	OLD	*Clean Room*	L052A	Audiologist	0.81			5			
79	OLD	*collate and prepare data (extensive amounts of recording paper)*	L052A	Audiologist	0.81			5			
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54						
85	CA038	Coordinate post-procedure services	L052A	Audiologist	0.81			3			
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36								
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54						
94			L037D	RN/LPN/MTA	0.54						
95			L037D	RN/LPN/MTA	0.54						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**	
2						**92548**		**92546**		**92XX5**	
3		***RUC Collaboration Website***				Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes		Sinusoidal vertical axis rotational testing		Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 14 - Rotational Vestibular Testing Specialty: AAA, ASHA, AAN**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**		**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 10.80**	**$ -**	**$ 82.28**	**$ -**	**$ 20.70**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**7.0**	**0.0**	**62.0**	**0.0**	**10.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**7.0**	**0.0**	**56.0**	**0.0**	**7.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**TO BE DELETED**		**RECOMMENDED**	
2						**92548**		**92546**		**92XX5**	
3		***RUC Collaboration Website***				Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes		Sinusoidal vertical axis rotational testing		Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 14 - Rotational Vestibular Testing Specialty: AAA, ASHA, AAN**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**		**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 10.80**	**$ -**	**$ 82.28**	**$ -**	**$ 20.70**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**7.0**	**0.0**	**62.0**	**0.0**	**10.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**7.0**	**0.0**	**56.0**	**0.0**	**7.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 0.43**	**$ -**	**$ 10.55**	**$ -**	**$ 0.96**	**$ -**
102	SK059	paper, recording (per sheet)	0.06	item		6		3		3	
103	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item		1				2	
104	SB022	gloves, non-sterile	0.3	pair				1		1	
105	SM025	specula tips, otoscope	0.45	item				1			
106	SJ053	swab-pad, alcohol	0.04	item				1		2	
107	SF021	cautery, patient ground pad w-cord	7.02	item				1			
108	SD053	electrode, ECG single	0.06	items				4			
109	SG008	applicator, cotton-tipped, non-sterile 6in	0.07	item				2			
110	SG079	tape, surgical paper 1in (Micropore)	0.01	inch				12			
111	SJ021	electrode conductive paste	1.81	oz				1			
112	SJ010	basin, emesis	0.25	item				1		**0**	
113	SM021	sanitizing cloth-wipe (patient)	0.07	item						2	
114	SK008	audiology scoring forms	0.12	item						1	
115											
116	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
117		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 6.59**	**$ -**	**$ 22.05**	**$ -**	**$ 14.34**	**$ -**
118	EQ002	CDP-computerized dynamic posturography system	86334.5		0.26376343	25		56			
119	EQ025	ENG recording system	33531	Other Formula	0.129936889			56		30	
120	EQ285	speakers, sound field	1775		0.007032898						
121	EQ054	audiometric soundproof booth (exam and control rooms)	31801.614		0.06775636						
122	EQ053	audiometer, clinical-diagnostic	9820.974		0.026062179						
123	ED021	computer, desktop, w-monitor	1332.333	Other Formula	0.005278965					**0**	
125	**NEW**	***VNG Open Chair System***	113900	Other Formula	$0.347979714					30	

	A	B	M	N	O	P
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**	
2			**92627**		**92XX6**	
3		***RUC Collaboration Website***	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically		Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 14 - Rotational Vestibular Testing Specialty: AAA, ASHA, AAN**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**		**ZZZ**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 1.63**	**$ -**	**$ 5.91**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**				
14		**Start: Following visit when decision for surgery/procedure made**				
15	CA001	Complete pre-service diagnostic and referral forms				
16	CA002	Coordinate pre-surgery services (including test results)				
17	CA003	Schedule space and equipment in facility				
18	CA004	Provide pre-service education/obtain consent				
19	CA005	Complete pre-procedure phone calls and prescription				
20	CA006	Confirm availability of prior images/studies				
21	CA007	Review patient clinical extant information and questionnaire				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)				
23						
24						
25						
26		*Other activity: please include short clinical description here and type*				
27		*Other activity: please include short clinical description here and type*				
28		*Other activity: please include short clinical description here and type*				
29		**End: When patient enters office/facility for surgery/procedure**				
30		**SERVICE PERIOD**				
31		**Start: When patient enters office/facility for surgery/procedure:**				
32		**Pre-Service (of service period)**				
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are				
34	CA010	Obtain vital signs				
35	CA011	Provide education/obtain consent				
36	CA012	Review requisition, assess for special needs				
37	CA013	Prepare room, equipment and supplies				
38	CA014	Confirm order, protocol exam				
39	CA015	Setup scope (nonfacility setting only)				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient				
41	CA017	Sedate/apply anesthesia				
42						
43						
44						
45	OLD	*Review charts*				
46	OLD	*Prepare room, equipment and supplies (Callibration and Prepare*				
47		*Other activity: please include short clinical description here and type*				
48		**Intra-service (of service period)**				
49	CA018	Assist physician or other qualified healthcare professional---directly				
50	CA019	Assist physician or other qualified healthcare professional---directly				
51	CA020	Assist physician or other qualified healthcare professional---directly				
52	CA021	Perform procedure/service---NOT directly related to physician work time				
53						
54						
55						
56		*Other activity: please include short clinical description here and type*				
57		*Other activity: please include short clinical description here and type*				
58		*Other activity: please include short clinical description here and type*				
59		**Post-Service (of service period)**				
60	CA022	Monitor patient following procedure/service, multitasking 1:4				
61	CA023	Monitor patient following procedure/service, no multitasking				
62	CA024	Clean room/equipment by clinical staff				
63	CA025	Clean scope				
64	CA026	Clean surgical instrument package				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports				
67	CA029	Check dressings, catheters, wounds				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,				
69	CA031	Review examination with interpreting MD/DO				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to				
71	CA033	Perform regulatory mandated quality assurance activity (service period)				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry				
73	CA035	Review home care instructions, coordinate visits/prescriptions				
74	CA036	Discharge day management	**n/a**		**n/a**	
75						
76						
77						
78	OLD	*Clean Room*				
79	OLD	*collate and prepare data (extensive amounts of recording paper)*				
80		*Other activity: please include short clinical description here and type*				
81		**End: Patient leaves office/facility**				
82		**POST-SERVICE PERIOD**				
83		**Start: Patient leaves office/facility**				
84	CA037	Conduct patient communications				
85	CA038	Coordinate post-procedure services				
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes				
88		99212 27 minutes				
89		99213 36 minutes				
90		99214 53 minutes				
91		99215 63 minutes				
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**
93						
94						
95						
96		*Other activity: please include short clinical description here and type*				

	A	B	M	N	O	P
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**	
2			**92627**		**92XX6**	
3		***RUC Collaboration Website***	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically		Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 14 - Rotational Vestibular Testing Specialty: AAA, ASHA, AAN**			calibrated, computer-	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**		**ZZZ**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 1.63**	**$ -**	**$ 5.91**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
97		*Other activity: please include short clinical description here and type*				
98		*Other activity: please include short clinical description here and type*				
99		**End: with last office visit before end of global period**				

	A	B	M	N	O	P
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**	
2			**92627**		**92XX6**	
3		***RUC Collaboration Website***	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically		Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with	
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable):** **Tab: 14 - Rotational Vestibular Testing** **Specialty: AAA, ASHA, AAN**			calibrated, computer-	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**		**ZZZ**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 1.63**	**$ -**	**$ 5.91**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**				
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 0.12**	**$ -**	**$ 0.18**	**$ -**
102	SK059	paper, recording (per sheet)			3	
103	SM022	sanitizing cloth-wipe (surface, instruments, equipment)				
104	SB022	gloves, non-sterile				
105	SM025	specula tips, otoscope				
106	SJ053	swab-pad, alcohol				
107	SF021	cautery, patient ground pad w-cord				
108	SD053	electrode, ECG single				
109	SG008	applicator, cotton-tipped, non-sterile 6in				
110	SG079	tape, surgical paper 1in (Micropore)				
111	SJ021	electrode conductive paste				
112	SJ010	basin, emesis				
113	SM021	sanitizing cloth-wipe (patient)				
114	SK008	audiology scoring forms	1			
115						
116	**Equipment Code**	**EQUIPMENT**				
117		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 1.51**	**$ -**	**$ 5.73**	**$ -**
118	EQ002	CDP-computerized dynamic posturography system				
119	EQ025	ENG recording system			12	
120	EQ285	speakers, sound field	15			
121	EQ054	audiometric soundproof booth (exam and control rooms)	15			
122	EQ053	audiometer, clinical-diagnostic	15			
123	ED021	computer, desktop, w-monitor			**0**	
125	**NEW**	***VNG Open Chair System***			12	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2025

Intracoronary Drug Delivery Balloon Services – Tab 15

In May 2025, the CPT Editorial Panel created two new Category I CPT codes to describe percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloons (CPT codes 9XX04 and 9XX07). These two new codes join the percutaneous coronary intervention (PCI) code family, which was last reviewed by the RUC in April 2024. For the September 2025 RUC meeting, it was noted that in the CY2026 Medicare Physician Payment Schedule Proposed Rule, CMS proposed to accept the RUC recommended work RVU for all twelve codes in the family previously reviewed at the April 2024 RUC meeting.

9XX04 ***Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, single major coronary artery and/or its branch(es)***
The RUC reviewed the survey results from 99 interventional cardiologists and determined that the survey median work RVU of 10.00 appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 60 minutes intra-service time, and 21 minutes immediate post-service time.

The RUC agreed to align the pre-service times to be consistent for 9XX04 with the pre-service time for the other 000-day global codes included in the percutaneous coronary intervention code family to reflect the time typically required to perform the pre-service evaluation and other work to prepare for the procedure. The additional time is necessary to evaluate and prepare the access site(s) (one or both radial arteries and/or one or both femoral arteries). The myriad of techniques that are now available for percutaneous coronary intervention has expanded, and that requires a full discussion with the patient because each one carries separate risks. Left and right radial pulses are also evaluated using an Allen test to determine which are available for access and which of the two offers preferable access. It is typical for the physician to prepare at least two access sites. Many operators routinely provide an anti-vasospastic cocktail, which also takes additional time to prepare. As part of the evaluation, the operator discusses the results of Heart Team consultations (if performed) and describes various PCI techniques, and the possibility of conversion to emergency surgery, among other typical scenarios. The Heart Team for coronary revascularizations is a multidisciplinary team convened to evaluate complex patients and help allow patient-centered, evidence-based clinical decisions for patients who are considered for coronary revascularization.

The specialty societies noted that CPT code 9XX04 is inclusive of all of the work included in CPT code 92920 *Percutaneous transluminal coronary angioplasty; single major coronary artery and/or its branch(es)* (CY2026 NRPM work RVU= 8.35, CY2026 NPRM intra-service time of 48 minutes, CY2026 NPRM total time of 123 minutes) and also the additional work to provide percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon. Therefore, the specialty societies noted, and the RUC concurred that a proposed value of 10.00 maintains the appropriate rank order with CPT code 92920.

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The specialty society noted that the typical patient has in-stent restenosis, where a blockage or narrowing reoccurs in the portion of the coronary artery and/or its branches previously treated with a stent. When the surgeon encounters in-stent restenosis, they must perform extensive analysis to figure out the mode of failure of the stent and then address that mode of failure. Often, that mode of failure is calcium restriction of expansion of the stent, which requires multiple steps to further dilate the vessel and further reanalyze, iteratively. The vessel needs to be completely optimized for the effective drug-coated balloon delivery to ensure a durable result; this takes a significant amount of extra work beyond what would be involved in a regular balloon angioplasty. The specialty also noted that this service is not typically performed with intravascular ultrasound or any other imaging modality.

To support the recommended work RVU of 10.00, the RUC compared the surveyed code to CPT code 33991 *Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture* (work RVU=8.84, intra-service time of 60 minutes, total time of 113 minutes) and noted that both services involve the same amount of intra-service time though the surveyed code typically involves 16 more minutes of total time. The specialty noted and the RUC concurred that the reference code is less intense than the surveyed code, as it is transvenous, as opposed to being an arterial entry for engagement of the coronary artery. For additional support, the RUC compared the surveyed code to CPT code 33530 *Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)* (work RVU= 10.13, 70 minutes intra-service time and 112 minutes total time) and noted that although the surveyed code involves less intra-service time, it involves more total time. Both procedures typically involve a similar amount of physician work. **The RUC recommends a work RVU of 10.00 for CPT code 9XX04.**

9XX07 ***Percutaneous transcatheter therapeutic drug-delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), single major artery and/or its branches (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 95 interventional cardiologists and determined that the survey 25th percentile work RVU of 4.38 appropriately accounts for the physician work required to perform this service. The RUC recommends 48 minutes intra-service and total time for this add-on procedure.

The specialty society noted that this add-on service is to be used when a drug-coated balloon is used in addition to another intervention in the same coronary artery. The specialty society indicated that the typical patient would undergo atherectomy (separately reported), and if the vessel is felt to be too small caliber for stenting. Therefore, the atherectomy is followed by drug-coated balloon treatment.

In general, the specialty society noted that this add-on service would be performed when the artery is either too small or too diffusely diseased for a stent to be an option. There is a high degree of restenosis with the standard non-drug balloon angioplasty, therefore a drug-coated balloon is used instead. The specialty societies also estimated that this service will likely be very infrequently performed, as the surgeon would always opt to use a stent if that were a viable option.

The RUC compared the surveyed code to second key reference code 37186 *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)* (work RVU= 4.92, intra-service and total time of 60

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minutes) and noted that the key reference code typically involves 12 more minutes of time and more physician work. The RUC concluded that these two services maintain appropriate relativity. For additional support, the RUC compared the surveyed code to MPC code 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)* (work RVU= 4.13, intra-service and total time of 40 minutes) and noted that the surveyed code involves more intra-service and total time; both services would have appropriate relativity to each other. **The RUC recommends a work RVU of 4.38 for CPT code 9XX07.**

Affirm RUC Recommendations
The RUC affirms its April 2024 work RVU recommendations of 8.35 for CPT code 92920, a work RVU of 10.13 for CPT code 92924, a work RVU of 10.00 for CPT code 92928, a work RVU of 11.94 for CPT code 92933, a work RVU of 11.30 for CPT code 92937, a work RVU of 12.72 for CPT code 92941, a work RVU of 13.69 for CPT code 92943, a work RVU of 2.97 for 92972, a work RVU of 1.75 for CPT code 92973, a work RVU of 12.00 for CPT code 92930, a work RVU of 15.00 for CPT code 92945, a work RVU of 1.80 for CPT code 93571, and a work RVU of 1.44 for CPT code 93572. CMS proposed to accept these RUC recommendations in the CY2026 Medicare Physician Fee Schedule Proposed Rule.

Practice Expense
The RUC recommends no direct practice expense inputs for CPT codes 9XX04 and 9XX07 as they are facility-only services.

New Technology/New Services List
CPT codes 9XX04 and 9XX07 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Cardiovascular System** **Transcatheter Procedures** *Codes for catheter placement and the radiologic supervision and interpretation should also be reported, in addition to the code(s) for the therapeutic aspect of the procedure.* ***Mechanical Thrombectomy*** *Code(s) for catheter placement(s), diagnostic studies, and other percutaneous interventions (eg, transluminal balloon angioplasty, stent placement) provided are separately reportable.*				

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Codes [37184]-[37188] specifically include intraprocedural fluoroscopic radiological supervision and interpretation services for guidance of the procedure.

Intraprocedural injection(s) of a thrombolytic agent is an included service and not separately reportable in conjunction with mechanical thrombectomy. However, subsequent or prior continuous infusion of a thrombolytic is not an included service and is separately reportable (see [37211]-[37214]).

For coronary mechanical aspiration thrombectomy, use [92973].

For intracranial arterial mechanical thrombectomy, use [61645].

Endovascular Revascularization, Transluminal Balloon Angioplasty (Other Than Central Nervous System, Coronary, Pulmonary, Lower Extremity for Occlusive Disease, and Dialysis Circuit When Approached through Ipsilateral Dialysis Access)

Codes [37246], [37247], [37248], [37249] describe open or percutaneous transluminal balloon angioplasty (eg, conventional, low profile, cutting, drug-coated balloon). Codes [37246], [37247] describe transluminal balloon angioplasty in an artery, excluding the central nervous system ([61630], [61635]), coronary ([92920]~~*[92944],* [0913T]~~*92945*), pulmonary ([92997], [92998]), and lower extremities for occlusive disease (*37XX1-37X46~~[37220] [37235]~~*). Codes [37248] and [37249] describe transluminal balloon angioplasty in a vein excluding the dialysis circuit ([36902], [36905], [36907]) when approached through the ipsilateral dialysis access. Transluminal balloon angioplasty is inherent to stenting in the extracranial carotid and innominate arteries ([37215], [37216], [37217], [37218]), peripheral arteries (*37XX1-37X46~~[37220]-[37237]~~*), and in peripheral veins ([37238], [37239]) and, therefore, is not separately reportable. Multiple angioplasties performed in a single vessel, including treatment of separate and distinct lesions within a single vessel, are reported with a single code. If a lesion extends across the margins of one vessel into another, but can be treated with a single therapy, the intervention should be reported only once. When additional, separate and distinct ipsilateral or contralateral vessels are treated in the same session, [37247] and/or [37249] may be reported as appropriate.

…

Non-selective and/or selective catheterization…

#[37248] *Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein*

#✚[37249] *each additional vein (List separately in addition to code for primary procedure)*

(Use [37249] in conjunction with [37248])

(Do not report [37248], [37249] in conjunction with [36836], [36837])

(Do not report [37248], [37249] in conjunction with [37238], [37239] when performed in the same vein during the same operative session)

(Do not report [37248], [37249] in conjunction with [0505T], within the femoral-popliteal segment)

(Do not report [37248], [37249] in conjunction with [0620T] within the tibial-peroneal segment)

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(For transluminal balloon angioplasty in aorta/visceral artery[ies] in conjunction with fenestrated endovascular repair, see [34841], [34842], [34843], [34844], [34845], [34846], [34847], [34848])

(For transluminal balloon angioplasty to treat stenosis or occlusion in iliac, femoral, popliteal, tibial, peroneal, or inframalleolar artery[ies] ~~or tibial/peroneal artery[ies] for occlusive disease~~, see ~~[37220]-[37235]~~37XX1, 37X02, 37X03, 37X04, 37X10, 37X11, 37X12, 37X13, 37X27, 37X28, 37X29, 37X30, 37X43, 37X44, 37X45, 37X46)

(For transluminal balloon angioplasty in a dialysis circuit performed through the circuit, see [36902], [36903], [36904], [36905], [36906], [36907], [36908])

(For transluminal balloon angioplasty in an intracranial artery, see [61630], [61635])

(For transluminal balloon angioplasty in a coronary artery, see [92920]-~~[92944]~~ 92945)

(For transluminal balloon angioplasty in a pulmonary artery, see [92997], [92998])

Endovascular Revascularization, Transcatheter Intravascular Stent (Other Than Lower Extremity Arterial for Occlusive Disease, Cervical Carotid, Intracranial, Intracoronary Innominate And/Or Intrathoracic Carotid, Extracranial Vertebral Artery, and Dialysis Circuit When Approached through Ipsilateral Dialysis Access)

Codes [37236]-[37239] are used to report endovascular revascularization for vessels other than lower extremity artery(ies) for occlusive disease (ie, *37XX1-37X46* ~~*[37221], [37223], [37226], [37227], [37230], [37231], [37234], [37235]*~~), cervical carotid (ie, [37215], [37216]), intracranial (ie, [61635]), intracoronary (ie, *[92920],* 9XX04, *[92924],* [92928], ~~*[92929],*~~ *92930,* [92933], ~~*[92934],*~~ [92937], ~~*[92938],*~~ [92941], [92943], *92945*~~*[92944]*~~), innominate and/or intrathoracic carotid artery through an antegrade approach ([37218]), extracranial vertebral (ie, [0075T], [0076T]) performed percutaneously and/or through an open surgical exposure, open retrograde intrathoracic common carotid or innominate ([37217]), or dialysis circuit when performed through the dialysis circuit ([36903], [36905], [36908]).

Codes [37236], [37237] describe transluminal intravascular…

Codes [37236]-[37239] include radiological supervision…

Intravascular stents, both covered and uncovered…

[37236] *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery*

✚*[37237]* *each additional artery (List separately in addition to code for primary procedure)*

(Use [37237] in conjunction with [37236])

(Do not report [37236], [37237] in conjunction with [36836], [36837])

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(Do not report [37236], [37237] in conjunction with [34841]- [34848] for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone)

(For stent placement[~~(s)~~] to treat stenosis or occlusion in iliac, femoral, popliteal, tibial, or peroneal,~~or tibial/peroneal~~ artery[~~(s)~~] ~~for occlusive disease,~~ see 37X05, 37X06, 37X07, 37X08, 37X14, 37X15, 37X16, 37X17, 37X22, 37X23, 37X24, 37X25, 37X31, 37X32, 37X33, 37X34, 37X39, 37X40, 37X41, 37X42 ~~[37221], [37223], [37226], [37227], [37230], [37231], [37234], [37235]~~)

(For transcatheter placement of intravascular cervical carotid artery stent[~~(s)~~], see [37215], [37216])

(For transcatheter placement of intracranial stent[~~(s)~~], use [61635])

(For transcatheter placement of intracoronary stent[~~(s)~~], see [92928], 92930~~[92929]~~, [92933], ~~[92934],~~ [92937], ~~[92938],~~ [92941], [92943], 92945~~[92944]~~)

(For stenting of visceral arteries in conjunction with fenestrated endovascular repair, see [34841]-[34848])

(For open or percutaneous antegrade transcatheter placement of intrathoracic carotid/innominate artery stent(s), use [37218])

(For open or percutaneous transcatheter placement of extracranial vertebral artery stent~~([s])~~, see Category III codes [0075T], [0076T])

(For open retrograde transcatheter placement of intrathoracic common carotid/innominate artery stent~~([s])~~, use [37217])

(For placement of a stent at the arterial anastomosis of a dialysis circuit with or without transluminal mechanical thrombectomy and/or infusion for thrombolysis, see [36903], [36906])

Medicine
Cardiovascular
Coronary Therapeutic Services and Procedures

Codes [92920]-~~*[92944]*~~92945 describe percutaneous revascularization services performed for occlusive disease of the coronary vessels (major coronary arteries, coronary artery branches, or coronary artery bypass grafts). These percutaneous coronary intervention (PCI) codes are built on progressive hierarchies with more intensive services inclusive of lesser intensive services. These PCI codes all include the work of accessing and selectively catheterizing the vessel, traversing the lesion, radiological supervision and interpretation directly related to the intervention(s) performed, closure of the arteriotomy when performed through the access sheath, and imaging performed to document completion of the intervention in addition to the intervention(s) performed. These codes include angioplasty (eg, *conventional* balloon*s*, cutting balloon*s*, wired balloons, cryoplasty *balloons*), atherectomy (eg, directional *atherectomy*, rotational *atherectomy, orbital atherectomy*, laser *atherectomy*), therapeutic drug delivery balloon (eg, drug-coated, drug-eluting) and stenting (eg, balloon expandable *stents*, self-expanding *stents*, bare metal *stents*, drug eluting *stents*, covered *stents*). Each code in this family includes balloon angioplasty, when performed. Diagnostic coronary angiography may be reported separately under specific circumstances *as outlined below*. Codes 9XX04, 9XX07 include mechanical dilation by non-drug delivery balloon angioplasty followed by therapeutic drug-delivery by drug delivery balloon. Percutaneous transluminal coronary

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lithotripsy may be reported using [92972] in conjunction with [92920], 9XX04, [92924], [92928], *92930,* [92933], [92937], [92941], [92943], *92945, ~~[92975]~~*, as appropriate.

Diagnostic coronary angiography codes ([93454]-[93461]) and injection procedure codes ([93563]-[93564]) should not be used with percutaneous coronary revascularization services ([92920]-~~[92944]~~92945) to report:

1. *Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the coronary intervention,*
2. *Vessel measurement for the coronary intervention,* ***or***
3. *Post-coronary angioplasty/stent/atherectomy angiography, as this work is captured in the percutaneous coronary revascularization services codes ([92920]-~~[92944]~~92945).*

Diagnostic angiography performed at the time of a coronary interventional procedure may be separately reportable if:

1. *No prior catheter-based coronary angiography study is available, and a full diagnostic study is performed, and a decision to intervene is based on the diagnostic angiography,* ***or***
2. *A prior study is available, but as documented in the medical record:*
   a. *The patient's condition with respect to the clinical indication has changed since the prior study,* ***or***
   b. ~~*There is*~~ *The prior study provides inadequate visualization of the anatomy and/or pathology,* ***or***
   c. *There is a clinical change during the procedure that requires new evaluation outside the target area of intervention.*

Diagnostic coronary angiography performed at a separate session from an interventional procedure is separately reportable.

Coronary Lesion: *For purposes of reporting, a single distinct coronary lesion starts at the proximal end of the target lesion and ends at the distal end of the target lesion. A single distinct coronary lesion may involve multiple coronary segments and may extend from a major coronary artery into one of its branches or from a bypass graft into the subtended vessel. For the purposes or reporting, two distinct coronary lesions within one major coronary artery are considered present when the first lesion is geographically separated from the second lesion. For example, a diffuse single coronary lesion extending from the mid to distal right coronary artery (RCA) treated with two stents constitutes a single distinct coronary lesion. A coronary lesion in the proximal RCA treated with a single stent and a separate coronary lesion in the distal RCA treated with two stents would be considered two distinct coronary lesions for the purposes of reporting.*

Major coronary arteries: *The major coronary arteries are the left main, left anterior descending, left circumflex, right, and ramus intermedius arteries. ~~All PCI procedures performed in all segments (proximal, mid, distal) of a single major coronary artery through the native coronary circulation are reported with one code.~~ When one segment of a major coronary artery is treated through the native circulation and treatment of another segment of the same artery requires access through a coronary artery bypass graft, the intervention through the bypass graft is reported separately.*

Coronary artery branches: *Up to two coronary artery branches of the left anterior descending (diagonals), left circumflex (marginals), and right (posterior descending, posterolaterals) coronary arteries are recognized. The left main and ramus intermedius coronary arteries do not*

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have recognized branches for reporting purposes. ~~All PCI(s) performed in any segment (proximal, mid, distal) of a coronary artery branch is reported with one code. PCI is reported for up to two branches of a major coronary artery. Additional PCI in a third branch of the same major coronary artery is not separately reportable.~~

Coronary Segments: *Coronary segments are recognized portions of each major coronary artery and its branches. For the purpose of coding, coronary segments are defined using the established paradigm used in the National Cardiovascular Data Registry (NCDR) CathPCI database.*

Coronary artery bypass grafts: *Each coronary artery bypass graft represents a major coronary artery ~~vessel~~. A sequential or branching bypass graft (eg, Y graft) with more than one distal anastomosis represents only one graft. ~~A branching bypass graft (eg, Y graft) represents a coronary vessel for the main graft, and each branch off the main graft constitutes an additional coronary vessel.~~ PCI performed on a major coronary artery~~ies~~ or major coronary artery branch~~es~~ by access through a bypass graft is reported using the bypass graft PCI codes. ~~All b~~Bypass graft PCI codes include the use of coronary artery embolic protection devices when performed.*

Only one *base* code from ~~*this*~~ *the PCI* family may be reported for revascularization of a major ~~*coronary*~~ artery and its ~~*recognized*~~ branches. Only one ~~*base*~~ code should be reported for revascularization of a coronary artery bypass graft, its subtended coronary artery, and ~~*recognized*~~ branches of the subtended coronary artery. If one segment of a major coronary artery and its ~~*recognized*~~ branches is treated through the native circulation, and treatment of another segment of the same vessel requires access through a coronary artery bypass graft, an additional base code ~~*is*~~ *may be* reported to describe the intervention performed through the bypass graft. The PCI base codes are [92920], 9XX04, [92924], [92928], *92930,* [92933], [92937], [92941], ~~and~~ [92943]*, and 92945*. ~~*The PCI base code that includes the most intensive service provided for the target vessel should be reported. The hierarchy of these services is built on an intensity of service ranked from highest to lowest as [92943] = [92941] = [92933] > [92924] > [92937] = [92928] > [92920].*~~

~~*PCI performed during the same session in additional recognized branches of the target vessel should be reported using the applicable add-on code(s). The add-on codes are [92921], [92925], [92929], [92934], [92938], and [92944] and follow the same principle in regard to reporting the most intensive service provided. The intensity of service is ranked from highest to lowest as [92944] = [92938] > [92934] > [92925] > [92929] > [92921].*~~

PCI performed during the same session in additional major coronary artery(ies) or in/through an additional coronary artery bypass grafts ~~should~~may be reported using the applicable major coronary artery base code(s). ~~additional base code(s). PCI performed during the same session in additional coronary artery branches should be reported using the applicable additional add-on code(s).~~

If a single lesion extends from one target vessel (major coronary artery, coronary artery bypass graft, or coronary artery branch) into another target vessel, but can be revascularized with a single intervention bridging the two vessels, this PCI should be reported with a single code despite treating more than one vessel. For example, if a left main coronary lesion extends into the proximal left circumflex coronary artery and a single stent is placed to treat the entire lesion, this PCI should be reported as a single vessel stent ([92928]). ~~In this example, a code for additional vessel treatment ([92929]) would not be additionally reported.~~

When bifurcation lesions are treated with at least one stent, 92930 is reported. ~~PCI is reported for both vessels treated.~~ For example, when both ~~vessels~~ branches of a bifurcation lesion involving the left anterior descending artery and the first diagonal artery are treated and at least one stent is used, report 92930.~~is treated by stenting both vessels, [92928] and [92929] are both reported.~~

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Code [92941] is intended for situations where PCI for acute MI (AMI), usually ST-elevation MI ~~(~~NSTEMI~~)~~*, is performed emergently.* ~~*Target vessel*~~ PCI ~~*for*~~ *of the culprit major coronary artery lesion(s) causing an* ~~*myocardial infarction*~~ *AMI* ~~*is inclusive of all*~~ *includes* balloon angioplasty, atherectomy, stenting, *nonmechanical* manual aspiration thrombectomy, distal protection, and intracoronary rheolytic agent administration *when* performed. Mechanical *aspiration coronary* thrombectomy *([92973])* ~~*is*~~ *may be* reported separately.

PCI for a non-emergent acute coronary syndrome (eg, late-presenting, or non-ST-elevation MI ~~NSTEMI~~ *without ongoing chest pain) should not be reported with [92941].*

PCI of chronic total occlusions is reported using [99243], 92945. Chronic total occlusion of a coronary vessel is present when there is no antegrade flow through the true lumen, accompanied by suggestive angiographic and clinical criteria (eg, antegrade "bridging" collaterals present, calcification at the occlusion site, no current presentation with ST elevation or Q wave acute myocardial infarction attributable to the occluded target lesion). Current clinical presentation with ST elevation or Q wave acute myocardial infarction attributable to the occluded target lesion, subtotal occlusion, ~~*and*~~ *or occlusion with dye staining at the site consistent with fresh thrombus are not considered chronic total occlusion. Some chronic total occlusions may be treated with antegrade advancement of a wire through the occluding calcified plaque or around this plaque in the subintimal space ([92943]). Some chronic total occlusion lesions must be traversed in a combined antegrade retrograde fashion (92945). In such cases, in addition to the antegrade approach, a wire is advanced via a non-occluded coronary artery and through collateral vessels to cross the occlusion in a retrograde fashion from its distal cap.*

Codes [92972] (percutaneous transluminal coronary lithotripsy), [92973] (percutaneous transluminal coronary thrombectomy, mechanical *aspiration*), [92974] (coronary brachytherapy), [92978] and [92979] (intravascular ultrasound/optical coherence tomography), [93571] and [93572] (intravascular Doppler velocity and/or pressure [~~*fractional flow*~~ reserve *measurement* ~~*(FFR) or coronary flow reserve (CFR)*~~]), and ~~[92972] (percutaneous transluminal coronary lithotripsy)~~, are add-on codes for reporting procedures performed in addition to coronary and bypass graft diagnostic and *PCI procedures* ~~*interventional services, unless included in the base code*~~. Non-mechanical, *manual* aspiration thrombectomy is not reported with [92973], and is included in the PCI code for ~~AMI~~ acute myocardial infarction ([92941]), when performed. *For nonmechanical, manual aspiration thrombectomy performed during PCI for indications other than* acute myocardial infarction ~~AMI~~, *use [93799].*

For purposes of reporting stent placement, there are two codes for stent PCI. Code [92928] is reported when one lesion is treated with one or more stents in a major coronary artery, whether the lesion is confined to one segment or extends across multiple coronary segments. When two or more separate coronary lesions are treated with two or more stents in two or more coronary segments in a major coronary artery and/or its branch(es), use 92930. Example #1: placement of stents to treat a single lesion that overlaps the mid and distal right coronary artery segments ~~*is*~~ *may be reported with [92928]. Example #2: Treatment of two separate lesions by placement of stents in the 1st diagonal artery and the distal LAD may be reported with 92930.*

(To report transcatheter placement of radiation delivery device for coronary intravascular brachytherapy, use [92974])

(For intravascular radioelement application, see [77770], [77771], [77772])

(For nonsurgical septal reduction therapy [eg, alcohol ablation], use [93799])

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	(For percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon, see ~~[0913T], [0914T]~~ 9XX04, 9XX07)			
(f)92920	Q1	*Percutaneous transluminal coronary angioplasty~~,~~, single major coronary artery and/or its branch(es)* (Do not report 92920 in conjunction with 9XX04 in the same major coronary artery) ~~(For percutaneous transluminal coronary lithotripsy, use 92972)~~ ~~(For percutaneous transcatheter therapeutic drug delivery by intracoronary drug delivery balloon, see 0913T, 0914T)~~ ~~(Do not report 92920 in conjunction with 0913T~~)	000	8.35 Affirm April 2024 RUC Recommendations (2025 Work RVU = 9.85)
● 9XX04	Q2	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, single major coronary artery and/or its branch(es) (Do not report 9XX04 in conjunction with 92920, 92924, 92928, 92930, 92933, 92937, 92941, 92943, 92945, 92974, for interventions on the same target lesion in the same major coronary artery or graft as the target lesion treated with drug-delivery balloon intervention) (Do not report 9XX04 in conjunction with 9XX07 in the same major coronary artery)	000	10.00
(f)92924	Q3	*Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed~~,~~, single major coronary artery and/or its branch(es)* ~~(For percutaneous transluminal coronary lithotripsy, use 92972)~~ ~~(For percutaneous transcatheter therapeutic drug delivery by intracoronary drug delivery balloon, see 0913T, 0914T)~~ ~~(Do not report 92924 in conjunction with 0913T~~)	000	10.13 Affirm April 2024 RUC Recommendations (2025 Work RVU = 11.74)

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(f)92928	Q4	*Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed~~,~~ single major coronary artery and/or its branch(es)~~,~~ one lesion involving one or more coronary segments* ~~(For percutaneous transluminal coronary lithotripsy, use 92972)~~ ~~(For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug-delivery balloon, see 0913T, 0914T)~~ ~~(Do not report 92928 in conjunction with 0913T)~~	000	10.00 Affirm April 2024 RUC Recommendations (2025 Work RVU = 10.96)
(f)92930	Q5	*two or more distinct coronary lesions with two or more coronary stents deployed in two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch* ~~(For percutaneous transluminal coronary lithotripsy, use 92972)~~	000	12.00 Affirm April 2024 RUC Recommendations
(f)92933	Q6	*Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed~~,~~ single major coronary artery and/or its branch(es)* ~~(For percutaneous transluminal coronary lithotripsy, use 92972)~~ ~~(For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug-delivery balloon, see 0913T, 0914T)~~ ~~(Do not report 92933 in conjunction with 0913T)~~	000	11.94 Affirm April 2024 RUC Recommendations (2025 Work RVU = 12.29)
(f)92937	Q7	*Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed~~,~~ single ~~vessel~~ major coronary artery and/or its branches* ~~(For percutaneous transluminal coronary lithotripsy, use 92972)~~ ~~(For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug-delivery balloon, see 0913T, 0914T)~~ ~~(Do not report 92937 in conjunction with 0913T)~~	000	11.30 Affirm April 2024 RUC Recommendations (2025 Work RVU = 10.95)

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(f)92941	Q8	*Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, ~~coronary artery or coronary artery bypass graft,~~ any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single ~~vessel~~ major coronary artery and/or its branches or single bypass graft and/or its subtended branches* (For additional vessels treated, see 92920-~~92938~~, ~~92944~~ 9XX04, *92924, 92928, 92930*, 92933, *92937, 92943, 92945*, ~~0913T, 0914T~~) ~~(For percutaneous transluminal coronary lithotripsy, use 92972)~~ *(For transcatheter intra-arterial hyperoxemic reperfusion/supersaturated oxygen therapy [SSO_2], use 0659T)* ~~(Do not report 92941 in conjunction with 0913T for intervention in the same major coronary artery or in the same bypass graft or its subtended branches)~~	000	12.72 Affirm April 2024 RUC Recommendations (2025 Work RVU = 12.31)
(f)92943	Q9	*Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; ~~single vessel~~ antegrade approach* ~~(Do not report 92943 in conjunction with 0913T)~~	000	13.69 Affirm April 2024 RUC Recommendations (2025 Work RVU = 12.31)
(f)92945	Q10	*combined antegrade and retrograde approaches* ~~(For percutaneous transluminal coronary lithotripsy, use 92972)~~	000	15.00 Affirm April 2024 RUC Recommendations
(f)92972	Q11	*Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)* (Use 92972 in conjunction with 92920, 9XX04, 92924, 92928, *92930,* 92933, 92937, 92941, 92943, *92945,* ~~92975~~) *(92972 may be reported only once for each major coronary artery or bypass graft)*	ZZZ	2.97 Affirm April 2024 RUC Recommendations (2025 Work RVU = 2.97)

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● 9XX07	Q12	Percutaneous transcatheter therapeutic drug-delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), single major artery and/or its branches (List separately in addition to code for primary procedure) (Use 9XX07 in conjunction with 92924, 92928, 92930, 92933, 92937, 92941, 92943, 92945)	ZZZ	4.38
(f)92973	Q13	*Percutaneous transluminal coronary mechanical ~~thrombectomy~~ aspiration thrombectomy ~~mechanical~~ (List separately in addition to code for primary procedure)* (Use 92973 in conjunction with 92920, 9XX04, 92924, 92928, *92930,* 92933, 92937, 92941, 92943, ~~*92975,*~~ *92945,* 93454-93461, 93563, 93564) ~~(Do not report 92973 in conjunction with 0913T for intervention in the same major coronary artery or in the same bypass graft or its subtended branches)~~ *(Do not report 92973 for manual aspiration thrombectomy)* *(92973 may be reported only once for each major coronary artery or bypass graft)*	ZZZ	1.75 Affirm April 2024 RUC Recommendations (2025 Work RVU = 3.28)

#✚*[92974]*	*Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)* (Use [92974] in conjunction with [92920], 9XX04, [92924], [92928], *92930,* [92933], [92937], [92941], [92943], *92945*~~[93454]-[93461]~~) *(For intravascular radioelement application, see [77770], [77771], [77772])*
#✚*[92978]*	*Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)* (Use [92978] in conjunction with ~~*[92975],*~~ [92920], 9XX04, [92924], [92928], *92930,* [92933], [92937], [92941], [92943], *92945,* [93454]-[93461], [93563], [93564]) *(Report [92978] once per session)* ~~(Do not report [92978] in conjunction with [0913T], [0914T] for intervention in the same major coronary artery or in the same bypass graft *or its subtended branches*)~~

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#✚*[92979]*		*each additional vessel (List separately in addition to code for primary procedure)* *(Report [92979] once per additional vessel)* *(Use [92979] in conjunction with [92978])* *(Intravascular ultrasound and optical coherence tomography services include all transducer manipulations and repositioning within the specific vessel being examined, both before and after therapeutic intervention [eg, stent placement])*		
(f)93571	Q14	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure) (Use 93571 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, ~~92975,~~ 93454-93461, 93563, 93564, 93593, 93594, 93595, 93596, 93597, 92930, 92945, 9XX04) (Do not report 93571 in conjunction with 0523T)	ZZZ	1.80 Affirm April 2024 RUC Recommendations (2025 Work RVU = 0.00)
(f)93572	Q15	each additional vessel (List separately in addition to code for primary procedure) (Use 93572 in conjunction with 93571) (Do not report 93572 in conjunction with 0523T) (Intravascular distal coronary blood flow velocity measurements include all Doppler transducer manipulations and repositioning within the specific vessel being examined, during coronary angiography or therapeutic intervention [eg, angioplasty]) (For unlisted cardiac catheterization procedure, use 93799)	ZZZ	1.44 Affirm April 2024 RUC Recommendations (2025 Work RVU = 0.00)

Category III Codes

~~**Transcatheter Therapeutic Drug Delivery by Intracoronary Drug-Delivery Balloon**~~

~~Codes [0913T], [0914T] describe percutaneous coronary revascularization services by intracoronary antiproliferative drug delivery, performed for occlusive disease of the coronary vessels (major coronary arteries, coronary artery branches) using drug-delivery balloon (eg, drug-coated, drug-eluting) for~~

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~~intracoronary antiproliferative drug delivery. Code [0913T] includes the work of accessing and selectively catheterizing the vessel, coronary angiography and intracoronary imaging (eg, intracoronary ultrasound, intracoronary optical coherence tomography) to guide the intervention, traversing the lesion, radiological supervision and interpretation directly related to the intervention(s) performed, closure of the arteriotomy when performed through the access sheath, and imaging performed to document completion of the intervention in addition to the intervention(s) performed. Code [0914T] is an add-on code and includes only the coronary angiography and intracoronary imaging (eg, intracoronary ultrasound, intracoronary optical coherence tomography) to guide the additional intervention, traversing the additional lesion, and radiological supervision and interpretation directly related to the intervention(s) performed on the additional lesion. Codes [0913T], [0914T] include mechanical dilation by nondrug-delivery balloon angioplasty followed by therapeutic drug delivery by drug-delivery balloon. Code [0913T] may not be reported with [92920], [92924], [92928], [92933], [92937], [92941], [92943], [92973], [92978] for percutaneous coronary interventions (PCI) on the same target lesion in the same major coronary artery or graft as the drug-delivery balloon intervention. For drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion in the same major coronary artery or graft, [0914T] may be reported for the separate target lesion in conjunction with [92920], [92924], [92928], [92933], [92937], [92941], [92943] for the first target lesion. For PCI in other major coronary arteries, see the appropriate PCI codes ([92920], [92924], [92928], [92933], [92937], [92941], [92943], [0913T]).~~

~~Diagnostic coronary angiography codes ([93454], [93455], [93456], [93457], [93458], [93459], [93460], [93461]) andinjection procedure codes ([93563], [93564]) should not be used with percutaneous coronary revascularization services by intracoronary antiproliferative drug-delivery balloon services ([0913T], [0914T]) to report:~~

~~Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the coronary intervention,~~

~~1. Vessel measurement for the coronary intervention, or~~

~~2. Postcoronary intervention angiography, as this work is captured in the percutaneous coronary revascularization services by intracoronary antiproliferative drug-delivery balloon codes ([0913T], [0914T]).~~

~~Diagnostic angiography performed at the time of a coronary interventional procedure may be separately~~

~~reportable, if:~~

~~1. No prior catheter-based coronary angiography study is available, and a full diagnostic study is performed, and a decision to intervene is based on the diagnostic angiography, or~~

~~2. A prior study is available, but as documented in the medical record:~~

~~a. The patient's condition with respect to the clinical indication has changed since the prior study,~~

~~or~~

~~b. The prior study provides inadequate visualization of the anatomy and/or pathology, or~~

~~c. There is a clinical change during the procedure that requires new evaluation outside the target area of intervention.~~

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~~Diagnostic coronary angiography performed at a separate session from an interventional procedure is~~

~~Separately reportable.~~

~~●[0913T]~~ ~~Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch~~

~~(Do not report [0913T] in conjunction with [92920], [92924], [92928], [92933], [92937], [92941], [92943], [92973], [92978], for interventions on the same target lesion in the same major coronary artery or graft as the target lesion treated with drug-delivery balloon intervention)~~

([0913T] has been deleted)

(For percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon, use 9XX04)

~~+●[0914T]~~ ~~Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention)~~

~~(Use [0914T] in conjunction with [92920], [92924], [92928], [92933], [92937], [92941], [92943])~~

([0914T] has been deleted)

(For percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery in conjunction with percutaneous coronary interventions [PCI] performed on a separate target lesion, use 9XX07)

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September 22, 2025

Ezekiel Silva, MD
AMA/RVS Update PE Subcommittee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

Re: Tab 15 Intracoronary Drug Delivery Balloon Services

Dear Dr. Silva:

Tab 15 of the September 2025 RUC agenda addresses 2 new category I codes for intracoronary drug coated balloon services as well as 13 existing percutaneous coronary intervention (PCI) codes as part of the family.

The intravascular lithotripsy code (92972) was valued by the RUC at the January 2023 meeting and finalized by CMS in the CY2025 MPFS Final Rule. The remaining 12 codes in this family had RUC recommended values established at the April 2024 meeting. These values, as recommended by the RUC, were proposed by CMS in the CY2026 MPFS proposed rule. The AMA RUC and the surveying societies of the PCI codes have all submitted comment letters supporting the CMS proposal to accept the RUC recommended values for all 12 PCI codes.

Being that CMS proposes to accept the RUC recommended values for all of the established PCI codes in this family, they have all been surveyed within the last two years, and neither the RUC nor the surveying societies have raised any concerns with these values, we recommend reaffirmation of the existing value of 92972 and the RUC recommended/CMS proposed values of 92920, 92924, 92928, 92X01, 92933, 92937, 92941, 92943, 92X02, 92973, 93571, and 93572.

Thank you for your consideration of this information as you prepare for the upcoming meeting. Please contact Matt Minnella at mminnella@acc.org if you have any questions.

Sincerely,

Afnan Tariq, MD
SCAI RUC Advisor

Richard Wright, MD
ACC RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:9XX04 Tracking Number Q2 Original Specialty Recommended RVU: **8.05**
Presented Recommended RVU: **10.00**
Global Period: 000 Current Work RVU: **NA** RUC Recommended RVU: **10.00**

CPT Descriptor: Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, single major coronary artery and/or its branch(es)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old man with history of diabetes who underwent DES of the LAD six months ago now presents with escalating angina. Coronary angiography demonstrates focal 80% in-stent stenosis at the DES site. Drug-coated balloon treatment is recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 49% , Overnight stay-less than 24 hours 44% , Overnight stay-more than 24 hours 7%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Previous catheterization films are reviewed. In addition to the decision that an intervention is appropriate, additional consideration is given to different strategies for revascularization including repeat stenting, intra-coronary lithotripsy, atherectomy (rotational, orbital, or laser) or high pressure (40 atm) balloon dilatation. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed. The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: A "time out" occurs during which confirmation of critical information is ensured, such as the patient's identity, planned procedure, access route, allergies, completion of the consent process, availability of proper equipment, and any unusual circumstances that might influence the procedure. Conscious sedation is administered and adequate conscious sedation monitoring is verified. Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. A thin-walled needle is inserted percutaneously into the peripheral artery through which a flexible guidewire is inserted. The needle is removed over the guidewire, a sheath/dilator system is inserted over the guidewire, the dilator is removed, and the sidearm of the sheath is flushed to remove any clot or air. Intraarterial vasodilators are administered to prevent arterial spasm for radial artery access. An appropriate guiding catheter is inserted over the guidewire through the sheath into the arterial system under fluoroscopic guidance throughout the procedure. The catheter is advanced retrograde through the arterial system to the ascending aorta. The guidewire is removed and the catheter is attached to the pressure manifold. The guide is aspirated to remove any air, atheroma, or thrombus. Pressure is measured in the aortic root. The catheter is then manipulated using fluoroscopic guidance into the ostium of a coronary artery. Typically the guide must be manipulated to avoid aortic atheroma and adjusted substantially to engage the artery based on the

anatomy of the aorta. The arterial pressure and waveform are then checked to be sure there is no evidence of catheter malposition or impairment of coronary flow due to an ostial stenosis. Frequently several guide catheters are required to achieve a safe catheter engagement of the artery. Test contrast injections under fluoroscopy are performed to check catheter position.
Appropriate antiplatelet therapy pretreatment is confirmed, and additional antiplatelet therapy is administered as needed. Direct thrombin inhibitors or heparin is administered for anticoagulation. Therapeutic anticoagulation is confirmed by drawing blood from the guide and testing an activated clotting time (ACT). Additional anticoagulation is administered as needed to achieve a therapeutic ACT. Intracoronary vasodilators are administered. Multiple coronary injections are performed, each with the imaging system aligned in a different orientation, with simultaneous panning (moving the table) to assess the stenoses. A coronary guidewire is then manipulated through the guide and down the coronary artery and carefully used to cross the target lesion. Typically, this requires manipulation of the guidewire in several angiographic views and often requires additional guidewires if the first guidewire is not successful. Guidewire position across the lesion is confirmed angiographically. The guidewire is adjusted as needed to ensure it is not lodged in a small distal vessel that might result in perforation or dissection. Multiple coronary injections are performed, each with the imaging system aligned in a different orientation, with simultaneous panning (moving the table) to assess the stenoses.
Lesion preparation is initially performed using traditional balloon angioplasty to gain maximal lumen area prior to therapeutic drug-delivery by drug-coated balloon (DCB). An appropriate-sized non-compliant balloon is selected and advanced over the guidewire to the lesion. Balloon position within the stent is confirmed by angiography. The balloon is inflated gradually to reduce slippage while observing for clinical and angiographic signs of ischemia. The balloon is deflated and reinflated several times to progressively higher pressures. The balloon is withdrawn over the guidewire and removed from the guide catheter.
Precise measurement of the area to be treated by DCB is calculated by identifying the proximal and distal landing zones 2 mm beyond the edges of the lesion and measuring the vessel diameter post-dilation. An appropriate-sized DCB is selected to ensure contact with the vessel wall. The DCB is carefully delivered to the stenotic lesion preventing delamination of the drug-coating. The radiopaque marker bands on the DCB visualized by angiography are used to position the drug-coating precisely across the lesion treatment site. Pressure is gradually applied to the DCB until nominal pressure is achieved watching for balloon slippage or deformation, appropriate balloon expansion, and drug-coating apposition to the vessel lumen initiating the drug transfer process. During the drug transfer process, the inflated DCB is held in place continuously occluding blood flow while total inflation time is monitored according to manufacturer specifications and patient vitals including chest pain, EKG, hemodynamics, and blood pressure are assessed for signs of ischemia or arrhythmia, which may occur during the purposeful prolonged continuous occlusion of the vessel by the inflated DCB. Following completion of the drug transfer process, negative pressure is applied deflating the DCB, vessel patency is confirmed, and the DCB is withdrawn over the guidewire and removed from the guide catheter.
The guidewire is withdrawn back into the guide catheter. The guide catheter is disengaged and removed. The arterial access site is closed, and the patient is sent to recovery. Additional time in recovery may be necessary given that the lesion has not been stented.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is observed to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	9XX04					
Sample Size:	3658	**Resp N:**	99			
Description of Sample:	Sample is comprised of a targeted list of 765 known-user interventional cardiologists provided by the manufacturer, and 2893 interventional cardiologists randomly selected from ACC and SCAI membership					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	2.00	**5.00**	12.00	375.00
Survey RVW:		3.00	8.05	**10.00**	11.00	22.00
Pre-Service Evaluation Time:				**45.00**		
Pre-Service Positioning Time:				**12.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		2.00	39.00	**60.00**	67.00	122.00
Immediate Post Service-Time:	**21.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	9XX04	**Recommended Physician Work RVU: 10.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**21.00**	**28.00**	**-7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37242	000	9.80	**RUC Time**

CPT Descriptor Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37184	000	8.41	**RUC Time**

CPT Descriptor Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52356	000	8.00	**RUC Time**	87,085

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36905	000	9.00	**RUC Time**	19,261

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 29.2 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 17.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 9XX04	Top Key Reference CPT Code: 37242	2nd Key Reference CPT Code: **37184**
Median Pre-Service Time	48.00	31.00	30.00
Median Intra-Service Time	60.00	100.00	90.00
Median Immediate Post-service Time	21.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**129.00**	**161.00**	**150.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	26%	55%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	42%	52%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	55%	39%
Physical effort required	3%	77%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	39%	55%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	61%	22%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	55%	39%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	61%	22%
Physical effort required	22%	56%	22%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	22%	56%	22%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Drug coated balloon was brought to the May 2025 CPT meeting to convert the existing category III codes to category I. It was surveyed by ACC and SCAI for the September 2025 RUC meeting. The survey used an industry list of 765 known interventional cardiologists familiar with the procedure along with 2893 random interventional cardiologist members of ACC and SCAI.

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service.

The key reference service is 37242, a vascular embolization code that was selected by 29 respondents. While the median intraservice time was 40 minutes less than the key reference service, 68% of respondents selecting this key reference felt DCB was more or much more intense than the key reference service with 26% indicating the intensity was identical. The second most selected key reference service was 37184 mechanical thrombectomy selected by 17 respondents. While the median intraservice time was 30 minutes less than the key reference service, 28% of respondents selecting this key reference felt DCB was more or much more intense than the key reference service with 61% indicating the intensity was identical.

Preservice Time

For each of the 000 global PCI codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia. The elements below regarding the entire PCI family were approved by the RUC after facilitation discussion in April 2024 and we recommend replicating them for 9X004.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**48**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	35	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	10	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	11	+8 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, drug-coated balloon, atherectomy

						angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard

C	Observe (wait anesthesia care)	0	10	15	0	+4 Additional management of complex moderate sedation
C	Dress and scrub for procedure	5	5	5	5	Standard

The societies recommend a wRVU of 10.00 with times of 48/60/21. Preservice Package 2 was selected with the adjustments described above. Post-service package 8B for a complex procedure with IV sedation was selected with adjustment to match the survey 21 minutes. The intra-service time of 60 minutes is the survey median time. The societies are recommending the median survey wRVU of 10.00. We are recommending the median to avoid a rank order anomaly within this code family. The April 2024 RUC recommended work RVU for 92920 was 8.35. CMS proposed this value in the CY2026 proposed MPFS rule with the RUC and surveying societies supporting the value. As 9X004 includes the same work as 92920 plus additional steps it would not be appropriate to have 9X004 valued lower than 92920. It is also logical from a relativity sense for it to have the same/similar value as 92928 for straightforward stenting with the same intraservice time of 60 minutes. The median value of 10.00 with recommended times produces an IWPUT of 0.143. This aligns with the IWPUT of 92920 at 0.142 and the next code in the family hierarchy of 92924 which is also 0.142.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0913T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiologists How often? Commonly

Specialty Cardiologists How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 15000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate approximately matches manufacturers use-contingent sales of products required for the procedure over the 12 months prior to CPT Cat I code approval plus 50% more for growth of the new technology.

Specialty Interventional Cardiology Frequency 7800 Percentage 52.00 %

Specialty Cardiologists Frequency 6800 Percentage 45.33 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate reflects half of the total estimated performance as the average age of patient is expected to be approximatelyl 65 years old and in Medicare FFS. This would lead to approximately half of the patients to be Medicare beneficiaries.

Specialty Interventional Cardiologist Frequency 3900 Percentage 52.00 %

Specialty Cardiologists Frequency 3400 Percentage 45.33 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92920

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:9XX07 Tracking Number Q12 Original Specialty Recommended RVU: **4.38**
Presented Recommended RVU: **4.38**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **4.38**

CPT Descriptor: Percutaneous transcatheter therapeutic drug-delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), single major artery and/or its branches (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 65-year-old female undergoing atherectomy for a 90% calcified lesion in the distal parts of the left anterior descending artery. the vessel is felt to be too small-caliber for stenting so the atherectomy is followed by drug coated balloon treatment is undertaken. (note: this is an add-on service. only consider the additional work related to the drug coated balloon treatment)

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Once the percutaneous coronary intervention (PCI) is complete, lesion preparation is initially performed using traditional balloon angioplasty (performed as part of the primary procedure) to gain maximal lumen area prior to therapeutic drug-delivery by drug-coated balloon (DCB). An appropriate-sized non-compliant balloon is selected and advanced over the guidewire to the lesion. Balloon position is confirmed by angiography. The balloon is inflated gradually to reduce slippage while observing for clinical and angiographic signs of ischemia. The balloon is deflated and reinflated several times to progressively higher pressures. The balloon is withdrawn over the guidewire and removed from the guide catheter.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	9XX07					
Sample Size:	3658	**Resp N:**	95			
Description of Sample:	Sample is comprised of a targeted list of 765 known-user interventional cardiologists provided by the manufacturer, and 2893 interventional cardiologists randomly selected from ACC and SCAI membership					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**3.00**	10.00	400.00
Survey RVW:	1.80	4.38	**8.62**	11.58	18.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	36.00	**48.00**	60.00	189.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	9XX07	**Recommended Physician Work RVU: 4.38**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**48.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92974	ZZZ	3.00	**RUC Time**

CPT Descriptor Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37186	ZZZ	4.92	**RUC Time**

CPT Descriptor Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22632	ZZZ	5.22	**RUC Time**	1,448

CPT Descriptor 1 rthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,251

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 34 **% of respondents:** 35.7 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 12.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 9XX07	**Top Key Reference CPT Code:** 92974	**2nd Key Reference CPT Code:** **37186**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	48.00	42.50	60.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**48.00**	**42.50**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	65%	30%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	71%	23%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	6%	71%	23%
Physical effort required	6%	71%	23%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	71%	29%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	7%	0%	7%	50%	36%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	7%	86%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	14%	79%
Physical effort required	7%	28%	65%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	22%	71%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Drug coated balloon was brought to the May 2025 CPT meeting to convert the existing category III codes to category I. It was surveyed by ACC and SCAI for the September 2025 RUC meeting. The survey used an industry list of 765 known interventional cardiologists familiar with the procedure along with 2893 random interventional cardiologist members of ACC and SCAI.

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. The panel reviewed this ZZZ code and recommends the survey median intra-service time with no preservice or post-service time.

The key reference service is 92974 a transcatheter placement of radiation delivery device with a wRVU of 3.0 and an intraservice time of 42.5. This reference service was selected by 34 respondents. The median intraservice time was 5.5 minutes more than the key reference service and 35% of respondents selecting this key reference felt DCB was more or much more intense with 65% indicating the intensity was identical. The second most selected key reference service was 37186 noncoronary transluminal thrombectomy with a wRVU of 4.92 and an intraservice time of 60 selected by 12 respondents. While the median intraservice time was 12 minutes less than the second key reference service, 86% of respondents selecting this key reference felt DCB was more or much more intense than the key reference service with 7% indicating the intensity was identical.

The societies recommend a wRVU of 4.38 with times of 0/48/0. This is a ZZZ add on code with no pre and no post time. The societies are recommending the 25th percentile survey wRVU of 4.38. This is higher than the key reference service 92974 as the survey shows 9X007 has both longer time and higher intensity and less than reference service 37186 which has more time, but is considered less intense by the vast majority of respondents.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0914T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiology How often? Sometimes

Specialty Cardiologist How often? Sometimes

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 450
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Service was perfomred approximatelyl 3% of the time as base code in 2024 data. Maintaining that percentage as projection of 9X007 estimate.

Specialty Interventonal Cardiologist Frequency 230 Percentage 51.11 %

Specialty Cardiologist Frequency 220 Percentage 48.88 %

Specialty Frequency 0 Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 225
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimating half of services will be perfomed on Medicare beneficiaries

Specialty Interventional Cardiologist Frequency 115 Percentage 51.11 %

Specialty Cardiologist Frequency 110 Percentage 48.88 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92974

SS Rec Summary

ISSUE: Intracoronary Drug Delivery Balloon Services

TAB: 15

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	37242	Vascular embolization or occlusion, inclusive of all radiological	000	2013	29	0.085	0.061			9.80			161	23	3	5			100			30															
2nd REF	37184	Primary percutaneous transluminal mechanical thrombectomy,	000	2005	17	0.080	0.056			8.41			150	10	10	10			90			30															
CURRENT	0913T	Percutaneous transcatheter therapeutic drug delivery by				-	-						0																								
SVY	9XX04	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon	000		99	0.136	0.068	3.00	8.05	10.00	11.00	22.00	148	45	12	10	5	39	60	67	122	21												0	2	5	12	375
Rndm SVY	9XX04	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg.	000		68	0.135	0.066	3.00	8.00	10.00	11.00	15.91	151	45	10	11	5	44	60	75	122	25												0	1	5	11	375
TRGT SVY	9XX04	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg.	000		31	0.135	0.067	4.30	9.00	10.00	12.00	22.00	150	45	15	10	20	34	60	60	100	20												0	5	10	18	50
REC	9XX04	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg. drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, single major coronary artery and/or its branch(es)	000			0.143	0.078			10.00			129	35	3	10			60			21															

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	92974	Transcatheter placement of radiation delivery device for subsequent	ZZZ	2001	34	0.071	0.071			3.00			42.5						42.5																		
2nd REF	37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary	ZZZ	2005	12	0.082	0.082			4.92			60						60																		
CURRENT	0914T	Percutaneous transcatheter therapeutic drug delivery by				-	-						0																								
SVY	9XX07	Percutaneous transcatheter therapeutic drug-delivery balloon by intracoronary drug-delivery	ZZZ		95	0.180	0.180	1.80	4.38	8.62	11.58	18.00	48				10	36	48	60	189														0	0	3	10	400
Rndm SVY	9XX07	Percutaneous transcatheter therapeutic drug-delivery balloon by intracoronary drug-delivery	ZZZ		66	0.181	0.181	1.80	4.85	8.69	11.74	18.00	48				10	35	48	64	189														0	0	3	10	400
TRGT SVY	9XX07	Percutaneous transcatheter therapeutic drug-delivery balloon by intracoronary drug-delivery	ZZZ		29	0.136	0.136	1.80	4.00	8.00	10.50	16.00	59				12	40	59	60	100														0	2	5	10	30
REC	9XX07	Percutaneous transcatheter therapeutic drug-delivery balloon by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed with coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, single major artery or its branches (list separately in addition to code for primary procedure)	ZZZ			0.091	0.091			4.38			48						48																		

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
Apr 2024 RUC Rec	92920	Percutaneous transluminal coronary angioplasty; single major coronary	000	2024	140*	0.142	0.068			8.35			123	35	3	10			48			27															
REC	92920	Percutaneous transcatheter therapeutic drug-delivery balloon by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed with coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, single major artery or its branches (list separately in addition to code for primary procedure)	000			0.142	0.068			8.35			123	35	3	10			48			27															

Recommend reaffirmation of value determined at April 2024 RUC meeting *=respondents to April 2024 survey

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
Apr 2024 RUC Rec	92924	Percutaneous transluminal coronary atherectomy, with coronary	000	2024	140*	0.142	0.073			10.13			138	35	3	10			60			30															
REC	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)	000			0.142	0.073			10.13			138	35	3	10			60			30															

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
34	Recommend reaffirmation of value determined at April 2024 RUC meeting *=respondents to April 2024 survey																																						
35																																							
36					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
37	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
38	Apr 2024 RUC Rec	92928	Percutaneous transcatheter placement of intracoronary stent(s),	000		140*	0.141	0.074			10.00			136	35	3	10			60			28																
39	REC	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); one lesion involving one or more coronary segments	000			0.141	0.074			10.00			136	35	3	10			60			28																
40	Recommend reaffirmation of value determined at April 2024 RUC meeting *=respondents to April 2024 survey																																						
41																																							
42					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
43	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
44	Apr 2024 RUC Rec	92X01	Percutaneous transcatheter placement of intracoronary stent(s),	000	2024	138*	0.139	0.079			12.00			152	35	3	10			75			29																
45	REC	92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, two or more distinct coronary lesions with two or more coronary stents deployed in two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch	000			0.139	0.079			12.00			152	35	3	10			75			29																
46	Recommend reaffirmation of value determined at April 2024 RUC meeting *=respondents to April 2024 survey																																						
47																																							
48					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
49	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
50	Apr 2024 RUC Rec	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent,	000	2024	140*	0.138	0.078			11.94			153	35	3	10			75			30																
51	REC	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)	000			0.138	0.078			11.94			153	35	3	10			75			30																
52	Recommend reaffirmation of value determined at April 2024 RUC meeting *=respondents to April 2024 survey																																						
53					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
54	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
55	Apr 2024 RUC Rec	92937	Percutaneous transluminal revascularization of or through	000	2024	141*	0.149	0.079			11.30			143	35	3	10			65			30																
56	REC	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed, single major coronary artery and/its branches	000			0.149	0.079			11.30			143	35	3	10			65			30																
57	Recommend reaffirmation of value determined at April 2024 RUC meeting *=respondents to April 2024 survey																																						
58																																							
59					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
60	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
61	Apr 2024 RUC Rec	92941	Percutaneous transluminal revascularization of acute	000	2024	139*	0.175	0.098			12.72			130	22	3	10			65			30																

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
62	REC	92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single major coronary artery and/or its branches or single bypass graft and/or its subtended branches	000			0.175	0.098	12.72					130	22	3	10			65			30																
63	Recommend reaffirmation of value determined at April 2024 RUC meeting *=respondents to April 2024 survey																																						
64																																							
65					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
66	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
67	Apr 2024 RUC Rec	92943	Percutaneous transluminal revascularization of chronic total	000	2024	132*	0.101	0.069			13.69			198	35	3	10			120			30																
68	REC	92943	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach	000			0.101	0.069	13.69					198	35	3	10			120			30																
69	Recommend reaffirmation of value determined at April 2024 RUC meeting *=respondents to April 2024 survey																																						
70																																							
71					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
72	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
73	Apr 2024 RUC Rec	92X02	Percutaneous transluminal revascularization of chronic total	000	2024	118*	0.103	0.072			15.00			208	35	3	10			130			30																
74	REC	92945	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches	000			0.103	0.072	15.00					208	35	3	10			130			30																
75	Recommend reaffirmation of value determined at April 2024 RUC meeting *=respondents to April 2024 survey																																						
76																																							
77					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
78	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
79	Apr 2024 RUC Rec	92973	Percutaneous transluminal coronary thrombectomy aspiration mechanical	ZZZ	2024	140*	0.088	0.088			1.75			20						20																			
80	REC	92973	Percutaneous transluminal coronary thrombectomy aspiration mechanical (List separately in addition to code for primary procedure)	ZZZ			0.088	0.088	1.75					20						20																			
81	Recommend reaffirmation of value determined at April 2024 RUC meeting *=respondents to April 2024 survey																																						
82																																							
83					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
84	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
85	Apr 2024 RUC Rec	93571	Percutaneous transcatheter therapeutic drug delivery by	ZZZ	2024	138*	0.090	0.090			1.80			20						20																			

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
86	REC	93571	Percutaneous transcatheter therapeutic drug-delivery balloon by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed with coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, single major artery or its branches (list separately in addition to code for primary procedure)	ZZZ			0.090	0.090	1.80					20							20																				
87	Recommend reaffirmation of value determined at April 2024 RUC meeting *=respondents to April 2024 survey																																						
88																																							
89					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
90	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
91	Apr 2024 RUC Rec	93572	Percutaneous transcatheter therapeutic drug delivery by	ZZZ	2024	138*	0.090	0.090			1.44			16						16																				
92	REC	93572	Percutaneous transcatheter therapeutic drug-delivery balloon by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed with coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, single major artery or its branches (list separately in addition to code for primary procedure)	ZZZ			0.090	0.090	1.44					16							16																				
93	Recommend reaffirmation of value determined at April 2024 RUC meeting *=respondents to April 2024 survey																																						
94																																							
95					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
96	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
97	Current	92972	Percutaneous transcatheter therapeutic drug delivery by	ZZZ	2023	139*	0.099	0.099			2.97			30						30																				
98	REC	92972	Percutaneous transcatheter therapeutic drug-delivery balloon by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed with coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, single major artery or its branches (list separately in addition to code for primary procedure)	ZZZ			0.099	0.099	2.97					30							30																				
99	Recommend reaffirmation of value determined at January 2023 RUC meeting *=respondents to Jan. 2023 survey																																						

September 22, 2025

Ezekiel Silva, MD
AMA/RVS Update PE Subcommittee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

Re: Tab 15 Intracoronary Drug Delivery Balloon Services

Dear Dr. Silva:

Tab 15 of the September 2025 RUC agenda addresses 2 new category I codes for intracoronary drug coated balloon services as well as 13 existing percutaneous coronary intervention (PCI) codes as part of the family.

The intravascular lithotripsy code (92972) was valued by the RUC at the January 2023 meeting and finalized by CMS in the CY2025 MPFS Final Rule. The remaining 12 codes in this family had RUC recommended values established at the April 2024 meeting. These values, as recommended by the RUC, were proposed by CMS in the CY2026 MPFS proposed rule. The AMA RUC and the surveying societies of the PCI codes have all submitted comment letters supporting the CMS proposal to accept the RUC recommended values for all 12 PCI codes.

Being that CMS proposes to accept the RUC recommended values for all of the established PCI codes in this family, they have all been surveyed within the last two years, and neither the RUC nor the surveying societies have raised any concerns with these values, we recommend reaffirmation of the existing value of 92972 and the RUC recommended/CMS proposed values of 92920, 92924, 92928, 92X01, 92933, 92937, 92941, 92943, 92X02, 92973, 93571, and 93572.

Thank you for your consideration of this information as you prepare for the upcoming meeting. Please contact Matt Minnella at mminnella@acc.org if you have any questions.

Sincerely,

Afnan Tariq, MD
SCAI RUC Advisor

Richard Wright, MD
ACC RUC Advisor

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

9XX04, 9XX07
CPT® Codes

Boston Scientific
Vendor/Company Name

By: Karen Nordahl

Karen Nordahl
Printed Signature

VP, HEMA
Title

May 15, 2025
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2024

Coronary Therapeutic Services and Procedures – Tab 06

In October 2010, CPT code 92980 *Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel* was identified by the Relativity Assessment Workgroup (RAW) via the MPC List screen. The RAW requested that the specialty societies survey this code for RUC review. Subsequently, the specialty societies referred the code to the CPT Editorial Panel to revise the family of procedures to more accurately describe the current physician work involved in percutaneous coronary intervention (PCI). At the October 2011 CPT meeting, the Panel approved 13 new codes to describe PCI services. The societies surveyed the family and the RUC submitted recommendations to the Centers for Medicare & Medicaid Services (CMS) in January 2012. Instead of accepting the RUC recommendations, CMS opted to assign bundled status to all the add-on codes for the additional branches off the major coronary arteries (codes 92921, 92929, 92934, 92938, 92944). In addition, CMS increased values and intra-times of all the base codes using a mathematical formula to include a fraction of the time and value of the add-on codes, based on the billed together data available at the time. For example, using 2011 Medicare claims data, CMS anticipated that the service described by add-on code 92921 would be performed with the procedure described by base code 92920 27.4% of the time. To bundle the work value of the add-on code into base code 92920, CMS multiplied the RUC recommendation for the add-on code of 4.00 by 27.4% (or 1.10) and added that fractional value to the RUC recommendation for the base code (9.00+1.10=10.10). The value of moderate sedation, which was bundled into the base codes, was systematically removed when separate moderate sedation CPT codes were created for CPT 2017.

In September 2022, the CPT Editorial Panel created one new Category I CPT code for percutaneous coronary lithotripsy. Sixteen other PCI codes were considered part of the code family. For the January 2023 RUC meeting, the specialty societies opted to survey nine of the sixteen codes. The specialty societies opted to not survey the add-on codes in the family that describe the intervention in additional branches off major coronary arteries. As described above, CMS and payers have never recognized these add-on codes as separately payable services, therefore they have no Medicare utilization. After reviewing the survey results in preparation for the January 2023 RUC meeting, the surveying specialty societies requested, and the RUC agreed, to submit a recommendation only for the new add-on code 92972 for CPT 2024 and referred the entire PCI code family to the CPT Editorial Panel for restructuring for the CPT 2025 cycle. The code family was revised at the February 2024 CPT Editorial Panel meeting for the CPT 2026 cycle and the family was surveyed for the April 2024 RUC meeting.

The new/revised PCI code family is built on progressive hierarchies with more intensive services being inclusive of lesser intensive services. The base PCI codes include the work of accessing and selectively catheterizing the vessel, traversing the lesion, radiological supervision and interpretation directly related to the intervention(s) performed, closure of the arteriotomy when performed through the access sheath, and imaging performed to document completion of the intervention in addition to the intervention(s) performed. These codes include angioplasty (eg, conventional balloons, cutting balloons, wired balloons, cryoplasty balloons), atherectomy (eg, directional atherectomy, rotational atherectomy, orbital atherectomy, laser atherectomy), and stenting (eg, balloon expandable stents, self-expanding stents, bare metal stents, drug-eluting stents, covered stents). Each base code in this family also includes balloon angioplasty, when performed.

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Compelling Evidence
The RUC reviewed compelling evidence based on a change in technique. At the time of the 2012 survey, PCI was typically performed via the femoral artery, whereas fewer than 5 percent of PCI were performed via the radial artery at the time. Due to improvements in technique and catheter technology, PCI is now typically performed through the radial artery (more than 60 percent of the time nationally). This approach requires different skills and techniques that are more difficult to perform than access through the femoral artery. Research has shown the radial approach to be safer for patients and involves a significant reduction in the risk of patient bleeding. The specialties noted that the average radial artery is about 2 mm compared to femoral arteries which average about 9 mm. While safer for the patient, the service is technically more challenging for the operator. Unlike the femoral artery, not only does the operator give local anesthesia, but they also must administer additional medications intra-arterially because of the tendency for the radial and brachial arteries to go into spasms. Procedures that involve the radial artery involve injections by the physician into the artery once the artery has been canulated. **The RUC accepted compelling evidence based on a change in technique.**

Pre-service and Post-service Time
The RUC agreed to make the times consistent with the survey pre-service time for each 000-day global code to reflect the time typically required to perform the pre-service evaluation and other work to prepare for the procedure, as well as additional post-service time for several of the codes. The pre-service evaluation was adjusted to 35 minutes for every 000-day code, except for emergent code 92941, which was instead adjusted to 22 minutes. Also, pre-service scrub, dress, wait time was adjusted to 10 minutes for every 000-day procedure code. Similarly, the post-service time for each 000-day service was adjusted to 30 minutes or the surveyed post-service time (if surveyed time was less than 30).

These changes were in part based on the additional time needed to evaluate and prepare access site(s) (one or both radial arteries and/or one or both femoral arteries). The myriad of techniques that are now available for percutaneous coronary intervention has expanded and that requires a full discussion with the patient because each one carries separate risks. Left and right radial pulses are also evaluated using an Allen test to determine which are available for access and which of the two offers preferable access. It is typical for the physician to prepare at least two access sites. Many operators give an anti-vasospastic cocktail routinely which also takes additional time to prepare for during the pre-service period. As part of the evaluation, the operator discusses the results of Heart Team consultations (if performed) and describes various PCI techniques, and the possibility of conversion to emergency surgery, among other typical tasks. The Heart Team for coronary revascularizations is a multidisciplinary team convened to evaluate complex patients and helps make patient-centered, evidence-based clinical decisions for patients considered for coronary revascularization.

92920 ***Percutaneous transluminal coronary angioplasty, single major coronary artery and/or its branch(es)***
The RUC reviewed the survey results from 140 interventional cardiologists and determined a direct work RVU crosswalk to CPT code 49013 *Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration* (work RVU = 8.35, 45 minutes intra-service time and 155 minutes total time) appropriately accounts for the work required to perform this service. Both services typically involve a similar amount of intra-service time and the same overall amount of physician work. The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period and involved similar times, so the pool of potential reference codes was limited for most survey codes in this code family. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 48 minutes intra-service time, and 27 minutes immediate post-service time.

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The specialties noted that operators now see patients undergoing PCI who have more comorbidities than when the PCI code family was last reviewed in 2012. Attention to stricter adherence to statins and other medicines in revascularization and chest pain guidelines has excluded many patients who otherwise may have been treated with lower acuity PCI. The remaining patients are more complex than they were a dozen years ago. This is true for the patient population for each of the new/revised codes in this code family. The specialty also noted that typically, to close the radial artery access site (which is now typical), the operator uses a radial artery occluder band and this work takes much less time relative to what femoral closure used to involve when this service was last valued in 2012. The femoral artery closure work was a low-intensity portion of the intra-service work back in 2012, though took up a fair amount of time. With the replacement of this work with the usage of occluder bands, the typical intra-service work has a higher average intensity as a lower proportion of the time is dedicated to the closure.

For additional support, The RUC also referenced CPT code 31601 *Tracheostomy, planned (separate procedure); younger than 2 years* (work RVU = 8.00, 45 minutes intra-service time and 135 minutes total time) and CPT code 33952 *Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)* (work RVU = 8.15, 60 minutes intra-service time and 158 minutes total time). **The RUC recommends a work RVU of 8.35 for CPT code 92920.**

92924 ***Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)***

The RUC reviewed the survey results from 137 interventional cardiologists and determined a direct work RVU crosswalk to CPT code 33530 *Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)* (work RVU= 10.13, 70 minutes intra-service time and 112 minutes total time) appropriately accounts for the work required to perform this service. The RUC acknowledged that this direct crosswalk has a different global period, though also noted the relative dearth of available reference codes that are 000-day global major surgical procedures that have similar times and involve a similar amount of physician work in general. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 60 minutes intra-service time, and 30 minutes immediate post-service time. This service includes the entire physician work of CPT code 92920 when performed, plus the additional work of performing percutaneous transluminal coronary atherectomy. This places the recommendation for 92924 with appropriate relativity to the recommendation for 92920.

For additional support, the RUC referenced CPT code 33986 *Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older* (work RVU = 10.00, 60 minutes intra-service time and 205 minutes total time.) and CPT code 33964 *Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)* (work RVU = 9.50, 60 minutes intra-service time and 195 minutes total time).**The RUC recommends a work RVU of 10.13 for CPT code 92924.**

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92928 ***Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); one lesion involving one or more coronary segments***
The RUC reviewed the survey results from 140 interventional cardiologists and determined a direct work RVU crosswalk to CPT code 33986 *Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older* (work RVU= 10.00, 60 minutes intra-service time and 205 minutes total time) appropriately accounts for the work required to perform this service. The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period and involved a similar amount of physician work and similar times, so the pool of potential reference codes was limited. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 60 minutes intra-service time, and 28 minutes immediate post-service time. This service includes the entire physician work of CPT code 92920 when performed, plus the additional placement of intracoronary stent(s). The RUC noted that the recommendation for this service is slightly lower than that of 92924, as this service involves two minutes less total time.

The specialties noted that the former intra-service time for CPT 92928 was based on the survey 75th percentile intra-service time from the prior survey conducted for the January 2012 meeting, whereas their recommendation based on the 2024 survey for this revised service is based on the survey median intra-service time.

For additional support, the RUC referenced CPT code 33530 *Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)* (work RVU= 10.13, 70 minutes intra-service time and 112 minutes total time). **The RUC recommends a work RVU of 10.00 for CPT code 92928.**

92930 ***Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); two or more distinct coronary lesions with two or more coronary stents deployed in two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch***
The RUC reviewed the survey results from 138 interventional cardiologists and determined that the survey 25th percentile work RVU of 12.00 appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 75 minutes intra-service time, and 29 minutes immediate post-service time. The specialties noted that CPT code 92930 was created to allow coding for the work involved in placement of intracoronary stent(s) (previously coded as 92928) that exceeds the typical stenting case.

The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period and involved a similar amount of physician work, so the pool of potential reference codes was severely limited. The RUC compared the surveyed code to key reference codes 93653 *Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry*

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(work RVU = 15.00, 120 minutes intra-service time and 199 minutes total time) and 37225 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed* (work RVU = 11.75, 118 minutes intra-service time and 186 minutes total time) and determined that although the surveyed code involves less intra-service time and total time, it is a much more intense service to perform than both of these reference codes. The RUC concurred that the total amount of physician work for the surveyed code is slightly more than the 2nd key reference code, CPT code 37225. The RUC concluded that CPT code 92930 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 12.00 for CPT code 92930.**

92933 ***Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)***
The RUC reviewed the survey results from 140 interventional cardiologists and determined that the survey 25th percentile work RVU of 11.94 appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 75 minutes intra-service time, and 30 minutes immediate post-service time. The RUC noted that this service typically involves the same intra-service time as 92930 and a very similar total time, and should be valued similarly,.

The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period and involved a similar amount of physician work, so the pool of potential reference codes was severely limited. The RUC compared the surveyed code to key reference codes 37225 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed* (work RVU = 11.75, 118 minutes intra-service time and 186 minutes total time) and 93583 *Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed* (work RVU = 13.75, 90 minutes intra-service time and 178 minutes total time) and determined that the surveyed code involves much more intensity than both reference codes. 86 percent of the survey respondents who selected top key reference code 37225 had rated the surveyed code as more intense/complex to perform. 60 percent of the survey respondents that selected second key reference code 93583 had indicated the surveyed code is more intense/complex to perform. The RUC concluded that CPT code 92933 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 11.94 for CPT code 92933.**

92937 ***Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed, single vessel major coronary artery and/its branches***
The RUC reviewed the survey results from 141 interventional cardiologists and determined that the survey 25th percentile work RVU of 11.30 appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 65 minutes intra-service time, and 30 minutes immediate post-service time. The RUC noted that, relative to the currently assigned CMS from 2012, this recommendation involves 2 minutes less of intra-service time though 17 more minutes of total time. Also, as described in the introductory section, these services are more intense relative to when this service was previously reviewed.

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The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period and involved a similar amount of physician work, so the pool of potential reference codes was severely limited. The RUC compared the surveyed code to key reference codes 37225 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed* (work RVU = 11.75, 118 minutes intra-service time and 186 minutes total time) and 93583 *Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed* (work RVU = 13.75, 90 minutes intra-service time and 178 minutes total time) and determined that the surveyed code involves much more intensity than both reference codes. 84 percent of the survey respondents who selected top key reference code 37225 had rated the surveyed code as more intense/complex to perform. 68 percent of the survey respondents who selected second key reference code 93583 had indicated the surveyed code is more intense/complex to perform. The RUC concluded that CPT code 92937 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 11.30 for CPT code 92937.**

92941 ***Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single major coronary artery and/or its branches or single bypass graft and/or its subtended branches***
The RUC reviewed the survey results from 139 interventional cardiologists and determined that the survey 25th percentile work RVU of 12.72 appropriately accounts for the work required to perform this service. The RUC recommends 22 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 65 minutes intra-service time, and 30 minutes immediate post-service time. The specialties noted and the RUC concurred that this service is the most intense service to perform in the code family as it is emergent and involves a patient undergoing acute myocardial infarction. Since it is emergent, the pre-service evaluation time is typically shorter than all the planned 000-day global procedures in the code family. Also, this service is the most intense procedure to perform in the code family.

The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period and involved a similar amount of physician work, so the pool of potential reference codes was severely limited. The RUC compared the surveyed code to key reference codes 93583 *Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed* (work RVU = 13.75, 90 minutes intra-service time and 178 minutes total time) and 37225 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed* (work RVU = 11.75, 118 minutes intra-service time and 186 minutes total time) and determined that the surveyed code involves much more intensity than both reference codes. 83 percent of the survey respondents who selected top key reference code 93583 had rated the surveyed code as more intense/complex to perform. 91 percent of the survey respondents that selected second key reference code 37225 had indicated the surveyed code is more intense/complex to perform. The RUC concluded that CPT code 92941 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 12.72 for CPT code 92941.**

92943 ***Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach***
The RUC reviewed the survey results from 132 interventional cardiologists and determined that the survey 25th percentile work RVU of 13.69 appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 3

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minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 120 minutes intra-service time, and 30 minutes immediate post-service time. The specialty noted that this is one of the longest services to perform in the code family, as it involves multiple catheter changes and multiple techniques being attempted.

The RUC compared the surveyed code to key reference codes 93653 *Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry* (work RVU = 15.00, 120 minutes intra-service time and 199 minutes total time) and 93591 *Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve* (work RVU = 17.97, 120 minutes intra-service time and 208 minutes total time) and determined that the surveyed code typically involves an identical amount of intra-service time as these two reference codes, though somewhat less total time. The RUC concurred that the recommended times and values fit appropriately with both reference services, as the surveyed code involves less total work. The RUC concluded that CPT code 92943 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 13.69 for CPT code 92943.**

92945 *Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches*

The RUC reviewed the survey results from 118 interventional cardiologists and determined that the survey 25th percentile work RVU of 15.00 appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 130 minutes intra-service time, and 30 minutes immediate post-service time. The specialties noted that CPT code 92945 was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed. The specialty noted that this is one of the longest services to perform in the code family, as it involves multiple catheter changes and multiple techniques being attempted.

The RUC compared the surveyed code to key reference codes 93591 *Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve* (work RVU = 17.97, 120 minutes intra-service time and 208 minutes total time) and 93653 *Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry* (work RVU = 15.00, 120 minutes intra-service time and 199 minutes total time). The RUC noted that the surveyed code involves 10 minutes more of total time and either identical or similar total time to both reference codes. The RUC concluded that CPT code 92945 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 15.00 for CPT code 92945.**

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92972 ***Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)***
The RUC concurred with the societies that this add-on service should be affirmed, as it was most recently surveyed in January 2023 and the current time and value remain appropriate. The RUC affirms 30 minutes of intra-service and total time. **The RUC recommends affirming a work RVU of 2.97 for CPT code 92972.**

92973 ***Percutaneous transluminal coronary thrombectomy aspiration mechanical (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 140 interventional cardiologists and determined that a direct work RVU crosswalk to CPT code 36483 *Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)* (work RVU= 1.75 and 20 minutes of intra-service time) appropriately accounts for the work required to perform this service. The RUC noted that both add-on services typically involve the same amount of time to perform and the same average physician work intensity. The RUC recommends 20 minutes of intra-service time and total time.

The RUC compared the surveyed code to key reference codes 37186 *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)* (work RVU = 4.92, 60 minutes intra-service time and total time) and 92974 *Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)* (work RVU = 3.00, 42.5 minutes intra-service time and total time) and noted that both key reference codes involve more than twice as much time to perform as this add-on survey code, though the surveyed code typically involves more work intensity. **The RUC recommends a work RVU of 1.75 for CPT code 92973.**

93571 ***Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 138 interventional cardiologists and determined that a direct work RVU crosswalk to CPT code 37252 *Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)* (work RVU= 1.80, 20 minutes intra-service time and 22 minutes total time) appropriately accounts for the work required to perform this service. The RUC noted that both services typically involve an identical intra-service time, similar total time, and the same amount of physician work. The RUC recommends 20 minutes of intra-service time and total time.

The RUC compared the surveyed code to key reference code 92974 *Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)* (work RVU = 3.00, 42.5 minutes intra-service and total time) and noted that although the surveyed code involves roughly half as much time, the surveyed code is more intense to perform. The RUC concurred that this justifies a work value that is 60 percent of the value of the reference code. **The RUC recommends a work RVU of 1.80 for CPT code 93571.**

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93572 ***Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 138 interventional cardiologists and determined that a direct work RVU crosswalk to CPT code 37253 *Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)* (work RVU= 1.44, 20 minutes intra-service time and 21 minutes total time) appropriately accounts for the work required to perform this service. Although the reference code involves more time, the surveyed code is a more intense service to perform. The RUC concurred that both services are comparable in terms of the total amount of physician work typically required ot perform each service. The RUC recommends 16 minutes of intra-service time and total time. The RUC noted that this is an increase of 5 minutes relative to the currently assigned CMS Time, a 45 percent increase.

To support the recommended work RVU, the RUC compared the surveyed code to key reference code 37252 *Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)* (work RVU = 1.80, 20 minutes intra-service and 22 minutes total time) and determined that it is appropriate to assign the surveyed code a lower work value than this key reference code. **The RUC recommends a work RVU of 1.44 for CPT code 93572.**

Practice Expense
The RUC recommends no direct practice expense inputs for the PCI code family as they are facility-only services.

RUC Flag
The RUC recommends that CPT code 92924 should be flagged as **Do Not Use to Validate for Physician Work**. The direct work RVU crosswalk for this survey code was a different global period, ZZZ.

New Technology/New Services List
CPT code 92972 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Surgery
Cardiovascular System
Arteries and Veins
Transcatheter Procedures

Codes for catheter placement and the radiologic supervision and interpretation should also be reported, in addition to the code(s) for the therapeutic aspect of the procedure.

Mechanical Thrombectomy

Code(s) for catheter placement(s)…

Codes 37184-37188 specifically…

Intraprocedural injection(s) of a thrombolytic…

For coronary mechanical aspiration thrombectomy, use 92973.

For intracranial arterial mechanical thrombectomy, use 61645.

Transcatheter Thrombolytic Infusion

Codes 37211 or 37212 are used to report…

Endovascular Revascularization (Open or Percutaneous, Transcatheter)

Codes 37220-37235 are to be used…

These lower extremity endovascular…

…

✚*37235* *with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*

(Use 37235 in conjunction with 37231)

Codes 37246, 37247, 37248, 37249 describe open or percutaneous transluminal balloon angioplasty (eg, conventional, low profile, cutting, drug-coated balloon). Codes 37246, 37247 describe transluminal balloon angioplasty in an artery excluding the central nervous system (61630, 61635), coronary (92920-~~9294~~92945, *0913T*), pulmonary (92997, 92998), and lower extremities for occlusive disease (37220-37235). Codes

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37248 and 37249 describe transluminal balloon angioplasty in a vein excluding the dialysis circuit (36902, 36905, 36907) when approached through the ipsilateral dialysis access. Transluminal balloon angioplasty is inherent to stenting in the extracranial carotid and innominate arteries (37215, 37216, 37217, 37218), peripheral arteries (37220-37237), and in peripheral veins (37238, 37239) and, therefore, is not separately reportable. Multiple angioplasties performed in a single vessel, including treatment of separate and distinct lesions within a single vessel, are reported with a single code. If a lesion extends across the margins of one vessel into another, but can be treated with a single therapy, the intervention should be reported only once. When additional, separate, and distinct ipsilateral or contralateral vessels are treated in the same session, 37247 and/or 37249 may be reported as appropriate.

Non-selective and/or selective catheterization ...

#37248 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein

#✚37249 each additional vein (List separately in addition to code for primary procedure)

(Use 37249 in conjunction with 37248)

(Do not report 37248, 37249 in conjunction with 36836, 36837)

(Do not report 37248, 37249 in conjunction with 37238, 37239 when performed in the same vein during the same operative session)

(Do not report 37248, 37249 in conjunction with 0505T, within the femoral-popliteal segment)

(Do not report 37248, 37249 in conjunction with 0620T within the tibial-peroneal segment)

(For transluminal balloon angioplasty in aorta/visceral artery[ies] in conjunction with fenestrated endovascular repair, see 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)

(For transluminal balloon angioplasty in iliac, femoral, popliteal, or tibial/peroneal artery[ies] for occlusive disease, see 37220-37235)

(For transluminal balloon angioplasty in a dialysis circuit performed through the circuit, see 36902, 36903, 36904, 36905, 36906, 36907, 36908)

(For transluminal balloon angioplasty in an intracranial artery, see 61630, 61635)

(For transluminal balloon angioplasty in a coronary artery, see 92920-~~92944~~ 92945)

(For transluminal balloon angioplasty in a pulmonary artery, see 92997, 92998)

Codes 37236-37239 are used to report endovascular revascularization for vessels other than lower extremity artery(ies) for occlusive disease (ie, 37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235), cervical carotid (ie, 37215, 37216), intracranial (ie, 61635), intracoronary (ie, 92920, 92924, 92928,~~92929,~~ 92933, ~~92934,~~92937, ~~92938,~~92941, 92943, ~~92944~~, 92930, 92945), innominate and/or intrathoracic carotid artery through an antegrade approach (37218), extracranial vertebral (ie, 0075T, 0076T) performed percutaneously and/or through an open surgical

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exposure, open retrograde intrathoracic common carotid or innominate (37217), or dialysis circuit when performed through the dialysis circuit (36903, 36905, 36908).

…

Intravascular stents, both covered and uncovered, are a class of devices that may be used as part of an embolization procedure.

37236 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery*

✚*37237* *each additional artery (List separately in addition to code for primary procedure)*

(Use 37237 in conjunction with 37236)

(Do not report 37236, 37237 in conjunction with 36836, 36837)

(Do not report 37236, 37237 in conjunction with 34841- 34848 for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone)

(For stent placement~~([s])~~ in iliac, femoral, popliteal, or tibial/peroneal artery~~([s])~~ for occlusive disease, see 37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235)

(For transcatheter placement of intravascular cervical carotid artery stent~~([s])~~ see 37215, 37216)

(For transcatheter placement of intracranial stent~~([s])~~, use 61635)

(For transcatheter placement of intracoronary stent~~([s])~~, see 92928, ~~92929~~92933, ~~92934,~~ 92937, ~~92938,~~ 92941, 92943, ~~92944~~ 92930, 92945)

(For stenting of visceral arteries in conjunction with fenestrated endovascular repair, see 34841-34848)

(For open or percutaneous antegrade transcatheter placement of intrathoracic carotid/innominate artery stent(s), use 37218)

(For open or percutaneous transcatheter placement of extracranial vertebral artery stent~~([s])~~, see Category III codes 0075T, 0076T)

(For open retrograde transcatheter placement of intrathoracic common carotid/innominate artery stent~~([s])~~, use 37217)

(For placement of a stent at the arterial anastomosis of a dialysis circuit with or without transluminal mechanical thrombectomy and/or infusion for thrombolysis, see 36903, 36906)

Medicine
Cardiovascular
Therapeutic Services and Procedures
Coronary Therapeutic Services and Procedures

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Codes 92920-~~92944~~ 92945 describe percutaneous revascularization services performed for occlusive disease of the coronary vessels (major coronary arteries, coronary artery branches, or coronary artery bypass grafts). These percutaneous coronary intervention (PCI) codes are built on progressive hierarchies with more intensive services inclusive of lesser intensive services. These PCI codes all include the work of accessing and selectively catheterizing the vessel, traversing the lesion, radiological supervision and interpretation directly related to the intervention(s) performed, closure of the arteriotomy when performed through the access sheath, and imaging performed to document completion of the intervention in addition to the intervention(s) performed. These codes include angioplasty (eg, conventional balloons, cutting balloons, wired balloons, cryoplasty balloons), atherectomy (eg, directional atherectomy, rotational atherectomy, orbital atherectomy, laser atherectomy), and stenting (eg, balloon expandable stents, self-expanding stents, bare metal stents, drug eluting stents, covered stents). Each code in this family includes balloon angioplasty, when performed. Diagnostic coronary angiography may be reported separately under specific circumstances as outlined below. Percutaneous transluminal coronary lithotripsy may be reported using 92972 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975, 92930, 92945, as appropriate.

Diagnostic coronary angiography codes (93454-93461) and injection procedure codes (93563-93564) should not be used with percutaneous coronary revascularization services (92920-~~92944~~ 92945) to report:

1. *Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the coronary intervention,*
2. *Vessel measurement for the coronary intervention,* ***or***
3. Post-coronary angioplasty/stent/atherectomy angiography, as this work is captured in the percutaneous coronary revascularization services codes (92920-~~92944~~ 92945).

Diagnostic angiography performed at the time of a coronary interventional procedure may be separately reportable if:

1. *No prior catheter-based coronary angiography study is available, and a full diagnostic study is performed, and a decision to intervene is based on the diagnostic angiography, or*
2. *A prior study is available, but as documented in the medical record:*
    1. *The patient's condition with respect to the clinical indication has changed since the prior study, or*
    2. The~~re is~~ prior study provides inadequate visualization of the anatomy and/or pathology, **or**
    3. *There is a clinical change during the procedure that requires new evaluation outside the target area of intervention.*

Diagnostic coronary angiography performed at a separate session from an interventional procedure is separately reportable.

Coronary Lesion: For the purposes of reporting, a single distinct coronary lesion starts at the proximal end of the target lesion and ends at the distal end of the target lesion. A single distinct coronary lesion may involve multiple coronary segments and may extend from a major coronary artery into one of its branches or from a bypass graft into the subtended vessel. For the purposes of reporting, two distinct coronary lesions within one major coronary artery are considered present when the first lesion is geographically separated from the second lesion. For example, a diffuse single coronary lesion extending from the mid to distal right coronary artery (RCA) treated with two stents constitutes a single distinct

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coronary lesion. A coronary lesion in the proximal RCA treated with a single stent and a separate coronary lesion in the distal RCA treated with two stents would be considered two distinct coronary lesions for the purposes of reporting.

Major coronary arteries: The major coronary arteries are the left main, left anterior descending, left circumflex, right, and ramus intermedius arteries. ~~All PCI procedures performed in all segments (proximal, mid, distal) of a single major coronary artery through the native coronary circulation are reported with one code.~~ When one segment of a major coronary artery is treated through the native circulation and treatment of another segment of the same artery requires access through a coronary artery bypass graft, the intervention through the bypass graft is reported separately.

Coronary artery branches: Up to two coronary artery branches of the left anterior descending (diagonals), left circumflex (marginals), and right (posterior descending, posterolaterals) coronary arteries are recognized. The left main and ramus intermedius coronary arteries do not have recognized branches for reporting purposes. ~~All PCI(s) performed in any segment (proximal, mid, distal) of a coronary artery branch is reported with one code. PCI is reported for up to two branches of a major coronary artery. Additional PCI in a third branch of the same major coronary artery is not separately reportable.~~

Coronary Segments: Coronary segments are recognized portions of each major coronary artery and its branches. For the purpose of coding, coronary segments are defined using the established paradigm used in the National Cardiovascular Data Registry (NCDR) CathPCI database.

Coronary artery bypass grafts: Each coronary artery bypass graft represents a coronary major artery ~~vessel~~. A sequential or branching bypass graft (eg, Y graft) with more than one distal anastomosis represents only one graft. ~~A branching bypass graft (eg, Y graft)represents a coronary vessel for the main graft, and each branch off the main graft constitutes an additional coronary vessel~~. PCI performed on a major coronary artery~~ies~~ or major coronary artery branch~~es~~ by access through a bypass graft is reported using the bypass graft PCI codes. B~~All b~~ypass graft PCI codes include the use of coronary artery embolic protection devices when performed.

Only one base code from ~~this~~ the PCI family may be reported for revascularization of a major ~~coronary~~ artery and its ~~recognized~~ branches. Only one ~~base~~ code should be reported for revascularization of a coronary artery bypass graft, its subtended coronary artery, and ~~recognized~~ branches of the subtended coronary artery. If one segment of a major coronary artery and its ~~recognized~~ branches is treated through the native circulation, and treatment of another segment of the same vessel requires access through a coronary artery bypass graft, an additional base code ~~is~~ may be reported to describe the intervention performed through the bypass graft. The PCI base codes are 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92930, and 92945. T~~he PCI base code that includes the most intensive service provided for the target vessel should be reported. The hierarchy of these services is built on an intensity of service ranked from highest to lowest as 92943 = 92941 = 92933 > 92924 > 92937 = 92928 > 92920.~~

~~PCI performed during the same session in additional recognized branches of the target vessel should be reported using the applicable add-on code(s). The add-on codes are 92921, 92925, 92928, 92934, 92938, and 92944 and follow the same principle in regard to reporting the most intensive service provided. The intensity of service is ranked from highest to lowest as 92944 = 92938 > 92934 > 92925 > 92929 > 92921.~~

PCI performed during the same session in additional major coronary artery(ies) or in/through an additional coronary artery bypass graft(s) ~~should~~ may be reported using the applicable major coronary artery base code(s). ~~additional base code(s). PCI performed during the same session in additional coronary artery branches should be reported using the applicable additional add-on code(s).~~

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If a single lesion extends from one target vessel (major coronary artery, coronary artery bypass graft, or coronary artery branch) into another target vessel, but can be revascularized with a single intervention bridging the two vessels, this PCI should be reported with a single code despite treating more than one vessel. For example, if a left main coronary lesion extends into the proximal left circumflex coronary artery and a single stent is placed to treat the entire lesion, this PCI should be reported as a single vessel stent (92928). ~~In this example, a code for additional vessel treatment (92929) would not be additionally reported.~~

When bifurcation lesions are treated with at least one stent, 92930 is reported.~~, PCI is reported for both vessels treated.~~ For example, when both branches of a bifurcation lesion involving the left anterior descending artery and the first diagonal artery are treated and at least one stent is used, report 92930.~~is treated by stenting both vessels, 92928 and 92929 are both reported.~~

Code 92941 is intended for situations where PCI for acute MI, usually ST-elevation MI, is done emergently. ~~Target vessel~~ PCI ~~for~~ of the culprit major coronary artery lesion(s) causing an acute MI ~~myocardial infarction~~ includes ~~is inclusive of all~~ balloon angioplasty, atherectomy, stenting, non-mechanical manual aspiration thrombectomy, distal protection, and intracoronary rheolytic agent administration when performed. Mechanical aspiration coronary thrombectomy (92973) ~~is~~ may be reported separately.

PCI for a non-emergent acute coronary syndrome (eg, late-presenting, or non-ST-elevation MI without ongoing chest pain) should not be reported with 92941.

PCI of chronic total occlusions is reported using 99243, 92945. Chronic total occlusion of a coronary vessel is present when there is no antegrade flow through the true lumen, accompanied by suggestive angiographic and clinical criteria (eg, antegrade "bridging" collaterals present, calcification at the occlusion site, no current presentation with ST elevation or Q wave acute myocardial infarction attributable to the occluded target lesion). Current clinical presentation with ST elevation or Q wave acute myocardial infarction attributable to the occluded target lesion, subtotal occlusion, ~~and~~ or occlusion with dye staining at the site consistent with fresh thrombus are not considered chronic total occlusion. Some chronic total occlusions may be treated with antegrade advancement of a wire through the occluding calcified plaque or around this plaque in the subintimal space (92943). Some chronic total occlusion lesions must be traversed in a combined antegrade retrograde fashion (92945). In such cases, in addition to the antegrade approach, a wire is advanced via a non-occluded coronary artery and through collateral vessels to cross the occlusion in a retrograde fashion from its distal cap.

Codes 92973 (percutaneous transluminal coronary thrombectomy, mechanical aspiration), 92974 (coronary brachytherapy), 92978 and 92979 (intravascular ultrasound/optical coherence tomography), 93571 and 93572 (intravascular Doppler velocity and/or pressure [~~fractional flow~~ reserve measurement ~~{FFR} or coronary flow reserve {CFR}~~]), and 92972 (percutaneous transluminal coronary lithotripsy), are add-on codes for reporting procedures performed in addition to coronary and bypass graft diagnostic and PCI procedures ~~interventional services, unless included in the base code~~. Non-mechanical, manual aspiration thrombectomy is not reported with 92973, and is included in the PCI code for acute myocardial infarction (92941), when performed. For non-mechanical, manual aspiration thrombectomy performed during PCI for indications other than acute myocardial infarction, use 93799.

For purposes of reporting stent placement, there are two codes for stent PCI. Code 92928 is reported when one lesion is treated with one or more stents in a major coronary artery, whether the lesion is confined to one segment or extends across multiple coronary segments. When two or more separate coronary lesions are treated with two or more stents in two or more coronary segments in a major coronary artery and/or its branch(es), use 92930. Example #1: placement of stents to treat a single lesion that overlaps the mid and distal right coronary artery segments

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may be reported with 92928. Example #2: Treatment of two separate lesions by placement of stents in the 1st diagonal artery and the distal LAD may be reported with 92930. *(To report transcatheter placement of radiation delivery device for coronary intravascular brachytherapy, use 92974)* *(For intravascular radioelement application, see 77770, 77771, 77772)* *(For nonsurgical septal reduction therapy [eg, alcohol ablation], use 93799)*				
#▲92920	D1	Percutaneous transluminal coronary angioplasty~~;~~, single major coronary artery and/or its branch(es) (For percutaneous transluminal coronary lithotripsy, use 92972) (For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug delivery balloon, see 0913T, 0914T) (Do not report 92920 in conjunction with 0913T)	000	8.35
D92921	-	~~each additional branch of a major coronary artery (List separately in addition to code for primary procedure)~~ ~~(Use 92921 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943)~~ (92921 has been deleted. To report, use 92920)	~~ZZZ~~	~~(2024 Work RVU = 0.00)~~
#▲92924	D2	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed~~;~~ single major coronary artery and/or its branch(es) (For percutaneous transluminal coronary lithotripsy, use 92972) (For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug delivery balloon, see 0913T, 0914T) (Do not report 92924 with 0913T)	000	10.13
D92925	-	~~each additional branch of a major coronary artery (List separately in addition to code for primary procedure)~~ ~~(Use 92925 in conjunction with 92924, 92928, 92933, 92937, 92941, 92943)~~	~~ZZZ~~	~~(2024 Work RVU = 0.00)~~

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		(92925 has been deleted. To report, use 92924)		
#▲92928	D3	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed~~;~~ single major coronary artery and/or its branch(es); one lesion involving one or more coronary segments (For percutaneous transluminal coronary lithotripsy, use 92972) (For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug delivery balloon, see 0913T, 0914T) (Do not report 92928 in conjunction with 0913T)	000	10.00

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D92929	-	~~each additional branch of a major coronary artery (List separately in addition to code for primary procedure)~~ ~~(Use 92929 in conjunction with 92928, 92933, 92937, 92941, 92943)~~ (92929 has been deleted. To report, see 92928, 92930)	~~ZZZ~~	~~(2024 Work RVU = 0.00)~~
●92930	D4	two or more distinct coronary lesions with two or more coronary stents deployed in two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch	000	12.00
#▲92933	D5	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed~~;~~ single major coronary artery and/or its branch(es) (For percutaneous transluminal coronary lithotripsy, use 92972) (For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug delivery balloon, see 0913T, 0914T) (Do not report 92933 in conjunction with 0913T)	000	11.94
D92934	-	~~each additional branch of a major coronary artery (List separately in addition to code for primary procedure)~~ ~~(Use 92934 in conjunction with 92933, 92937, 92941, 92943)~~ (92934 has been deleted. To report, use 92933)	~~ZZZ~~	~~(2024 Work RVU = 0.00)~~
#▲92937	D6	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed~~;~~ single ~~vessel~~ major coronary artery and/its branches (For percutaneous transluminal coronary lithotripsy, use 92972) (For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug delivery balloon, see 0913T, 0914T) (Do not report 92937 in conjunction with 0913T)	000	11.30

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D92938	-	~~each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)~~ ~~(Use 92938 in conjunction with 92937~~) (92938 has been deleted. To report, use 92937)	~~ZZZ~~	~~(2024 Work RVU = 0.00)~~
#▲92941	D7	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, ~~coronary artery or coronary artery bypass graft,~~ any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single ~~vessel~~ major coronary artery and/or its branches or single bypass graft and/or its subtended branches. (For additional vessels treated, see 92920-~~92938~~ 92937, 92943, ~~92944~~92945, 0913T, 0914T) (For percutaneous transluminal coronary lithotripsy, use 92972) (For transcatheter intra-arterial hyperoxemic reperfusion/ supersaturated oxygen therapy [SSO_2], use 0659T) (Do not report 92941 in conjunction with 0913T for intervention in the same major coronary artery or in the same bypass graft or its subtended branches)	000	12.72
#▲92943	D8	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; ~~single vessel~~ antegrade approach	000	13.69
● 92945	D9	combined antegrade and retrograde approaches (For percutaneous transluminal coronary lithotripsy, use 92972) (For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug delivery balloon, see 0913T, 0914T) (Do not report 92943 in conjunction with 0913T)	000	15.00

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D92944	-	~~each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)~~ ~~(Use 92944 in conjunction with 92924, 92928, 92933, 92937, 92941, 92943)~~ ~~(To report transcatheter placement of radiation delivery device for coronary intravascular brachytherapy, use 92974)~~ ~~(For intravascular radioelement application, see 77770, 77771, 77772)~~ (92944 has been deleted)	~~ZZZ~~	~~(2024 Work RVU = 0.00)~~
#▲✚92972	D10	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure) (Use 92972 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, ~~92975~~ 92930, 92945) (92972 may be reported only once for each major coronary artery or bypass graft)	ZZZ	2.97 (Affirmation of January 2023 RUC Recommendations)
#▲✚92973	D11	Percutaneous transluminal coronary thrombectomy aspiration mechanical (List separately in addition to code for primary procedure) (Use 92973 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, ~~92975,~~ 93454-93461, 93563, 93564, 92930, 92945) (Do not report 92973 for manual aspiration thrombectomy) (Do not report 92973 in conjunction with 0913T for intervention in the same major coronary or in the same bypass graft or its subtended branches) (92973 may be reported only once for each major coronary artery or bypass graft)	ZZZ	1.75
#✚*92974*	*Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)* (Use 92974 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 93454-93461, 92930, 92945) *(For intravascular radioelement application, see 77770, 77771, 77772)*			

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D92975	-	~~Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography~~	~~000~~	~~(2024 Work RVU = 6.99)~~
D92977	-	~~by intravenous infusion~~ ~~(For thrombolysis of vessels other than coronary, see 37211-37214)~~ ~~(For cerebral thrombolysis, use 37195)~~ (92975, 92977 have been deleted. To report coronary thrombolysis, use 93799)	~~XXX~~	~~(2024 Work RVU = 0.00)~~

#✚*92978* *Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)*

(Report 92978 once per session)

(Use 92978 in conjunction with ~~92975~~, 92920, 92924, 92928, 92933, 92937, 92941, 92943, 93454-93461, 93563, 93564, 92930, 92945)

(Do not report 92978 in conjunction with 0913T, 0914T for intervention in the same major coronary artery or in the same bypass graft or its subtended branches)

#✚*92979* *each additional vessel (List separately in addition to code for primary procedure)*

(Report 92979 once per additional vessel)

(Use 92979 in conjunction with 92978)

(Intravascular ultrasound and optical coherence tomography services include all transducer manipulations and repositioning within the specific vessel being examined, both before and after therapeutic intervention [eg, stent placement])

Cardiac Catheterization

Cardiac catheterization is a diagnostic medical procedure which includes introduction, positioning and repositioning, when necessary, of catheter(s), within the vascular system, recording of intracardiac and/or intravascular pressure(s), and final evaluation and report of procedure. There are two code families for cardiac catheterization: one for congenital heart disease and one for all other conditions. For cardiac catheterization for congenital heart defects (93593, 93594, 93595, 93596, 93597, 93598), see the ***Medicine/Cardiovascular/Cardiac Catheterization for Congenital Heart Defects*** *subsection. The following guidelines apply to cardiac catheterization performed for indications other than the evaluation of congenital heart defects.*

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Adjunctive hemodynamic assessments: when cardiac catheterization is combined with pharmacologic agent administration with the specific purpose of repeating hemodynamic measurements to evaluate hemodynamic response, use 93463 in conjunction with 93451-93453 and 93456-93461, 93593, 93594, 93595, 93596, 93597. Do not report 93463 for intracoronary administration of pharmacologic agents during percutaneous coronary interventional procedures, during intracoronary assessment of coronary pressure, flow or resistance, or during intracoronary imaging procedures. Do not report 93463 in conjunction with 92920-~~9294~~92945 ~~92975, 92977~~.

When cardiac catheterization is combined with exercise (eg, walking or arm or leg ergometry protocol) with the specific purpose of repeating hemodynamic measurements to evaluate hemodynamic response, report 93464 in conjunction with 93451-93453, 93456-93461, 93593, 93594, 93595, 93596, 93597.

Contrast injection to image the access site(s) for the specific purpose of placing a closure device is inherent to the catheterization procedure and not separately reportable. Closure device placement at the vascular access site is inherent to the catheterization procedure and not separately reportable.

…

✚*93463*		*Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)* *(Use 93463 in conjunction with 33477, 93451-93453, 93456-93461, 93580, 93581, 93582, 93593, 93594, 93595, 93596, 93597)* *(Report 93463 only once per catheterization procedure)* (Do not report 93463 for pharmacologic agent administration in conjunction with coronary interventional procedure 92920-~~9294~~92945 ~~92975, 92977~~)		

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▲✚93571	D12	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure) (Use 93571 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, ~~92975,~~ 93454-93461, 93563, 93564, 93593, 93594, 93595, 93596, 93597, 92930, 92945, 0913T) (Do not report 93571 in conjunction with 0523T)	ZZZ	1.80

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▲✚93572	D13	each additional vessel (List separately in addition to code for primary procedure) (Use 93572 in conjunction with 93571) (Do not report 93572 in conjunction with 0523T) (Intravascular distal coronary blood flow velocity measurements include all Doppler transducer manipulations and repositioning within the specific vessel being examined, during coronary angiography or therapeutic intervention [eg, angioplasty]) (For unlisted cardiac catheterization procedure, use 93799)	ZZZ	1.44

Category III Codes

0659T *Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation*

(Use 0659T in conjunction with 92941)

(Do not report 0659T in conjunction with 92920, 92924, 92928, 92933, 92937, 92943, 92930, 92945)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92920 Tracking Number D1 Original Specialty Recommended RVU: **9.00**
Presented Recommended RVU: **9.00**
Global Period: 000 Current Work RVU: **9.85** RUC Recommended RVU: **8.35**

CPT Descriptor: Percutaneous transluminal coronary angioplasty, single major coronary artery and/or its branch(es)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female presents with unstable angina. Coronary arteriography demonstrates diffusely diseased coronary arteries with 90% lesions in both the mid and distal parts of a tortuous left anterior descending artery. The vessel diameter is smaller than the smallest available stent. Percutaneous coronary intervention is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 98% , In the ASC 2%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 65% , Overnight stay-less than 24 hours 33% , Overnight stay-more than 24 hours 2%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed(i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. A sheath is placed and flushed. Intraarterial vasodilators are administered. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. A coronary dilation balloon is advanced over the guidewire to the lesion and dilation performed until adequate, then it is pulled back into the guide. Angiography is performed in multiple views. If the lesion is not fully expanded, the angioplasty procedure is repeated, using different larger or less compliant balloons as needed, and repeat angiography is performed. The entire process of coronary artery imaging, guidewire placement, and balloon inflation may be repeated at multiple stenotic sites in separate locations in the coronary artery or its branches. At the end of the procedure the guide catheter is disengaged and removed. The sheath is removed, and hemostasis is achieved by an appropriate technique. If a vascular closure device cannot be used with femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92920					
Sample Size:	2768	**Resp N:**	140			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	61.00	2000.00
Survey RVW:	1.00	9.00	**10.00**	11.21	20.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	2.00	30.00	**48.00**	60.00	120.00

Immediate Post Service-Time:	**27.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92920	**Recommended Physician Work RVU: 8.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**48.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**27.00**	**28.00**	**-1.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37236	000	8.75	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37228	000	10.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52356	000	8.00	**RUC Time**	82,797

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36905	000	9.00	**RUC Time**	22,013

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

Other Reference CPT Code	Global	Work RVU	Time Source
31259	000	8.48	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 34 **% of respondents:** 24.2 **%**

Number of respondents who choose 2nd Key Reference Code: 32 **% of respondents:** 22.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 92920	Top Key Reference CPT Code: 37236	2nd Key Reference CPT Code: **37228**
Median Pre-Service Time	48.00	31.00	38.00
Median Intra-Service Time	48.00	90.00	90.00
Median Immediate Post-service Time	27.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**123.00**	**151.00**	**158.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	41%	41%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	59%	38%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	55%	36%
Physical effort required	15%	70%	15%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	41%	40%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	22%	50%	28%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	38%	62%
Physical effort required	6%	55%	39%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	9%	91%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC

meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672

Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest

reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of

						various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial

						injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92920: PTCA

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92920 will be used to report percutaneous transluminal coronary angioplasty of a single major coronary artery and/or its branches. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 37236, transcatheter placement of an intravascular stent(s). While procedurally similar, 37236 is a longer, less intense service.

The societies **recommend a wRVU of 9.00 with times of 43/48/28.** The preservice time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 48 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is slightly above the longer KRS, but also accounts for the increased intensity of working in the coronary arteries (which are always in motion and where rupture can cause immediate death) as well as the increased intensity of radial artery access as opposed to the prior typical technique using femoral artery access.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The interventional cardiologisty typically also manages moderate sedation, 99152.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92920

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiology How often? Commonly

Specialty Interventional Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 57177
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 the traditional Medicare data from the RUC database to account for Medicare Advantage and commerical insurance covered performance.

Specialty Cardiology Frequency 27960 Percentage 48.90 %

Specialty Interventional Cardiology Frequency 26930 Percentage 47.09 %

Specialty Internal Medicine Frequency 1544 Percentage 2.70 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 19,059 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 RUC Database data. Recent trends show gradual decline, but we do not know if that will continue.

Specialty Cardiology Frequency 9320 Percentage 48.90 %

Specialty Interventional Cardiology Frequency 8977 Percentage 47.10 %

Specialty Internal Medicine Frequency 515 Percentage 2.70 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Coronary angioplasty (PTCA)

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92920

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92924 Tracking Number D2 Original Specialty Recommended RVU: **11.25**
Presented Recommended RVU: **11.25**
Global Period: 000 Current Work RVU: **11.74** RUC Recommended RVU: **10.13**

CPT Descriptor: Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73-year-old male presents with chronic angina refractory to medical therapy. Stress testing shows inferior ischemia. Coronary arteriography demonstrates heavily calcified coronary arteries. The proximal right coronary artery and its posterior descending branch each have long heavily calcified 80% stenotic lesions. Percutaneous coronary intervention is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 43% , Overnight stay-less than 24 hours 52% , Overnight stay-more than 24 hours 5%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 96%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed(i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. A sheath is placed and flushed. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. Intraarterial vasodilators are administered. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. An appropriate-sized atherectomy device is selected, assembled, and passed through the guide into the target artery. The device is test-activated in the body and adjusted as needed. The device is activated and advanced in a gradual back and forth motion to ablate calcific plaque. Multiple runs are performed until it can progress through the lesion. If a larger device is needed to enlarge the lumen more optimally, the above steps are repeated with the larger device. The device is removed and an angioplasty balloon is passed over the guidewire to the target lesion(s) and used to further dilate the target lesion(s). Final angiography is performed. The entire process of coronary artery imaging, guidewire placement, atherectomy, and balloon inflation may be repeated at multiple stenotic sites in separate locations in the coronary artery or its branches. At the end of the procedure the guide catheter is disengaged and removed. The sheath is removed, and hemostasis is achieved

by appropriate technique. If a vascular closure device cannot be used with femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92924					
Sample Size:	2768	**Resp N:**	137			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**15.00**	3.00	300.00
Survey RVW:	1.00	11.25	**12.25**	14.00	25.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	45.00	**60.00**	90.00	150.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92924	**Recommended Physician Work RVU: 10.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37225	000	11.75	**RUC Time**

CPT Descriptor Revascularization,endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93583	000	13.75	**RUC Time**

CPT Descriptor Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 68 **% of respondents:** 49.6 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 8.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 92924	Top Key Reference CPT Code: 37225	2nd Key Reference CPT Code: **93583**
Median Pre-Service Time	48.00	38.00	48.00
Median Intra-Service Time	60.00	118.00	90.00
Median Immediate Post-service Time	30.00	30.00	40.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**138.00**	**186.00**	**178.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	22%	46%	32%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	24%	73%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	30%	70%
Physical effort required	3%	52%	45%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	13%	87%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	8%	58%	34%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	42%	58%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	42%	58%
Physical effort required	0%	42%	58%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC

meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672

Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest

reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of

						various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92924: PTCA + Atherectomy

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92924 will be used to report percutaneous transluminal coronary angioplasty plus atherectomy of a single major coronary artery and/or its branches. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 37225, femoral/popliteal revascularization with angioplasty and atherectomy. While procedurally similar, 37225 is a longer, less intense service. 78% of key reference respondents found surveyed code 92924 to be more or much more intense/complex than 37225.

The societies **recommend a wRVU of 11.25 with times of 43/60/28.** The preservice time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 60 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is below the longer KRS, but also accounts for the increased intensity of working in the coronary arteries (which are always in motion and where rupture can cause immediate death), as well as the increased intensity radial artery access as opposed to the prior typical technique using femoral artery access.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The interventional cardiologisty typically also manages moderate sedation, 99152.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92924

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiology How often? Commonly

Specialty Interventional Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 4839
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 traditional Medicare data for usage to account for Medicare Advantage and commerical insurance covered performance.

Specialty Cardiology Frequency 2410 Percentage 49.80 %

Specialty Interventional Cardiology Frequency 2255 Percentage 46.60 %

Specialty Internal Medicine Frequency 121 Percentage 2.50 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,613
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 RUC Database data. Recent trends show gradual decline, but we do not know if that will continue.

Specialty Cardiology Frequency 803 Percentage 48.90 %

Specialty Interventional Cardiology Frequency 752 Percentage 46.60 %

Specialty Internal Medicine Frequency 40 Percentage 2.50 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Coronary angioplasty (PTCA)

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92924

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92928 Tracking Number D3 Original Specialty Recommended RVU: **10.41**
Presented Recommended RVU: **10.41**
Global Period: 000 Current Work RVU: **10.96** RUC Recommended RVU: **10.00**

CPT Descriptor: Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); one lesion involving one or more coronary segments

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old obese male presents with unstable angina consistent with acute coronary syndrome. Coronary arteriography demonstrates about a 30 mm long hazy 90% lesion in the mid and distal segments of the circumflex coronary artery. Percutaneous coronary intervention is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 98% , In the ASC 2%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 68% , Overnight stay-less than 24 hours 31% , Overnight stay-more than 24 hours 1%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 98%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed(i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. A sheath is placed and flushed. Intraarterial vasodilators are administered. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. A coronary dilation balloon is advanced over the guidewire to the lesion(s) and dilated, using repeat dilatations as needed to be sure the lesion can be fully expanded with a stent. The angioplasty balloon is then removed. Angiography is performed in multiple views. A stent of appropriate diameter is advanced to the target lesion(s), carefully positioned, and deployed. If the stent fails to cover the entire diseased segment, additional stent(s) are then placed repeating the steps above. The entire process of coronary artery imaging, guidewire placement, and balloon inflation may be repeated at multiple stenotic sites in separate locations in the coronary artery or its branches. At the end of the procedure the guide catheter is disengaged and removed. The sheath is removed, and hemostasis is achieved by an appropriate technique. If a

vascular closure device cannot be used for femoral access, the sheath is sewn in for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCA					
CPT Code:	92928					
Sample Size:	2768	**Resp N:**	140			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	40.00	**95.00**	150.00	3000.00
Survey RVW:		1.50	10.41	**11.45**	13.13	20.00
Pre-Service Evaluation Time:				**37.00**		
Pre-Service Positioning Time:				**12.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		4.00	45.00	**60.00**	71.00	125.00
Immediate Post Service-Time:	**28.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92928	**Recommended Physician Work RVU: 10.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**28.00**	**28.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37226	000	10.24	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37236	000	8.75	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36905	000	9.00	**RUC Time**	22,013

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 37 **% of respondents:** 26.4 **%**

Number of respondents who choose 2nd Key Reference Code: 24 **% of respondents:** 17.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 92928	Top Key Reference CPT Code: 37226	2nd Key Reference CPT Code: **37236**
Median Pre-Service Time	48.00	38.00	31.00
Median Intra-Service Time	60.00	90.00	90.00
Median Immediate Post-service Time	28.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**136.00**	**158.00**	**151.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	21%	49%	27%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	35%	62%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	33%	64%
Physical effort required	11%	61%	28%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	19%	81%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	54%	38%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	48%	48%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	48%	48%
Physical effort required	4%	70%	26%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	54%	46%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC

meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672

Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest

reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including

						intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92928: PTCA+ stent

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92928 will be used to report percutaneous transluminal coronary angioplasty plus stent placement in a single major

coronary artery and/or its branches, one lesion involving one or more coronary segments. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 37226, femoral/popliteal revascularization with transluminal stent placement and angioplasty, when performed. While procedurally similar, 37226 is a longer, less intense service. 76% of key reference respondents found surveyed code 92928 to be more or much more intense/complex than 37226.

The societies **recommend a wRVU of 10.41 with times of 43/60/28.** The preservice time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 60 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is above the longer KRS, yet below the current 92928 value. The recommendation accounts for the increased intensity of working in the coronary arteries, (which are always in motion and where rupture can cause immediate death), as well as the increased intensity of radial artery access as opposed to the prior typical technique using femoral artery access.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The interventional cardiologisty typically also manages moderate sedation, 99152.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92928

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 421805
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on data from the CathPCI Registry the new 92930 code would apply to 27% of the stent cases currently performed. As such we anticipate 73% of the previous volume of this service to continue to be reported as 92928. We arrived at this estimate by multiplying the the 2022 traditional Medicare utilization found in the RUC database by three to account for Medicare Advantage and commerical covered performance, then applying 73% of that number.

Specialty Interventional Cardiology Frequency 211325 Percentage 50.10 %

Specialty Cardiology Frequency 195718 Percentage 46.40 %

Specialty Internal Medicine Frequency 10123 Percentage 2.39 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 140,602 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Procedure data from the CathPCI Registry predicts that 73% of the current 92928 procedures would continue to be coded as such after the 92930 code is implemented. This estimate for 92928 is 73% of the 2022 RUC Database data for 92928.

Specialty Interventional Cardiology Frequency 70442 Percentage 50.10 %

Specialty Cardiology Frequency 65239 Percentage 46.39 %

Specialty Internal Medicine Frequency 3375 Percentage 2.40 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Coronary angioplasty (PTCA)

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92928

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92930 Tracking Number D4 Original Specialty Recommended RVU: **12.00**
Presented Recommended RVU: **12.00**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **12.00**

CPT Descriptor: Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, two or more distinct coronary lesions with two or more coronary stents deployed int wo or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 77-year-old diabetic female presents with accelerated angina despite medical therapy. Coronary angiography demonstrates about a 30 mm long 90% stenosis in the mid segment of the left anterior descending coronary artery at the bifurcation with a large first diagonal artery branch which itself has a 90% focal stenosis. Percutaneous coronary intervention is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 99% , In the ASC 1%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 43% , Overnight stay-less than 24 hours 50% , Overnight stay-more than 24 hours 7%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 97%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed(i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. A sheath is placed and flushed. Intra-arterial vasodilators are administered. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. A second guidewire is manipulated across the lesion(s) into the side branch with the same cautions and confirmed angiographically. An appropriate-sized balloon is advanced into the main branch, dilates it, and is removed. Angiography is performed in multiple views. If the lesion is not fully expanded the procedure is repeated multiple times with progressively larger balloons or higher pressures. Once an adequate expansion is achieved, a balloon is passed over the sidebranch wire half-way into the side branch, and inflated until the side branch is adequately dilated. Then a stent of appropriate diameter and length is advanced half-way into the side branch. A non-compliant balloon is then placed in the main vessel adjacent to the branch stent. The sidebranch stent is deployed at high pressure, the stent delivery system is

withdrawn, and angiography is performed to verify adequate coverage of the lesion dilatation of the lesion. The balloon in the main vessel is immediately inflated to crush the portion of the stent to the side of the main vessel. The main vessel balloon is withdrawn into the guide. A new guidewire is placed through the side of the crushed stent into the side branch and the original sidebranch wire is removed. A new balloon is placed half-way into the side branch through the side of the crushed sidebranch stent. The balloon in the main artery is again advanced to the site of the lesion alongside the proximal half of the sidebranch balloon and both balloons are inflated simultaneously (1st "kissing balloon inflation"). The balloons are withdrawn and angiography is performed to assess interim results. The sidebranch guidewire is removed. A stent is advanced in the main vessel to the target lesion covering the ostium of the sidebranch and deployed at high pressure. The stent delivery balloon is removed over the guidewire. A larger balloon is advanced to the bifurcation point of the main vessel and inflated at the origin of the side branch to optimize the size of the larger proximal portion of the main vessel (1st "Proximal Optimization Technique" or "POT") and then removed. A new guidewire is advanced into the side branch stent through the side of the main vessel stent. A new balloon is passed over the sidebranch wire half-way into the sidebranch, another balloon is passed over the main branch wire to the lesion, and both balloons are inflated simultaneously ("2nd kissing balloon inflation"). These balloons are removed and another larger balloon is passed over the guidewire in the main artery to the bifurcation point. The segment of the main vessel stent just proximal to the bifurcation point is dilated (2nd POT). All guidewires are removed. Final angiography is performed to assess the result and ensure no perforation as well as adequate stent deployment and continuity of coronary flow after administration of vasodilators. The guide catheter is removed and anticoagulation infusion is stopped. The sheath is removed, and hemostasis is achieved by an appropriate technique. If a vascular closure device cannot used for femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92930					
Sample Size:	2768	**Resp N:**	138			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	19.00	**30.00**	50.00	200.00
Survey RVW:	2.00	12.00	**13.88**	16.00	25.00
Pre-Service Evaluation Time:			**41.00**		
Pre-Service Positioning Time:			**13.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	60.00	**75.00**	100.00	220.00

Immediate Post Service-Time:	**29.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92930	**Recommended Physician Work RVU: 12.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**29.00**	**28.00**	**1.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93653	000	15.00	**RUC Time**

CPT Descriptor Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37225	000	11.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 18.1 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 15.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 92930	Top Key Reference CPT Code: 93653	2nd Key Reference CPT Code: **37225**
Median Pre-Service Time	48.00	49.00	38.00
Median Intra-Service Time	75.00	120.00	118.00
Median Immediate Post-service Time	29.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**152.00**	**199.00**	**186.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	24%	56%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	40%	52%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	75%	25%
Physical effort required	4%	42%	54%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	24%	76%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	12%	32%	56%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	25%	75%
Physical effort required	4%	29%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	12%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC

meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672

Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest

reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including

						intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92930: PTCA + Non-Straightforward Stent

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92930 will be used to report percutaneous transluminal coronary angioplasty plus stent placement in a single major

coronary artery and/or its branches, two or more distinct coronary lesions with two or more coronary stents deployed in two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 93653, Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry. While procedurally similar in that it is also a catheter service, 93653 is a longer and different service inside the heart. 76% of key reference respondents found surveyed code 92930 to be more or much more intense/complex than 93653.

The societies **recommend a wRVU of 12.00 with times of 43/75/28.** The preservice time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 75 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is below the longer KRS, but also accounts for the intensity of working in the coronary arteries(which are always in motion and where rupture can cause immediate death), as well as the increased intensity of radial artery access as opposed to the prior typical technique using femoral artery access.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The interventional cardiologisty typically also manages moderate sedation, 99152.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92928

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 156010
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on CathPCI Registry data we anticipate that 27% of the services reported as 92928 will be reported as 92930 when the code is implemented. This estimate is 27% of the 2022 traditional Medicare volume as reported in the RUC database multiplied by three to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 78161 Percentage 50.09 %

Specialty Cardiolgoy Frequency 72389 Percentage 46.40 %

Specialty Internal Medicine Frequency 3744 Percentage 2.39 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 52,003 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CathPCI Registry data predict that 27% of the services reported as 92928 will be reported as 92930 when the code is implemented. This estimate is 27% of the 2022 utilization of 92928 per the RUC database.

Specialty Interventional Cardiology Frequency 26054 Percentage 50.10 %

Specialty Cardiology Frequency 24129 Percentage 46.39 %

Specialty Internal Medicine Frequency 1248 Percentage 2.39 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Coronary angioplasty (PTCA)

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92928

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92933 Tracking Number D5 Original Specialty Recommended RVU: **11.94**
Presented Recommended RVU: **11.94**
Global Period: 000 Current Work RVU: **12.29** RUC Recommended RVU: **11.94**

CPT Descriptor: Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male presents with progressive angina and pharmacologic stress testing showing lateral ischemia. Coronary arteriography shows 50% lesions in the left and right coronary arteries and an 80%, tubular left circumflex coronary artery lesion. The vessels are extremely heavily calcified. Percutaneous coronary intervention is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 37% , Overnight stay-less than 24 hours 55% , Overnight stay-more than 24 hours 8%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 99%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed(i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. A sheath is placed and flushed. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. Intraarterial vasodilators are administered. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. An appropriate-sized atherectomy device is selected, assembled, and passed through the guide into the target artery. The device is test-activated in the body and adjusted as needed. The device is activated and advanced in a gradual back and forth motion to ablate calcific plaque. Multiple runs are performed until it can progress through the lesion. If a larger device is needed to enlarge the lumen more optimally, the above steps are repeated with the larger device. The device is removed and an angioplasty balloon is advanced over the guidewire to the lesion(s) and dilated, using repeat dilatations as needed to be sure the lesion can be fully expanded with a stent. A stent of appropriate diameter and length is selected and advanced over the guidewire to the target lesion and deployed. If the stent fails to cover the entire diseased segment, additional stent(s) are then placed using the same techniques. The stent deployment balloon is removed and a high-pressure, non-

compliant balloon is advanced over the wire into the stented segment and inflated at high pressure to ensure stent expansion. The entire process of coronary artery imaging, guidewire placement, atherectomy, stent placement, and balloon inflation may be repeated at multiple stenotic sites in separate locations in the coronary artery or its branches. At the end of the procedure the guide catheter is disengaged and removed. The sheath is removed, and hemostasis is achieved by an appropriate technique. If a vascular closure device cannot be used for femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92933					
Sample Size:	2768	**Resp N:**	140			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	35.00	500.00
Survey RVW:	1.50	11.94	**13.65**	15.00	26.00
Pre-Service Evaluation Time:			**41.00**		
Pre-Service Positioning Time:			**13.00**		
Pre-Service Scrub, Dress, Wait Time:			**11.00**		
Intra-Service Time:	4.00	55.00	**75.00**	100.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92933	**Recommended Physician Work RVU: 11.94**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37225	000	11.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93583	000	13.75	**RUC Time**

CPT Descriptor Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 58 **% of respondents:** 41.4 **%**

Number of respondents who choose 2nd Key Reference Code: 25 **% of respondents:** 17.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 92933	Top Key Reference CPT Code: 37225	2nd Key Reference CPT Code: **93583**
Median Pre-Service Time	48.00	38.00	48.00
Median Intra-Service Time	75.00	118.00	90.00
Median Immediate Post-service Time	30.00	30.00	40.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**153.00**	**186.00**	**178.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	19%	45%	36%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	27%	71%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	28%	68%
Physical effort required	2%	55%	43%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	2%	7%	91%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	16%	24%	24%	36%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	42%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	28%	64%
Physical effort required	8%	32%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	44%	48%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC

meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672

Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest

reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including

						intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92933: PTCA + Atherectomy + Stent

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92933 will

be used to report percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branches. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 37225, femoral/popliteal revascularization with angioplasty and atherectomy. While procedurally similar, 37225 is a longer, less intense service. 81% of key reference respondents found surveyed code 92933 to be more or much more intense/complex than 37225.

The societies **recommend a wRVU of 11.94 with times of 43/75/28.** The preservice time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 77 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is below the longer KRS, but also accounts for the increased intensity of working in the coronary arteries(which are always in motion and where rupture can cause immediate death), as well as the increased intensity of radial artery access as opposed to the prior typical technique using femoral artery access.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The interventional cardiologisty typically also manages moderate sedation, 99152.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92933

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 44157
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 traditional Medicare data for usage to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 23050 Percentage 52.20 %

Specialty Cardiology Frequency 19562 Percentage 44.30 %

Specialty Internal Medicine Frequency 1016 Percentage 2.30 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14,719 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 RUC Database data. Recent trends show gradual decline, but we do not know if that will continue.

Specialty Interventional Cardiology Frequency 7683 Percentage 52.19 %

Specialty Cardiology Frequency 6521 Percentage 44.30 %

Specialty Internal Medicine Frequency 339 Percentage 2.30 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Coronary angioplasty (PTCA)

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92933

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92937 Tracking Number D6 Original Specialty Recommended RVU: **11.30**
Presented Recommended RVU: **11.30**
Global Period: 000 Current Work RVU: **10.95** RUC Recommended RVU: **11.30**

CPT Descriptor: Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed, single major coronary artery and/its branches

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 79-year-old female who had bypass surgery 10 years ago presents with unstable angina consistent with an acute coronary syndrome. Coronary arteriography demonstrates that the culprit is a saphenous vein graft to a large left circumflex coronary artery. The vein graft is diffusely diseased and has subtotal occlusion by a 3-mm long thrombus. Percutaneous coronary intervention is
performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 99% , In the ASC 1%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 31% , Overnight stay-less than 24 hours 58% , Overnight stay-more than 24 hours 11%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 98%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed (i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. A sheath is placed and flushed. Intraarterial vasodilators are administered. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary or graft ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. A distal protection device is then advanced down the graft over the coronary guidewire to capture embolic debris and help prevent no-reflow. Microvascular vasodilators are administered through the graft to help prevent no-reflow. A stent of appropriate diameter and length is selected, advanced over the guidewire to the target lesion and carefully positioned. The stent is deployed at nominal or high pressure. If the stent fails to cover the entire diseased segment, additional stent(s) are then placed using the same techniques. If there is no-reflow (slow flow of contrast down the vessel, electrocardiography changes, and chest pain) microvascular vasodilators are administered again and if there is no resolution

an aspiration catheter is advanced down into the graft, debris is aspirated to restore flow, and coronary vasodilators are delivered into the distal vessel. Once adequate flow is restored, assessment of the need for further balloon expansion is performed. If needed, an appropriate-sized balloon is selected and the lesion dilated. Intracoronary vasodilators are again administered. If the result is acceptable, the distal protection device is then removed by advancing the recapture catheter over the guidewire. Completion angiography is again performed after repeat administration of intracoronary vasodilators. Inspection of the images is again performed for signs of vessel dissection, perforation, or impaired coronary flow. The guide catheter is disengaged from the coronary ostium and then removed over a guidewire from the body. Anticoagulation infusions are stopped. The sheath is removed, and hemostasis is achieved by an appropriate technique. If a vascular closure device cannot used for femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92937					
Sample Size:	2768	**Resp N:**	141			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**15.00**	25.00	600.00
Survey RVW:	2.00	11.30	**12.50**	14.50	26.00
Pre-Service Evaluation Time:			**41.00**		
Pre-Service Positioning Time:			**11.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	51.00	**65.00**	90.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92937	**Recommended Physician Work RVU: 11.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**65.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37225	000	11.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93583	000	13.75	**RUC Time**

CPT Descriptor Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 43 **% of respondents:** 30.4 **%**

Number of respondents who choose 2nd Key Reference Code: 28 **% of respondents:** 19.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 92937	Top Key Reference CPT Code: 37225	2nd Key Reference CPT Code: **93583**
Median Pre-Service Time	48.00	38.00	48.00
Median Intra-Service Time	65.00	118.00	90.00
Median Immediate Post-service Time	30.00	30.00	40.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**143.00**	**186.00**	**178.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	2%	14%	40%	44%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	24%	76%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	29%	71%
Physical effort required	5%	55%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	7%	93%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	18%	14%	39%	29%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	32%	47%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	36%	53%
Physical effort required	7%	43%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	36%	53%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC

meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672

Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest

reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including

						intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

93237: Any PCI in CABG

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 93237 will be used to report percutaneous transluminal coronary intervention of/through a coronary artery bypass graft,

using any combination of angioplasty, atherectomy, and/or stent in a single major coronary artery and/or its branches. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 37225, femoral/popliteal revascularization with angioplasty and atherectomy. While procedurally similar, 37225 is a longer, less intense service. 84% of key reference respondents found surveyed code 93237 to be more or much more intense/complex than 37225.

The societies **recommend a wRVU of 11.30 with times of 43/65/28.** The preservice time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 77 minutes relies on 70 minutes from the survey plus 7 minutes from bundling of the branch codes. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is below the longer KRS yet above the current value. The change accounts for the increased intensity of working in the coronary arteries(which are always in motion and where rupture can cause immediate death), as well as the increased intensity of radial artery access as opposed to the prior typical technique using femoral artery access. Patients undergoing PCI of bypass graft have higher long term complications than conventional native artery PCI. https://www.practiceupdate.com/content/pci-innative-coronary-arteries-vs-bypassgrafts-in-patients-with-prior-cabg/38087

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The interventional cardiologisty typically also manages moderate sedation, 99152.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92933

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 37014
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 traditonal Medicare data for usage to account for Medicare Advantage and commercial insurance covered performance.

Specialty Interventional Cardiology Frequency 19765 Percentage 53.39 %

Specialty Cardiology Frequency 16138 Percentage 43.59 %

Specialty Internal Medicine Frequency 777 Percentage 2.09 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 12,338 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 RUC Database data. Recent trends show gradual decline, but we do not know if that will continue.9

Specialty Interventional Cardiology Frequency 6588 Percentage 53.39 %

Specialty Cardiology Frequency 5379 Percentage 43.59 %

Specialty Internal Medicine Frequency 259 Percentage 2.09 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Coronary angioplasty (PTCA)

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92933

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92941 Tracking Number D7 Original Specialty Recommended RVU: **12.72**
Presented Recommended RVU: **12.72**
Global Period: 000 Current Work RVU: **12.31** RUC Recommended RVU: **12.72**

CPT Descriptor: Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single major coronary artery and/or its branches or single bypass graft and/or its subtended branches

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male calls 911 for sudden onset of crushing substernal chest pain. Prehospital electrocardiography demonstrates acute anterior myocardial infarction. The emergency medical personnel bypass the emergency department and take the patient directly to the cardiac catheterization laboratory. After rapid assessment, immediate coronary angiography (reported separately), demonstrates thrombotic 100% occlusion of the mid-left anterior descending artery. Percutaneous coronary intervention is planned immediately with the goal of first medical contact-toballoon time under 90 minutes.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 6% , Overnight stay-less than 24 hours 22% , Overnight stay-more than 24 hours 72%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are rapidly reviewed. A physical examination is rapidly conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed (i.e., the “Heart Team approach”). The procedure is quickly reviewed with the patient. The risks and benefits of the procedure are rapidly presented, as well as the alternatives. Informed consent is obtained. In an emergent fashion, hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is rushed to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. A sheath is placed and flushed. Intraarterial vasodilators are administered. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. If there is no re-flow down the vessel or significant thrombus, an appropriate aspiration catheter is rapidly advanced to the occluded vessel and thrombus is aspirated. Multiple rounds of intracoronary microvascular vasodilators are administered. If antegrade coronary flow is restored but there is residual thrombus, intravenous and/or intracoronary antiplatelet agents may be infused to help resolve the thrombus. An appropriate-sized balloon is selected, advanced over

the coronary guidewire to the lesion, inflated as needed to open the lesion, and withdrawn. Intracoronary vasodilators are again administered. Angiography is performed in multiple views. Once an adequate expansion is achieved to allow stent deployment, a stent of appropriate diameter and length is selected and advanced to the target lesion and carefully positioned. The stent is deployed but frequently does not cover the entire diseased segment and additional stents are then placed as needed using the same techniques. Next a high-pressure, non-compliant balloon is advanced over the coronary guidewire into the stented segment, and this is inflated at high pressure to ensure stent expansion. If the result is acceptable, the coronary guidewire is then withdrawn back into the guide. The catheter and sheath are removed, and hemostasis is achieved by appropriate means. Closure devices require device/suture deployment. If a vascular closure/suture device is placed, observation of the site is performed to ensure no immediate bleeding and manual pressure is required for a short time to achieve complete hemostasis. If a vascular closure device is not used, typically the sheath is sewn in for subsequent removal once the ACT level falls to a safe level after which manual compression is held for approximately 20 minutes to achieve hemostasis. A full report is dictated or entered into the record.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92941					
Sample Size:	2768	**Resp N:**	139			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**30.00**	45.00	1200.00
Survey RVW:	1.50	12.72	**14.50**	16.13	30.00
Pre-Service Evaluation Time:			**33.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	50.00	**65.00**	90.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92941	**Recommended Physician Work RVU: 12.72**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**22.00**	**18.00**	**4.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**65.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93583	000	13.75	**RUC Time**

CPT Descriptor Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37225	000	11.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 25.8 **%**

Number of respondents who choose 2nd Key Reference Code: 33 **% of respondents:** 23.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 92941	Top Key Reference CPT Code: 93583	2nd Key Reference CPT Code: **37225**
Median Pre-Service Time	35.00	48.00	38.00
Median Intra-Service Time	65.00	90.00	118.00
Median Immediate Post-service Time	30.00	40.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**130.00**	**178.00**	**186.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	14%	30%	53%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	31%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	28%	66%
Physical effort required	8%	42%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	19%	78%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	9%	33%	58%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	9%	91%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	29%	71%
Physical effort required	0%	40%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	9%	91%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC

meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672

Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest

reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including

						intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92941: Any PCI of Myocardial Infarction

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92941 will be used to report percutaneous transluminal coronary intervention of an acute occlusion during acute

myocardial infarction, using any combination of angioplasty, atherectomy, and/or stent in a single major coronary artery and/or its branches or single bypass graft and/or its subtended branches. This is a race to save as much myocardial tissue as possible during AMI minimizing door-to-balloon time. The panel reviewed the preservice time and selected package 2 with the *some* of the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 93583, percutaneous transcatheter septal reduction therapy. While procedurally similar, 93583 is a longer, less intense service. 83% of key reference respondents found surveyed code 92941 to be more or much more intense/complex than 93583.

The societies **recommend a wRVU of 12.72 with times of 30/65/28.** The pre-service time of 30 was adjusted upward from Package 2 to reflect the some, but not all, of the enhanced steps described above: 2 additional minutes for complicated consent of this emergent case, 1 additional minute for complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 65 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is below the longer KRS yet higher than the current value. The change accounts for the increased intensity of working in the coronary arteries(which are always in motion and where rupture can cause immediate death), as well as the increased intensity radial artery access as opposed to the prior typical technique using femoral artery access.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☒ Historical precedents.
   ☒ Other reason (please explain) The interventional cardiologisty typically also manages moderate sedation, 99152. Since these patients are seen emergently and are unknown to the operator who is focused on door to balloon time, separately reportable diagnostic catheterization codes are typically reported and reduced by multiple procedure payment reduction policy.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92941

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 92289
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 Medicare data for usage to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 45406 Percentage 49.19 %

Specialty Cardiology Frequency 42914 Percentage 46.49 %

Specialty Internal Medicine Frequency 2861 Percentage 3.10 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30,763 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 RUC Database data. Recent trends show gradual decline, but we do not know if that will continue.

Specialty Interventional Cardiology Frequency 15135 Percentage 49.19 %

Specialty Cardiology Frequency 14305 Percentage 46.50 %

Specialty Internal Medicine Frequency 954 Percentage 3.10 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Coronary angioplasty (PTCA)

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92941

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92943 Tracking Number D8 Original Specialty Recommended RVU: **13.69**
Presented Recommended RVU: **13.69**
Global Period: 000 Current Work RVU: **12.31** RUC Recommended RVU: **13.69**

CPT Descriptor: Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female presents with six months of exertional angina despite guideline directed medical therapy. Coronary angiography shows 100% left circumflex coronary stenosis. The lesion is on a bend in the circumflex coronary artery with focal calcification at the site and has antegrade bridging collaterals to the distal vessel, consistent with a chronic total occlusion. The patient is referred for percutaneous coronary intervention.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 99% , In the ASC 1%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 17% , Overnight stay-less than 24 hours 64% , Overnight stay-more than 24 hours 19%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed (i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained in two peripheral arteries, typically through the femoral arteries and/or radial artery. Angiography of the access site(s) is performed as needed to assess anatomy of the access vessel(s) and appropriate location of the access site(s). Sheaths are placed and flushed. Intraarterial vasodilators are administered as needed. An appropriate guiding catheter is advanced retrograde to the ascending aorta. The guidewire is removed and the catheter is attached to the pressure manifold and aspirated and pressure measured. The catheter is placed in the left or right coronary ostium. Using this same technique, a second catheter is placed in the other coronary ostium. Appropriate antiplatelet therapy pretreatment is confirmed and anticoagulation is administered. Therapeutic anticoagulation is confirmed by drawing blood from the guide and testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Intracoronary vasodilators are administered. Multiple coronary injections are performed simultaneously through both guide catheters to determine anatomy of the target lesion and collaterals. A coronary guidewire is then manipulated through the guide catheter in the target artery and down the coronary artery and used to attempt to cross the target lesion or lesions. Typically, the operator uses additional multiple guidewires progressing to increasingly stiff guidewires to puncture through the chronic total occlusion, or more lubricious (hydrophilic) or tapered tip guidewires are used to engage and cross a microchannel. Multiple other techniques may be employed as needed (dual guidewire, dissection f the arterial wall using microcatheters, re-entry into the true lumen using a specialized balloon

catheter). Guidewire position across the lesion is confirmed angiographically by injections through the guide catheter in the artery providing collaterals to the occluded artery. An appropriate-sized balloon is selected and advanced to the lesion. Often, no balloon will cross and guide extension catheters or special microcatheters may be employed to corkscrew through the total occlusion. Plaque modification (atherectomy) may be needed to ablate calcium at the total occlusion site. If balloon crossing is eventually achieved, the angioplasty balloon is inflated then pulled back. Intracoronary vasodilators are administered. Angiography is performed in multiple views. Repeat balloon inflations are performed as needed to allow a stent to pass. An appropriately sized stent is passed across the lesion and deployed at high pressure. If the stent fails to cover the entire diseased segment, additional stent(s) are then placed repeating the steps above. A high-pressure, non-compliant balloon is advanced over the coronary guidewire into the stented segment, inflated at high pressure to ensure stent expansion, and pulled back. The balloon is then exchanged back over the guidewire into the guide. Intracoronary vasodilators are administered. Angiography is performed in multiple views. The artery used for the retrograde technique is carefully imaged to rule out trauma or thrombus. Final angiogram of the target artery and lesion are taken. If the result is acceptable, the guidewire is then withdrawn back into the guide. Completion angiography is again performed after repeat administration of intracoronary vasodilators. Both catheters and sheaths are removed, and hemostasis at both access sites is achieved by appropriate techniques. If a vascular closure device cannot be used for femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92943					
Sample Size:	2768	**Resp N:**	132			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	150.00
Survey RVW:	1.50	13.69	**15.63**	18.00	30.00
Pre-Service Evaluation Time:			**54.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**13.00**		
Intra-Service Time:	5.00	80.00	**120.00**	150.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92943	**Recommended Physician Work RVU: 13.69**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93653	000	15.00	**RUC Time**

CPT Descriptor Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93591	000	17.97	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Other Reference CPT Code	Global	Work RVU	Time Source
33901	000	14.50	**RUC Time**

CPT Descriptor Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 27.2 **%**

Number of respondents who choose 2nd Key Reference Code: 31 **% of respondents:** 23.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 92943	Top Key Reference CPT Code: 93653	2nd Key Reference CPT Code: **93591**
Median Pre-Service Time	48.00	49.00	58.00
Median Intra-Service Time	120.00	120.00	120.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**198.00**	**199.00**	**208.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	17%	19%	58%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	14%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	17%	83%
Physical effort required	6%	20%	74%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	19%	81%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	10%	29%	61%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	23%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	13%	87%
Physical effort required	7%	20%	73%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	10%	90%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC

meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672

Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest

reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including

						intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92943: Any PCI of CTO, Antegrade

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92943 percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery

branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft with any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 93653, comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry. The KRS compares reasonably well with the survey times and RVUs here, though 93653 is performed under general anesthesia and represents intracardiac work rather than intracoronary work.

To appropriately reflect the notable increase in time and wRVU found in this survey the societies **recommend a wRVU of 13.69 with times of 43/120/28.** The pre-service time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 120 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

CTO treatment has evolved since this code was first valued. CTO PCI has now become a dedicated sub-specialty of interventional cardiology, with operators who specialize in CTO PCI and spend more time and try more techniques to reach success, compared to 10 years ago when less experienced operators would often abort procedures when initial attempts failed. Additional catheter tools have been developed in the intervening decade. CTO operators spend more time and deploy more catheters to treat these lesions. The increased time and RVUs estimated from the survey are consistent with the experience of the expert panel.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The interventional cardiologisty typically also manages moderate sedation, 99152.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92943

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Caridology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 16814
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on CathPCI Registry data we anticipate that 25% of the services reported as 92943 will be reported as 92945 when the code is implemented. This estimate is 75% of the 2022 traditional Medicare volume of 92943 as reported in the RUC database multiplied by three to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 9096 Percentage 54.09 %

Specialty Cardiology Frequency 7180 Percentage 42.70 %

Specialty Internal Medicine Frequency 370 Percentage 2.20 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,605
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on CathPCI Registry data we anticipate that 75% of the services reported as 92943 will continue to be reported as such when the 92945 code is implemented. This estimate is 75% of the 2022 utilization of 92943 per the RUC database.

Specialty Interventional Cardiology Frequency 3032 Percentage 54.09 %

Specialty Cardiology Frequency 2393 Percentage 42.69 %

Specialty Internal Medicine Frequency 123 Percentage 2.19 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Coronary angioplasty (PTCA)

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92943

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92945 Tracking Number D9 Original Specialty Recommended RVU: **15.00**
Presented Recommended RVU: **15.00**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **15.00**

CPT Descriptor: Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old man is referred for treatment of chronic (greater than 3 months) totally occluded right coronary artery. Antegrade coronary intervention is unsuccessfully attempted using antegrade wire escalation and antegrade dissection re-entry techniques. Retrograde coronary intervention is undertaken via septals from the left anterior descending artery.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 12% , Overnight stay-less than 24 hours 64% , Overnight stay-more than 24 hours 24%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed (i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained in two peripheral arteries, typically through the femoral arteries and/or radial artery. Angiography of the access site(s) is performed as needed to assess anatomy of the access vessel(s) and appropriate location of the access site(s). Sheaths are placed and flushed. Intraarterial vasodilators are administered as needed. An appropriate guiding catheter is advanced retrograde to the ascending aorta. The guidewire is removed and the catheter is attached to the pressure manifold and aspirated and pressure measured. The catheter is placed in the left or right coronary ostium. Using this same technique, a second catheter is placed in the other coronary ostium. Appropriate antiplatelet therapy pretreatment is confirmed and anticoagulation is administered. Therapeutic anticoagulation is confirmed by drawing blood from the guide and testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Intracoronary vasodilators are administered. Multiple coronary injections are performed simultaneously through both guide catheters to determine anatomy of the target lesion and collaterals. Antegrade technique: A coronary guidewire is then manipulated down the target coronary artery to attempt to cross the target lesion. A micro-catheter is passed over the guidewire to the lesion to provide extra support to the guidewire. Typically, the operator uses additional multiple guidewires progressing to increasingly stiff guidewires to puncture through the chronic total occlusion, and/or more lubricious (hydrophilic) or tapered tip guidewires to cross a microchannel. Multiple other techniques may be employed (dual guidewire, dissection using microcatheters). Retrograde technique: If extensive efforts

to cross the lesion antegradely are unsuccessful, a retrograde approach is attempted. A guide wire in a micro-catheter is passed into the coronary artery (often the left anterior descending artery) that provides collaterals to the target artery. Various specialized guidewires are advanced into different collateral micro-vessels until one is found that connects with the target artery distal to the target lesion. The wire is passed retrogradely in the target artery to the target lesion and the micro-catheter is advanced over the guidewire to the target lesion. Typically the guidewire is passed into a dissection plane in the target arterial wall to get past the target lesion. At this point an angioplasty balloon is passed over the guidewire in the proximal target artery to the target lesion and inflated to purposefully create a dissection in the wall of the proximal target artery. The antegrade guidewire is advanced antegradely in the dissection plane of the arterial wall and the retrograde wire is advanced retrogradely in the dissection plane of the arterial wall until both connect, allowing the retrograde wire to pass along the dissection plane proximal to the lesion and thence into the true lumen and into the mouth of the target artery guide catheter. The micro-catheter is advanced into the target artery guide catheter. The guidewire is then advanced retrogradely through the target artery guide catheter to the outside of the body (ie, “externalization”). This guidewire is then used to perform balloon angioplasty and stenting of the culprit lesion(s) using standard techniques. After an adequate result is obtained, the microcatheter is again passed into the target artery guide catheter and through it the retrograde guidewire is withdrawn through the retrograde artery catheter, followed by the microcatheter. The artery used for the retrograde technique is carefully imaged to rule out trauma or thrombus. Final angiogram of the target artery and lesion are taken. If the result is acceptable, the guidewire is then withdrawn back into the guide. Completion angiography is again performed after repeat administration of intracoronary vasodilators. Both catheters and sheaths are removed, and hemostasis at both access sites is achieved by appropriate techniques. If a vascular closure device cannot used for femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92945					
Sample Size:	2768	**Resp N:**	118			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**3.00**	15.00	95.00
Survey RVW:	2.00	15.00	**17.97**	19.50	35.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	90.00	**130.00**	180.00	260.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92945	**Recommended Physician Work RVU: 15.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**130.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93591	000	17.97	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93653	000	15.00	**RUC Time**

CPT Descriptor Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Other Reference CPT Code	Global	Work RVU	Time Source
33901	000	14.50	**RUC Time**

CPT Descriptor Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 60 **% of respondents:** 50.8 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 15.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 92945	Top Key Reference CPT Code: 93591	2nd Key Reference CPT Code: **93653**
Median Pre-Service Time	48.00	58.00	49.00
Median Intra-Service Time	130.00	120.00	120.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**208.00**	**208.00**	**199.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	2%	18%	23%	57%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	28%	68%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	26%	72%
Physical effort required	5%	36%	59%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	22%	78%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	22%	11%	67%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	28%	72%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	6%	88%
Physical effort required	0%	22%	78%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	11%	89%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC

meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672

Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest

reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including

						intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92945: Any PCI of CTO, Antegrade + Retrograde

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92943 percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery

branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft with any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 93591, percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve. 93591 is a longer, slightly more intense service based on its time and wRVU versus the survey 25th percentile wRVU and median time. Interestingly, 80% of key reference respondents stated that 92945 was more or much more intense/complex than 93591.

To reflect the slightly greater intra-service time over 92943 and the increased complexity of deploying both antegrade and retrograde therapies, the societies **recommend a wRVU of 15.00 with times of 43/130/28.** The pre-service time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 130 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The interventional cardiologisty typically also manages moderate sedation, 99152.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92943

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 5605
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on CathPCI Registry data we anticipate that 25% of the services currently reported as 92943 will be reported as 92945 when the code is implemented. This estimate is 25% of the 2022 traditional Medicare volume of 92943 as reported in the RUC database multiplied by three to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 3032 Percentage 54.09 %

Specialty Cardiology Frequency 2393 Percentage 42.69 %

Specialty Internal Medicine Frequency 123 Percentage 2.19 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,868
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on CathPCI Registry data we anticipate that 25% of the services reported as 92943 will be reported as 92945 when the code is implemented. This estimate is 25% of the 2022 utilization of 92943 per the RUC database.

Specialty Interventional Cardiology Frequency 1011 Percentage 54.12 %

Specialty Cardiology Frequency 798 Percentage 42.71 %

Specialty Internal Medicine Frequency 41 Percentage 2.19 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Coronary angioplasty (PTCA)

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92943

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92973 Tracking Number D11 Original Specialty Recommended RVU: **1.75**
Presented Recommended RVU: **1.75**
Global Period: ZZZ Current Work RVU: **3.28** RUC Recommended RVU: **1.75**

CPT Descriptor: Percutaneous transluminal coronary thrombectomy aspiration mechanical (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male, eight years after coronary artery bypass grafting (CABG), now presents with unstable angina and recent non-Q wave myocardial infarction (MI). Coronary angiography demonstrates a high-grade stenosis in the saphenous vein graft (SVG) to the right coronary artery (RCA) with a large filling defect consistent with fresh thrombus. A coronary mechanical aspiration thrombectomy is performed. [Note: This is an add-on service. Only consider the additional physician work related to percutaneous transluminal coronary mechanical thrombectomy.]

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: After defining the relevant anatomy by coronary angiography, introduce a guiding catheter (reported separately) to the ostium of the vessel to be treated. Through the guiding catheter, use a guidewire to cross the lesion and thrombus (reported separately) and advance the mechanical thrombus aspiration catheter over the guidewire to the thrombotic lesion. Position the catheter appropriately and activate the catheter. Pass the catheter through the thrombus one or more times. Deactivate the catheter, withdraw it, and assess the results by coronary angiography. Treat the remaining lesion as appropriate, usually with additional balloon angioplasty or stent placement (reported separately).

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92973					
Sample Size:	2768	**Resp N:**	140			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	92973.00
Survey RVW:	1.00	3.00	**4.50**	6.50	26.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	200.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	92973	**Recommended Physician Work RVU: 1.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37186	ZZZ	4.92	**RUC Time**

CPT Descriptor Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure))

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92974	ZZZ	3.00	**RUC Time**

CPT Descriptor Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.09	**RUC Time**	15,940

CPT Descriptor 1 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37253	ZZZ	1.44	**RUC Time**	106,729

CPT Descriptor 2 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
36483	ZZZ	1.75	**RUC Time**

CPT Descriptor Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 52 **% of respondents:** 37.1 **%**

Number of respondents who choose 2nd Key Reference Code: 29 **% of respondents:** 20.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 92973	Top Key Reference CPT Code: 37186	2nd Key Reference CPT Code: **92974**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	20.00	60.00	43.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**20.00**	**60.00**	**43.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	0%	31%	37%	30%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	49%	49%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	42%	52%
Physical effort required	6%	51%	43%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	2%	35%	63%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	41%	45%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	48%	45%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	59%	37%
Physical effort required	7%	63%	30%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	39%	54%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC

meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672

Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest

reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including

						intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92973: Thrombectomy add-on

This code for mechanical transluminal coronary thrombectomy was reviewed as part of the family of PCI codes. It was not reviewed in 2012 when the rest of the PCI codes were created and last reviewed. This low-volume service was last reviewed when it was added to CPT in 2001.

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. The panel reviewed this ZZZ code and recommends the survey median intra-service time with no preservice or post-service time.

The key reference service is 37186, noncoronary transluminal thrombectomy. 67% of respondents found surveyed code 92973 to be of somewhat more or much more intense/complex, while 31% felt it to be identical. The second key reference service is 92974, transcatheter placement of a radiation delivery device for subsequent coronary intravascular brachytherapy.

To account for the significant reduction in time for this code while still maintaining a work intensity above the KRS **we recommend a crosswalk to 36483 for subsequent endovenous ablation of an incompetent vein with a wRVU of 1.75 and 20 minutes intra-service and total time.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92973

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 6627
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 Medicare data for usage to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 3254 Percentage 49.10 %

Specialty Cardiology Frequency 3062 Percentage 46.20 %

Specialty Internal Medicine Frequency 205 Percentage 3.09 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,209
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database for 2022 data. Recent trends show this service being stable between 2,000-2,500.

Specialty Interventional Cardiology Frequency 1085 Percentage 49.11 %

Specialty Cardioloyg Frequency 1021 Percentage 46.22 %

Specialty Internal Medicine Frequency 68 Percentage 3.07 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Thromboendarterectomy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92973

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93571 Tracking Number D12 Original Specialty Recommended RVU: **1.80**
Presented Recommended RVU: **1.80**
Global Period: ZZZ Current Work RVU: **1.38** RUC Recommended RVU: **1.80**

CPT Descriptor: Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 55-year-old female presents with a three-week history of progressive chest discomfort at rest and with mild exertion. Cardiac catheterization demonstrates a 60% stenosis in the mid left anterior descending artery. To determine the hemodynamic significance of the lesion, intracoronary fractional flow reserve (FFR) measurement testing is performed. [Note: This is an add-on service. Only consider the additional physician work related to intra-coronary FFR testing for the initial vessel.]

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Exchange diagnostic catheter for a guide catheter and selectively cannulate the coronary artery. Prepare the physiologic testing wire by flushing on the table,
calibrating the pressure sensor outside of the body. Pass the wire through the guide catheter and into the coronary artery. Normalize (equalize) the pressure tracings from the guide catheter and the pressure sensor on the wire, readjusting the guide catheter as needed to provide undamped pressures. Pass the wire across the target lesion(s) until the pressure sensor on the wire is well beyond the lesion(s). Measure the wave free ratio first at rest. If physiologic stress will be performed, reconstitute the appropriate pharmacologic agent and inject it intra-coronary or infuse it intravenously and record pressures from the wire and guide catheter. If tracings contain artifacts, if tracings are disrupted by asystole or complete heart block caused by the drug, or if measurements are of borderline clinical significance, obtain repeat measurements by pulling the wire back proximal to the lesion, re-normalizing, passing it distal to the lesion, and re-measuring pressures. If serial lesions are being assessed, measure pressures distal to the most distal lesion, pull the wire back across the most distal lesion, repeat pressure measurements, then pull the wire proximal to all lesions and check measurements to assess for electronic drift. If electronic drift has occurred, re-normalize the pressure tracings and repeat the above process. When measurements are complete, remove the wire from the guide catheter. Perform coronary arteriography in appropriate views to be sure that the wire has not damaged the coronary artery. If coronary intervention is not undertaken, remove the guide catheter.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	93571					
Sample Size:	2768	**Resp N:**	138			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	22.00	**50.00**	82.00	540.00
Survey RVW:	1.25	2.00	**3.00**	4.00	23.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	210.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	93571	**Recommended Physician Work RVU: 1.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37252	ZZZ	1.80	**RUC Time**

CPT Descriptor Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92974	ZZZ	3.00	**RUC Time**

CPT Descriptor Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.09	**RUC Time**	15,940

CPT Descriptor 1 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37253	ZZZ	1.44	**RUC Time**	106,729

CPT Descriptor 2 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
37252	ZZZ	1.80	**RUC Time**

CPT Descriptor Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 78 **% of respondents:** 56.5 **%**

Number of respondents who choose 2nd Key Reference Code: 26 **% of respondents:** 18.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 93571	Top Key Reference CPT Code: 37252	2nd Key Reference CPT Code: **92974**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	20.00	20.00	42.50
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**20.00**	**20.00**	**42.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	41%	24%	22%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	48%	37%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	48%	42%
Physical effort required	7%	68%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	45%	45%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	15%	46%	23%	15%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	28%	36%	36%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	21%	50%	29%
Physical effort required	25%	55%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	26%	42%	32%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC

meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672

Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest

reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including

						intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

93571: Fractional flow reserve measurement add-on

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. The panel

reviewed this ZZZ code and recommends the survey median intra-service time with no preservice or post-service time.

The key reference service is 37252, intravascular ultrasound, initial vessel. 46% of respondents found surveyed code 93571 to be of somewhat more or much more intense/complex, while 41% felt it to be identical.

While the time for this code greatly increased in the survey over the current time, the intensity of the code even when applying the 25th percentile survey wRVU seemed too high versus its KRS. As such, our panel felt the KRS itself would serve as an ideal crosswalk. We note that the increase in recommended RVU is almost directly in proportion to the increase in survey time. **We recommend a wRVU of 1.80 for 93571 with 20 minutes intra-service and total time via crosswalk to the survey KRS 37252.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93571

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 186234
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 Medicare data for usage to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 98332 Percentage 52.80 %

Specialty Cardiology Frequency 80826 Percentage 43.40 %

Specialty Internal Medicine Frequency 4842 Percentage 2.59 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 62,078 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database for 2022 data. In recent years this service declined somewhat from a pre-pandemic high. Utilization could tick up in coming years as this service remains a Class I recommendation.

Specialty Interventional Cardiology Frequency 32777 Percentage 52.79 %

Specialty Cardiology Frequency 26942 Percentage 43.40 %

Specialty Internal Medicine Frequency 1614 Percentage 2.59 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93571

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93572 Tracking Number D13 Original Specialty Recommended RVU: **1.44**
Presented Recommended RVU: **1.44**
Global Period: ZZZ Current Work RVU: **1.00** RUC Recommended RVU: **1.44**

CPT Descriptor: Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female presents with a 3-week history of progressive chest discomfort at rest and with mild exertion. Cardiac catheterization demonstrates a 60% stenosis in two coronary arteries. After intra-coronary fractional flow reserve measurement (FFR) testing is performed to evaluate the first lesion (coded separately), FFR testing is performed to evaluate the second artery lesion. [Note: This is an add-on service. Only consider the additional physician work related to intracoronary FFR testing for one additional vessel.]

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: After analysis of lesions in the first artery is complete, wipe the wire and prepare it for re-insertion. Typically a different guide catheter is passed to the ascending aorta and positioned in the ostium of the other coronary artery. The wire is passed through the guide catheter and into the coronary artery. Normalize (equalize) the pressure tracings from the guide catheter and the pressure sensor on the wire, readjusting the guide catheter as needed to provide undamped pressures. Pass the wire across the target lesion(s) until the pressure sensor on the wire is well beyond the lesion(s). Measure the wave free ratio first at rest. If physiologic stress will be performed, reconstitute the appropriate pharmacologic agent and inject it intra-coronary or infuse it intravenously and record pressures from the wire and guide catheter. If tracings contain artifacts, if tracings are disrupted by asystole or complete heart block caused by the drug, or if measurements are of borderline clinical significance, obtain repeat measurements by pulling the wire back proximal to the lesion, re-normalizing, passing it distal to the lesion, and re-measuring pressures. If serial lesions are being assessed, measure pressures distal to the most distal lesion, pull the wire back across the most distal lesion, repeat pressure measurements, then pull the wire proximal to all lesions and check measurements to assess for electronic drift. If electronic drift has occurred, re-normalize the pressure tracings and repeat the above process. When measurements are complete, remove the wire from the guide catheter. Perform coronary arteriography in appropriate views to be sure that the wire has not damaged the coronary artery. If coronary intervention is not undertaken, remove the guide catheter.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	93572					
Sample Size:	2768	**Resp N:**	138			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	50.00	540.00
Survey RVW:	0.50	1.68	**2.50**	4.00	12.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	11.00	**16.00**	30.00	240.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	93572	**Recommended Physician Work RVU: 1.44**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**16.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37252	ZZZ	1.80	**RUC Time**

CPT Descriptor Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37253	ZZZ	1.44	**RUC Time**

CPT Descriptor Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37253	ZZZ	1.44	**RUC Time**	106,729

CPT Descriptor 1 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52442	ZZZ	1.01	**RUC Time**	90,771

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
37253	ZZZ	1.44	**RUC Time**

CPT Descriptor Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 52 **% of respondents:** 37.6 **%**

Number of respondents who choose 2nd Key Reference Code: 50 **% of respondents:** 36.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 93572	Top Key Reference CPT Code: 37252	2nd Key Reference CPT Code: **37253**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	16.00	20.00	20.00
Median Immediate Post-service Time	0.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**16.00**	**21.00**	**21.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	44%	29%	21%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	53%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	38%	56%
Physical effort required	8%	56%	36%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	44%	50%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	16%	50%	18%	16%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	50%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	57%	29%
Physical effort required	9%	70%	21%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	57%	29%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC

meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672

Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest

reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including

						intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

93572: Additional fractional flow reserve measurement add-on

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. The panel

reviewed this ZZZ code and recommends the survey median intra-service time with no preservice or post-service time.

The key reference service is 37252, intravascular ultrasound, initial vessel. 50% of respondents found surveyed code 93572 to be of somewhat more or much more intense/complex, while 44% felt it to be identical. The second key reference code was 37253, intravascular ultrasound, each additional vessel. 34% of respondents found the 2nd KRS to be somewhat more or much more intense/complex than the survey code 93572 while 50% found it to be identical.

While the time for this code notably increased in the survey over the current, the intensity of the code, even when applying the 25th percentile survey wRVU, seemed too high versus its KRS and 2nd KRS. In order to address the increase in time, keep the intensity at an appropriate level and maintain rank order in relation to the 93571 code we recommend a crosswalk to the 2nd KRS code 37253. **We recommend a wRVU of 1.44 for 93571 with 16 minutes intra-service and total time via crosswalk to the survey 2nd KRS 37253.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93572

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 35634
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 Medicare data for usage to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 19706 Percentage 55.30 %

Specialty Cardiology Frequency 14503 Percentage 40.69 %

Specialty Internal Medicine Frequency 891 Percentage 2.50 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,878 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database for 2022 data. In recent years this service declined somewhat from a pre-pandemic high. Utilization could tick up in coming years as this service remains a Class I recommendation.

Specialty Interventional Cardiology Frequency 6569 Percentage 55.30 %

Specialty Cardiology Frequency 4834 Percentage 40.69 %

Specialty Internal Medicine Frequency 297 Percentage 2.50 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93572

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Coronary Therapeutic Services and Procedures

TAB: 6

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for	000	2013	34	0.083	0.058			8.75			151	23	3	5			90			30					
2nd REF	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral,	000	2010	32	0.103	0.068			10.75			158	30	3	5			90			30					
2012 RUC rec	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	000	2012	79	0.125	0.070			9.00			129	33	1	5			60			30					
CMS Bundled 27.4% of RUC	CMS Bundled	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery	ZZZ	2012 (RUC rec of	80	0.138	0.138			1.10			8						8								
Moderate Sedation		*Moderate Sedation Systematic Unbundling*		2015						-0.25			-10	-10													
CURRENT	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	000	2012		0.126	0.078			9.85			127	23	1	5			68			30					
SVY	92920	Percutaneous transluminal coronary angioplasty, single major coronary artery and/or	000		140	0.173	0.077	1.00	9.00	10.00	11.21	20.00	130	35	10	10	2	30	48	60	120	27	0	10	20	61	2000
REC	92920	Percutaneous transluminal coronary angioplasty, single major coronary artery and/or	000			0.142	0.068			8.35			123	35	3	10			48			27					
XWALK	49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local	010			0.134	0.054			8.35			155	30	10	10			45			60					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	37225	Revascularization,endovascular, open or percutaneous, femoral, popliteal artery(s),	000	2010	68	0.087	0.063			11.75			186	30	3	5			118			30					
2nd REF	93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including	000	2013	12	0.133	0.077			13.75			178	30	3	15			90			40					
2012 RUC rec	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single	000	2012	73	0.127	0.076			11.00			144	33	1	5			75			30					
CMS Bundled 19.8% of RUC	CMS Bundled	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each	ZZZ	2012 (RUC rec of	71	0.110	0.110			0.99			9						9								
Moderate Sedation		*Moderate Sedation Systematic Unbundling*		2015						-0.25			-10	-10													
CURRENT	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single	000	2012		0.125	0.082			11.74			143	23	1	5			84			30					
SVY	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when	000		137	0.173	0.082	1.00	11.25	12.25	14.00	25.00	150	40	10	10	5	45	60	90	150	30	0	2	15	30	300
REC	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when	000			0.142	0.073			10.13			138	35	3	10			60			30					
XWALK	33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original	ZZZ			0.115	-			10.13			112						70								
SUPPORT	33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS)	000			0.103	-			10.00			205	30	15	15			60			30					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s),	000	2010	37	0.098	0.065			10.24			158	30	3	5			90			30					
2nd REF	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for	000	2013	24	0.083	0.058			8.75			151	23	3	5			90			30					
2012 RUC rec	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty	000	2012	80	0.127	0.075			10.49			140	33	1	5			71			30					
CMS Bundled 16.2% of RUC	CMS Bundled	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty	ZZZ	2012 (RUC rec of	80	0.144	0.144			0.72			5						5								

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL	AM	AN
4									RVW					Total	PRE-TIME			INTRA-TIME						IMMD	SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
35	*Moderate Sedation*		*Moderate Sedation Systematic Unbundling*		2015						-0.25			-10	-10													
36	CURRENT	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty	000	2012		0.128	0.081			10.96			135	23	1	5			76			30					
37	SVY	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary	000		140	0.161	0.078	1.50	10.41	11.45	13.13	20.00	147	37	12	10	4	45	60	71	125	28	0	40	95	150	3000
38	REC	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary	000			0.141	0.074			10.00			136	35	3	10			60			28					
39	XWALK	33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS)	000			0.103	-			10.00			205	30	15	15			60			30					
40																												
41									RVW					Total	PRE-TIME			INTRA-TIME						IMMD	SURVEY EXPERIENCE				
42	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
43	1st REF	93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode	000	2021	25	0.112	0.075			15.00			199	31	3	15			120			30					
44	2nd REF	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s),	000	2010	21	0.087	0.063			11.75			186	30	3	5			118			30					
45	CURRENT	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty	000	2012		0.128	0.081			10.96			135	23	1	5			76			30					
46	SVY	92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary	000		138	0.159	0.083	2.00	12.00	13.88	16.00	25.00	168	41	13	10	5	60	75	100	220	29	0	19	30	5	200
47	REC	92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary	000			0.139	0.079			12.00			152	35	3	10			75			29					
48																												
49									RVW					Total	PRE-TIME			INTRA-TIME						IMMD	SURVEY EXPERIENCE				
50	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
51	1st REF	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s),	000	2010	58	0.087	0.063			11.75			186	30	3	5			118			30					
52	2nd REF	93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including	000	2013	25	0.133	0.077			13.75			178	30	3	15			90			40					
53	2012 RUC rec	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty	000	2012	73	0.128	0.080			12.32			154	33	1	5			85			30					
54	CMS Bundled 4.0% of RUC	CMS Bundled	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty	ZZZ	2012 (RUC rec of [illegible])	73	0.110	0.110			0.22			2						2								
55	*Moderate Sedation*		*Moderate Sedation Systematic Unbundling*		2015						-0.25			-10	-10													
56	CURRENT	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty	000	2012		0.127	0.084			12.29			146	23	1	5			87			30					
57	SVY	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with	000		140	0.156	0.080	1.50	11.94	13.65	15.00	26.00	170	41	13	11	4	55	75	100	200	30	0	10	20	35	500
58	REC	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with	000			0.138	0.078			11.94			153	35	3	10			75			30					
59																												
60									RVW					Total	PRE-TIME			INTRA-TIME						IMMD	SURVEY EXPERIENCE				
61	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
62	1st REF	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s),	000	2010	43	0.087	0.063			11.75			186	30	3	5			118			30					
63	2nd REF	93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including	000	2013	28	0.133	0.077			13.75			178	30	3	15			90			40					
64	2012 RUC rec	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal	000	2012	66	0.150	0.081			10.49			129	33	1	5			60			30					
65	CMS Bundled 11.8% of RUC	CMS Bundled	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal	ZZZ	2012 (RUC rec of [illegible])	67	0.101	0.101			0.71			7						7								
66	*Moderate Sedation*		*Moderate Sedation Systematic Unbundling*		2015						-0.25			-10	-10													

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL	AM	AN
4									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
67	CURRENT	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal	000	2012		0.145	0.087			10.95			126	23	1	5			67			30					
68	SVY	92937	Percutaneous transluminal revascularization of or through coronary artery bypass	000		141	0.163	0.080	2.00	11.30	12.50	14.50	26.00	157	41	11	10	5	51	65	90	180	30	0	8	15	25	600
69	REC	92937	Percutaneous transluminal revascularization of or through coronary artery bypass	000			0.149	0.079			11.30			143	35	3	10			65			30					
70																												
71									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
72	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
73	1st REF	93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including	000	2013	36	0.133	0.077			13.75			178	30	3	15			90			40					
74	2nd REF	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s),	000	2010	33	0.087	0.063			11.75			186	30	3	5			118			30					
75	CURRENT	92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute	000	2012		0.155	0.089			12.31			139	23	1	5			70			40					
76	SVY	92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during	000		139	0.197	0.098	1.50	12.72	14.50	16.13	30.00	148	33	10	10	5	50	65	90	200	30	0	20	30	45	1200
77	REC	92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during	000			0.175	0.098			12.72			130	22	3	10			65			30					
78																												
79									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
80	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
81	1st REF	93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode	000	2021	36	0.112	0.075			15.00			199	31	3	15			120			30					
82	2nd REF	93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic	000	2016	31	0.135	0.086			17.97			208	40	3	15			120			30					
83	2012 RUC rec	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary	000	2012	65	0.121	0.077			12.32			159	33	1	5			90			30					
84	CMS Bundled 4.0% of RUC	CMS Bundled	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary	ZZZ	2012 (RUC rec of	64	0.120	0.120			0.24			2						2								
85	*Moderate Sedation*		*Moderate Sedation Systematic Unbundling*		2015						-0.25			-10	-10													
86	CURRENT	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary	000	2012		0.120	0.082			12.31			151	23	1	5			92			30					
87	SVY	92943	Percutaneous transluminal revascularization of chronic total occlusion, single	000		132	0.111	0.067	1.50	13.69	15.63	18.00	30.00	232	54	15	13	5	80	120	150	240	30	0	5	10	20	150
88	REC	92943	Percutaneous transluminal revascularization of chronic total occlusion, single	000			0.101	0.069			13.69			198	35	3	10			120			30					
89																												
90									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
91	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
92	1st REF	93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic	000	2016	60	0.135	0.086			17.97			208	40	3	15			120			30					
93	2nd REF	93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode	000	2021	18	0.112	0.075			15.00			199	31	3	15			120			30					
94	CURRENT	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary	000	2012		0.120	0.082			12.31			151	23	1	5			92			30					
95	SVY	92945	Percutaneous transluminal revascularization of chronic total occlusion, single	000		118	0.119	0.072	2.00	15.00	17.97	19.50	35.00	250	60	15	15	5	90	130	180	260	30	0	0	3	15	95
96	REC	92945	Percutaneous transluminal revascularization of chronic total occlusion, single	000			0.103	0.072			15.00			208	35	3	10			130			30					
97																												
98									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
99	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL	AM	AN
4											RVW			Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
100	1st REF	37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare	ZZZ	2005	52	0.082	0.082			4.92			60						60								
101	2nd REF	92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular	ZZZ	2001	29	0.071	0.071			3.00			42.5						43								
102	CURRENT	92973	Percutaneous transluminal coronary thrombectomy aspiration mechanical (List	ZZZ	2001		0.082	0.082			3.28			40						40								
103	SVY	92973	Percutaneous transluminal coronary thrombectomy aspiration mechanical (List	ZZZ		140	0.225	0.225	1.00	3.00	4.50	6.50	26.00	20				5	15	20	30	200		0	5	10	20	92973
104	REC	92973	Percutaneous transluminal coronary thrombectomy aspiration mechanical (List	ZZZ			0.088	0.088			1.75			20						20								
105	XWLK	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a	ZZZ			0.088	0.088			1.75			20						20								
106																												
107											RVW			Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
108	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
109	1st REF	37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic	ZZZ	2018	78	0.088	0.082			1.80			22	1					20			1					
110	2nd REF	92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular	ZZZ	2001	26	0.071	0.071			3.00			42.5						43								
111	CURRENT	93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement	ZZZ	2017		0.092	0.092			1.38			15						15								
112	SVY	93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve	ZZZ		138	0.150	0.150	1.25	2.00	3.00	4.00	23.00	20	0	0	0	5	15	20	30	210	0	0	22	50	82	540
113	REC	93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve	ZZZ			0.090	0.090			1.80			20						20								
114	XWLK	37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic	ZZZ			0.088	0.082			1.80			22	1					20			1					
115																												
116											RVW			Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
117	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
118	1st REF	37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic	ZZZ	2018	52	0.088	0.082			1.80			22	1					20			1					
119	2nd REF	37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic	ZZZ	2018	50	0.071	0.069			1.44			21						20			1					
120	CURRENT	93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement	ZZZ	2017		0.091	0.091			1.00			11						11								
121	SVY	93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve	ZZZ		138	0.156	0.156	0.50	1.68	2.50	4.00	12.00	16	0	0	0	4	11	16	30	240	0	0	10	25	50	540
122	REC	93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve	ZZZ			0.090	0.090			1.44			16						16								
123	XWLK	37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic	ZZZ			0.071	0.069			1.44			21						20			1					
124																												
125											RVW			Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
126	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
127	CURRENT	92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary	ZZZ	2023	139*	0.099	0.099			2.97			30						30								
128	REC	92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary	ZZZ			0.099	0.099			2.97			30						30								
129	Recommend reaffirmation of value determined at January 2023 RUC Meeting *= respondents to Jan. 2023 survey																											

April 1, 2024

Scott Manaker, MD
AMA/RVS Update PE Subcommittee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

Re: Tab 6 Coronary Therapeutic Services and Procedures

Dear Dr. Manaker:

Tab 6 on the April 2024 RUC agenda addresses 13 codes for percutaneous coronary interventions (PCIs). This family of codes was referred to the CPT Editorial Panel for modification after a new code for coronary intravascular lithotripsy (IVL), code 92972, was valued at the January 2023 RUC meeting.

All of the codes in this tab are exclusively performed in the facility setting with either a 000 or ZZZ global period. As such, the Society for Cardiovascular Angiography and Interventions and the American College of Cardiology recommend no direct practice expense inputs for these codes in Tab 6.

Thank you for your consideration of this information as you prepare for the upcoming meeting. Please contact Matt Minnella at mminnella@acc.org if you have any questions.

Sincerely,

Afnan Tariq, MD
SCAI RUC Advisor

Richard Wright, MD
ACC RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2023

Percutaneous Coronary Interventions – Tab 12

Referral to the CPT Editorial Panel

In October 2010, CPT code 92980 *Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel* was identified by the Relativity Assessment Workgroup (RAW) via the MPC List screen. The RAW requested that the specialty societies survey this code for RUC review. Subsequently, the specialty society referred the code to the CPT Editorial Panel to revise the family of procedures to more accurately describe the current physician work involved in PCI. At the October 2011 CPT meeting, the Panel approved 13 new codes to describe PCI services. The societies surveyed the family and the RUC submitted recommendations to the Centers for Medicare & Medicaid Services (CMS) in January 2012. Instead of accepting the RUC recommendations, CMS opted to assign bundled status to all the add-on codes for the additional branches off the major coronary arteries (codes 92921, 92929, 92934, 92938, 92944). In addition, CMS increased values and intra-times of all the base codes using a mathematical formula to include a fraction of the time and value of the add-on codes, based on the billed together data available at the time. For example, using 2011 Medicare claims data, CMS anticipated that the service described by add-on code 92921 would be performed with the procedure described by base code 92920 27.4% of the time. To bundle the work value of the add-on code into base code 92920, CMS multiplied the RUC recommendation for the add-on code of 4.00 by 27.4% (or 1.10) and added that fractional value to the RUC recommendation for the base code (9.00+1.10=10.10). The value of moderate sedation, which was bundled into the base codes, was systematically removed when separate moderate sedation CPT codes were created for CPT 2017.

In September 2022, the CPT Editorial Panel created one new Category I CPT code for percutaneous coronary lithotripsy. Sixteen other percutaneous coronary intervention (PCI) codes were considered part of the code family.

For the January 2023 RUC meeting, the specialty societies opted to survey nine of the sixteen codes. The specialty societies opted to not survey the add-on codes in the family that describe intervention in additional branches off major coronary arteries. CMS and payers have never recognized these add-on codes as separately payable services, therefore they have no Medicare utilization. The specialty societies noted they did not want to confuse respondents by asking them to survey codes with which they are not familiar or to lengthen the survey for services that are not separately reportable. As part of the societies' plans for future updates to this family of codes, the societies noted their intention is to delete add-on codes for PCI in additional branches.

After reviewing the survey results in preparation for the January 2023 RUC meeting, the surveying specialty societies requested, and the RUC agreed, to submit a recommendation only for the new add-on code 92972 for CPT 2024 and referred the entire percutaneous coronary intervention code family to the CPT Editorial Panel for restructuring for the CPT 2025 cycle.

The specialty societies noted that their intent is to update the CPT code structure for PCI services to incorporate the bundling of the branch services and to account for modern technology and changes in the techniques used to provide these services.

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The specialties also explained that PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. Research has shown the radial approach to be safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in the risk of patient bleeding. At the time of the prior survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery; PCI via the radial artery was just emerging in this country.

The RUC recommends that existing CPT codes 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944, 92973, 92975, 92977 and new add-on code 92972 be referred to the CPT Editorial Panel for revision in the 2025 CPT cycle. It is the expectation of the RUC that the specialties will submit their code change application for the September 2023 CPT meeting and survey new and/or revised codes within the 2025 CPT cycle.

92972 ***Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 139 interventional cardiologists and noted that the survey respondents overestimated the typical physician work required to perform this add-on code. Therefore, the RUC recommended a direct work RVU crosswalk to CPT Code 37249 *Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)* (work RVU= 2.97, intra-service and total time of 30 minutes) and noted that both services typically involve the same amount of intra-service and total time and similar physician work intensity.

Code 92972 is a new Category I code to report intravascular lithotripsy (IVL) as an add-on to other PCI services. IVL is a new revascularization treatment option, in which pulsating sonic pressure waves pass through soft tissue and selectively interact strongly with high-density calcium, producing significant shear stresses that have the ability to fracture the calcium. Arterial calcification is associated with increased cardiovascular risks. Intimal arterial calcification (IAC), considered a representation of underlying atherosclerotic plaque burden, has long been held responsible for this association, whereas increasing interest is directed towards medial arterial calcification (MAC). IVL is designed to modify both intimal and medial calcium across a wide range of vascular applications to increase vessel compliance, restore vessel mobility and provide new versatile treatment options for patients. Coronary IVL received pre-market approval on February 12, 2021 from the FDA for lithotripsy-enabled, low-pressure balloon dilatation of severely calcified, stenotic de novo coronary arteries prior to stenting.

The RUC compared the surveyed code to reference CPT code 67335 *Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)* (work RVU= 3.23, intra-service and total time of 30 minutes) and CPT code 32668 *Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)* (work RVU= 3.00, intra-service and total time of 30 minutes) and noted that all three services typically involve an identical amount of time and similar physician work intensities to perform. The RUC concluded that CPT code 92972 should be valued based on a direct work RVU crosswalk to CPT code 37249 and agreed the crosswalk value below the survey 25th percentile was appropriate. **The RUC recommends a work RVU of 2.97 for CPT code 92972.**

Practice Expense
No direct practice expense inputs are recommended for CPT code 92972 as it is a facility-based add-on service.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Cardiovascular
Therapeutic Services and Procedures
Coronary Therapeutic Services and Procedures

Codes 92920-92944, describe percutaneous revascularization services performed for occlusive disease of the coronary vessels (major coronary arteries, coronary artery branches, or coronary artery bypass grafts). These percutaneous coronary intervention (PCI) codes are built on progressive hierarchies with more intensive services inclusive of lesser intensive services. These PCI codes all include the work of accessing and selectively catheterizing the vessel, traversing the lesion, radiological supervision and interpretation directly related to the intervention(s) performed, closure of the arteriotomy when performed through the access sheath, and imaging performed to document completion of the intervention in addition to the intervention(s) performed. These codes include angioplasty (eg, balloon, cutting balloon, wired balloons, cryoplasty), atherectomy (eg, directional, rotational, laser), and stenting (eg, balloon expandable, self-expanding, bare metal, drug eluting, covered). Each code in this family includes balloon angioplasty, when performed. Diagnostic coronary angiography may be reported separately under specific circumstances. Percutaneous transluminal coronary lithotripsy may be reported using ~~0715T~~ 92972 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975, as appropriate.

Diagnostic coronary angiography codes (93454-93461)and injection procedure codes (93563-93564) should notbe used with percutaneous coronary revascularizationservices (92920-92944) to report:

1. Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the coronaryintervention,

2. Vessel measurement for the coronary intervention, or

3. Post-coronary angioplasty/stent/atherectomyangiography, as this work is captured in thepercutaneous coronary revascularization services codes (92920-92944).

Diagnostic angiography performed at the time of a coronary interventional procedure may be separately reportable if:

1. No prior catheter-based coronary angiography study is available, and a full diagnostic study is performed, and a decision to intervene is based on the diagnostic angiography, or

2. A prior study is available, but as documented in the medical record:

    a. The patient's condition with respect to the clinical indication has changed since the prior study, or

    b. There is inadequate visualization of the anatomy and/or pathology, or

    c. There is a clinical change during the procedure that requires new evaluation outside the target area of intervention.

Diagnostic coronary angiography performed at a separate session from an interventional procedure is separately reportable.

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Major coronary arteries: The major coronary arteries are the left main, left anterior descending, left circumflex, right, and ramus intermedius arteries. All PCI procedures performed in all segments (proximal, mid, distal) of a single major coronary artery through the native coronary circulation are reported with one code. When one segment of a major coronary artery is treated through the native circulation and treatment of another segment of the same artery requires access through a coronary artery bypass graft, the intervention through the bypass graft is reported separately.

Coronary artery branches: Up to two coronary artery branches of the left anterior descending (diagonals), left circumflex (marginals), and right (posterior descending, posterolaterals) coronary arteries are recognized. The left main and ramus intermedius coronary arteries do not have recognized branches for reporting purposes. All PCI(s) performed in any segment (proximal, mid, distal) of a coronary artery branch is reported with one code. PCI is reported for up to two branches of a major coronary artery. Additional PCI in a third branch of the same major coronary artery is not separately reportable.

Coronary artery bypass grafts: Each coronary artery bypass graft represents a coronary vessel. A sequential bypass graft with more than one distal anastomosis represents only one graft. A branching bypass graft (eg, Y graft) represents a coronary vessel for the main graft, and each branch off the main graft constitutes an additional coronary vessel. PCI performed on major coronary arteries or coronary artery branches by access through a bypass graft is reported using the bypass graft PCI codes. All bypass graft PCI codes include the use of coronary artery embolic protection devices when performed.

Only one base code from this family may be reported for revascularization of a major coronary artery and its recognized branches. Only one base code should be reported for revascularization of a coronary artery bypass graft, its subtended coronary artery, and recognized branches of the subtended coronary artery. If one segment of a major coronary artery and its recognized branches is treated through the native circulation, and treatment of another segment of the same vessel requires access through a coronary artery bypass graft, an additional base code is reported to describe the intervention performed through the bypass graft. The PCI base codes are 92920, 92924, 92928, 92933, 92937, 92941, and 92943. The PCI base code that includes the most intensive service provided for the target vessel should be reported. The hierarchy of these services is built on an intensity of service ranked from highest to lowest as 92943 = 92941 = 92933 > 92924 > 92937 = 92928 > 92920.

PCI performed during the same session in additional recognized branches of the target vessel should be reported using the applicable add-on code(s). The add-on codes are 92921, 92925, 92928, 92934, 92938, and 92944 and follow the same principle in regard to reporting the most intensive service provided. The intensity of service is ranked from highest to lowest as 92944 = 92938 > 92934 > 92925 > 92929 > 92921.

PCI performed during the same session in additional major coronary or in additional coronary artery bypass grafts should be reported using the applicable additional base code(s). PCI performed during the same session in additional coronary artery branches should be reported using the applicable additional add-on code(s).

If a single lesion extends from one target vessel (major coronary artery, coronary artery bypass graft, or coronary artery branch) into another target vessel, but can be revascularized with a single intervention bridging the two vessels, this PCI should be reported with a single code despite treating more than one vessel. For example, if a left main coronary lesion extends into the proximal left circumflex coronary artery and a single stent is placed to treat the entire lesion, this PCI should be reported as a single vessel stent (92928). In this example, a code for additional vessel treatment (92929) would not be additionally reported.

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When bifurcation lesions are treated, PCI is reported for both vessels treated. For example, when a bifurcation lesion involving the left anterior descending artery and the first diagonal artery is treated by stenting both vessels, 92928 and 92929 are both reported. Target vessel PCI for acute myocardial infarction is inclusive of all balloon angioplasty, atherectomy, stenting, manual aspiration thrombectomy, distal protection, and intracoronary rheolytic agent administration performed. Mechanical thrombectomy is reported separately. Chronic total occlusion of a coronary vessel is present when there is no antegrade flow through the true lumen, accompanied by suggestive angiographic and clinical criteria (eg, antegrade "bridging" collaterals present, calcification at the occlusion site, no current presentation with ST elevation or Q wave acute myocardial infarction attributable to the occluded target lesion). Current presentation with ST elevation or Q wave acute myocardial infarction attributable to the occluded target lesion, subtotal occlusion, and occlusion with dye staining at the site consistent with fresh thrombus are not considered chronic total occlusion. Codes 92973 (percutaneous transluminal coronary thrombectomy, mechanical), 92974 (coronary brachytherapy), 92978 and 92979 (intravascular ultrasound/optical coherence tomography), 93571 and 93572 (intravascular Doppler velocity and/or pressure [fractional flow reserve (FFR) or coronary flow reserve (CFR)]), and ~~0715T~~ 92972 (percutaneous transluminal coronary lithotripsy), are add-on codes for reporting procedures performed in addition to coronary and bypass graft diagnostic and interventional services, unless included in the base code. Non-mechanical, aspiration thrombectomy is not reported with 92973, and is included in the PCI code for acute myocardial infarction (92941), when performed. (To report transcatheter placement of radiation delivery device for coronary intravascular brachytherapy, use 92974) (For intravascular radioelement application, see 77770, 77771, 77772) (For nonsurgical septal reduction therapy [eg, alcohol ablation], use 93799)				
(f)92920	Q1	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023
(f)+92921	Q2	each additional branch of a major coronary artery (List separately in addition to code for primary procedure) (Use 92921 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943)	ZZZ	Refer to CPT September 2023
(f)92924	Q3	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023

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(f)+92925	Q4	each additional branch of a major coronary artery (List separately in addition to code for primary procedure) (Use 92925 in conjunction with 92924, 92928, 92933, 92937, 92941, 92943)	ZZZ	Refer to CPT September 2023
(f)92928	Q5	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023
(f)+92929	Q6	each additional branch of a major coronary artery (List separately in addition to code for primary procedure) (Use 92929 in conjunction with 92928, 92933, 92937, 92941, 92943)	ZZZ	Refer to CPT September 2023
(f)92933	Q7	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023
(f)+92934	Q8	each additional branch of a major coronary artery (List separately in addition to code for primary procedure) (Use 92934 in conjunction with 92933, 92937, 92941, 92943)	ZZZ	Refer to CPT September 2023
(f)92937	Q9	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023

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(f)+92938	Q10	each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure) (Use 92938 in conjunction with 92937)	ZZZ	Refer to CPT September 2023
(f)92941	Q11	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy, and angioplasty, including aspiration thrombectomy when performed, single vessel (For additional vessels treated, see 92920-92938, 92943, 92944) (For transcatheter intra-arterial hyperoxemic reperfusion/supersaturated oxygen therapy [SSO_2], use 0659T) ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023
(f)92943	Q12	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023
(f)+92944	Q13	each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure) (Use 92944 in conjunction with 92924, 92928, 92933, 92937, 92941, 92943) (To report transcatheter placement of radiation delivery device for coronary intravascular brachytherapy, use 92974) (For intravascular radioelement application, see 77770, 77771, 77772)	ZZZ	Refer to CPT September 2023
+●92972	Q14	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure) (Use 92972 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975)	ZZZ	**2.97** Refer to CPT September 2023

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(f)✚92973	Q15	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure) (Use 92973 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975, 93454-93461, 93563, 93564) (Do not report 92973 for aspiration thrombectomy)	ZZZ	Refer to CPT September 2023
#✚*92974*	*Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)* *(Use 92974 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 93454-93461)* *(For intravascular radioelement application, see 77770, 77771, 77772)*			
(f)92975	Q16	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023
(f)92977	Q17	by intravenous infusion (For thrombolysis of vessels other than coronary, see 37211-37214) (For cerebral thrombolysis, use 37195)	XXX	Refer to CPT September 2023
Category III Codes				
0659T	*Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation* *(Use 0659T in conjunction with 92941)* *(Do not report 0659T in conjunction with 92920, 92924, 92928, 92933, 92937, 92943)*			
~~✚●0715T~~	~~Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)~~ ~~(Use 0715T in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975)~~ (0715T has been deleted) (To report percutaneous transluminal coronary lithotripsy, use 92972)			

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92972 Tracking Number Q14 Original Specialty Recommended RVU: **3.90**
Presented Recommended RVU: **3.90**
Global Period: ZZZ Current Work RVU: **NA** RUC Recommended RVU: **2.97**

CPT Descriptor: Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure) (use 9x070 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 62-year-old male with a history of left anterior descending coronary stent placement presents with exertional chest pain despite appropriate medical therapy. coronary angiography (coded separately) reveals severe in-stent restenosis, and imaging shows a circumferential calcified ring in the distal portion of the stent. he is sent to an angioplasty center and the lesion is treated with intravascular lithotripsy to allow appropriate stent expansion with balloon dilation.
[note: this is an add-on service. only consider the additional physician work related to percutaneous transluminal coronary lithotripsy.]

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Based on separately reportable diagnostic coronary angiography, the presence of severe coronary artery calcium (CAC) is observed. The appropriate diameter coronary IVL catheter is selected. The coronary IVL catheter is inserted over the standard guidewire and advanced to the target location using fluoroscopy and marker bands. Once the coronary IVL catheter is placed, the integrated balloon is inflated to 4-atm, or enough pressure to make contact with the vessel wall. The first lithotripsy cycle of pulses is then delivered. Once the cycle is complete, the integrated balloon is then inflated to its nominal pressure of 6-atm. The balloon is then deflated. The mid LAD segment is also treated with the 3.0 mm × 20 mm balloon inflated at 8 atmosphere for 50 seconds. Final angiogram shows good angiographic results in LAD with residual stenosis of 30%, no overt dissection and TIMI 3 flow. No special patient care is needed post-op.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2023					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Hoyer, Dr. Afnan Tariq					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92972					
Sample Size:	2500	**Resp N:**	139			
Description of Sample:	Random sample of ACC and SCAI members that identified as interventional cardiologists					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	5.00	**10.00**	20.00	100.00	
Survey RVW:	1.00	3.90	**5.00**	9.49	40.00	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	7.00	20.00	**30.00**	45.00	130.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	92972	**Recommended Physician Work RVU: 2.97**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92974	ZZZ	3.00	**RUC Time**

CPT Descriptor Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37233	ZZZ	6.50	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	9,013

CPT Descriptor 1 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	128,927

CPT Descriptor 2 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 42 **% of respondents:** 30.2 **%**

Number of respondents who choose 2nd Key Reference Code: 31 **% of respondents:** 22.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 92972	Top Key Reference CPT Code: 92974	2nd Key Reference CPT Code: 37233
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	42.50	60.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**42.50**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	7%	43%	29%	19%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	16%	52%	32%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	54%	36%
Physical effort required	12%	49%	39%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	40%	53%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	29%	32%	35%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	27%	70%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	37%	53%
Physical effort required	7%	41%	52%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	17%	80%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Changes

The family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were reviewed for this meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer, and the societies worked aggressively to execute a survey that was not anticipated. Work to incorporate this technology was slated by our CPT committees for the subsequent cycle.

Survey Approach

One result of the unanticipated review was a decision to streamline the survey in order to increase the likelihood of completion. In consultation with RUC staff, we opted to not survey the add-on codes in the family that describe intervention in additional branches off major coronary arteries. CMS and payers have never recognized these add-on codes as separately payable services and they have no utilization. We did not want to confuse respondents by asking them to survey codes with which they are not familiar, or to lengthen the survey for services that are not actually paid. As part of the societies' plans for future updates to this family of codes, we intended to delete those add-on codes for PCI in additional branches. Therefore, we recommend affirmation or contractor pricing or bundling for those codes, whichever is most appropriate for the circumstances.

Current RVUs

As referenced above, CMS does not recognize the add-on codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, work and time were removed when changes were made for moderate sedation billing. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for bundling, the adjustments for moderate sedation, and finally the current values.

Background: PCI Evolution

The recommendations for this tab do not produce an increase in RVUs and do not require a compelling evidence argument. However, these services have changed in a way that merits consideration of a change in technique that informs the results of the survey. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Research has shown the radial approach to be safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as some improvement in other factors. https://pubmed.ncbi.nlm.nih.gov/33507598/ At the time of the prior survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery; PCI via the radial artery was just emerging in this country. PCI via the radial artery requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator. In contrast to the femoral approach, using the radial access creates more potential roadblocks in terms of procedural execution that requires additional catheter manipulations. The radial artery cannot connect directly to the heart in a straight-line fashion, having a loop in it. This can influence the catheter availability and support for doing angioplasty. In some instances, one will fall back to a femoral position. There can also be trouble getting the catheter into the aorta and then into ascending aorta, so it goes into coronaries and not the valve as opposed to into the leg. Catheters don't always have ability to support push and backup in the same way as femoral access, making those manipulations more challenging. Some catheters also can't engage anomalous coronary arteries.

There have been some changes in catheters have improved certain elements of procedures that may also explain some reduction in time, such as catheters that allow us to access things radially that we didn't have previously and others that allow for easier canulation of a vessel without as many catheter changes as in the past, reducing lower acuity procedure time. These allow access to lesions that were previously not able to be treated, such as certain grafts, anomalous coronaries, or tortuous anatomy. There has been a procedural shift to more comprehensive lesion preparation. We also see patients undergoing PCI who are generally older and have more comorbidities than a decade ago. Attention to stricter appearance on statins and other medicines has eliminated many patients who otherwise may have been treated with lower acuity PCI. Those remaining are more complex. Positioning for radial increases the risk of radiation and precautions. More time is

spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Recommendations Methodology

We struggled with how best to incorporate the bundling of the add-on branch codes. Because of the lack of recognition of the CPT-defined and previously RUC-valued add-on codes for interventions in branch vessels, we offer work recommendations at the survey 25th-percentile values for these codes with the addition of the same work increments CMS added when it bundled the branch intervention services into the base codes in 2013. We chose the survey 25th-percentile work RVUs as the starting point because this approach generally kept the recommended values below the current values. In instances where this approach did not keep the recommendations below the current values and times were similar or lower, we recommend the current value. As we move to the codes that are based on patient characteristics with use of any intervention—of/through a CABG, during AMI, and of a chronic total occlusion—where times are similar or higher, we recommend the current values for two codes where the survey 25th would be an increase and the survey 25th with a higher value for one code that shows a significant increase in time that reflects a different patient population than a decade ago. (Though that recommendation doesn't require a compelling evidence argument since the overall recommendations are budget neutral, we'll discuss that change in patient population for the chronic total occlusion code later.) In a similar manner, we added the bundled times to our recommendations in the same manner that CMS did in 2013 to account for work in the branch codes that would otherwise go unrecognized.

This approach produces the following recommendations for the family that would produce budget neutral savings of nearly 94,000 RVUs.

Code	Description	Rec.	Curr. Value	Rec. Pre	Rec. Intra	Rec. Post	Rec. Total
92920	Angioplasty	9.60	9.85	43	53	28	124
92921	Angioplasty, additional	0.00	0.00		30		30
92924	Atherectomy w/ angioplasty	11.74	11.74	43	69	28	140
92925	Atherectomy w/ angioplasty, additional	0.00	0.00		45		45
92928	Stent w/ angioplasty	10.57	10.96	43	60	28	131
92929	Stent w/ angioplasty, additional	0.00	0.00		30		30
92933	Atherectomy w/ stent w/ angioplasty	11.97	12.29	43	77	28	148
92934	Atherectomy w/ stent w/ angioplasty, additional	0.00	0.00		45		45
92937	Any revasc of CABG w/ w/out distal protection	10.95	10.95	43	77	28	148
92938	Any revasc of CABG w/ w/out distal protection, additional	0.00	0.00		60		60
92941	Any revasc of AMI total/subtotal occlusion	12.31	12.31	43	70	28	141
92943	Any revasc of chronic total occlusion w/ w/out thrombectomy	14.24	12.31	43	122	28	193
92944	Any revasc of chronic total occlusion w/ w/out thrombectomy, additional	0.00	0.00		60		60
92973	Thrombectomy add-on	2.97	3.28		30		30

Obsolete Codes

The RUC also identified codes 92975 and 92977 for thrombolysis as part of this family. With the extremely low volume and obsolete nature of these codes (78 and 2 units, respectively), the societies did not survey these. Instead, we recommend contractor pricing until they can be updated to reflect current practice or deleted.

Preservice Time

For each of the codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care). While these are 000 codes provided to patients with short or no hospital stay, the certain elements of preservice time are more akin to that of a service that utilizes general anesthesia.

		FACILITY			PCI	Notes
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for elaborate consenting on multi-page form discussing PCI variabilities and possibility of conversion to surgery
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Both radial and femoral approaches are draped and ultrasound is performed to assess viability of sites.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position. Heart is positioned to allow for intraprocedural imaging. Additional gowning procedures to minimize radiation.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92972

This is a new Category I code to report intravascular lithotripsy (IVL) as an add-on to other PCI services. IVL is a new revascularization treatment option that pulsatile sonic pressure waves that pass through soft tissue and selectively interact strongly with high-density calcium, producing significant shear stresses that have the ability to fracture the calcium. Arterial calcification is associated with increased cardiovascular risks. Intimal arterial calcification (IAC),

considered a representation of underlying atherosclerotic plaque burden, has long been held responsible for this association, whereas increasing interest is directed towards medial arterial calcification (MAC). IVL is designed to modify both intimal and medial calcium across a wide range of vascular applications to increase vessel compliance, restore vessel mobility and provide new versatile treatment options for patients. Coronary IVL received PMA approval February 12, 2021 from the FDA for lithotripsy-enabled, low-pressure balloon dilatation of severely calcified, stenotic de novo coronary arteries prior to stenting.

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. The panel reviewed this ZZZ code and recommends the survey median intra-service time with no preservice or post-service time.

The key reference service is 92974, transcatheter placement of a radiation delivery device for subsequent coronary intravascular brachytherapy. 43% of key reference respondents found surveyed code 92972 to be of similar intensity/complexity, while 48% found it to be somewhat more or much more intense/complex. The second key reference service is 37233, angioplasty and atherectomy of an additional tibial/peroneal additional vessel. 68% of respondents found surveyed code 92972 to be of somewhat more or much more intense/complex, while 29% felt it to be identical.

The second KRS is helpful in valuing the new code for coronary IVL. We can determine from the survey that if 92972 is half the time of 37233, that value is 3.25. With respondents indicating 92972 to be more intense, that would comport with a higher value. The survey 25th-percentile wRVU would make sense from that perspective. We did seek and find additional 30-minute procedural add-on codes that suggest 3.90 may be about right for this new technology and newly defined service. A thoracoscopy code and stereotactic radiosurgery code that both have 30 minutes of time bracket the 25th-percentile value at 4.12 and 3.48, respectively, as shown in the summary spreadsheet.

As such, the societies **recommend the survey 25th-percentile wRVU of 3.90 with times of 0/30/0** for this add-on code**.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 41489
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The IVL manufacturer reported this amount as the number of IVL procedures performed in the most recently available 12 month period (June 2021-May 2022) in their CPT Code Change Application.

Specialty Interventional Cardiology Frequency 41489 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 34,021 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The IVL manufacturer reported this amount as the number of IVL procedures performed on Medicare patients in the most recently available 12 month period (June 2021-May 2022) in their CPT Code Change Application.

Specialty Interventional Cardiology Frequency 34021 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Coronary angioplasty (PTCA)

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92928

SS Rec Summary

ISSUE: Percutaneous Coronary Interventions
TAB: 12

Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	92974	ZZZ	Transcatheter placement of radiation deliv	2001	42	0.071	0.071			3.00			42.5	0	0	0			43			0					
2nd REF	37233	ZZZ	Revascularization, endovascular, open or	2010	31	0.108	0.105			6.50			62	1	0	0			60			1					
CURRENT	92799		Unlisted cardiovascular service or procedure			-	-						0														
SVY	92972	ZZZ	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)		139	0.167	0.167	1.00	3.90	5.00	9.49	40.00	30	0	0	0	7	20	30	45	130		0	5	10	20	100
REC	92972	ZZZ	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure) (use 92972 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975)			0.099	0.099			2.97			30						30								
XWALK	37249	ZZZ	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the			0.099	0.099			2.97			30						30								

December 13, 2022

Scott Manaker, MD
AMA/RVS Update PE Subcommittee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

Re: Tab 12 Percutaneous Coronary Interventions

Dear Dr. Manaker:

Tab 12 on the January 2023 RUC agenda addresses 17 codes. One of these is a new code, which describes intravascular lithotripsy, 92972. This code will be provided exclusively in the facility setting with a ZZZ global period. As such, the Society for Cardiovascular Angiography and Interventions and the American College of Cardiology recommend no direct practice expense inputs for this code in Tab 12.

The RUC also identified 16 established codes as part of this family. These include 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92973, 92975 and 92977. All of these codes are exclusively performed in the facility setting with either a 000, XXX, or ZZZ global periods. As such, the Society for Cardiovascular Angiography and Interventions and the American College of Cardiology recommend no direct practice expense inputs for these codes in Tab 12.

Thank you for your consideration of this information as you prepare for the upcoming meeting. Please contact Matt Minnella at mminnella@acc.org if you have any questions.

Sincerely,

Afnan Tariq, MD
SCAI RUC Advisor

Richard Wright, MD
ACC RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2025

Laser Treatment for Inflammatory Skin Diseases – Tab 16

The laser therapy for inflammatory skin conditions codes 96920, 96921 and 96922 were originally identified as potentially misvalued in 2008 via the CMS high volume growth screen. In October 2015, the RUC identified these codes via the high-volume growth screen with Medicare utilization of 10,000 or more that increased by at least 100% from 2008 through 2013. More recently, the code family was surveyed for the April 2023 RUC meeting, after being flagged again for increasing utilization in January 2022. The code set subsequently underwent several CPT revisions.

Upon consideration at the April 2025 RUC meeting, the RUC concurred that the code descriptor changes since the laser codes were last reviewed in 2023 were editorial in nature (remove the word 'excimer'). However, the new code change application with expanded indications would require a RUC survey. The RUC agreed with the specialty society's request to affirm the current CMS values for CPT codes 96920, 96921 and 96922. In May 2025, the CPT Editorial Panel revised the three codes to reflect the intended use for inflammatory or auto-immune skin diseases (eg, psoriasis). Accordingly, the specialty society surveyed the code family for the September 2025 RUC meeting.

Compelling Evidence
The RUC agreed with the specialty society that there is compelling evidence to support a change in physician work for CPT codes 96920, 96921 and 96922 based on flaws in the prior valuation process and change in patient population.

Flawed Methodology
The specialty society believes, and the RUC agrees, that the methodology used by CMS in the CY2025 Medicare Physician Fee Schedule was flawed and led to incorrect assumptions and inaccurate valuation of laser codes CPT 96920, 96921 and 96922. For CY2025, CMS accepted the RUC recommended times but did not accept the RUC recommended values, resulting in anomalies. Instead, the Agency finalized lower work RVUs: 0.83 for 96920, 0.90 for 96921, and 1.15 for 96922.

Specifically, CMS finalized work RVUs based on crosswalks to CPT codes 11104 *Punch biopsy of skin (including simple closure, when performed); single lesion* and 11301 *Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm* for 96920 and 96921, respectively. For 96922, CMS used a purely formulaic approach, applying building block methodology and citing the RUC-recommended incremental difference of 0.25 work RVUs above 96921 to arrive at a final value of 1.15. CMS also calculated intra-service time ratios between the 2002 intra-service times, and the RUC recommended intra-service times for each code, multiplying that ratio by the 2002 work RVU.

In its rationale, CMS indicated that the physician times associated with these codes have fluctuated over time, while the work RVUs have remained largely unchanged. CMS expressed concern that the 2012 recommendations did not address this inconsistency and emphasized that significant

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decreases in time should correspond with decreases in work RVUs unless a clear rationale is provided for increased intensity. The specialty society believes CMS's methodology is flawed due to the use of time ratios across different time periods to justify reductions in work RVUs, particularly when the original 2002 values were not based on survey data but were established through crosswalks. Applying time-based calculations across periods where code descriptors have since been revised is not appropriate for valuing physician work. Calculating an intra-service time ratio based on the 2002 values is not representative of the actual time, intensity, and physician work involved in performing these services today. Further, CMS did not provide a clinical rationale to support the selected crosswalks to 11104 and 11301, which do not reflect the current clinical use, service characteristics, or intensity of laser treatment for inflammatory skin disease.

Change in patient population
The second argument in support of compelling evidence relates to a change in the patient population. Laser treatment for inflammatory and autoimmune skin diseases is now typically performed only in those patients with contraindications for systemic agents, such as those with paradoxical biologic response, lack of response to systemic agents, preexisting immunosuppression or latent infections, or those patients with particularly recalcitrant disease. The code indications, previously limited to psoriasis, now encompass applicable inflammatory and autoimmune skin diseases, such as atopic dermatitis, vitiligo, and alopecia areata. Although psoriasis is anticipated to remain the typical condition treated by this modality, the patient population treated with ultraviolet laser has shifted as highly effective systemic biologics have replaced localized therapy. With biologics, the excimer laser device is used to treat patients who have not responded well to biologics or need extra treatment in hard-to-treat areas that are thick and recalcitrant to biologics. Therefore, the patient population has significantly changed since the last time the RUC recommendation was implemented by CMS.

The RUC concurred that there is compelling evidence that the physician work for these services has changed based on flawed methodology and change in patient population. The RUC agrees to consider increased times and work RVUs for CPT codes 96920, 96921 and 96922 based on the current survey data.

96920 ***Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); total area less than 250 sq cm***
The RUC reviewed the survey results from 37 dermatologists and determined that the survey 25th percentile work RVU of 1.00 appropriately accounts for the physician work involved in this service. The RUC recommends 7 minutes pre-service evaluation time, 2 minutes pre-service positioning time, 1-minute pre-service scrub/dress/wait time, 12 minutes intra-service time, and 5 minutes post-service time for 27 minutes total time as supported by the survey.

Pre-service time package 5 *NF Proc w minimal anes care (if no deduct 1 min)* for the non-facility setting is supported. In addition, maintaining the current 2 minutes of pre-service positioning time to account for the necessary maneuvering and manipulation of the patient to allow access to sensitive treatment areas for the application of local anesthetic (eutectic mixture of local anesthetics (EMLA) cream), as needed; draping and positioning the patient for optimal access to each treatment site.

To justify a work RVU of 1.00, the RUC compared the surveyed code to the top key reference service code 11307 *Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm* (work RVU = 1.20, 21 minutes intra-service time and 32

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minutes total time) and noted that the reference service has more intra-service time and total time than the surveyed code and is therefore appropriately valued higher. The RUC also compared the surveyed code to the second key reference service code 96574 *Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day* (work RVU = 1.01, 16 minutes intra-service time and 36 minutes total time) and noted that the reference service has a similar amount of physician work yet the surveyed code has less intra-service time and is more intense.

The RUC also compared the surveyed code to CPT code 20606 *Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting* (work RVU = 1.00, 10 minutes intra-service time and 27 minutes total time) and noted that the comparator code has similar intra-service time, identical total time and involves the same amount of physician work. The difference in intra-service time is offset by the slightly higher intensity of CPT code 20606.

The RUC also offers strong comparisons between the surveyed code and MPC codes 12011 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less* (work RVU = 1.07, 12 minutes intra-service time and 24 minutes total time) and 11980 *Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)* (work RVU = 1.10, 12 minutes intra-service time and 27 minutes total time) noting the identical intra-service times, yet the comparator codes involve slightly more physician work and intensity and are therefore both appropriately valued higher than the surveyed code.

For additional support, the RUC compared the surveyed code to MPC codes 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU = 0.84, 10 minutes intra-service time and 22 minutes total time) and 12002 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm* (work RVU = 1.14, 15 minutes intra-service time and 27 minutes total time) and noted that the comparison codes appropriately bracket the recommended work RVU. The RUC concluded that CPT code 96920 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 1.00 for CPT code 96920.**

96921 *Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); 250 sq cm to 500 sq cm*
The RUC reviewed the survey results from 37 dermatologists and determined that the survey 25th percentile work RVU of 1.24 appropriately accounts for the physician work involved in this service. The recommendation also provides for a stepwise progression of the procedure based on the size of the wound or lesion. The RUC recommends 7 minutes pre-service evaluation time, 2 minutes pre-service positioning time, 1 minute of pre-service scrub/dress/wait time, 17 minutes intra-service time, and 5 minutes post-service time for 32 minutes total time as supported by the survey. The RUC acknowledged that the increase in intra-service time is attributed to the more difficult typical patient and increased complexity of the cases. The specialty society believes, and the RUC agrees, that the median intra-service times from the current survey more accurately reflect the physician time and intensity associated with these services than the current values.

Pre-service time package 5 *NF Proc w minimal anes care (if no deduct 1 min)* for the non-facility setting is supported. In addition, maintaining the current 2 minutes of pre-service positioning time to account for the necessary maneuvering and manipulation of the patient to allow access to

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sensitive treatment areas for the application of local anesthetic (EMLA cream), as needed; draping and positioning the patient for optimal access to each treatment site.

To justify a work RVU of 1.24, the RUC compared the surveyed code to the top key reference service code 12014 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm* (work RVU = 1.57, 20 minutes intra-service time and 32 minutes total time) and noted that the reference service has the same total time yet more intra-service time and is more intense, justifying a higher value than the surveyed code. The RUC also compared the surveyed code to the second key reference service code 12006 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm* (work RVU = 2.39, 30 minutes intra-service time and 47 minutes total time) and noted that the reference service has much more intra-service and total time than the surveyed code and is therefore appropriately valued higher.

For additional support, the RUC noted that the surveyed code is closely bracketed by MPC codes 12002 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm* (work RVU = 1.14, 15 minutes intra-service time and 27 minutes total time) and 12004 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm* (work RVU = 1.44, 17 minutes intra-service time and 29 minutes total time). Of note, MPC code 12004 has identical intra-service time, yet the comparator code involves more physician work and intensity and is therefore appropriately valued higher than the surveyed code. The RUC concluded that CPT code 96921 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 1.24 for CPT code 96921.**

96922 ***Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); over 500 sq cm***
The RUC reviewed the survey results from 37 dermatologists and determined that the survey 25th percentile work RVU of 1.50 appropriately accounts for the physician work involved in this service. The RUC recommends 7 minutes pre-service evaluation time, 2 minutes pre-service positioning time, 1-minute pre-service scrub/dress/wait time, 24 minutes intra-service time, and 5 minutes post-service time for 39 minutes total time as supported by the survey. The specialty society believes, and the RUC agrees, that the median intra-service times from the current survey more accurately reflect the physician time and intensity associated with these services than the current values. This service covers the largest area, and the physician must perform treatment sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed.

Pre-service time package 5 *NF Proc w minimal anes care (if no deduct 1 min)* for the non-facility setting is supported. In addition, maintaining the current 2 minutes of pre-service positioning time to account for the necessary maneuvering and manipulation of the patient to allow access to sensitive treatment areas for the application of local anesthetic (EMLA cream), as needed; draping and positioning the patient for optimal access to each treatment site.

To justify a work RVU of 1.50, the RUC compared CPT code 96922 to the to the top key reference service code 12006 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm* (work RVU = 2.39, 30 minutes intra-service time and 47 minutes total time) and to the second key reference service code 12018 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm* (work RVU = 3.61, 45 minutes intra-service time and 64 minutes total time) noting that the reference services require more intra-service and total time than the surveyed code and are appropriately valued higher.

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The RUC emphasized the appropriate comparison of CPT code 96922 to MPC code 12004 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm* (work RVU = 1.44, 17 minutes intra-service time and 29 minutes total time) noting that both involve treatment over a larger body surface area. The surveyed code requires more intra-service and total time and is therefore valued higher than the comparator code. The RUC also compared the surveyed code to MPC code 64644 *Chemodenervation of one extremity; 5 or more muscles* (work RVU = 1.82, 25 minutes intra-service time and 45 minutes total time) and noted that the survey 25th percentile value is appropriately bracketed by these comparator codes.

The RUC concluded that CPT code 96922 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation provides a stepwise progression of the procedure based on the size of the wound or lesion and preserves rank order within the family. **The RUC recommends a work RVU of 1.50 for CPT code 96922.**

Practice Expense

The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs for CPT codes 96920, 96921, and 96922 and made no modifications. The specialty presented the current direct inputs with an increase in clinical staff time for the code family related to CA018 *Assist physician or other qualified healthcare professional---directly related to physician work time (100%)*. The increased time for CA018 is entirely accounted for due to an increase in physician intra-service time.

The specialty society confirmed that the excimer laser remains the typical equipment used for this code set. The RUC acknowledged that CMS did not accept the May 2023 RUC recommendation to change the business model for excimer lasers to a pay-per-use subscription-based model, since the equipment item EQ161 *laser, excimer* is available for purchase and already accounted for under its equipment methodology. A question was raised regarding equipment item ED005 *camera, digital system, 12 megapixel (medical grade)* and what is the typical method to acquire images. There has been a perceptible shift in technology from the use of cameras to cell phones (with an application that inputs directly into the electronic health record). The PE Subcommittee agreed to maintain the direct practice inputs without modification. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Special Dermatological Procedures**				
▲96920	G1	~~*Excimer*~~ *L~~l~~aser* treatment, *308-312 nanometer wavelengths,* for inflammatory or auto-immune skin diseases (eg, psoriasis); total area less than 250 sq cm	000	1.00 (2025 Work RVU = 0.83)

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▲96921	G2	250 sq cm to 500 sq cm	000	1.24 (2025 Work RVU = 0.90)
▲96922	G3	over 500 sq cm (For laser destruction of premalignant lesions, see 17000-17004) (For laser destruction of cutaneous vascular proliferative lesions, see 17106-17108) (For laser destruction of benign lesions, see 17110-17111) (For laser destruction of malignant lesions, see 17260-17286)	000	1.50 (2025 Work RVU = 1.15)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96920 Tracking Number G1 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: 000 Current Work RVU: **0.83** RUC Recommended RVU: **1.00**

CPT Descriptor: Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); total area less than 250 sq cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with an inflammatory or auto-immune skin disease. The patient has less than 250 sq cm of cutaneous lesions. The decision is made to utilize a 308-312 nm laser for treatment.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 5% , In the ASC 0%, In the office 95%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient's medical chart, paying particular attention to any photosensitive medications that may affect treatment, confirm the areas of treatment with the patient, and obtain informed consent, including response and reactions to therapy. For new patients, inform them of the risk of pain, blistering, and hyper- and hypopigmentation. For established patients, perform review of photographs from the prior session to evaluate the response to treatment, spread, and active inflammation and to determine if the treatment needs to be adjusted. Assess previously burned or blistered areas for healing, dyspigmentation, and scarring. Discuss additional skin care as appropriate. Identify and confirm all lesion sites, indicating areas that previously developed severe reaction as treatment settings may need to be adjusted. Direct clinical staff where to apply eutectic mixture of local anesthetics (EMLA) cream to treatment sites. Once anesthetic effect has been achieved, remove EMLA and apply mineral oil to treatment sites. Drape and appropriately position the patient for access to the first treatment site. The treating physician confirms that everyone in the room is wearing laser safety goggles. Check laser equipment.

Description of Intra-Service Work: Select treatment fluence (or energy level) for each part of each individual plaque based on the thickness of that part of the plaque and its response to previous treatment(s). Apply the laser to the first plaque and initiate treatment with pulse duration varying based on the energy delivered. Up to 2 sq cm can be treated at a time with the spot size adjusted based on clinical presentation and plaque thickness, adjusting fluence and spot size as required. Change gloves as needed to protect equipment. Perform treatment sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed. Use blocking templates to avoid treating uninvolved areas and to deal with geometric lesion configurations that would preclude overlap avoidance or treatment of uninvolved skin. Monitor for pain and skin surface reaction throughout the process. Repeat the process with needed modifications for each subsequent lesion to be treated. At the end of treatment for each lesion, reassess the site for treatment adequacy and for any signs of overlap that might need posttreatment therapy.

Description of Post-Service Work: Review pain management and skin care. Place ice packs on all erythematous, blistered, and crusted areas. Once ice packs are removed, identify and direct clinical staff where to apply topicals including triamcinolone to intact skin with heavy inflammation; mupirocin to areas of blistering, erosion, and/or impending skin breakdown; and topical emollient to all other treatment areas to minimize pain. The physician also directs the clinical staff

on which exposed lesions sunscreen should be applied to prior to leaving to prevent further unwanted ultraviolet exposure and further burn after treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025		
Presenter(s):	Howard Rogers, MD, PhD, FAAD Brent Moody, MD, FAAD Mark Kaufmann, MD, FAAD Ryan Hick, MD, FAAD Lawrence Green, MD, FAAD		
Specialty Society(ies):	American Academy of Dermatology Association (AADA)		
CPT Code:	96920		
Sample Size:	803	**Resp N:**	37
Description of Sample:	The AADA used a targeted sample methodology in conjunction with a random sample of American Academy of Dermatology (AAD) membership, as approved by the Research Subcommittee. The random sample consisted of 500 practicing, U.S.-based AAD members, excluding residents. The targeted sample was developed using two sources: (1) the CMS Medicare Physician & Other Practitioners Public Use File, which identified 177 dermatologists who had billed Medicare for CPT codes 96920, 96921, or 96922 (from 2021-2023); and (2) vendor-supplied lists from two manufacturers of laser devices used to treat inflammatory and auto-immune skin diseases, which included 202 and 47 dermatologists, respectively. After removing duplicate physician names across both sources, the final targeted sample included 303 dermatologists. The random and targeted samples were compared to ensure no duplicate names were included across the two groups. Each dermatologist was included only once in the final combined sample, which consisted of 803 survey recipients.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**30.00**	185.00	500.00
Survey RVW:	0.70	1.00	**1.20**	1.75	8.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**4.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	2.00	5.00	**12.00**	20.00	34.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	96920	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**

Pre-Service Positioning Time:	**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:	**1.00**	**1.00**	**0.00**
Intra-Service Time:	**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11307	000	1.20	**RUC Time**

CPT Descriptor Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
96574	000	1.01	**RUC Time**

CPT Descriptor Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12001	000	0.84	**RUC Time**	148,478

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	123,416

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 **% of respondents:** 16.2 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 96920	**Top Key Reference CPT Code:** 11307	**2nd Key Reference CPT Code:** **96574**
Median Pre-Service Time	10.00	6.00	10.00
Median Intra-Service Time	12.00	21.00	16.00
Median Immediate Post-service Time	0.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**22.00**	**32.00**	**36.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	33%	33%	33%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or	0%	33%	67%

other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	17%	33%	50%
Physical effort required	0%	50%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	60%	40%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	40%	40%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	20%	40%	40%
Physical effort required	20%	40%	40%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	40%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The laser therapy for inflammatory skin conditions codes (96920-96922) were originally identified in 2008 via the CMS High Volume Growth screen. The Relativity Assessment Workgroup agreed that the codes should be re-assessed in two years. In September 2011, the RUC recommended resurvey of these services for January 2012 which was done, as well as development of a CPT Assistant article to address incorrect reporting when using handheld devices. This article was published in June 2012, followed by a brief article in May 2013 addressing the question of treating a scar using the laser codes 96920-96922, stating that their use would not be appropriate, and that 96999, *Unlisted special dermatological service or procedure*, should be used instead.

In April 2015, the code family was identified again via the high-volume growth screen with Medicare utilization of 10,000 or more. It was recommended that a CPT Assistant article be developed and that the specialty societies develop an Action Plan to address the continued increase in utilization and assess the effectiveness of the CPT Assistant article. In October 2015, the RUC recommended that the specialty society develop an additional, comprehensive CPT Assistant article, with examples, on the use of the three laser codes to ensure the code set was being billed correctly. The CPT Assistant article was published in September 2016.

In October 2017, the RUC recommended that the RAW review these services in two years (October 2019). At that time, the same recommendation was made for a subsequent review in two years (January 2022), since therapy for psoriasis had changed, and the utilization of these services may decrease. In January 2022, the Relativity Assessment Workgroup reviewed these services again noting that their utilization continued to increase, specifically CPT code 96920. Given this the Workgroup recommended, and the RUC agreed, that CPT codes 96920, 96921 and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting.

In April 2022, the specialty societies indicated, and the RUC agreed, that CPT codes 96920-96922 be referred to the CPT Editorial Panel for editorial review at the September 2022 CPT meeting as the accepted indications for UV lasers had expanded beyond what is currently noted in the code descriptors to include laser treatment for other inflammatory skin disorders such as vitiligo, atopic dermatitis, alopecia areata, etc. This issue was brought forward and subsequently withdrawn from the February 2023 CPT Editorial Panel meeting agenda as it was determined that existing literature was insufficient and did not support expanded indications at this time. Thus, CPT codes 96920–96922 were surveyed for the April 2023 RUC meeting without any revisions to their descriptors, which read "Laser treatment for inflammatory skin disease (psoriasis)".

At the April 2023 meeting, the RUC noted concerns on the validity of the survey times given their wide variation from previous, as well as the specialty society's indication that survey times were insufficient to complete the procedure as currently performed, and therefore the codes were flagged as "Do Not Use to Validate for Physician Work".

Additionally during this meeting, the RUC voted to recommend an editorial change to CPT to add "(ie, excimer)" to the code descriptor for 96920-96922. At the May 2023 CPT Editorial Panel meeting, the CPT Executive Committee voted to further editorially revise the code family to reflect use of these services exclusively for psoriasis using an "Excimer" laser. The CPT Editorial Panel approved the changes in September 2023 as editorial revisions for inclusion in the CPT 2024 code set.

In June 2024, a CPT Assistant article was published to clarify what laser equipment meets the criteria for an "excimer" laser. Despite this, concern resulted from the addition of the term "excimer" to the descriptor for those using other types of appropriate ultraviolet lasers. Subsequently, at the February 2025 CPT Editorial Panel meeting, the codes were further revised to remove "Excimer" from the code descriptor and specify the wavelengths for other lasers that treat psoriasis that are not excimer lasers. The codes were subsequently presented at the April 2025 RUC meeting, with the specialty noting these changes were considered to be editorial in nature, which was affirmed by the RUC.

In parallel to this an additional code change application was brought forward to the CPT Editorial Panel, which was considered in May 2025, to expand the laser codes beyond the treatment of psoriasis to include other inflammatory skin disorders. In May 2025, the CPT Editorial Panel approved revisions to codes 96920, 96921, and 96922 to expand the indications beyond psoriasis to include inflammatory and auto-immune skin diseases.

Compelling Evidence

The specialty society's compelling evidence argument is based both on documented flaws in the prior valuation process and evidence of a change in physician work due to changing patient population.

Flawed Methodology

First, we believe that the methodology used by CMS in the CY2025 Medicare Physician Fee Schedule was flawed and led to incorrect assumptions and inaccurate valuation of laser codes CPT 96920-96922.

For CY2025, CMS accepted the RUC-recommended times but did not accept the RUC-recommended values for 96920, 96921, and 96922. Instead, the agency finalized lower work RVUs—0.83 for 96920, 0.90 for 96921, and 1.15 for 96922.

Specifically, CMS finalized wRVUs based on crosswalks to codes 11104 and 11301 for 96920 and 96921, respectively. For 96922, CMS used a purely formulaic approach, applying building block methodology and citing the RUC-recommended incremental difference of 0.25 work RVUs above 96921 to arrive at a final value of 1.15. CMS also calculated intraservice time ratios between the 2002 intraservice times and the RUC-recommended intraservice times for each code, multiplying that ratio by the 2002 work RVU in an effort to "maintain the intensity associated with the 2002 review," despite acknowledging that commenters would likely dispute the current time values.

In its rationale, CMS indicated that the physician times associated with these codes have fluctuated over time, while the work RVUs have remained largely unchanged. CMS expressed concern that the 2012 recommendations did not address this inconsistency and emphasized that significant decreases in time should correspond with decreases in work RVUs unless a clear rationale is provided for increased intensity.

The specialty society believes CMS's methodology is flawed and disagrees with CMS's valuation methodology for CPT codes 96920, 96921, and 96922. Specifically, we oppose the use of time ratios across different time periods to justify reductions in work RVUs—particularly when the original 2002 values were not based on survey data but were established through crosswalks. Applying time-based calculations across periods where code descriptors have since been clarified is not appropriate for valuing physician work. Calculating an intraservice time ratio based on the 2002 values is not representative of the actual time, intensity, and physician work involved in performing these services today. Further, CMS did not provide clinical rationale to support the selected crosswalks to 11104 and 11301, which do not reflect the current clinical use, service characteristics, or intensity of laser treatment for inflammatory skin disease.

We also want to note that these codes have been flagged in the RUC database as "Do Not Use to Validate Physician Work" (DNU) – Service Times Not Representative since April 2023, when they were last surveyed. While we are not asserting the DNU flag constitutes flawed methodology, we want to highlight this to note the factors that led to the DNU flag reflect longstanding challenges in valuing this code family, and the times associated with these services, further supporting compelling evidence.

More specifically, in 2012, the RUC accepted increased intraservice times based on survey data but maintained the 2002 work RVUs, citing a lack of compelling evidence to support an increase in wRVU. In April 2023, the survey reflected a marked decrease in intraservice time. The specialty society advised that the reported times were insufficient to complete the procedure as currently performed. The expert panel, which included psoriasis experts who had routinely performed these services, agreed and furthermore advised that both the time and work had remained stable since the codes were last surveyed in 2012. Survey respondents also indicated relative stability in work compared to the then-current values.

The RUC noted similar concern around the survey times with the RUC rationale for this family of codes noting, "The RUC expressed concern with the survey that the times have decreased and there was not a proportionate decrease in work."

Given this disproportionate change in times in the survey results, which did not align with the specialty society, physician experts and survey takers other responses, there was significant difficulty in assigning accurate valuations to this family of codes. In particular the specialty society felt that both the current values and the 25th percentile survey values would be inappropriate given the reported decrease in time. In April 2023, the RUC recommended reduced work RVUs of 1.00 for 96920 (crosswalked to CPT code 20606), 1.07 for 96921 (crosswalked to 12011), and 1.32 for 96922, based on comparator services with similar intraservice and total times, and applied the "Do Not Use to Validate Physician Work" – Service Times Not Representative flag given the concerns noted above.

CPT Code		Intraservice Time	Total Time	Work RVU
96920	2002	17	27	1.15
	2012	23	35	1.15
	April 2023 RUC Recommendation	10	23	1.00
	Current	***10***	***23***	***0.83***
96921	2002	20	30	1.17
	2012	30	42	1.30
	April 2023 RUC Recommendation	12	25	1.07
	Current	***12***	***25***	***0.90***
96922	2002	30	40	2.10
	2012	45	57	2.10
	April 2023 RUC Recommendation	18	31	1.32
	Current	***18***	***31***	***1.15***

Of note at the April 2025 RUC meeting, the specialty society recommended that the RUC affirm the current, CMS-accepted values for CPT codes 96920–96922. The specialty society felt that affirmation of the CMS-accepted values was the most appropriate course at the time, with the understanding that the codes would return to the RUC for rereview at the September 2025 meeting—either due to approval of the proposed changes at CPT or as part of continued review for codes flagged as "Do not use to validate physician work."

We believe the median intraservice times from the current survey more accurately reflect the physician time and intensity associated with these services than the current, CMS-accepted values. Given the RUC's previously stated concerns regarding relativity between time and intensity for these codes, we request that the RUC consider increased times and work RVUs for CPT codes 96920, 96921, and 96922 based on the current survey data.

Changing Patient Population
The specialty society further believes there is a change in patient population, which supports compelling evidence.

Laser treatment for inflammatory and auto-immune skin diseases is now typically performed only in those patients with contraindications for systemic agents such as those with paradoxical biologic response, lack of response to systemic agents, preexisting immunosuppression or latent infections, or those patients with particularly recalcitrant disease. This shift in patient population can be seen in the dramatic decrease in utilization for these codes in the last few years, particularly for 96920. This patient population is more difficult to treat, reflected in the increased time and intensity as indicated by the survey respondents.

We would also note that the code indications, previously limited to psoriasis, now encompass applicable inflammatory and auto-immune skin diseases. Despite this, based on utilization data, we anticipate psoriasis will remain the typical condition treated by this modality. That being said, the patient population treated with ultraviolet laser has undoubtedly shifted as highly effective systemic biologics have replaced localized therapy.

Survey Process
The AADA requested, and the Research Subcommittee approved, to use a targeted sample methodology in conjunction with a random sample of AAD membership. Laser treatment for inflammatory and auto-immune skin diseases is not widely performed across dermatology and requires use of specialized laser devices that emit ultraviolet B (UVB) light in the 308 to 312 nanometer wavelength range. This procedure is not typically taught during conventional medical training such as in medical school or dermatology residency programs. Therefore, physicians who do not own these devices or perform the procedure may be unable to accurately estimate the physician work and time involved.

The random sample included 500 practicing, U.S.-based AAD members, excluding residents.

The targeted sample was derived from two sources: CMS Medicare Physician & Other Practitioners Public Use File (2021–2023) and vendor-supplied lists from two manufacturers of laser devices used to treat inflammatory skin diseases – Strata Skin Sciences and LASEROPTEK America Inc.

177 dermatologists were identified from the CMS claims data who billed 96920, 96921, or 96922 from 2021-2023.

The names of 202 dermatologists were received from Strata Skin Sciences, who hold the vast majority of the marketplace, and the names of 47 dermatologists LASEROPTEK America Inc. After removing duplicate physician names across all sources, the final targeted sample included 303 dermatologists.

The specialty society also compared the random and targeted samples to ensure there were no duplicate names. Each dermatologist was included only once in the final combined sample, which consisted of 803 survey recipients. All were surveyed.

Work Recommendation

The expert panel, which includes psoriasis experts who have frequently performed this procedure for many years, reviewed the survey data. As noted above, the specialty society believes the current survey results more accurately reflect the physician time and intensity associated with these services than the current values.

Therefore, the expert panel recommends the 25th percentile survey value for a wRVU of 1.00 for 96920.

It was felt this wRVU would maintain relativity well when compared to other codes with similar times. On a RUC database review of 000-day global codes valued since 2010 with the same intraservice time and similar total times (between 24 and 31 minutes), the proposed value of 1.00 would fall within range of the resulting RVWs values, and would not be the most highly valued code within this grouping.

Key Reference Services

The reference codes most frequently selected by survey participants are common dermatologic procedures:

11307 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm

96574 Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day

In reviewing the intensity/complexity measures, most survey respondents indicated that 96920 was more intense/complex than the top key reference service (KRS), 11307 (wRVU 1.20), which has a higher intraservice time (21 minutes) than the time recommended by the specialty society.

Similarly, most respondents indicated that 96920 was either identical in intensity or more intense/complex than the second KRS, 96574 (wRVU 1.01), which has the same pre-service time but slightly higher intra- and post-service times than the specialty society's recommendation.

CPT Code	Descriptor	wRVU	Pre	Intra	Post	Total Time
96920*	Excimer laser treatment for psoriasis; total area less than 250 sq cm	0.83	10	10	3	23
96920**	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); total area less than 250 sq cm	1.00	10	12	5	27
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	1.20	6	21	5	32
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	1.01	10	16	10	36

**Current*

***Specialty Recommendation*

MPC Codes
The specialty society's recommendation additionally supports relativity when compared to the MPC codes noted below:

CPT Code	Descriptor	wRVU	Pre	Intra	Post	Total Time
96920*	Excimer laser treatment for psoriasis; total area less than 250 sq cm	0.83	10	10	3	23
96920**	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); total area less than 250 sq cm	1.00	10	12	5	27
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	0.84	7	10	5	22
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	1.14	7	15	5	27

**Current*
***Specialty Recommendation*

Recommendations for Pre-and Post-Service Times
Pre-service time
The specialty society recommends pre-service package 5 (non-facility), and recommends retaining the current pre-service positioning time of 2 minutes for a total of 10 minutes pre-service time:

Pre-Service Evaluation Time: 7
Pre-Service Positioning: 2
Pre-Service Scrub, Dress, Wait Time: 1

The 2 minutes of pre-service positioning time accounts for the necessary maneuvering and manipulation of the patient to allow access to sensitive treatment areas for the application of local anesthetic (EMLA cream), as needed; draping and positioning the patient for optimal access to each treatment site.

Immediate post-service time
The expert panel reviewed the survey data and determined that the survey median of 5 minutes for immediate post-service time is representative of the typical post-service physician work. This includes evaluation of treatment areas, direction of clinical staff for skin care, and counseling related to post-treatment management. These activities are consistent with the current post-service work description, which has not changed.

Summary
In summary, our expert panel recommends a pre-service time of 10 minutes, the survey median intraservice time of 12 minutes, the survey median post-service time of 5 minutes, and the survey 25th percentile wRVU of 1.00.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96920

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 250000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. While 2023 claims data show that Medicare may allow payment for indications beyond psoriasis in some cases, private payers currently do not permit payment for this service for conditions other than psoriasis. With the expanded indications reflected in the revised descriptor for 96920, the specialty society estimates that utilization could be more than 3.5 times higher than in the Medicare population. This projected increase reflects both the anticipated shift in private payer coverage and the higher prevalence of certain inflammatory and auto-immune skin diseases—such as vitiligo and atopic dermatitis—in the non-Medicare population. Based on these factors, the specialty society estimates total utilization at around 250,000 units annually.

Specialty Dermatology Frequency 187500 Percentage 75.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 70,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization for this code has declined by approximately 10,000 units per year since 2021. In 2023, the top five diagnosis codes billed with 96920 indicate that Medicare permits payment for certain skin conditions other than psoriasis (e.g., vitiligo, atopic dermatitis), though such cases represent a smaller portion of overall use. Given that the CPT revisions to the code descriptor expands indications for this service beyond psoriasis, the specialty society anticipates a modest increase in utilization for 96920. However, with a range of other treatments available for many inflammatory and auto-immune skin diseases, including advancing topical therapies, we expect any overall increase in utilization to remain limited.

Specialty Dermatology Frequency 52500 Percentage 75.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Skin

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96920

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96921 Tracking Number G2 Original Specialty Recommended RVU: **1.24**
Presented Recommended RVU: **1.24**
Global Period: 000 Current Work RVU: **0.90** RUC Recommended RVU: **1.24**

CPT Descriptor: Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); 250 sq cm to 500 sq cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with an inflammatory or auto-immune skin disease. the patient has between 250 sq cm and 500 sq cm of cutaneous lesions. the decision is made to utilize a 308-312 nm laser for treatment.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 5% , In the ASC 0%, In the office 95%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient's medical chart, paying particular attention to any photosensitive medications that may affect treatment, confirm the areas of treatment with the patient, and obtain informed consent, including response and reactions to therapy. For new patients, inform them of the risk of pain, blistering, and hyper- and hypopigmentation. For established patients, perform review of photographs from the prior session to evaluate the response to treatment, spread, and active inflammation and to determine if the treatment needs to be adjusted. Assess previously burned or blistered areas for healing, dyspigmentation, and scarring. Discuss additional skin care as appropriate. Identify and confirm all lesion sites, indicating areas that previously developed severe reaction as treatment settings may need to be adjusted. Direct clinical staff where to apply eutectic mixture of local anesthetics (EMLA) cream to treatment sites. Once anesthetic effect has been achieved, remove EMLA and apply mineral oil to treatment sites. Drape and appropriately position the patient for access to the first treatment site. The treating physician confirms that everyone in the room is wearing laser safety goggles. Check laser equipment.

Description of Intra-Service Work: Select treatment fluence (or energy level) for each part of each individual plaque based on the thickness of that part of the plaque and its response to previous treatment(s). Apply the laser to the first plaque and initiate treatment with pulse duration varying based on the energy delivered. Up to 2 sq cm can be treated at a time with the spot size adjusted based on clinical presentation and plaque thickness, adjusting fluence and spot size as required. Change gloves as needed to protect equipment. Perform treatment sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed. Use blocking templates to avoid treating uninvolved areas and to deal with geometric lesion configurations that would preclude overlap avoidance or treatment of uninvolved skin. Monitor for pain and skin surface reaction throughout the process. Repeat the process with needed modifications for each subsequent lesion to be treated. At the end of treatment for each lesion, reassess the site for treatment adequacy and for any signs of overlap that might need posttreatment therapy.

Description of Post-Service Work: Review pain management and skin care. Place ice packs on all erythematous, blistered, and crusted areas. Once ice packs are removed, identify and direct clinical staff where to apply topicals including triamcinolone to intact skin with heavy inflammation; mupirocin to areas of blistering, erosion, and/or impending skin breakdown; and topical emollient to all other treatment areas to minimize pain. The physician also directs the clinical staff

on which exposed lesions sunscreen should be applied to prior to leaving to prevent further unwanted ultraviolet exposure and further burn after treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025		
Presenter(s):	Howard Rogers, MD, PhD, FAAD Brent Moody, MD, FAAD Mark Kaufmann, MD, FAAD Ryan Hick, MD, FAAD Lawrence Green, MD, FAAD		
Specialty Society(ies):	American Academy of Dermatology Assocation (AADA)		
CPT Code:	96921		
Sample Size:	803	**Resp N:**	37
Description of Sample:	The AADA used a targeted sample methodology in conjunction with a random sample of American Academy of Dermatology (AAD) membership, as approved by the Research Subcommittee. The random sample consisted of 500 practicing, U.S.-based AAD members, excluding residents. The targeted sample was developed using two sources: (1) the CMS Medicare Physician & Other Practitioners Public Use File, which identified 177 dermatologists who had billed Medicare for CPT codes 96920, 96921, or 96922 (from 2021-2023); and (2) vendor-supplied lists from two manufacturers of laser devices used to treat inflammatory and auto-immune skin diseases, which included 202 and 47 dermatologists, respectively. After removing duplicate physician names across both sources, the final targeted sample included 303 dermatologists. The random and targeted samples were compared to ensure no duplicate names were included across the two groups. Each dermatologist was included only once in the final combined sample, which consisted of 803 survey recipients.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**19.00**	85.00	800.00
Survey RVW:	0.80	1.24	**1.50**	2.00	8.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**4.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	5.00	10.00	**17.00**	25.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	96921	**Recommended Physician Work RVU: 1.24**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**

Pre-Service Positioning Time:	**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:	**1.00**	**1.00**	**0.00**
Intra-Service Time:	**17.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**		**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12014	000	1.57	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12006	000	2.39	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	123,416

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	19,335

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 13.5 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 10.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 96921	**Top Key Reference CPT Code:** 12014	**2nd Key Reference CPT Code:** **12006**
Median Pre-Service Time	10.00	7.00	11.00
Median Intra-Service Time	17.00	20.00	30.00
Median Immediate Post-service Time	5.00	5.00	6.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**32.00**	**32.00**	**47.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	60%	0%	40%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed	0%	60%	40%

and analyzed • Urgency of medical decision making	

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	40%	40%
Physical effort required	0%	80%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	60%	40%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	75%	25%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	75%	25%	0%
Physical effort required	25%	75%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	100%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The laser therapy for inflammatory skin conditions codes (96920-96922) were originally identified in 2008 via the CMS High Volume Growth screen. The Relativity Assessment Workgroup agreed that the codes should be re-assessed in two years. In September 2011, the RUC recommended resurvey of these services for January 2012 which was done, as well as development of a CPT Assistant article to address incorrect reporting when using handheld devices. This article was published in June 2012. followed by a brief article in May 2013 addressing the question of treating a scar using the laser codes 96920-96922, stating that their use would not be appropriate, and that 96999, *Unlisted special dermatological service or procedure*, should be used instead.

In April 2015, the code family was identified again via the high-volume growth screen with Medicare utilization of 10,000 or more. It was recommended that a CPT Assistant article be developed and that the specialty societies develop an Action Plan to address the continued increase in utilization and assess the effectiveness of the CPT Assistant article. In October 2015, the RUC recommended that the specialty society develop an additional, comprehensive CPT Assistant article, with examples, on the use of the three laser codes to ensure the code set was being billed correctly. The CPT Assistant article was published in September 2016.

In October 2017, the RUC recommended that the RAW review these services in two years (October 2019). At that time, the same recommendation was made for a subsequent review in two years (January 2022), since therapy for psoriasis had changed, and the utilization of these services may decrease. In January 2022, the Relativity Assessment Workgroup reviewed these services again noting that their utilization continued to increase, specifically CPT code 96920. Given this the Workgroup recommended, and the RUC agreed, that CPT codes 96920, 96921 and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting.

In April 2022, the specialty societies indicated, and the RUC agreed, that CPT codes 96920-96922 be referred to the CPT Editorial Panel for editorial review at the September 2022 CPT meeting as the accepted indications for UV lasers had expanded beyond what is currently noted in the code descriptors to include laser treatment for other inflammatory skin disorders such as vitiligo, atopic dermatitis, alopecia areata, etc. This issue was brought forward and subsequently withdrawn from the February 2023 CPT Editorial Panel meeting agenda as it was determined that existing literature was insufficient and did not support expanded indications at this time. Thus, CPT codes 96920–96922 were surveyed for the April 2023 RUC meeting without any revisions to their descriptors, which read "Laser treatment for inflammatory skin disease (psoriasis)".

At the April 2023 meeting, the RUC noted concerns on the validity of the survey times given their wide variation from previous, as well as the specialty society's indication that survey times were insufficient to complete the procedure as currently performed, and therefore the codes were flagged as "Do Not Use to Validate for Physician Work".

Additionally during this meeting, the RUC voted to recommend an editorial change to CPT to add "(ie, excimer)" to the code descriptor for 96920-96922. At the May 2023 CPT Editorial Panel meeting, the CPT Executive Committee voted to further editorially revise the code family to reflect use of these services exclusively for psoriasis using an "Excimer" laser. The CPT Editorial Panel approved the changes in September 2023 as editorial revisions for inclusion in the CPT 2024 code set.

In June 2024, a CPT Assistant article was published to clarify what laser equipment meets the criteria for an "excimer" laser. Despite this, concern resulted from the addition of the term "excimer" to the descriptor for those using other types of appropriate ultraviolet lasers. Subsequently, at the February 2025 CPT Editorial Panel meeting, the codes were further revised to remove "Excimer" from the code descriptor and specify the wavelengths for other lasers that treat psoriasis that are not excimer lasers. The codes were subsequently presented at the April 2025 RUC meeting, with the specialty noting these changes were considered to be editorial in nature, which was affirmed by the RUC.

In parallel to this an additional code change application was brought forward to the CPT Editorial Panel, which was considered in May 2025, to expand the laser codes beyond the treatment of psoriasis to include other inflammatory skin disorders. In May 2025, the CPT Editorial Panel approved revisions to codes 96920, 96921, and 96922 to expand the indications beyond psoriasis to include inflammatory and auto-immune skin diseases.

Compelling Evidence

The specialty society's compelling evidence argument is based both on documented flaws in the prior valuation process and evidence of a change in physician work due to changing patient population.

Flawed Methodology

First, we believe that the methodology used by CMS in the CY2025 Medicare Physician Fee Schedule was flawed and led to incorrect assumptions and inaccurate valuation of laser codes CPT 96920-96922.

For CY2025, CMS accepted the RUC-recommended times but did not accept the RUC-recommended values for 96920, 96921, and 96922. Instead, the agency finalized lower work RVUs—0.83 for 96920, 0.90 for 96921, and 1.15 for 96922.

Specifically, CMS finalized wRVUs based on crosswalks to codes 11104 and 11301 for 96920 and 96921, respectively. For 96922, CMS used a purely formulaic approach, applying building block methodology and citing the RUC-recommended incremental difference of 0.25 work RVUs above 96921 to arrive at a final value of 1.15. CMS also calculated intraservice time ratios between the 2002 intraservice times and the RUC-recommended intraservice times for each code, multiplying that ratio by the 2002 work RVU in an effort to "maintain the intensity associated with the 2002 review," despite acknowledging that commenters would likely dispute the current time values.

In its rationale, CMS indicated that the physician times associated with these codes have fluctuated over time, while the work RVUs have remained largely unchanged. CMS expressed concern that the 2012 recommendations did not address this inconsistency and emphasized that significant decreases in time should correspond with decreases in work RVUs unless a clear rationale is provided for increased intensity.

The specialty society believes CMS's methodology is flawed and disagrees with CMS's valuation methodology for CPT codes 96920, 96921, and 96922. Specifically, we oppose the use of time ratios across different time periods to justify reductions in work RVUs—particularly when the original 2002 values were not based on survey data but were established through crosswalks. Applying time-based calculations across periods where code descriptors have since been clarified is not appropriate for valuing physician work. Calculating an intraservice time ratio based on the 2002 values is not representative of the actual time, intensity, and physician work involved in performing these services today. Further, CMS did not provide clinical rationale to support the selected crosswalks to 11104 and 11301, which do not reflect the current clinical use, service characteristics, or intensity of laser treatment for inflammatory skin disease.

We also want to note that these codes have been flagged in the RUC database as "Do Not Use to Validate Physician Work" (DNU) – Service Times Not Representative since April 2023, when they were last surveyed. While we are not asserting the DNU flag constitutes flawed methodology, we want to highlight this to note the factors that led to the DNU flag reflect longstanding challenges in valuing this code family, and the times associated with these services, further supporting compelling evidence.

More specifically, in 2012, the RUC accepted increased intraservice times based on survey data but maintained the 2002 work RVUs, citing a lack of compelling evidence to support an increase in wRVU. In April 2023, the survey reflected a marked decrease in intraservice time. The specialty society advised that the reported times were insufficient to complete the procedure as currently performed. The expert panel, which included psoriasis experts who had routinely performed these services, agreed and furthermore advised that both the time and work had remained stable since the codes were last surveyed in 2012. Survey respondents also indicated relative stability in work compared to the then-current values.

The RUC noted similar concern around the survey times with the RUC rationale for this family of codes noting, "The RUC expressed concern with the survey that the times have decreased and there was not a proportionate decrease in work."

Given this disproportionate change in times in the survey results, which did not align with the specialty society, physician experts and survey takers other responses, there was significant difficulty in assigning accurate valuations to this family of codes. In particular the specialty society felt that both the current values and the 25th percentile survey values would be inappropriate given the reported decrease in time. In April 2023, the RUC recommended reduced work RVUs of 1.00 for 96920 (crosswalked to CPT code 20606), 1.07 for 96921 (crosswalked to 12011), and 1.32 for 96922, based on comparator services with similar intraservice and total times, and applied the "Do Not Use to Validate Physician Work" – Service Times Not Representative flag given the concerns noted above.

CPT Code		Intraservice Time	Total Time	Work RVU
96920	2002	17	27	1.15
	2012	23	35	1.15
	April 2023 RUC Recommendation	10	23	1.00
	Current	***10***	***23***	***0.83***
96921	2002	20	30	1.17
	2012	30	42	1.30
	April 2023 RUC Recommendation	12	25	1.07
	Current	***12***	***25***	***0.90***
96922	2002	30	40	2.10
	2012	45	57	2.10
	April 2023 RUC Recommendation	18	31	1.32
	Current	***18***	***31***	***1.15***

Of note at the April 2025 RUC meeting, the specialty society recommended that the RUC affirm the current, CMS-accepted values for CPT codes 96920–96922. The specialty society felt that affirmation of the CMS-accepted values was the most appropriate course at the time, with the understanding that the codes would return to the RUC for rereview at the September 2025 meeting—either due to approval of the proposed changes at CPT or as part of continued review for codes flagged as "Do not use to validate physician work."

We believe the median intraservice times from the current survey more accurately reflect the physician time and intensity associated with these services than the current, CMS-accepted values. Given the RUC's previously stated concerns regarding relativity between time and intensity for these codes, we request that the RUC consider increased times and work RVUs for CPT codes 96920, 96921, and 96922 based on the current survey data.

Changing Patient Population
The specialty society further believes there is a change in patient population, which supports compelling evidence.

Laser treatment for inflammatory and auto-immune skin diseases is now typically performed only in those patients with contraindications for systemic agents such as those with paradoxical biologic response, lack of response to systemic agents, preexisting immunosuppression or latent infections, or those patients with particularly recalcitrant disease. This shift in patient population can be seen in the dramatic decrease in utilization for these codes in the last few years, particularly for 96920. This patient population is more difficult to treat, reflected in the increased time and intensity as indicated by the survey respondents.

We would also note that the code indications, previously limited to psoriasis, now encompass applicable inflammatory and auto-immune skin diseases. Despite this, based on utilization data, we anticipate psoriasis will remain the typical condition treated by this modality. That being said, the patient population treated with ultraviolet laser has undoubtedly shifted as highly effective systemic biologics have replaced localized therapy.

Survey Process
The AADA requested, and the Research Subcommittee approved, to use a targeted sample methodology in conjunction with a random sample of AAD membership. Laser treatment for inflammatory and auto-immune skin diseases is not widely performed across dermatology and requires use of specialized laser devices that emit ultraviolet B (UVB) light in the 308 to 312 nanometer wavelength range. This procedure is not typically taught during conventional medical training such as in medical school or dermatology residency programs. Therefore, physicians who do not own these devices or perform the procedure may be unable to accurately estimate the physician work and time involved.

The random sample included 500 practicing, U.S.-based AAD members, excluding residents.

The targeted sample was derived from two sources: CMS Medicare Physician & Other Practitioners Public Use File (2021–2023) and vendor-supplied lists from two manufacturers of laser devices used to treat inflammatory skin diseases – Strata Skin Sciences and LASEROPTEK America Inc.

177 dermatologists were identified from the CMS claims data who billed 96920, 96921, or 96922 from 2021-2023.

The names of 202 dermatologists were received from Strata Skin Sciences, who hold the vast majority of the marketplace, and the names of 47 dermatologists LASEROPTEK America Inc. After removing duplicate physician names across all sources, the final targeted sample included 303 dermatologists.

The specialty society also compared the random and targeted samples to ensure there were no duplicate names. Each dermatologist was included only once in the final combined sample, which consisted of 803 survey recipients. All were surveyed.

Work Recommendation
The expert panel, which includes psoriasis experts who have frequently performed this procedure for many years, reviewed the survey data. As noted above, the specialty society believes the current survey results more accurately reflect the physician time and intensity associated with these services than the current values.

Therefore, the expert panel recommends the 25th percentile survey value for a wRVU of 1.24 for 96921.

It was felt this wRVU would maintain relativity well when compared to other codes with similar times. On a RUC database review of 000-day global codes valued since 2010 with the same intraservice time and similar total times (between 29 and 36 minutes), the proposed value of 1.24 would fall within range of the resulting RVWs values, and would not be the most highly valued code within this grouping.

Key Reference Services
The reference codes most frequently selected by survey participants are procedures that are well understood by dermatologists:

12014 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm

12006 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm

Neither KRS code was chosen by a majority of the survey takers, at approximately 14% and 11% respectively, and therefore the society was not confident these were representative for comparison.

CPT Code	Descriptor	wRVU	Pre	Intra	Post	Total Time
96921*	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	0.90	10	12	3	25
96921**	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); 250 sq cm to 500 sq cm	1.24	10	17	5	32
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	1.57	7	20	5	32
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	2.39	11	30	6	47

**Current*
***Specialty Recommendation*

MPC Codes
The specialty society's recommendation additionally supports relativity when compared to the MPC codes noted below:

CPT Code	Descriptor	wRVU	Pre	Intra	Post	Total Time
96921*	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	0.90	10	12	3	25
96921**	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); 250 sq cm to 500 sq cm	1.24	10	17	5	32

12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	1.14	7	15	5	27
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	1.44	7	17	5	29

**Current*
***Specialty Recommendation*

Recommendations for Pre-and Post-Service Times
Pre-service time
The specialty society recommends pre-service package 5 (non-facility), and recommends retaining the current pre-service positioning time of 2 minutes for a total of 10 minutes pre-service time:

Pre-Service Evaluation Time: 7
Pre-Service Positioning: 2
Pre-Service Scrub, Dress, Wait Time: 1

The 2 minutes of pre-service positioning time accounts for the necessary maneuvering and manipulation of the patient to allow access to sensitive treatment areas for the application of local anesthetic (EMLA cream), as needed; draping and positioning the patient for optimal access to each treatment site.

Immediate post-service time
The expert panel reviewed the survey data and determined that the survey median of 5 minutes for immediate post-service time is representative of the typical post-service physician work. This includes evaluation of treatment areas, direction of clinical staff for skin care, and counseling related to post-treatment management. These activities are consistent with the current post-service work description, which has not changed.

Summary
In summary, our expert panel recommends a pre-service time of 10 minutes, the survey median intraservice time of 17 minutes, the survey median post-service time of 5 minutes, and the survey 25th percentile wRVU of 1.24.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96921

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 100000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. While 2023 claims data show that Medicare may allow payment for indications beyond psoriasis in some cases, private payers currently do not permit payment for this service for conditions other than psoriasis. With the expanded indications reflected in the revised descriptor for 96921, the specialty society estimates that utilization could be approxmiately three times higher than in the Medicare population. This projected increase reflects both the anticipated shift in private payer coverage and the higher prevalence of certain inflammatory and auto-immune skin diseases, such as vitiligo, in the non-Medicare population. Based on these factors, the specialty society estimates total utilization at around 100,000 units annually.

Specialty Dermatology Frequency 81000 Percentage 81.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization for this code has remained somewhat consistent since 2021. In 2023, the top five diagnosis codes billed with 96921 indicate that Medicare permits payment for certain skin conditions other than psoriasis (e.g., vitiligo, lichen simplex chronicus and prurigo), though such cases represent a smaller portion of overall use. Given that the CPT revisions to the code descriptor expands indications for this service beyond psoriasis, the specialty society anticipates an overall increase in utilization for 96921. However, with a range of other treatments available for many inflammatory and auto-immune skin diseases, including advancing topical therapies, we expect any overall increase in utilization to remain limited.

Specialty Dermatology Frequency 24300 Percentage 81.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96921

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96922 Tracking Number G3 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: 000 Current Work RVU: **1.15** RUC Recommended RVU: **1.50**

CPT Descriptor: Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); over 500 sq cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with an inflammatory or auto-immune skin disease. the patient has over 500 sq cm of cutaneous lesions. the decision is made to utilize a 308-312 nm laser for treatment.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 5% , In the ASC 0%, In the office 95%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient's medical chart, paying particular attention to any photosensitive medications that may affect treatment, confirm the areas of treatment with the patient, and obtain informed consent, including response and reactions to therapy. For new patients, inform them of the risk of pain, blistering, and hyper- and hypopigmentation. For established patients, perform review of photographs from the prior session to evaluate the response to treatment, spread, and active inflammation and to determine if the treatment needs to be adjusted. Assess previously burned or blistered areas for healing, dyspigmentation, and scarring. Discuss additional skin care as appropriate. Identify and confirm all lesion sites, indicating areas that previously developed severe reaction as treatment settings may need to be adjusted. Direct clinical staff where to apply eutectic mixture of local anesthetics (EMLA) cream to treatment sites. Once anesthetic effect has been achieved, remove EMLA and apply mineral oil to treatment sites. Drape and appropriately position the patient for access to the first treatment site. The treating physician confirms that everyone in the room is wearing laser safety goggles. Check laser equipment.

Description of Intra-Service Work: Select treatment fluence (or energy level) for each part of each individual plaque based on the thickness of that part of the plaque and its response to previous treatment(s). Apply the laser to the first plaque and initiate treatment with pulse duration varying based on the energy delivered. Up to 2 sq cm can be treated at a time with the spot size adjusted based on clinical presentation and plaque thickness, adjusting fluence and spot size as required. Change gloves as needed to protect equipment. Perform treatment sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed. Use blocking templates to avoid treating uninvolved areas and to deal with geometric lesion configurations that would preclude overlap avoidance or treatment of uninvolved skin. Monitor for pain and skin surface reaction throughout the process. Repeat the process with needed modifications for each subsequent lesion to be treated. At the end of treatment for each lesion, reassess the site for treatment adequacy and for any signs of overlap that might need posttreatment therapy.

Description of Post-Service Work: Review pain management and skin care. Place ice packs on all erythematous, blistered, and crusted areas. Once ice packs are removed, identify and direct clinical staff where to apply topicals including triamcinolone to intact skin with heavy inflammation; mupirocin to areas of blistering, erosion, and/or impending skin breakdown; and topical emollient to all other treatment areas to minimize pain. The physician also directs the clinical staff

on which exposed lesions sunscreen should be applied to prior to leaving to prevent further unwanted ultraviolet exposure and further burn after treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025		
Presenter(s):	Howard Rogers, MD, PhD, FAAD Brent Moody, MD, FAAD Mark Kaufmann, MD, FAAD Ryan Hick, MD, FAAD Lawrence Green, MD, FAAD		
Specialty Society(ies):	American Academy of Dermatology Assocation (AADA)		
CPT Code:	96922		
Sample Size:	803	**Resp N:**	37
Description of Sample:	The AADA used a targeted sample methodology in conjunction with a random sample of American Academy of Dermatology (AAD) membership, as approved by the Research Subcommittee. The random sample consisted of 500 practicing, U.S.-based AAD members, excluding residents. The targeted sample was developed using two sources: (1) the CMS Medicare Physician & Other Practitioners Public Use File, which identified 177 dermatologists who had billed Medicare for CPT codes 96920, 96921, or 96922 (from 2021-2023); and (2) vendor-supplied lists from two manufacturers of laser devices used to treat inflammatory and auto-immune skin diseases, which included 202 and 47 dermatologists, respectively. After removing duplicate physician names across both sources, the final targeted sample included 303 dermatologists. The random and targeted samples were compared to ensure no duplicate names were included across the two groups. Each dermatologist was included only once in the final combined sample, which consisted of 803 survey recipients.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**18.00**	50.00	500.00
Survey RVW:	0.90	1.50	**2.05**	2.50	8.00
Pre-Service Evaluation Time:			**11.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	5.00	17.00	**24.00**	35.00	90.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	96922	**Recommended Physician Work RVU: 1.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**

Pre-Service Positioning Time:	**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:	**1.00**	**1.00**	**0.00**
Intra-Service Time:	**24.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12006	000	2.39	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12018	000	3.61	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	19,335

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feed); 7.6 cm to 12.5 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64644	000	1.82	**RUC Time**	37,114

CPT Descriptor 2 Chemodenervation of one extremity; 5 or more muscles

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 21.6 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 96922	Top Key Reference CPT Code: 12006	2nd Key Reference CPT Code: **12018**
Median Pre-Service Time	10.00	11.00	11.00
Median Intra-Service Time	24.00	30.00	45.00
Median Immediate Post-service Time	5.00	6.00	8.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**39.00**	**47.00**	**64.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	37%	38%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	50%	50%

• Urgency of medical decision making	

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	12%	50%	38%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	62%	38%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	40%	20%	40%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	40%	0%	60%
Physical effort required	20%	20%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	60%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The laser therapy for inflammatory skin conditions codes (96920-96922) were originally identified in 2008 via the CMS High Volume Growth screen. The Relativity Assessment Workgroup agreed that the codes should be re-assessed in two years. In September 2011, the RUC recommended resurvey of these services for January 2012 which was done, as well as development of a CPT Assistant article to address incorrect reporting when using handheld devices. This article was published in June 2012. followed by a brief article in May 2013 addressing the question of treating a scar using the laser codes 96920-96922, stating that their use would not be appropriate, and that 96999, *Unlisted special dermatological service or procedure*, should be used instead.

In April 2015, the code family was identified again via the high-volume growth screen with Medicare utilization of 10,000 or more. It was recommended that a CPT Assistant article be developed and that the specialty societies develop an Action Plan to address the continued increase in utilization and assess the effectiveness of the CPT Assistant article. In October 2015, the RUC recommended that the specialty society develop an additional, comprehensive CPT Assistant article, with examples, on the use of the three laser codes to ensure the code set was being billed correctly. The CPT Assistant article was published in September 2016.

In October 2017, the RUC recommended that the RAW review these services in two years (October 2019). At that time, the same recommendation was made for a subsequent review in two years (January 2022), since therapy for psoriasis had changed, and the utilization of these services may decrease. In January 2022, the Relativity Assessment Workgroup reviewed these services again noting that their utilization continued to increase, specifically CPT code 96920. Given this the Workgroup recommended, and the RUC agreed, that CPT codes 96920, 96921 and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting.

In April 2022, the specialty societies indicated, and the RUC agreed, that CPT codes 96920-96922 be referred to the CPT Editorial Panel for editorial review at the September 2022 CPT meeting as the accepted indications for UV lasers had expanded beyond what is currently noted in the code descriptors to include laser treatment for other inflammatory skin disorders such as vitiligo, atopic dermatitis, alopecia areata, etc. This issue was brought forward and subsequently withdrawn from the February 2023 CPT Editorial Panel meeting agenda as it was determined that existing literature was insufficient and did not support expanded indications at this time. Thus, CPT codes 96920–96922 were surveyed for the April 2023 RUC meeting without any revisions to their descriptors, which read "Laser treatment for inflammatory skin disease (psoriasis)".

At the April 2023 meeting, the RUC noted concerns on the validity of the survey times given their wide variation from previous, as well as the specialty society's indication that survey times were insufficient to complete the procedure as currently performed, and therefore the codes were flagged as "Do Not Use to Validate for Physician Work".

Additionally during this meeting, the RUC voted to recommend an editorial change to CPT to add "(ie, excimer)" to the code descriptor for 96920-96922. At the May 2023 CPT Editorial Panel meeting, the CPT Executive Committee voted to further editorially revise the code family to reflect use of these services exclusively for psoriasis using an "Excimer" laser. The CPT Editorial Panel approved the changes in September 2023 as editorial revisions for inclusion in the CPT 2024 code set.

In June 2024, a CPT Assistant article was published to clarify what laser equipment meets the criteria for an "excimer" laser. Despite this, concern resulted from the addition of the term "excimer" to the descriptor for those using other types of appropriate ultraviolet lasers. Subsequently, at the February 2025 CPT Editorial Panel meeting, the codes were further revised to remove "Excimer" from the code descriptor and specify the wavelengths for other lasers that treat psoriasis that are not excimer lasers. The codes were subsequently presented at the April 2025 RUC meeting, with the specialty noting these changes were considered to be editorial in nature, which was affirmed by the RUC.

In parallel to this an additional code change application was brought forward to the CPT Editorial Panel, which was considered in May 2025, to expand the laser codes beyond the treatment of psoriasis to include other inflammatory skin disorders. In May 2025, the CPT Editorial Panel approved revisions to codes 96920, 96921, and 96922 to expand the indications beyond psoriasis to include inflammatory and auto-immune skin diseases.

Compelling Evidence

The specialty society's compelling evidence argument is based both on documented flaws in the prior valuation process and evidence of a change in physician work due to changing patient population.

Flawed Methodology

First, we believe that the methodology used by CMS in the CY2025 Medicare Physician Fee Schedule was flawed and led to incorrect assumptions and inaccurate valuation of laser codes CPT 96920-96922.

For CY2025, CMS accepted the RUC-recommended times but did not accept the RUC-recommended values for 96920, 96921, and 96922. Instead, the agency finalized lower work RVUs—0.83 for 96920, 0.90 for 96921, and 1.15 for 96922.

Specifically, CMS finalized wRVUs based on crosswalks to codes 11104 and 11301 for 96920 and 96921, respectively. For 96922, CMS used a purely formulaic approach, applying building block methodology and citing the RUC-recommended incremental difference of 0.25 work RVUs above 96921 to arrive at a final value of 1.15. CMS also calculated intraservice time ratios between the 2002 intraservice times and the RUC-recommended intraservice times for each code, multiplying that ratio by the 2002 work RVU in an effort to "maintain the intensity associated with the 2002 review," despite acknowledging that commenters would likely dispute the current time values.

In its rationale, CMS indicated that the physician times associated with these codes have fluctuated over time, while the work RVUs have remained largely unchanged. CMS expressed concern that the 2012 recommendations did not address this inconsistency and emphasized that significant decreases in time should correspond with decreases in work RVUs unless a clear rationale is provided for increased intensity.

The specialty society believes CMS's methodology is flawed and disagrees with CMS's valuation methodology for CPT codes 96920, 96921, and 96922. Specifically, we oppose the use of time ratios across different time periods to justify reductions in work RVUs—particularly when the original 2002 values were not based on survey data but were established through crosswalks. Applying time-based calculations across periods where code descriptors have since been clarified is not appropriate for valuing physician work. Calculating an intraservice time ratio based on the 2002 values is not representative of the actual time, intensity, and physician work involved in performing these services today. Further, CMS did not provide clinical rationale to support the selected crosswalks to 11104 and 11301, which do not reflect the current clinical use, service characteristics, or intensity of laser treatment for inflammatory skin disease.

We also want to note that these codes have been flagged in the RUC database as "Do Not Use to Validate Physician Work" (DNU) – Service Times Not Representative since April 2023, when they were last surveyed. While we are not asserting the DNU flag constitutes flawed methodology, we want to highlight this to note the factors that led to the DNU flag reflect longstanding challenges in valuing this code family, and the times associated with these services, further supporting compelling evidence.

More specifically, in 2012, the RUC accepted increased intraservice times based on survey data but maintained the 2002 work RVUs, citing a lack of compelling evidence to support an increase in wRVU. In April 2023, the survey reflected a marked decrease in intraservice time. The specialty society advised that the reported times were insufficient to complete the procedure as currently performed. The expert panel, which included psoriasis experts who had routinely performed these services, agreed and furthermore advised that both the time and work had remained stable since the codes were last surveyed in 2012. Survey respondents also indicated relative stability in work compared to the then-current values.

The RUC noted similar concern around the survey times with the RUC rationale for this family of codes noting, "The RUC expressed concern with the survey that the times have decreased and there was not a proportionate decrease in work."

Given this disproportionate change in times in the survey results, which did not align with the specialty society, physician experts and survey takers other responses, there was significant difficulty in assigning accurate valuations to this family of codes. In particular the specialty society felt that both the current values and the 25th percentile survey values would be inappropriate given the reported decrease in time. In April 2023, the RUC recommended reduced work RVUs of 1.00 for 96920 (crosswalked to CPT code 20606), 1.07 for 96921 (crosswalked to 12011), and 1.32 for 96922, based on comparator services with similar intraservice and total times, and applied the "Do Not Use to Validate Physician Work" – Service Times Not Representative flag given the concerns noted above.

CPT Code		Intraservice Time	Total Time	Work RVU
96920	2002	17	27	1.15
	2012	23	35	1.15
	April 2023 RUC Recommendation	10	23	1.00
	Current	***10***	***23***	***0.83***
96921	2002	20	30	1.17
	2012	30	42	1.30
	April 2023 RUC Recommendation	12	25	1.07
	Current	***12***	***25***	***0.90***
96922	2002	30	40	2.10
	2012	45	57	2.10
	April 2023 RUC Recommendation	18	31	1.32
	Current	***18***	***31***	***1.15***

Of note at the April 2025 RUC meeting, the specialty society recommended that the RUC affirm the current, CMS-accepted values for CPT codes 96920–96922. The specialty society felt that affirmation of the CMS-accepted values was the most appropriate course at the time, with the understanding that the codes would return to the RUC for rereview at the September 2025 meeting—either due to approval of the proposed changes at CPT or as part of continued review for codes flagged as "Do not use to validate physician work."

We believe the median intraservice times from the current survey more accurately reflect the physician time and intensity associated with these services than the current, CMS-accepted values. Given the RUC's previously stated concerns regarding relativity between time and intensity for these codes, we request that the RUC consider increased times and work RVUs for CPT codes 96920, 96921, and 96922 based on the current survey data.

Changing Patient Population
The specialty society further believes there is a change in patient population, which supports compelling evidence.

Laser treatment for inflammatory and auto-immune skin diseases is now typically performed only in those patients with contraindications for systemic agents such as those with paradoxical biologic response, lack of response to systemic agents, preexisting immunosuppression or latent infections, or those patients with particularly recalcitrant disease. This shift in patient population can be seen in the dramatic decrease in utilization for these codes in the last few years, particularly for 96920. This patient population is more difficult to treat, reflected in the increased time and intensity as indicated by the survey respondents.

We would also note that the code indications, previously limited to psoriasis, now encompass applicable inflammatory and auto-immune skin diseases. Despite this, based on utilization data, we anticipate psoriasis will remain the typical condition treated by this modality. That being said, the patient population treated with ultraviolet laser has undoubtedly shifted as highly effective systemic biologics have replaced localized therapy.

Survey Process
The AADA requested, and the Research Subcommittee approved, to use a targeted sample methodology in conjunction with a random sample of AAD membership. Laser treatment for inflammatory and auto-immune skin diseases is not widely performed across dermatology and requires use of specialized laser devices that emit ultraviolet B (UVB) light in the 308 to 312 nanometer wavelength range. This procedure is not typically taught during conventional medical training such as in medical school or dermatology residency programs. Therefore, physicians who do not own these devices or perform the procedure may be unable to accurately estimate the physician work and time involved.

The random sample included 500 practicing, U.S.-based AAD members, excluding residents.

The targeted sample was derived from two sources: CMS Medicare Physician & Other Practitioners Public Use File (2021–2023) and vendor-supplied lists from two manufacturers of laser devices used to treat inflammatory skin diseases – Strata Skin Sciences and LASEROPTEK America Inc.

177 dermatologists were identified from the CMS claims data who billed 96920, 96921, or 96922 from 2021-2023.

The names of 202 dermatologists were received from Strata Skin Sciences, who hold the vast majority of the marketplace, and the names of 47 dermatologists LASEROPTEK America Inc. After removing duplicate physician names across all sources, the final targeted sample included 303 dermatologists.

The specialty society also compared the random and targeted samples to ensure there were no duplicate names. Each dermatologist was included only once in the final combined sample, which consisted of 803 survey recipients. All were surveyed.

Work Recommendation
The expert panel, which includes psoriasis experts who have frequently performed this procedure for many years, reviewed the survey data. As noted above, the specialty society believes the current survey results more accurately reflect the physician time and intensity associated with these services than the current values.

Therefore, the expert panel recommends the 25th percentile survey value for a wRVU of 1.50 for 96922.

It was felt this wRVU would maintain relativity well when compared to other codes with similar times. On a RUC database review of 000-day global codes valued since 2010 with intraservice times between 20 and 25 minutes and similar total times (between 36 and 45 minutes), the proposed value of 1.50 would fall within range of the resulting RVWs values, and would not be the most highly valued code within this grouping.

Key Reference Services
The reference codes most frequently selected by survey participants are procedures that are well understood by dermatologists:

12006 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm

12018 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm

Neither KRS code was chosen by a majority of the survey takers, at approximately 22% and 14% respectively, and therefore the society was not confident these were representative for comparison.

CPT Code	Descriptor	wRVU	Pre	Intra	Post	Total Time
96922*	Excimer laser treatment for psoriasis; over 500 sq cm	1.15	10	18	3	31
96922**	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); over 500 sq cm	1.50	10	24	5	39
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	2.39	11	30	6	47
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	3.61	11	45	8	64

**Current*
***Specialty Recommendation*

MPC Codes
The specialty society's recommendation additionally supports relativity when compared to the MPC codes noted below:

CPT Code	Descriptor	wRVU	Pre	Intra	Post	Total Time
96922*	Excimer laser treatment for psoriasis; over 500 sq cm	1.15	10	18	3	31
96922**	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); over 500 sq cm	1.50	10	24	5	39

12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	1.44	7	17	5	29
64644	Chemodenervation of one extremity; 5 or more muscles	1.82	15	25	5	45

**Current*
***Specialty Recommendation*

Recommendations for Pre-and Post-Service Times
Pre-service time
The specialty society recommends pre-service package 5 (non-facility), and recommends retaining the current pre-service positioning time of 2 minutes for a total of 10 minutes pre-service time:

Pre-Service Evaluation Time: 7
Pre-Service Positioning: 2
Pre-Service Scrub, Dress, Wait Time: 1

The 2 minutes of pre-service positioning time accounts for the necessary maneuvering and manipulation of the patient to allow access to sensitive treatment areas for the application of local anesthetic (EMLA cream), as needed; draping and positioning the patient for optimal access to each treatment site.

Immediate post-service time
The expert panel reviewed the survey data and determined that the survey median of 5 minutes for immediate post-service time is representative of the typical post-service physician work. This includes evaluation of treatment areas, direction of clinical staff for skin care, and counseling related to post-treatment management. These activities are consistent with the current post-service work description, which has not changed.

Summary
In summary, our expert panel recommends a pre-service time of 10 minutes, the survey median intraservice time of 24 minutes, the survey median post-service time of 5 minutes, and the survey 25th percentile wRVU of 1.50.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96922

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 70000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. While 2023 claims data show that Medicare may allow payment for indications beyond psoriasis in some cases, private payers currently do not permit payment for this service for conditions other than psoriasis. With the expanded indications reflected in the revised descriptor for 96922, the specialty society estimates that utilization could be approximately 3.5 times higher than in the Medicare population. This projected increase reflects both the anticipated shift in private payer coverage and the higher prevalence of certain inflammatory and auto-immune skin diseases, such as vitiligo, in the non-Medicare population. Based on these factors, the specialty society estimates total utilization at around 70,000 units annually.

Specialty Dermatology Frequency 59500 Percentage 85.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization for this code has remained somewhat consistent since 2021. In 2023, the top five diagnosis codes billed with 96922 indicate that Medicare permits payment for certain skin conditions other than psoriasis (e.g., vitiligo), though such cases represent a smaller portion of overall use. Given that the CPT revisions to the code descriptor expands indications for this service beyond psoriasis, the specialty society anticipates an overall increase in utilization for 96922. However, with a range of other treatments available for many inflammatory and auto-immune skin diseases, including advancing topical therapies, we expect any overall increase in utilization to remain limited.

Specialty Dermatology Frequency 17000 Percentage 85.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Skin

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96922

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Laser Treatment for Inflammatory Skin Diseases

TAB: 16

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck,	000	Apr-12	6	0.049	0.038			1.20			32	0	1	5			21			5							0	0	0	0					
2nd REF	96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted	000	Jan-17	5	0.035	0.028			1.01			36	10	0	0			16			10							0	0	0	0					
CURRENT	96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	000	Apr-23		0.055	0.036			0.83			23	7	2	1			10			3							0	0	0	0					
SVY	**96920**	**Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-**	**000**		**37**	**0.063**	**0.036**	**0.70**	**1.00**	**1.20**	**1.75**	**8.00**	**33**	**10**	**4**	**2**	**2**	**5**	**12**	**20**	**34**	**5**							**0**	**0**	**0**	**0**	**0**	**4**	**30**	**185**	**500**
SVY TARG	96920	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-	000		30	0.064	0.036	0.70	1.00	1.23	1.77	8.00	34	10	5	2	2	6	12	19	34	5							0	0	0	0	0	10	40	200	500
SVY RNDM	96920	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-	000		7	0.069	0.037	0.89	1.03	1.11	1.27	3.75	30	10	3	2	5	6	10	18	22	5							0	0	0	0	0	0	0	30	250
REC	**96920**	**Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); total area less than 250 sq cm**	**000**			**0.057**	**0.037**			**1.00**			**27**	**7**	**2**	**1**			**12**			**5**							**0**	**0**	**0**	**0**					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or	000	Apr-10	5	0.066	0.049			1.57			32	5	1	1			20			5							0	0	0	0					
2nd REF	12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia,	000	Apr-10	4	0.067	0.051			2.39			47	8	2	1			30			6							0	0	0	0					
CURRENT	96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	000	Apr-23		0.052	0.036			0.90			25	7	2	1			12			3							0	0	0	0					
SVY	**96921**	**Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-**	**000**		**37**	**0.062**	**0.039**	**0.80**	**1.24**	**1.50**	**2.00**	**8.00**	**38**	**10**	**4**	**2**	**5**	**10**	**17**	**25**	**60**	**5**							**0**	**0**	**0**	**0**	**0**	**3**	**19**	**85**	**800**
SVY TARG	96921	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-	000		30	0.057	0.037	0.80	1.26	1.55	2.00	8.00	42	10	5	3	5	11	19	25	60	5							0	0	0	0	0	10	20	100	800
SVY RNDM	96921	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-	000		7	0.059	0.037	1.14	1.19	1.30	1.56	4.20	35	10	3	2	9	11	15	25	30	5							0	0	0	0	0	0	0	27	500
REC	**96921**	**Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); 250 sq cm to 500 sq cm**	**000**			**0.054**	**0.039**			**1.24**			**32**	**7**	**2**	**1**			**17**			**5**							**0**	**0**	**0**	**0**					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia,	000	Apr-10	8	0.067	0.051			2.39			47	8	2	1			30			6							0	0	0	0					
2nd REF	12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or	000	Apr-10	5	0.071	0.056			3.61			64	8	2	1			45			8							0	0	0	0					
CURRENT	96922	Excimer laser treatment for psoriasis; over 500 sq cm	000	Apr-23		0.049	0.037			1.15			31	7	2	1			18			3							0	0	0	0					
SVY CMBD	**96922**	**Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-**	**000**		**37**	**0.065**	**0.044**	**0.90**	**1.50**	**2.05**	**2.50**	**8.00**	**47**	**11**	**5**	**2**	**5**	**17**	**24**	**35**	**90**	**5**							**0**	**0**	**0**	**0**	**0**	**0**	**18**	**50**	**500**
SVY TARG	96922	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-	000		30	0.072	0.046	0.90	1.50	2.14	2.50	8.00	47	11	5	3	5	15	23	35	90	5							0	0	0	0	0	1	30	50	500
SVY RNDM	96922	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-	000		7	0.050	0.037	1.14	1.45	1.70	2.28	4.70	46	11	3	2	17	20	25	33	45	5							0	0	0	0	0	0	0	27	250
REC	**96922**	**Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); over 500 sq cm**	**000**			**0.049**	**0.038**			**1.50**			**39**	**7**	**2**	**1**			**24**			**5**							**0**	**0**	**0**	**0**					

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 96920, 96921, 96922
SPECIALTY SOCIETY(IES): AADA
PRESENTER(S): Howard Rogers, MD, PhD, FAAD; Brent Moody, MD, FAAD; Mark Kaufmann, MD, FAAD; Ryan Hick, MD, FAAD; Lawrence Green, MD, FAAD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2025

CPT Code	Long Descriptor	Global Period
96920	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); total area less than 250 sq cm	000
96921	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); 250 sq cm to 500 sq cm	000
96922	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); over 500 sq cm	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
96920	A 65-year-old male presents with an inflammatory or auto-immune skin disease. The patient has less than 250 sq cm of cutaneous lesions. The decision is made to utilize a 308-312 nm laser for treatment.
96921	A 65-year-old male presents with an inflammatory or auto-immune skin disease. The patient has between 250 sq cm and 500 sq cm of cutaneous lesions. The decision is made to utilize a 308-312 nm laser for treatment.
96922	A 65-year-old male presents with an inflammatory or auto-immune skin disease. The patient has over 500 sq cm of cutaneous lesions. The decision is made to utilize a 308-312 nm laser for treatment.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American Academy of Dermatology Association (AADA) convened a panel that included physicians who perform the procedure. The panel developed the direct practice expense recommendations for CPT codes 96920, 96921, and 96922 based on typical clinical practice and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   N/A

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   Codes 96920, 96921, and 96922 are not typically reported with an E/M service (in the non-facility or facility setting).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Dermatology is the dominant provider for 96920, 96921, and 96922 across all sites of care. In the non-facility setting, Dermatology accounts for 75.4% of 96920, 80.6% of 96921, and 85.2% of 96922 utilization. These services are furnished greater than 98% of the time in a physician office (non-facility) setting: 98.7% for 96920, 99.0% for 96921, and 99.8% for 96922).

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

The specialty society is requesting an increase in aggregate cost for 96920, 96921, and 96922 due to increased clinical staff time for CA018 *Assist physician or other qualified healthcare professional---directly related to physician work time (100%),* as reflected in line 49 of the PE Spreadsheet. **The increased time for CA018 is entirely accounted for because of an increase in physician intraservice time that we are recommending for 96920, 96921, and 96922 — 12, 17, and 24 minutes, respectively.** Per the RUC Practice Expense Compelling Evidence Guidelines, compelling evidence does not apply to time associated with the line item *assist physician in performing procedure* (CA018), if this line item is directly tied to the work recommendation.

Three of the four equipment items for 96920, 96921, and 96922 — EQ168 Exam light (PE Spreadsheet line 124), EQ161 excimer laser (line 125), and EF031 power table (line 126) — are tied to the full clinical staff time for each code (40, 45, and 52 minutes, respectively) because they are used during pre-, intra-, and post-service periods. As a result, the increase in CA018 minutes also increases the total equipment time for 96920, 96921, and 96922. As indicated above, the increase in aggregate cost for all three codes can be entirely accounted for because of an increase in physician time being recommended by the specialty society. See Question 23 for a detailed breakdown of equipment minutes.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If

the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

The specialty society is requesting to maintain the 2023 RUC approved 5 minutes (Level 2 [4–6 vital signs] = 5 minutes) for CA010 for CPT codes 96920, 96921, and 96922 to account for clinical staff obtaining the following vital signs: temperature, respiratory rate, blood pressure, and pulse. Ultraviolet laser treatment typically induces redness, flushing, and occasionally fever. Evaluation of these four vital signs is critical for monitoring the patient for treatment-related changes.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Room preparation is completed including turning on the laser equipment as it takes time to warm up. The patient is greeted by clinical staff, brought to treatment room and provided with a gown. Clinical staff ensures appropriate medical records are available. The clinical staff obtains vital signs including temperature, respiratory rate, BP and pulse. Clinical staff reviews the treatment procedure with the patient, obtains patient consent and confirms the order. Once the patient is gowned, photos are obtained of the treatment areas. EMLA cream is applied. The patient is positioned by the clinical staff to allow for initial treatment.

    b. Service period (includes pre, intra and post):

The clinical staff is present with the physician and actively assists the physician throughout the procedure. The clinical staff ensures the patient is wearing the required UV goggles throughout the treatment. The physician and clinical staff also wear UV goggles. Face shields are worn by physician and clinical staff to prevent any splashing due to mineral oil or other ointments. Clinical staff assists the physician with patient re-positioning throughout the entire treatment, stabilizing skin and holding any body parts to allow access (including holding skin folds back), shifting or replacing and taping the fenestrated drapes, as well as applying necessary topical agents throughout the procedure. Clinical

staff applies ice packs to treated areas. During the procedure the clinical staff and physician will change gloves due to the use of mineral oil and other ointments.

c. Post-service period:

The clinical staff provides disposable towels for the patient to clean off excess mineral oil and ointments. The patient is monitored by clinical staff in the room and the treated areas are checked for any redness, burns or other reactions. Clinical staff apply topicals including triamcinolone, mupirocin 2% topical ointment, topical emollient, and sunscreen to areas as directed by the physician. Instructions are given to the patient regarding home care. The clinical staff clean the treatment room and clean the laser. The clinical staff will remind the patient when to return for the next treatment and answer patient questions.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Assist physician as noted above in 10b.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 96920, 96921, 96922
SPECIALTY SOCIETY(IES): AADA
PRESENTER(S): Howard Rogers, MD, PhD, FAAD; Brent Moody, MD, FAAD; Mark Kaufmann, MD, FAAD; Ryan Hick, MD, FAAD; Lawrence Green, MD, FAAD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes: *SA048 pack, minimum multi-specialty visit*

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty	Unit Price
pack, minimum multi-specialty visit	**SA048**	**pack**		$5.02
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

Equipment Code	Useful Life	Price	Utilization Rate	Min/Year	Cost/Year
EQ168 light, exam	10	1232.887	0.5	150000	0.003271745
EQ161 laser, excimer	5	155580	0.5	150000	0.589495599

EF031 table, power	10	5906.76	0.5	150000	0.015674926
ED005 camera, digital system, 12 megapixel (medical grade)	5	5607.182	0.5	150000	0.022216755

The EQ168 light is used during pre-, intra and post-service time and thus tied to the entire clinical staff time (line 10 of the PE Spreadsheet). The light allows the clinical staff and physician to easily identify the plaques as well as take well-lit photos. The light is also used during the procedure to illuminate the treatment areas to allow the physician to achieve optimal results and minimize potential risks that may occur. During post-service the light is on to allow the physician and clinical staff to identify any areas of concern and allow for ease to apply any ointments.

The EQ161 excimer laser is used during pre-, intra-, and post-service time and is therefore tied to the entire clinical staff time (line 10). The laser is warmed up in the treatment room before the patient is brought in. During the procedure, it is actively used to deliver treatment to the affected areas. After treatment, the handpiece—having been in contact with oils and topicals—is cleaned when the room is cleaned, after the patient leaves the room. Throughout this service period, the laser remains in the room and is not available for use with other patients.

The EF031 table, power is used for the entirety of the procedure and tied to the entire clinical staff time (line 10 of the PE Spreadsheet).

The ED005 camera is used to capture images of the patient's lesions in pre-service time as part of the initial 2 minutes for set-up of the procedure (CA016, line 40). The photos are used by the physician to track the course of treatment and clearance of lesions over time.

"Other formula" was selected for each equipment item outlined above. CA023 *Monitor patient following procedure/service, no multitasking* – 3 minutes included for 96920, 96921, and 96922 in the associated PE Spreadsheet (line 61) is not part of the default formula.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 96920, 96921, 96922
SPECIALTY SOCIETY(IES): AADA
PRESENTER(S): Howard Rogers, MD, PhD, FAAD; Brent Moody, MD, FAAD; Mark Kaufmann, MD, FAAD; Ryan Hick, MD, FAAD; Lawrence Green, MD, FAAD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**96920**		**96920**		**96921**	
3		***RUC Collaboration Website***				Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin		Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin		Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin	
4	**Clinical Activity Code**	**Meeting Date: 09/2025 Revision Date (if applicable): Tab: 16 Laser Treatment-Inflammatory Skin Diseases Specialty: AADA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**		**000**		**000**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 90.83**	**$ -**	**$ 93.13**	**$ -**	**$ 96.65**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**38.0**	**0.0**	**40.0**	**0.0**	**40.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**38.0**	**0.0**	**40.0**	**0.0**	**40.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 20.52**	**$ -**	**$ 21.60**	**$ -**	**$ 21.60**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54						
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54						
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54						
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54						
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54						
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54						
23			L037D	RN/LPN/MTA	0.54						
24			L037D	RN/LPN/MTA	0.54						
25			L037D	RN/LPN/MTA	0.54						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54	3		3		3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54	5		5		5	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54	2		2		2	
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	5		5		5	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54	2		2		2	
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54						
42			L037D	RN/LPN/MTA	0.54						
43			L037D	RN/LPN/MTA	0.54						
44			L037D	RN/LPN/MTA	0.54						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54	10		**12**		12	
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54						
53			L037D	RN/LPN/MTA	0.54						
54			L037D	RN/LPN/MTA	0.54						
55			L037D	RN/LPN/MTA	0.54						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54	3		3		3	
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	5		5		5	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54	3		3		3	
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.54						
76			L037D	RN/LPN/MTA	0.54						
77			L037D	RN/LPN/MTA	0.54						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36								
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54						
94			L037D	RN/LPN/MTA	0.54						
95			L037D	RN/LPN/MTA	0.54						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**96920**		**96920**		**96921**	
3		***RUC Collaboration Website***				Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin		Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin		Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin	
4	**Clinical Activity Code**	**Meeting Date: 09/2025** **Revision Date (if applicable):** **Tab: 16 Laser Treatment-Inflammatory Skin Diseases** **Specialty: AADA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**		**000**		**000**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 90.83**	**$ -**	**$ 93.13**	**$ -**	**$ 96.65**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**38.0**	**0.0**	**40.0**	**0.0**	**40.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**38.0**	**0.0**	**40.0**	**0.0**	**40.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**96920**		**96920**		**96921**	
3		***RUC Collaboration Website***				Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin		Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin		Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin	
4	**Clinical Activity Code**	**Meeting Date: 09/2025 Revision Date (if applicable): Tab: 16 Laser Treatment-Inflammatory Skin Diseases Specialty: AADA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**		**000**		**000**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 90.83**	**$ -**	**$ 93.13**	**$ -**	**$ 96.65**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**38.0**	**0.0**	**40.0**	**0.0**	**40.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**38.0**	**0.0**	**40.0**	**0.0**	**40.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 47.14**	**$ -**	**$ 47.14**	**$ -**	**$ 50.67**	**$ -**
102	SA048	pack, minimum multi-specialty visit	5.02	pack		1		1		1	
103	SB011	drape, sterile, fenestrated 16in x 29in	0.63	item		2		2		2	
104	SB019	drape-towel, sterile 18in x 26in	0.47	item		1		1		2	
105	SB023	gloves, non-sterile, nitrile	1.06	pair		2		2		2	
106	SB027	gown, staff, impervious	1.186	item		2		2		2	
107	SB034	mask, surgical, with face shield	3.4	item		2		2		2	
108	SB044	underpad 2ft x 3ft (Chux)	0.32	item		2		2		2	
109	SG056	gauze, sterile 4in x 4in (10 pack uou)	1.2	item		2		2		3	
110	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		12		12		12	
111	SH030	Emla cream	2.19	gm		1		1		1	
112	SH072	triamcinolone acetonide 0.1% cream	0.06	gm		1		1		1	
113	SJ026	Eucerin cream	1.38	oz		12		12		12	
114	SJ027	goggles, uv-blocking	3.12	item		0.3		0.3		0.3	
115	SJ029	ice pack, instant	1.4	item		1		1		2	
116	SJ035	mineral oil	0.02	ml		2		2		4	
117	SJ095	Mupirocin 2% Topical Ointment 22 grams	0.139	gram		15		15		18	
118	SK075	skin marking pen, sterile (Skin Skribe)	1.62	item		1		1		1	
119	SK078	sunscreen lotion (spf15)	0.75	oz		1		1		1	
120	SK082	towel, paper (Bounty) (per sheet)	0.015	item		6		6		6	
121	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item		3		3		3	
122	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
123		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 23.17**	**$ -**	**$ 24.38**	**$ -**	**$ 24.38**	**$ -**
124	EQ168	light, exam	1232.887	Other Formula	0.003271745	38.0		**40.0**		40.0	
125	EQ161	laser, excimer	155580	Other Formula	0.589495599	38.0		**40.0**		40.0	
126	EF031	table, power	5906.76	Other Formula	0.015674926	38.0		**40.0**		40.0	
127	ED005	camera, digital system, 12 megapixel (medical grade)	5607.182	Other Formula	0.022216755	2		2		2	
128											
129											
130		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									
131											

	A	B	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**96921**		**96922**		**96922**	
3		***RUC Collaboration Website***	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases		Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases		Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); over 500	
4	**Clinical Activity Code**	**Meeting Date: 09/2025** **Revision Date (if applicable):** **Tab: 16 Laser Treatment-Inflammatory Skin Diseases** **Specialty: AADA**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**		**000**			
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 102.39**	**$ -**	**$ 110.50**	**$ -**	**$ 117.39**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**45.0**	**0.0**	**46.0**	**0.0**	**52.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**45.0**	**0.0**	**46.0**	**0.0**	**52.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 24.30**	**$ -**	**$ 24.84**	**$ -**	**$ 28.08**	**$ -**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery/procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms						
16	CA002	Coordinate pre-surgery services (including test results)						
17	CA003	Schedule space and equipment in facility						
18	CA004	Provide pre-service education/obtain consent						
19	CA005	Complete pre-procedure phone calls and prescription						
20	CA006	Confirm availability of prior images/studies						
21	CA007	Review patient clinical extant information and questionnaire						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
23								
24								
25								
26		*Other activity: please include short clinical description here and type*						
27		*Other activity: please include short clinical description here and type*						
28		*Other activity: please include short clinical description here and type*						
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3		3		3	
34	CA010	Obtain vital signs	5		5		5	
35	CA011	Provide education/obtain consent	2		2		2	
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies	5		5		5	
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2		2		2	
41	CA017	Sedate/apply anesthesia						
42								
43								
44								
45		*Other activity: please include short clinical description here and type*						
46		*Other activity: please include short clinical description here and type*						
47		*Other activity: please include short clinical description here and type*						
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly	**17**		18		**24**	
50	CA019	Assist physician or other qualified healthcare professional---directly						
51	CA020	Assist physician or other qualified healthcare professional---directly						
52	CA021	Perform procedure/service---NOT directly related to physician work time						
53								
54								
55								
56		*Other activity: please include short clinical description here and type*						
57		*Other activity: please include short clinical description here and type*						
58		*Other activity: please include short clinical description here and type*						
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking	3		3		3	
62	CA024	Clean room/equipment by clinical staff	5		5		5	
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds	3		3		3	
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,						
69	CA031	Review examination with interpreting MD/DO						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
71	CA033	Perform regulatory mandated quality assurance activity (service period)						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management	**n/a**		**n/a**		**n/a**	
75								
76								
77								
78		*Other activity: please include short clinical description here and type*						
79		*Other activity: please include short clinical description here and type*						
80		*Other activity: please include short clinical description here and type*						
81		**End: Patient leaves office/facility**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
84	CA037	Conduct patient communications						
85	CA038	Coordinate post-procedure services						
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes						
88		99212 27 minutes						
89		99213 36 minutes						
90		99214 53 minutes						
91		99215 63 minutes						
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93								
94								
95								
96		*Other activity: please include short clinical description here and type*						
97		*Other activity: please include short clinical description here and type*						

	A	B	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
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4	**Clinical Activity Code**	**Meeting Date: 09/2025** **Revision Date (if applicable):** **Tab: 16 Laser Treatment-Inflammatory Skin Diseases** **Specialty: AADA**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**		**000**			
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 102.39**	**$ -**	**$ 110.50**	**$ -**	**$ 117.39**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**45.0**	**0.0**	**46.0**	**0.0**	**52.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**45.0**	**0.0**	**46.0**	**0.0**	**52.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
98		*Other activity: please include short clinical description here and type*						
99		**End: with last office visit before end of global period**						

	A	B	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**96921**		**96922**		**96922**	
3		***RUC Collaboration Website***	Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases		Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases		Laser treatment, 308-312 nanometer wavelengths, for inflammatory or auto-immune skin diseases (eg, psoriasis); over 500	
4	**Clinical Activity Code**	**Meeting Date: 09/2025** **Revision Date (if applicable):** **Tab: 16 Laser Treatment-Inflammatory Skin Diseases** **Specialty: AADA**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**		**000**			
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 102.39**	**$ -**	**$ 110.50**	**$ -**	**$ 117.39**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**45.0**	**0.0**	**46.0**	**0.0**	**52.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**45.0**	**0.0**	**46.0**	**0.0**	**52.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 50.67**	**$ -**	**$ 57.63**	**$ -**	**$ 57.63**	**$ -**
102	SA048	pack, minimum multi-specialty visit	1		1		1	
103	SB011	drape, sterile, fenestrated 16in x 29in	2		4		4	
104	SB019	drape-towel, sterile 18in x 26in	2		2		2	
105	SB023	gloves, non-sterile, nitrile	2		3		3	
106	SB027	gown, staff, impervious	2		2		2	
107	SB034	mask, surgical, with face shield	2		2		2	
108	SB044	underpad 2ft x 3ft (Chux)	2		2		2	
109	SG056	gauze, sterile 4in x 4in (10 pack uou)	3		4		4	
110	SG079	tape, surgical paper 1in (Micropore)	12		12		12	
111	SH030	Emla cream	1		1		1	
112	SH072	triamcinolone acetonide 0.1% cream	1		1		1	
113	SJ026	Eucerin cream	12		12		12	
114	SJ027	goggles, uv-blocking	0.3		0.3		0.3	
115	SJ029	ice pack, instant	2		4		4	
116	SJ035	mineral oil	4		8		8	
117	SJ095	Mupirocin 2% Topical Ointment 22 grams	18		22		22	
118	SK075	skin marking pen, sterile (Skin Skribe)	1		1		1	
119	SK078	sunscreen lotion (spf15)	1		1		1	
120	SK082	towel, paper (Bounty) (per sheet)	6		6		6	
121	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	3		3		3	
122	**Equipment Code**	**EQUIPMENT**						
123		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 27.42**	**$ -**	**$ 28.03**	**$ -**	**$ 31.68**	**$ -**
124	EQ168	light, exam	**45.0**		46.0		**52.0**	
125	EQ161	laser, excimer	**45.0**		46.0		**52.0**	
126	EF031	table, power	**45.0**		46.0		**52.0**	
127	ED005	camera, digital system, 12 megapixel (medical grade)	2		2		2	
128								
129								
130		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
131								

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

96920, 96921, 96922
CPT® Codes

LASEROPTEK AMERICA INC.
Vendor/Company Name

By: [signature]

CHRISTOPHER DALTON
Printed Signature

VICE PRESIDENT
Title

5/29/2025
Date

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

96920, 96921, 96922
CPT® Codes

STRATA Skin Sciences
Vendor/Company Name

By: Aman Kaur

Printed Signature

VP Marketing and Business Growth

Title

06/04/2025
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2025

Laser Treatment for Psoriasis – Tab 10

In October 2015, CPT codes 96920, 96921 and 96922 were identified via the high-volume growth screen with Medicare utilization of 10,000 or more that increased by at least 100% from 2008 through 2013. At that time, the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes were being used correctly, which was published in September 2016. This was the third article created for this code set, with articles also published in June 2012 and May 2013.

In January 2022, the Relativity Assessment Workgroup (RAW) reviewed these services again, noting that their utilization continued to steadily increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that they believed the growth is appropriate due to changes in treatment and medication for psoriasis. However, due to the continued growth, the RAW recommended, and the RUC agreed, that CPT codes 96920, 96921 and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting.

In April 2022, CPT codes 96920-96922 were referred to the CPT Editorial Panel for editorial review. Since the CPT descriptor was established in 2002, psoriasis was the only approved indication and use for this treatment modality. The specialty societies stated the indications had expanded beyond those noted in the code descriptors to include laser treatment for other inflammatory skin disorders. At the September 2022 CPT meeting, the tab was withdrawn when it was determined that the specialties' proposed changes were beyond editorial. This issue was deferred to the February 2023 CPT meeting and subsequently withdrawn as it was determined that existing literature was insufficient and did not support expanded indications at that time.

The presenters described the recent history of this code set and its route back to the RUC. This issue was surveyed for the April 2023 RUC meeting, without any revisions to the code descriptors, since the available 2021 Medicare data indicated that the typical patient was being treated for psoriasis (96920, psoriasis = 79.3%). At the April 2023 meeting, the RUC voted to recommend an editorial change to CPT to add "(ie, excimer)" after "Laser treatment" for clarity in codes 96920-96922. The codes were also flagged as "Do Not Use to Validate for Physician Work" as the times were not representative. At the May 2023 CPT Editorial Panel meeting, the CPT Executive Committee voted to editorially revise the code family parent code 96920 to align with the intended use of these services exclusively for psoriasis using an "Excimer" laser. These editorial revisions for the CPT 2024 code set did not involve a change in physician work. However, despite a CPT Assistant article, concern resulted from the addition of the term "excimer" to the descriptor for those using other types of appropriate ultraviolet lasers. Subsequently, at the February 2025 CPT Editorial Panel meeting, the codes were further revised to remove "Excimer" from the code descriptor and specify the wavelengths for other lasers that treat psoriasis that are not excimer lasers.

In preparation for the April 2025 RUC meeting, the specialty society submitted a letter to the RUC that detailed the revisions to the code family (removing "excimer" and specifying a wavelength range for treatment "308-312 nanometers") and stated that the specialty considers these updates

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editorial in nature. The typical patient, typical laser equipment, typical treatment procedure, and its associated work are unchanged. The specialty explained that an excimer laser delivers UV light energy within the range specified by the revised code descriptors and, while it is not the only laser that may be used in the phototherapy treatment of psoriasis, it is still the typical device. The excimer laser is the dominant laser with about 85% share of the ultraviolet lasers currently in use.

The specialty society also acknowledged that the code family will return to the CPT Editorial Panel in May 2025 with a new code change application (CCA) proposing to expand the laser codes beyond the treatment of psoriasis to include other inflammatory skin disorders. If approved by the CPT Editorial Panel, a RUC survey will be required to evaluate physician work and practice expense for any expanded indications. For these reasons, the specialty society requested that the RUC affirm the current values and CMS inputs for CPT codes 96920-96922.

Upon consideration at the April 2025 RUC meeting, the RUC concurred that the code descriptor changes since the laser codes were last reviewed in 2023 are editorial in nature. Furthermore, a new CCA is being considered by the CPT Editorial Panel with expanded indications that will require a RUC survey. In addition, it was noted that the codes are included in the "Do not use to validate physician work" screen that will also require resurvey for the September 2025 RUC meeting.

The RUC agreed with the specialty society's request to affirm the current CMS values for CPT codes 96920, 96921 and 96922. **The RUC concurs that the current CMS values be maintained and therefore recommends a work RVU of 0.83 for CPT code 96920, 0.90 for CPT code 96921, and 1.15 for CPT code 96922.**

Practice Expense

The specialty society requested that the Practice Expense (PE) Subcommittee affirm the current CMS inputs for CPT codes 96920, 96921 and 96922 as the code descriptor revisions do not change the current work or PE inputs. The American Academy of Dermatology Association confirmed that the excimer laser remains the typical equipment used for the code family. It was acknowledged that CMS did not accept the change in business model for excimer lasers to a per-use rental (subscription model), as recommended at the April 2023 RUC meeting, since the equipment item EQ161 *laser, excimer* is available for purchase and already accounted for under its equipment methodology. The PE Subcommittee agreed to maintain the direct practice inputs without modification. **The RUC recommends the current CMS direct practice expense inputs be maintained as affirmed by the Practice Expense Subcommittee.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Special Dermatological Procedures**				
▲96920	G1	~~Excimer~~ L~~l~~aser treatment, 308-312 nanometer wavelengths, for psoriasis; total area less than 250 sq cm	000	0.83 (No Change) (2025 Work RVU = 0.83)
▲96921	G2	250 sq cm to 500 sq cm	000	0.90 (No Change) (2025 Work RVU = 0.90)
▲96922	G3	over 500 sq cm (For laser destruction of premalignant lesions, see 17000-17004) (For laser destruction of cutaneous vascular proliferative lesions, see 17106-17108) (For laser destruction of benign lesions, see 17110-17111) (For laser destruction of malignant lesions, see 17260-17286)	000	1.15 (No Change) (2025 Work RVU = 1.15)

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Murad Alam, MD, FAAD, President-elect
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Seemal R. Desai, MD, FAAD, Immediate Past President
Elizabeth K. Usher, MBA, Executive Director & CEO

April 1, 2025

Ezequiel Silva III, MD
Chair, AMA/Specialty Society Relative Value Scale Update Committee
American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

RE: Tab 10 – Laser Treatment for Psoriasis AADA Recommendations

Dear Dr. Silva,

In February 2025, the CPT Editorial Panel approved minor revisions to the descriptors for CPT codes 96920, 96921, and 96922, which describe laser treatment for psoriasis. These revisions removed "excimer" and specified a wavelength range for treatment (308-312 nanometers).

The American Academy of Dermatology Association (AADA) considers these updates editorial in nature, as confirmed by AMA CPT staff. The procedure itself remains unchanged, and the revised descriptors continue to accurately reflect the typical physician work and practice expense (PE) inputs for these services. We recommend that the RUC reaffirm the current values and CMS inputs for CPT codes 96920, 96921, and 96922.

Background

These laser codes were most recently reviewed by the RUC in April 2023. At that time, the AADA received approval to conduct a targeted survey using vendor-supplied lists as this service is not typically taught in training and is only performed by a small subset of dermatologists with the proper equipment. AADA reached out to the only two manufacturers, Strata (XTRAC) and LASEROPTEK Americas (PALLAS). The XTRAC laser is an excimer laser that delivers a focused, high-intensity ultraviolet B (UVB) laser beam at 308nm. The PALLAS laser is a non-excimer solid-state UVB laser operating at 311nm.

Strata held the majority of the market, providing 225 names, while LASEROPTEK Americas provided 25 names—all were surveyed. At the April 2023 RUC meeting, AADA recommended, and the RUC approved, physician work and PE inputs based on the typical device, the excimer laser.

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After the tab passed, the RUC voted to recommend an editorial change to CPT to add a parenthetical, "(i.e., excimer)" to the code descriptors, indicating that the recommendation was made for clarity.

In May 2023, the CPT Executive Committee recommended broader editorial revisions to the code descriptors for 96920-96922, adding the term "excimer," not as a parenthetical, and removing both the term "inflammatory skin disease" and the parenthetical around the term "psoriasis." At the time, the AADA submitted a letter to the CPT Executive Committee disagreeing with the changes as they were brought forward. The CPT Editorial Panel ultimately approved these changes as a technical correction for the CPT 2024 code set.

Despite publication of a *CPT Assistant* article, the aforementioned changes to the code descriptor, particularly the inclusion of the term "excimer", created confusion. As a result, the AADA was advised by the AMA CPT leadership team to submit an editorial code change application (CCA) for the February 2025 CPT Panel meeting requesting removal of the term "excimer" from the code descriptors. AMA CPT staff indicated that:

> *"Since there are only two players in this space and the device costs are equivalent, removing the term 'Excimer' should clear up the confusion. We could then work to handle the CPT Assistant Q&A to clarify that the laser can be generated by either pulsed gas or crystal. It's unlikely that any new RUC work would need to be done since the typical patient would remain the same."*

In February 2025, the CPT Editorial Panel approved the following changes the descriptors for CPT codes 96920, 96921, and 96922, effective for CPT 2027:

▲ 96920 ~~Excimer~~ L~~l~~aser treatment, 308-312 nanometer wavelengths, for psoriasis; total area less than 250 sq cm

▲ 96921 250 sq cm to 500 sq cm

▲ 96922 over 500 sq cm

Recommendations Rationale

The AADA maintains that the February 2025 revisions to the CPT descriptors for the laser treatment of psoriasis codes are editorial and do not change the current values, physician work, or PE associated with CPT codes 96920, 96921, and 96922. The excimer UV laser—used to value these codes in April 2023—remains the typical device for these services. Excimer lasers deliver UV light energy within the range specified by the revised code descriptor and, while it is not the only laser that may be used in the phototherapy treatment of psoriasis, it is still the typical device.

Although "excimer" is not a trade name, the term refers to a specific type of laser technology. CPT codes are typically crafted to be product-agnostic and not device-specific; therefore, the February 2025 CPT

changes, specifically the removal of "excimer," appear to be consistent with AMA CPT's conventions for code descriptor language.

The AADA acknowledges that CMS did not accept the RUC-recommended work relative values for CPT codes 96920, 96921, and 96922. Further, while the RUC recommended that the typical business model for excimer lasers is a per-use rental (subscription model), CMS stated that a rental, subscription, or per-use fee for equipment that is still available for purchase and already accounted for under its equipment methodology is not appropriate, particularly given its impact on direct PE costs for these CPT codes.[1] Indeed, CMS has historically considered rental and licensing fees as indirect PE under its methodology.

That said, CMS did recognize the excimer laser as the typical device and, while the agency did not accept the subscription model, CMS did indicate that the "excimer laser is appropriately and adequately accounted for in the equipment formula, which accounts for years of useful life, utilization rate, purchase price, interest rate, maintenance, and minutes per year of use".[1]

The AADA believes that resurveying these codes now would be premature. Since the April 2023 RUC review, there have been no changes in the physician work or technology that would warrant a rereview by the RUC at this time.

Additionally, there are new efforts to broaden the scope of these codes beyond their current indications. An industry-led CCA was submitted for the May 2025 CPT Editorial Panel Meeting, proposing to expand these codes beyond psoriasis to include additional inflammatory skin conditions, such as vitiligo, atopic dermatitis, and alopecia areata. If these changes are approved by CPT, a RUC resurvey would be required to evaluate physician work and PE for any expanded indications**.**

The AADA maintains that the February 2025 revisions to the code descriptors for 96920, 96921, and 96922 are editorial and do not change the current physician work or PE inputs. Further, given the industry-led CCA under review for the May 2025 CPT Editorial Panel Meeting, the AADA believes a resurvey is premature.

For the reasons stated, the AADA respectfully requests the RUC reaffirm the current values and CMS inputs for CPT codes 96920, 96921, and 96922.

Sincerely,

Howard Rogers, MD, PhD
AADA RUC Advisor

[1] 89 FR 97710

ISSUE: Laser Treatment 96920-96922
TAB: 10

Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
CURRENT	96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	000	2023	41	0.0553	0.036			0.83			23	7	2	1			10			3															
REC	96920	Laser treatment, 308-312 nanometer wavelengths, for psoriasis; total area less than 250 sq cm	000			0.0553	0.036			0.83			23	7	2	1			10			3															

Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
CURRENT	96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	000	2023	41	0.0519	0.036			0.90			25	7	2	1			12			3															
REC	96921	Laser treatment, 308-312 nanometer wavelengths, for psoriasis; 250 sq cm to 500 sq cm	000			0.0519	0.036			0.90			25	7	2	1			12			3															

Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
CURRENT	96922	Excimer laser treatment for psoriasis; over 500 sq cm	000	2023	41	0.0485	0.037			1.15			31	7	2	1			18			3															
REC	96922	Laser treatment, 308-312 nanometer wavelengths, for psoriasis; over 500 sq	000			0.0485	0.037			1.15			31	7	2	1			18			3															

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**					**April 2023 RUC Recommendation (CMS did not accept)**		**CURRENT**		**RECOMME Maintain C**
2						**96920**		**96920**		**969**
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: 04/2025** **Revision Date (if applicable):** **Tab: 10** **Specialty: AADA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Excimer laser treatment for psoriasis; total area less than 250 sq cm		Excimer laser treatment for psoriasis; total area less than 250 sq cm		Excimer lase for psoriasis less than 2
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 148.43**	**$ -**	**$ 90.83**	**$ -**	**$ 90.83**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**38.0**	**0.0**	**38.0**	**0.0**	**38.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**38.0**	**0.0**	**38.0**	**0.0**	**38.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 20.52**	**$ -**	**$ 20.52**	**$ -**	**$ 20.52**
13		**PRE-SERVICE PERIOD**								
14		**Start: Following visit when decision for surgery/procedure made**								
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54					
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54					
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54					
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54					
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54					
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54					
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54					
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54					
23			L037D	RN/LPN/MTA	0.54					
24			L037D	RN/LPN/MTA	0.54					
25			L037D	RN/LPN/MTA	0.54					
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
29		**End: When patient enters office/facility for surgery/procedure**								
30		**SERVICE PERIOD**								
31		**Start: When patient enters office/facility for surgery/procedure:**								
32		**Pre-Service (of service period)**								
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54	3		3		3
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54	5		5		5
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54	2		2		2
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54					
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	5		5		5
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54					
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54					
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54	2		2		2
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54					
42			L037D	RN/LPN/MTA	0.54					
43			L037D	RN/LPN/MTA	0.54					
44			L037D	RN/LPN/MTA	0.54					
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
48		**Intra-service (of service period)**								
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54	10		10		10
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54					
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54					
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54					
53			L037D	RN/LPN/MTA	0.54					
54			L037D	RN/LPN/MTA	0.54					
55			L037D	RN/LPN/MTA	0.54					
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
59		**Post-Service (of service period)**								
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54					
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54	3		3		3
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	5		5		5
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54					
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54					
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54					
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54					
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54	3		3		3
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54					
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54					
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54					
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54					
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54					
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54					
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**
75			L037D	RN/LPN/MTA	0.54					
76			L037D	RN/LPN/MTA	0.54					
77			L037D	RN/LPN/MTA	0.54					
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
81		**End: Patient leaves office/facility**								
82		**POST-SERVICE PERIOD**								
83		**Start: Patient leaves office/facility**								
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54					
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54					
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16							
88		99212 27 minutes	27							
89		99213 36 minutes	36							
90		99214 53 minutes	53							
91		99215 63 minutes	63							
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54					
94			L037D	RN/LPN/MTA	0.54					

	A	B	D	E	F	G	H	I	J	K
1	RUC Practice Expense Spreadsheet					April 2023 RUC Recommendation (CMS did not accept)		CURRENT		RECOMME Maintain C
2						96920		96920		969
3		*RUC Collaboration Website*								
4	Clinical Activity Code	Meeting Date: 04/2025 Revision Date (if applicable): Tab: 10 Specialty: AADA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Excimer laser treatment for psoriasis; total area less than 250 sq cm		Excimer laser treatment for psoriasis; total area less than 250 sq cm		Excimer lase for psoriasis less than 2
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				000	000	000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 148.43	$ -	$ 90.83	$ -	$ 90.83
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	38.0	0.0	38.0	0.0	38.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	38.0	0.0	38.0	0.0	38.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	0.0	0.0
95			L037D	RN/LPN/MTA	0.54					
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54					
99		End: with last office visit before end of global period								

	A	B	D	E	F	G	H	I	J	K
1	RUC Practice Expense Spreadsheet					April 2023 RUC Recommendation (CMS did not accept)		CURRENT		RECOMME Maintain C
2						96920		96920		969
3		*RUC Collaboration Website*								
4	Clinical Activity Code	Meeting Date: 04/2025 Revision Date (if applicable): Tab: 10 Specialty: AADA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Excimer laser treatment for psoriasis; total area less than 250 sq cm		Excimer laser treatment for psoriasis; total area less than 250 sq cm		Excimer lase for psoriasis less than 2
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				000	000	000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 148.43	$ -	$ 90.83	$ -	$ 90.83
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	38.0	0.0	38.0	0.0	38.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	38.0	0.0	38.0	0.0	38.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	0.0	0.0
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT						
101		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 127.14	$ -	$ 47.14	$ -	$ 47.14
102	SA048	pack, minimum multi-specialty visit	5.02	pack		1		1		1
103	SB011	drape, sterile, fenestrated 16in x 29in	0.63	item		2		2		2
104	SB019	drape-towel, sterile 18in x 26in	0.47	item		1		1		1
105	SB023	gloves, non-sterile, nitrile	1.06	pair		2		2		2
106	SB027	gown, staff, impervious	1.186	item		2		2		2
107	SB034	mask, surgical, with face shield	3.4	item		2		2		2
108	SB044	underpad 2ft x 3ft (Chux)	0.32	item		2		2		2
109	SG056	gauze, sterile 4in x 4in (10 pack uou)	1.2	item		2		2		2
110	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		12		12		12
111	SH030	Emla cream	2.19	gm		1		1		1
112	SH072	triamcinolone acetonide 0.1% cream	0.06	gm		1		1		1
113	SJ026	Eucerin cream	1.38	oz		12		12		12
114	SJ027	goggles, uv-blocking	3.12	item		0.3		0.3		0.3
115	SJ029	ice pack, instant	1.4	item		1		1		1
116	SJ035	mineral oil	0.02	ml		2		2		2
117	SJ095	Mupirocin 2% Topical Ointment 22 grams	0.139	gram		15		15		15
118	SK075	skin marking pen, sterile (Skin Skribe)	1.62	item		1		1		1
119	SK078	sunscreen lotion (spf15)	0.75	oz		1		1		1
120	SK082	towel, paper (Bounty) (per sheet)	0.015	item		6		6		6
121	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item		3		3		3
122		*laser, excimer, pay per use (under 250 cm^2)*	80	item		1		0		0
123		*laser, excimer, pay per use (250-500 cm^2)*	83	item		0		0		0
124		*laser, excimer, pay per use (> 500cm^2)*	100	item		0		0		0
125	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute					
126		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 0.76	$ -	$ 23.17	$ -	$ 23.17
127	EQ168	light, exam	1232.887	Other Formula	0.003271745	38		38		38
128	EQ161	laser, excimer	155580	Other Formula	0.589495599	0		38		38
129	EF031	table, power	5906.76	Other Formula	0.015674926	38		38		38
130	ED005	camera, digital system, 12 megapixel (medical grade)	5607.182	Other Formula	0.022216755	2		2		2
131										
132										
133		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*								
134										

	A	B	L	M	N	O	P	Q	R	S
1	RUC Practice Expense Spreadsheet		:NDATION MS Inputs	April 2023 RUC Recommendation (CMS did not accept)		CURRENT		RECOMMENDATION Maintain CMS Inputs		April 20 Recomm (CMS did n
2			20	96921		96921		96921		969
3		*RUC Collaboration Website*								
4	Clinical Activity Code	Meeting Date: 04/2025 Revision Date (if applicable): Tab: 10 Specialty: AADA	r treatment ; total area 250 sq cm	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		Excimer lase for psoriasis sq
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD	000	000	000	000	000	000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 156.07	$ -	$ 96.65	$ -	$ 96.65	$ -	$ 183.38
8		TOTAL CLINICAL STAFF TIME	0.0	40.0	0.0	40.0	0.0	40.0	0.0	46.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	40.0	0.0	40.0	0.0	40.0	0.0	46.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -	$ 21.60	$ -	$ 21.60	$ -	$ 21.60	$ -	$ 24.84
13		PRE-SERVICE PERIOD								
14		Start: Following visit when decision for surgery/procedure made								
15	CA001	Complete pre-service diagnostic and referral forms								
16	CA002	Coordinate pre-surgery services (including test results)								
17	CA003	Schedule space and equipment in facility								
18	CA004	Provide pre-service education/obtain consent								
19	CA005	Complete pre-procedure phone calls and prescription								
20	CA006	Confirm availability of prior images/studies								
21	CA007	Review patient clinical extant information and questionnaire								
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)								
23										
24										
25										
26		*Other activity: please include short clinical description here and type*								
27		*Other activity: please include short clinical description here and type*								
28		*Other activity: please include short clinical description here and type*								
29		End: When patient enters office/facility for surgery/procedure								
30		SERVICE PERIOD								
31		Start: When patient enters office/facility for surgery/procedure:								
32		Pre-Service (of service period)								
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are		3		3		3		3
34	CA010	Obtain vital signs		5		5		5		5
35	CA011	Provide education/obtain consent		2		2		2		2
36	CA012	Review requisition, assess for special needs								
37	CA013	Prepare room, equipment and supplies		5		5		5		5
38	CA014	Confirm order, protocol exam								
39	CA015	Setup scope (nonfacility setting only)								
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		2		2		2		2
41	CA017	Sedate/apply anesthesia								
42										
43										
44										
45		*Other activity: please include short clinical description here and type*								
46		*Other activity: please include short clinical description here and type*								
47		*Other activity: please include short clinical description here and type*								
48		Intra-service (of service period)								
49	CA018	Assist physician or other qualified healthcare professional---directly		12		12		12		18
50	CA019	Assist physician or other qualified healthcare professional---directly								
51	CA020	Assist physician or other qualified healthcare professional---directly								
52	CA021	Perform procedure/service---NOT directly related to physician work time								
53										
54										
55										
56		*Other activity: please include short clinical description here and type*								
57		*Other activity: please include short clinical description here and type*								
58		*Other activity: please include short clinical description here and type*								
59		Post-Service (of service period)								
60	CA022	Monitor patient following procedure/service, multitasking 1:4								
61	CA023	Monitor patient following procedure/service, no multitasking		3		3		3		3
62	CA024	Clean room/equipment by clinical staff		5		5		5		5
63	CA025	Clean scope								
64	CA026	Clean surgical instrument package								
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions								
66	CA028	Review/read post-procedure x-ray, lab and pathology reports								
67	CA029	Check dressings, catheters, wounds		3		3		3		3
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,								
69	CA031	Review examination with interpreting MD/DO								
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to								
71	CA033	Perform regulatory mandated quality assurance activity (service period)								
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry								
73	CA035	Review home care instructions, coordinate visits/prescriptions								
74	CA036	Discharge day management		n/a		n/a		n/a		n/a
75										
76										
77										
78		*Other activity: please include short clinical description here and type*								
79		*Other activity: please include short clinical description here and type*								
80		*Other activity: please include short clinical description here and type*								
81		End: Patient leaves office/facility								
82		POST-SERVICE PERIOD								
83		Start: Patient leaves office/facility								
84	CA037	Conduct patient communications								
85	CA038	Coordinate post-procedure services								
86		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes								
88		99212 27 minutes								
89		99213 36 minutes								
90		99214 53 minutes								
91		99215 63 minutes								
92	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
93										
94										

	A	B	L	M	N	O	P	Q	R	S
1	RUC Practice Expense Spreadsheet		:NDATION MS Inputs	April 2023 RUC Recommendation (CMS did not accept)		CURRENT		RECOMMENDATION Maintain CMS Inputs		April 20 Recomm (CMS did n
2			20	96921		96921		96921		969
3		*RUC Collaboration Website*								
4	Clinical Activity Code	Meeting Date: 04/2025 Revision Date (if applicable): Tab: 10 Specialty: AADA	r treatment ; total area 250 sq cm	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		Excimer lase for psoriasis sq
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD	000	000	000	000	000	000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 156.07	$ -	$ 96.65	$ -	$ 96.65	$ -	$ 183.38
8		TOTAL CLINICAL STAFF TIME	0.0	40.0	0.0	40.0	0.0	40.0	0.0	46.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	40.0	0.0	40.0	0.0	40.0	0.0	46.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
95										
96		*Other activity: please include short clinical description here and type*								
97		*Other activity: please include short clinical description here and type*								
98		*Other activity: please include short clinical description here and type*								
99		End: with last office visit before end of global period								

	A	B	L	M	N	O	P	Q	R	S
1	RUC Practice Expense Spreadsheet		:NDATION MS Inputs	April 2023 RUC Recommendation (CMS did not accept)		CURRENT		RECOMMENDATION Maintain CMS Inputs		April 20 Recomm (CMS did n
2			20	96921		96921		96921		969
3		*RUC Collaboration Website*								
4	Clinical Activity Code	Meeting Date: 04/2025 Revision Date (if applicable): Tab: 10 Specialty: AADA	r treatment ; total area 250 sq cm	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		Excimer lase for psoriasis sq
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD	000	000	000	000	000	000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 156.07	$ -	$ 96.65	$ -	$ 96.65	$ -	$ 183.38
8		TOTAL CLINICAL STAFF TIME	0.0	40.0	0.0	40.0	0.0	40.0	0.0	46.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	40.0	0.0	40.0	0.0	40.0	0.0	46.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
100	Supply Code	MEDICAL SUPPLIES								
101		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ 133.67	$ -	$ 50.67	$ -	$ 50.67	$ -	$ 157.63
102	SA048	pack, minimum multi-specialty visit		1		1		1		1
103	SB011	drape, sterile, fenestrated 16in x 29in		2		2		2		4
104	SB019	drape-towel, sterile 18in x 26in		2		2		2		2
105	SB023	gloves, non-sterile, nitrile		2		2		2		3
106	SB027	gown, staff, impervious		2		2		2		2
107	SB034	mask, surgical, with face shield		2		2		2		2
108	SB044	underpad 2ft x 3ft (Chux)		2		2		2		2
109	SG056	gauze, sterile 4in x 4in (10 pack uou)		3		3		3		4
110	SG079	tape, surgical paper 1in (Micropore)		12		12		12		12
111	SH030	Emla cream		1		1		1		1
112	SH072	triamcinolone acetonide 0.1% cream		1		1		1		1
113	SJ026	Eucerin cream		12		12		12		12
114	SJ027	goggles, uv-blocking		0.3		0.3		0.3		0.3
115	SJ029	ice pack, instant		2		2		2		4
116	SJ035	mineral oil		4		4		4		8
117	SJ095	Mupirocin 2% Topical Ointment 22 grams		18		18		18		22
118	SK075	skin marking pen, sterile (Skin Skribe)		1		1		1		1
119	SK078	sunscreen lotion (spf15)		1		1		1		1
120	SK082	towel, paper (Bounty) (per sheet)		6		6		6		6
121	SM022	sanitizing cloth-wipe (surface, instruments, equipment)		3		3		3		3
122		*laser, excimer, pay per use (under 250 cm^2)*		0		0		0		0
123		*laser, excimer, pay per use (250-500 cm^2)*		1		0		0		0
124		*laser, excimer, pay per use (> 500cm^2)*		0		0		0		1
125	Equipment Code	EQUIPMENT								
126		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ -	$ 0.80	$ -	$ 24.38	$ -	$ 24.38	$ -	$ 0.92
127	EQ168	light, exam		40		40		40		46
128	EQ161	laser, excimer		0		40		40		0
129	EF031	table, power		40		40		40		46
130	ED005	camera, digital system, 12 megapixel (medical grade)		2		2		2		2
131										
132										
133		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*								
134										

	A	B	T	U	V	W	X
1	RUC Practice Expense Spreadsheet		23 RUC endation ot accept)	CURRENT		RECOMMENDATION Maintain CMS Inputs	
2			22	96922		96922	
3		*RUC Collaboration Website*					
4	Clinical Activity Code	Meeting Date: 04/2025 Revision Date (if applicable): Tab: 10 Specialty: AADA	r treatment ; over 500 cm	Excimer laser treatment for psoriasis; over 500 sq cm		Excimer laser treatment for psoriasis; over 500 sq cm	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	000	000	000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 110.50	$ -	$ 110.50	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	46.0	0.0	46.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	46.0	0.0	46.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -	$ 24.84	$ -	$ 24.84	$ -
13		PRE-SERVICE PERIOD					
14		Start: Following visit when decision for surgery/procedure made					
15	CA001	Complete pre-service diagnostic and referral forms					
16	CA002	Coordinate pre-surgery services (including test results)					
17	CA003	Schedule space and equipment in facility					
18	CA004	Provide pre-service education/obtain consent					
19	CA005	Complete pre-procedure phone calls and prescription					
20	CA006	Confirm availability of prior images/studies					
21	CA007	Review patient clinical extant information and questionnaire					
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)					
23							
24							
25							
26		*Other activity: please include short clinical description here and type*					
27		*Other activity: please include short clinical description here and type*					
28		*Other activity: please include short clinical description here and type*					
29		End: When patient enters office/facility for surgery/procedure					
30		SERVICE PERIOD					
31		Start: When patient enters office/facility for surgery/procedure:					
32		Pre-Service (of service period)					
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are		3		3	
34	CA010	Obtain vital signs		5		5	
35	CA011	Provide education/obtain consent		2		2	
36	CA012	Review requisition, assess for special needs					
37	CA013	Prepare room, equipment and supplies		5		5	
38	CA014	Confirm order, protocol exam					
39	CA015	Setup scope (nonfacility setting only)					
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		2		2	
41	CA017	Sedate/apply anesthesia					
42							
43							
44							
45		*Other activity: please include short clinical description here and type*					
46		*Other activity: please include short clinical description here and type*					
47		*Other activity: please include short clinical description here and type*					
48		Intra-service (of service period)					
49	CA018	Assist physician or other qualified healthcare professional---directly		18		18	
50	CA019	Assist physician or other qualified healthcare professional---directly					
51	CA020	Assist physician or other qualified healthcare professional---directly					
52	CA021	Perform procedure/service---NOT directly related to physician work time					
53							
54							
55							
56		*Other activity: please include short clinical description here and type*					
57		*Other activity: please include short clinical description here and type*					
58		*Other activity: please include short clinical description here and type*					
59		Post-Service (of service period)					
60	CA022	Monitor patient following procedure/service, multitasking 1:4					
61	CA023	Monitor patient following procedure/service, no multitasking		3		3	
62	CA024	Clean room/equipment by clinical staff		5		5	
63	CA025	Clean scope					
64	CA026	Clean surgical instrument package					
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions					
66	CA028	Review/read post-procedure x-ray, lab and pathology reports					
67	CA029	Check dressings, catheters, wounds		3		3	
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,					
69	CA031	Review examination with interpreting MD/DO					
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to					
71	CA033	Perform regulatory mandated quality assurance activity (service period)					
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry					
73	CA035	Review home care instructions, coordinate visits/prescriptions					
74	CA036	Discharge day management		n/a		n/a	
75							
76							
77							
78		*Other activity: please include short clinical description here and type*					
79		*Other activity: please include short clinical description here and type*					
80		*Other activity: please include short clinical description here and type*					
81		End: Patient leaves office/facility					
82		POST-SERVICE PERIOD					
83		Start: Patient leaves office/facility					
84	CA037	Conduct patient communications					
85	CA038	Coordinate post-procedure services					
86		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes					
88		99212 27 minutes					
89		99213 36 minutes					
90		99214 53 minutes					
91		99215 63 minutes					
92	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0
93							
94							

	A	B	T	U	V	W	X
1	RUC Practice Expense Spreadsheet		23 RUC endation ot accept)	CURRENT		RECOMMENDATION Maintain CMS Inputs	
2			22	96922		96922	
3		*RUC Collaboration Website*					
4	Clinical Activity Code	Meeting Date: 04/2025 Revision Date (if applicable): Tab: 10 Specialty: AADA	r treatment ; over 500 cm	Excimer laser treatment for psoriasis; over 500 sq cm		Excimer laser treatment for psoriasis; over 500 sq cm	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	000	000	000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 110.50	$ -	$ 110.50	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	46.0	0.0	46.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	46.0	0.0	46.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0
95							
96		*Other activity: please include short clinical description here and type*					
97		*Other activity: please include short clinical description here and type*					
98		*Other activity: please include short clinical description here and type*					
99		End: with last office visit before end of global period					

	A	B	T	U	V	W	X
1	RUC Practice Expense Spreadsheet		23 RUC endation ot accept)	CURRENT		RECOMMENDATION Maintain CMS Inputs	
2			22	96922		96922	
3		*RUC Collaboration Website*					
4	Clinical Activity Code	Meeting Date: 04/2025 Revision Date (if applicable): Tab: 10 Specialty: AADA	r treatment s; over 500 cm	Excimer laser treatment for psoriasis; over 500 sq cm		Excimer laser treatment for psoriasis; over 500 sq cm	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	000	000	000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 110.50	$ -	$ 110.50	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	46.0	0.0	46.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	46.0	0.0	46.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0
100	Supply Code	MEDICAL SUPPLIES					
101		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ 57.63	$ -	$ 57.63	$ -
102	SA048	pack, minimum multi-specialty visit		1		1	
103	SB011	drape, sterile, fenestrated 16in x 29in		4		4	
104	SB019	drape-towel, sterile 18in x 26in		2		2	
105	SB023	gloves, non-sterile, nitrile		3		3	
106	SB027	gown, staff, impervious		2		2	
107	SB034	mask, surgical, with face shield		2		2	
108	SB044	underpad 2ft x 3ft (Chux)		2		2	
109	SG056	gauze, sterile 4in x 4in (10 pack uou)		4		4	
110	SG079	tape, surgical paper 1in (Micropore)		12		12	
111	SH030	Emla cream		1		1	
112	SH072	triamcinolone acetonide 0.1% cream		1		1	
113	SJ026	Eucerin cream		12		12	
114	SJ027	goggles, uv-blocking		0.3		0.3	
115	SJ029	ice pack, instant		4		4	
116	SJ035	mineral oil		8		8	
117	SJ095	Mupirocin 2% Topical Ointment 22 grams		22		22	
118	SK075	skin marking pen, sterile (Skin Skribe)		1		1	
119	SK078	sunscreen lotion (spf15)		1		1	
120	SK082	towel, paper (Bounty) (per sheet)		6		6	
121	SM022	sanitizing cloth-wipe (surface, instruments, equipment)		3		3	
122		*laser, excimer, pay per use (under 250 cm^2)*		0		0	
123		*laser, excimer, pay per use (250-500 cm^2)*		0		0	
124		*laser, excimer, pay per use (> 500cm^2)*		0		0	
125	Equipment Code	EQUIPMENT					
126		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ -	$ 28.03	$ -	$ 28.03	$ -
127	EQ168	light, exam		46		46	
128	EQ161	laser, excimer		46		46	
129	EF031	table, power		46		46	
130	ED005	camera, digital system, 12 megapixel (medical grade)		2		2	
131							
132							
133		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*					
134							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

April 2023

Laser Treatment-Skin – Tab 08

In October 2015, CPT codes 96920, 96921 and 96922 were identified via the high-volume growth screen with Medicare utilization of 10,000 or more that increased by at least 100% from 2008 through 2013. At that time, the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes were being used correctly which was published in September 2016. This was the third article created for this code set, with articles also published in June 2012 and May 2013.

In January 2022, the Relativity Assessment Workgroup reviewed these services again noting that their utilization continues to steadily increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that they believed the growth is appropriate due to changes in treatment and medication for psoriasis. However, due to the continued growth, the Workgroup recommended, and the RUC agreed, that CPT codes 96920, 96921 and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting.

In April 2022, the specialty societies indicated, and the RUC agreed, that CPT codes 96920-96922 be referred to the CPT Editorial Panel for editorial review at the September 2022 CPT meeting. Since the CPT descriptor was established in 2002, psoriasis is the only approved indication and use for this treatment modality. Although, the specialty societies have noted that the indications have expanded beyond what is currently noted in the code descriptors to include laser treatment for other inflammatory skin disorders such as vitiligo, atopic dermatitis, alopecia areata, etc. This issue was deferred to the February 2023 CPT meeting to complete the full CCA and submit literature supporting excimer laser treatment for other inflammatory skin disorders as the changes were deemed more than editorial given that expanded indications would change the physician work. This issue was subsequently withdrawn from the February 2023 CPT Editorial Panel meeting agenda as it was determined that existing literature was insufficient and did not support expanded indications at this time. Thus, this issue was surveyed for the April 2023 RUC meeting, without any revisions to code descriptors, since the available 2021 Medicare data indicates that the typical patient is being treated for psoriasis (96920, psoriasis = 79.3%).

The RUC expressed concern with the survey that the times have decreased and there was not a proportionate decrease in work. However, there have been multiple reviews of this code set, and the valuation of the codes is currently based on the original valuation over two decades ago in 2002, where the time was *lower* than what is in the database now. Subsequent review in 2012 adopted new survey times while maintaining the work value from 2002 for CPT codes 96920 and 96922. For both the parent code 96920 and the code 96922 with the largest treatment area, the total RVUs have not changed since first implemented more than 20 years ago. *Thus, the current value is based on a lower time than the time in the database currently* (please see the table below).

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	2002 Intra Time	2002 Total Time	2002 RUC Rec.	2002 CMS RVU	2012 Intra Time	2012 Total Time	2012 RUC Rec.	2012 CMS RVU	Current Intra Time	Current Total Time	Current CMS RVU
96920	17	27	1.15	1.15	23	37	1.15	1.15	23	35	1.15
96921	20	30	1.17	1.17	30	42	1.30	1.30	30	42	1.30
96922	30	40	2.10	2.10	45	57	2.10	2.10	45	57	2.10

96920 ***Excimer laser treatment for psoriasis; total area less than 250 sq cm***
The RUC reviewed the survey results from 41 dermatologists with the proper equipment (excimer laser) to perform the procedure and concurred that the survey respondents overvalued the service. The RUC determined that changes in intra-service and total time for the procedure warranted a direct work RVU crosswalk to CPT code 20606 *Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting* (work RVU = 1.00, 10 minutes intra-service time, and 27 minutes total time) which falls below the survey 25th percentile and has identical intra-service time that appropriately accounts for the physician work involved in this service. The RUC noted that code 20606, when compared to fifteen recently RUC-reviewed 000-day global codes with the same intra-service time and similar total time, the crosswalk value of 1.00 falls in the middle of the range in terms of work RVUs. The RUC recommends 10 minutes of pre-service time, 10 minutes of intra-service time, 3 minutes of post-service time, and 23 minutes total time as supported by the survey.

To justify the crosswalk value, the RUC compared the surveyed code to MPC codes 12011 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less* (work RVU = 1.07, 12 minutes intra-service time, and 24 minutes total time) and 30901 *Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method* (work RVU = 1.10, 10 minutes intra-service time, and 24 minutes total time) and noted that both comparator codes involve similar intra-service time and slightly more physician work.

For additional support, the RUC compared the surveyed code to MPC codes 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU = 0.84, 10 minutes intra-service time, and 22 minutes total time) and 20611 *Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting* (work RVU = 1.10, 10 minutes intra-service time, and 27 minutes total time) and noted that the multi-specialty points of comparison values have the same intra-service time and appropriately bracket the recommendation. The RUC concluded that CPT code 96920 should be valued based on a direct work RVU crosswalk to CPT code 20606 which falls below the 25th percentile as supported by the survey. **The RUC recommends a work RVU of 1.00 for CPT code 96920.**

96921 ***Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm***
The RUC reviewed the survey results from 41 dermatologists with the proper equipment (excimer laser) to perform the procedure and concurred that the survey respondents overvalued the service. The RUC determined that changes in intra-service and total time for the procedure warranted a direct work RVU crosswalk to CPT code 12011 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less* (work RVU = 1.07, 12 minutes intra-service time and 24 minutes total time) which falls below the survey 25th percentile and has identical intra-service time that appropriately accounts for the physician work involved in this service. The RUC noted that, crosswalk code 12011,

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when compared to four recently RUC-reviewed 000-day global codes with the same intra-service time and similar total time, the crosswalk value of 1.07 falls in the middle of the range in terms of work RVUs. The recommendation also provides for a stepwise progression of the procedure based on the size of the wound or lesion. The RUC recommends 10 minutes of pre-service time, 12 minutes of intra-service time, 3 minutes of post-service time, and a total time of 25 minutes as supported by the survey.

To justify the crosswalk value, the RUC compared the surveyed code to MPC codes 11980 *Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)* (work RVU = 1.10, 12 minutes intra-service time and 27 minutes total time) and 30901 *Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method* (work RVU = 1.10, 10 minutes intra-service time and 24 minutes total time) and noted that both MPC codes involve similar intra-service time and slightly more physician work.

For additional support, the RUC compared the surveyed code to MPC codes 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* (work RVU = 1.00, 7 minutes intra-service time and 17 minutes total time) and 12002 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm* (work RVU = 1.14, 15 minutes intra-service time and 27 minutes total time) and noted that the multi-specialty points of comparison values appropriately bracket the recommendation. The RUC concluded that CPT code 96921 should be valued based on a direct work RVU crosswalk to CPT code 12011 which falls below the 25th percentile as supported by the survey. **The RUC recommends a work RVU of 1.07 for CPT code 96921.**

96922 *Excimer laser treatment for psoriasis; over 500 sq cm*
The RUC reviewed the survey results from 41 dermatologists with the proper equipment (excimer laser) to perform the procedure and determined that the survey 25th percentile work RVU of 1.32 appropriately accounts for the physician work involved in this service. The RUC agreed that the current value would be inappropriate given the decrease in survey time. However, the work associated with this service has not changed since it was last surveyed. The RUC recommends 10 minutes of pre-service time, 18 minutes of intra-service time, 3 minutes of post-service time, and 31 minutes total time as supported by the survey. It was noted that much of the resetting and re-prepping is intra-service time as indicated in the description of the work. Typically, seven sites are treated, requiring repeated prep, and draping after the procedure is underway.

To justify a work RVU of 1.32, the RUC compared CPT code 96922 to the to the top key reference service code 12007 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm* (work RVU = 2.90, 35 minutes intra-service time and 54 minutes total time) and noted that the intra-service time is nearly twice that of the surveyed code and intensity is more justifying a higher value. The RUC also compared CPT code 96922 to MPC code 12004 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm* (work RVU = 1.44, 17 minutes intra-service time and 29 minutes total time) and noted that the surveyed code involves similar intra-service time and slightly less physician work. For additional support, the RUC compared CPT code 96922 to MPC code 12013 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm* (work RVU = 1.22, 15 minutes intra-service time and 27 minutes total time) and noted that the surveyed code has more intra-service and total time and is therefore valued higher than the comparator code. The RUC concluded that CPT code

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96922 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation also provides a stepwise progression of the procedure based on the size of the wound or lesion. **The RUC recommends a work RVU of 1.32 for CPT code 96922.**

Practice Expense
The Practice Expense (PE) Subcommittee discussed the compelling evidence argument that there has been a notable change in the dominant practice model (eg, pay-per-use subscription-based model) since the code set was last surveyed in 2012 and, in addition, that the patient population has changed. The Subcommittee accepted compelling evidence based on "Evidence that there has been a change in equipment or practice expense cost."

Based on acceptance of compelling evidence, the PE Subcommittee carefully considered the direct practice expense inputs including three new supply inputs for *laser, excimer*, *pay per use* based on size of treatment area. This piece of equipment is typically used via a subscription or a rental model. The dermatologist does not own the laser, rather the laser is placed in the dermatologist's office, and the practice buys a series of treatments. These treatments are purchased in packs of 10 and are based upon the size of the area being treated which corresponds to the three supply codes. A fourth new supply input was included for *Mupirocin 2% Topical Ointment 22 grams*. Following the laser treatment, the physician applies mupirocin to areas of blistering, erosion, and/or impending skin breakdown. The Subcommittee modified this item to reflect a per gram basis.

The PE Subcommittee made several modifications to the spreadsheet including revisions to the clinical staff minutes for CA011 *Provide education/obtain consent*, CA014 *Confirm order, protocol exam* and CA035 *Review home care instructions, coordinate visits/prescriptions*. Also, an additional pair of SB023 *gloves, non-sterile, nitrile* was added to CPT code 96922 which is typical for the larger area. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

RUC Database Flag
The RUC recommends a flag for CPT codes 96920, 96921 and 96922 as "Do Not Use to Validate for Physician Work" since the times are not representative.

CPT Referral
At the April 2023 meeting, the RUC voted to recommend an editorial change to CPT to add "(ie, excimer)" after "Laser treatment" for clarity in code 96920. The CPT Executive Committee voted to further editorially revise code 96920 to align with the intended use of these services exclusively for psoriasis. These editorial revisions are for the CPT 2024 code set. The changes are editorial and do not involve a change in work.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
96920	Excimer ~~L~~laser treatment for ~~inflammatory skin disease (~~psoriasis~~)~~; total area less than 250 sq cm	000	1.00
96921	250 sq cm to 500 sq cm	000	1.07
96922	over 500 sq cm (For laser destruction of premalignant lesions, see 17000-17004) (For laser destruction of cutaneous vascular proliferative lesions, see 17106-17108) (For laser destruction of benign lesions, see 17110-17111) (For laser destruction of malignant lesions, see 17260-17286)	000	1.32

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96920 Tracking Number Original Specialty Recommended RVU: **1.07**
Presented Recommended RVU: **1.00**
Global Period: 000 Current Work RVU: **1.15** RUC Recommended RVU: **1.00**

CPT Descriptor: Excimer laser treatment for psoriasis; total area less than 250 sq cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with a history of moderate plaque psoriasis. In spite of multidrug topical therapy, the patient has still less than 250 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. The severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient chart with particular attention paid to any photosensitive medications that may impact treatment, confirm area of treatment with patient, and obtain informed consent, including response and reactions to therapy. New patients are advised of the risk of pain, blistering, hyper and hypopigmentation. Established patients require review of photos from prior session to evaluate response to treatment, spread, active inflammation and to determine if the treatment needs to be adjusted. Previously burned or blistered areas are assessed for healing, dyspigmentation and scarring. Additional skin care is discussed as appropriate. The physician identifies areas that are prone to pain or burning and advises the clinical staff to apply EMLA cream. The patient is appropriately positioned for access to the first treatment site. The treating physician confirms that laser safety goggles are being worn by everyone in the room. Check laser equipment.

Description of Intra-Service Work: Identify and confirm all lesion sites. EMLA is removed and a mineral oil is applied to treatment sites. Areas that previously developed complications are indicated as treatment settings may need to be adjusted due to increased sensitivity. Each lesion is draped and isolated as much as possible. Treatment fluence (or energy level) is selected for each part of each individual plaque based on the thickness of that part of the plaque and its response to previous treatment(s). The laser is then applied to the first plaque and treatment initiated with pulse duration varying based on the energy delivered. Up to 2 sq cm can be treated at a time with spot size adjusted based on clinical presentation and plaque thickness. Often, individual plaque(s) are treated with different fluences and spot sizes. Gloves are changed as needed to protect equipment. Treatment is performed sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed. Blocking templates are used to avoid treating uninvolved areas and to deal with geometric lesion configurations that would preclude overlap avoidance. Monitor for pain as well as for skin surface reaction throughout the process. Repeat process and modify for each subsequent lesion to be treated. At the end of treatment for each lesion, reassess site for adequacy of treatment and for any signs of overlap that might need post-treatment therapy.

Description of Post-Service Work: Review pain management and skin care. Ice packs are placed on all erythematous, blistered and crusted areas. Once ice packs are removed, triamcinolone is applied to intact skin with heavy inflammation, and mupirocin is applied to areas of blistering, erosion, and/or impending skin breakdown. Eucerin is applied to all other treatment areas to minimize pain. The physician directs clinical staff which exposed lesions sunscreen should be applied prior to leaving to prevent further (unwanted UV exposure) and potential redness after treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	Alice Gottlieb, MD, FAAD, Alexandra Flamm, MD, FAAD, Howard Rogers, MD, FAAD, Alina Bridges, MD, FAAD					
Specialty Society(ies):	American Academy of Dermatology Association (AADA)					
CPT Code:	96920					
Sample Size:	250	**Resp N:**	41			
Description of Sample:	The AADA used a targeted vendor survey approach, which was approved by the Research Subcommittee. We inquired and received vendor lists from the 2 manufacturers of the excimer laser. A total of 250 surveys went out to all names provided - 225 from one manufacturer and 25 from the other.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**50.00**	125.00	900.00
Survey RVW:	0.50	1.11	**1.45**	2.00	85.00
Pre-Service Evaluation Time:			**12.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	1.00	5.00	**10.00**	10.00	25.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	96920	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**		**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
96574	000	1.01	**RUC Time**

CPT Descriptor
Debridement of premalignant hyperkeratotic lesion(s) (ie,targeted curettage, abrasion) followed with photodynamic therapy by external application of light todestroy premalignant lesions of the skin and adjacentmucosa with application and illumination /activation of photosensitizing drug(s) provided by a physician or other qualified healthcare professional, per day

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12005	000	1.97	**RUC Time**

CPT Descriptor
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12001	000	0.84	**RUC Time**	158,450

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20611	000	1.10	**RUC Time**	1,095,993

CPT Descriptor 2 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 17.0 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 12.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 96920	Top Key Reference CPT Code: 96574	2nd Key Reference CPT Code: 12005
Median Pre-Service Time	10.00	10.00	11.00
Median Intra-Service Time	10.00	16.00	25.00
Median Immediate Post-service Time	3.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**23.00**	**36.00**	**41.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	43%	57%	

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	57%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	29%	29%	42%
Physical effort required	29%	29%	42%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	14%	57%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity			60%	40%	

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	20%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	60%	20%	20%
Physical effort required	20%	40%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	60%	20%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
In 2008, CPT codes 96920, 98921, and 96922, excimer laser treatment for psoriasis, were identified by the high-volume growth and CMS fastest growing screens. At that time, the RUC recommended that these services be assessed again in two years. In October 2011, the Relativity Assessment Workgroup (RAW) reviewed these codes and recommended that the specialty society resurvey for work and practice expense. The codes were presented at the January 2012 RUC meeting. Additionally, the RUC requested the development of a CPT Assistant article for the laser codes 96920-96922 to address incorrect reporting when using handheld devices. The CPT Assistant article was published in June 2012.

In May 2013, another CPT Assistant article was released to address treating a scar using the laser codes 96920-96922, stating that their use would not be appropriate and that 96999, Unlisted special dermatological service or procedure, should be used instead.

In April 2015, the code family was identified again via the high-volume growth screen with Medicare utilization of 10,000 or more. It was recommended that a CPT Assistant article be developed. Additionally, the RUC requested that the specialty societies develop an Action Plan to address the continued increase in utilization and assess the effectiveness of the CPT Assistant article. In October 2015, the RUC recommended that the specialty societies develop an additional, comprehensive CPT Assistant article, with examples, on the use of the three laser codes to ensure the code set was being billed correctly. The CPT Assistant article was published in September 2016.

In October 2017, the RUC recommended that the RAW review these services in 2 years (October 2019). In October 2019, we received the same recommendation (review services in two years ((January 2022)), since therapy for psoriasis had changed, and the utilization of these services may decrease.

In January 2022, the RAW reviewed the laser codes 96920-96922, noting that utilization continued to increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that this volume is appropriate due to changes in treatment and medication options for psoriasis. However, the RAW recommended that CPT codes 96920, 96921, and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting. In response, the society requested that these codes be referred to CPT to revise the code descriptors to treat expanded indications. The RAW agreed, and the codes were placed on the October 2022 CPT Panel agenda as an editorial revision.

During the October 2022 CPT meeting, the codes were withdrawn as CPT indicated that our changes would not be considered an editorial revision and that we needed to complete a long code change application for the codes. The long code change application was completed and submitted for the February 2023 CPT meeting.

During the pre-facilitation conference call for the February 2023 CPT meeting, the panel reviewers expressed concern about a lack of supporting literature to move forward with the code change applications. Specifically, they indicated that the list of other inflammatory diseases, including vitiligo, eczema, alopecia, and dermatitis, did not have sufficient supporting literature indicating clinical efficacy for treatment with excimer laser. The AADA CPT advisors then recommended expansion of the codes to add just vitiligo, but the reviewers maintained the argument of insufficient supporting literature as well as lack of literature to support the treatment of specific surface area size in this disease process. The CPT panel reviewers did not support the application. AADA was advised to withdraw the tab before the meeting, which was done.

Therefore, the codes were surveyed for the April 2023 RUC meeting without any revisions to code descriptors.

Survey Process

The AADA requested and was approved for a vendor-only survey list as this service is not typically taught in training and is only performed by a small subset of dermatologists with the proper equipment (excimer laser) to perform the procedure. The AADA reached out to the only two manufacturers, Strata and LASEROPTEK Americas. Strata, which bought out the now defunct manufacturer Ro (Pharos excimer laser) holds the vast majority of the marketplace. We received 225 names from Strata and 25 names from LASEROPTEK Americas and all were surveyed.

Work RVU Recommendation
The expert panel reviewed the survey data. We acknowledge the decrease in intraservice time from the survey. However, our expert panel, which includes psoriasis experts who have frequently performed this procedure for many years, felt that the time and work associated with this code has not changed since it was last surveyed. Additionally, the survey

respondents clearly indicated relative stability in the work from current values for this code. That being said, it was felt that both the current values and the 25th percentile would be inappropriate given the decrease in survey time.

Therefore, the expert panel recommends a crosswalk from CPT code 20606, which has a wRVU of 1.00. This is under the 25th percentile survey value of 1.11 and the current wRVU of 1.15.

CPT code 20606 describes arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting. This code has the exact same intraservice time as our median data at 10 minutes and a similar total time at 27 minutes. This code was last valued in 2014 by the RUC based on survey data and is also a 0 day global.

It was felt that this crosswalk would maintain relativity well when compared to other codes with similar times. On a RUC database review of 0 day global codes valued since 2010 with the same intraservice time and similar total times (between 22 and 24 minutes), the proposed value of 1.00 would fall within range of the resulting RVWs values, and would not be the most highly valued code within this grouping.

Key Reference Service
The most chosen reference codes by survey participants are common dermatologic procedures.

- **96574** Debridement of premalignant hyperkeratotic lesion(s) (ie,targeted curettage, abrasion) followed with photodynamic therapy by external application of light todestroy premalignant lesions of the skin and adjacentmucosa with application and illumination /activation of photosensitizing drug(s) provided by a physician or other qualified healthcare professional, per day
- **12005** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm

Neither KRS code was chosen by a majority of the survey takers, at 17% and 12% respectively, and therefore the society was not confident these were representative for comparison.

MPC Codes
Our recommendation additionally supports relativity when compared to the MPC codes noted below:

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post
96920*	Excimer laser treatment for psoriasis; total area less than 250 sq cm	1.15	35	7	23	5
96920**	Excimer laser treatment for psoriasis; total area less than 250 sq cm	1.00	23	10	10	3
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	0.84	22	7	10	5
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	1.10	27	12	10	5

*Current
**Recommendation

Summary
In summary, our expert panel recommends using the survey median intraservice work of 10 minutes, and crosswalking the wRVU values from CPT code 20606, as the surveyed wRVU for 96920 was similar at the 25th percentile (1.11) and higher at the median (1.45) to current values, but the times indicated were less.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96920

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 176000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We doubled the Medicare utilization rate.

Specialty Dermatology Frequency 176000 Percentage 0.76 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 88,673 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This rationale is based on the 2021 Medicare utilization rates for the year 2021.

Specialty Dermatology Frequency 88673 Percentage 76.50 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Skin

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96920

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96921 Tracking Number Original Specialty Recommended RVU: **1.22**
Presented Recommended RVU: **1.07**
Global Period: 000 Current Work RVU: **1.30** RUC Recommended RVU: **1.07**

CPT Descriptor: Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with a history of moderate plaque psoriasis. In spite of multidrug topical therapy, the patient has between 250 sq cm and 500 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. The severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient chart with particular attention paid to any photosensitive medications that may impact treatment, confirm area of treatment with patient, and obtain informed consent, including response and reactions to therapy. New patients are advised of the risk of pain, blistering, hyper and hypopigmentation. Established patients require review of photos from prior session to evaluate response to treatment, spread, active inflammation and to determine if the treatment needs to be adjusted. Previously burned or blistered areas are assessed for healing, dyspigmentation and scarring. Additional skin care is discussed as appropriate. The physician identifies areas that are prone to pain or burning and advises the clinical staff to apply EMLA cream. The patient is appropriately positioned for access to the first treatment site. The treating physician confirms that laser safety goggles are being worn by everyone in the room. Check laser equipment.

Description of Intra-Service Work: Identify and confirm all lesion sites. EMLA is removed and a mineral oil is applied to treatment sites. Areas that previously developed complications are indicated as treatment settings may need to be adjusted due to increased sensitivity. Each lesion is draped and isolated as much as possible. Treatment fluence (or energy level) is selected for each part of each individual plaque based on the thickness of that part of the plaque and its response to previous treatment(s). The laser is then applied to the first plaque and treatment initiated with pulse duration varying based on the energy delivered. Up to 2 sq cm can be treated at a time with spot size adjusted based on clinical presentation and plaque thickness. Often, individual plaque(s) are treated with different fluences and spot sizes. Gloves are changed as needed to protect equipment. Treatment is performed sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed. Blocking templates are used to avoid treating uninvolved areas and to deal with geometric lesion configurations that would preclude overlap avoidance. Monitor for pain as well as for skin surface reaction throughout the process. Repeat process and modify for each subsequent lesion to be treated. At the end of treatment for each lesion, reassess site for adequacy of treatment and for any signs of overlap that might need post-treatment therapy.

Description of Post-Service Work: Review pain management and skin care. Ice packs are placed on all erythematous, blistered and crusted areas. Once ice packs are removed, triamcinolone is applied to intact skin with heavy inflammation, and mupirocin is applied to areas of blistering, erosion, and/or impending skin breakdown. Eucerin is applied to all other treatment areas to minimize pain. The physician directs clinical staff which exposed lesions sunscreen should be applied prior to leaving to prevent further (unwanted UV exposure) and potential redness after treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023		
Presenter(s):	Alice Gottlieb, MD, Alexandra Flamm, MD, Howard Rogers, MD, Alina Bridges, MD		
Specialty Society(ies):	American Academy of Dermatology Association (AADA)		
CPT Code:	96921		
Sample Size:	250	**Resp N:**	41
Description of Sample:	The AADA used a targeted vendor survey approach, which was approved by the Research Subcommittee. We inquired and received vendor lists from the 2 manufacturers of the excimer laser. A total of 250 surveys went out to all names provided - 225 from one manufacturer and 25 from the other.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**21.00**	75.00	342.00
Survey RVW:	0.60	1.25	**1.57**	2.35	4.50
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	1.00	7.00	**12.00**	20.00	35.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	96921	**Recommended Physician Work RVU: 1.07**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12006	000	2.39	**RUC Time**

CPT Descriptor
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11308	000	1.46	**RUC Time**

CPT Descriptor
Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36620	000	1.00	**RUC Time**	549,202

CPT Descriptor 1 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	129,274

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
12011	000	1.07	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 **% of respondents:** 14.6 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 12.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 96921	Top Key Reference CPT Code: 12006	2nd Key Reference CPT Code: **11308**
Median Pre-Service Time	10.00	11.00	6.00
Median Intra-Service Time	12.00	30.00	26.00
Median Immediate Post-service Time	3.00	6.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**47.00**	**37.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity		17%	33%	50%	

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making		33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	33%	33%

Physical effort required		50%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	33%	17%	50%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity				100%	

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making		60%	40%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required		40%	60%
Physical effort required			100%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome		40%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In 2008, CPT codes 96920, 98921, and 96922, Excimer laser treatment for psoriasis, were identified by the high-volume growth and CMS fastest growing screens. At that time, the RUC recommended that these services be assessed again in two years. In October 2011, the Relativity Assessment Workgroup (RAW) reviewed these codes and recommended that the specialty society resurvey for work and practice expense. The codes were presented at the January 2012 RUC

meeting. Additionally, the RUC requested the development of a CPT Assistant article for the laser codes 96920-96922 to address incorrect reporting when using handheld devices. The CPT Assistant article was published in June 2012.

In May 2013, another CPT Assistant article was released to address treating a scar using the laser codes 96920-96922, stating that their use would not be appropriate and that 96999, Unlisted special dermatological service or procedure, should be used instead.

In April 2015, the code family was identified again via the high-volume growth screen with Medicare utilization of 10,000 or more. It was recommended that a CPT Assistant article be developed. Additionally, the RUC requested that the specialty societies develop an Action Plan to address the continued increase in utilization and assess the effectiveness of the CPT Assistant article. In October 2015, the RUC recommended that the specialty societies develop an additional, comprehensive CPT Assistant article, with examples, on the use of the three laser codes to ensure the code set was being billed correctly. The CPT Assistant article was published in September 2016.

In October 2017, the RUC recommended that the RAW review these services in 2 years (October 2019). In October 2019, we received the same recommendation (review services in two years ((January 2022)), since therapy for psoriasis had changed, and the utilization of these services may decrease.

In January 2022, the RAW reviewed the laser codes 96920-96922, noting that utilization continued to increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that this volume is appropriate due to changes in treatment and medication options for psoriasis. However, the RAW recommended that CPT codes 96920, 96921, and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting. In response, the society requested that these codes be referred to CPT to revise the code descriptors to treat expanded indications. The RAW agreed, and the codes were placed on the October 2022 CPT Panel agenda as an editorial revision.

During the October 2022 CPT meeting, the codes were withdrawn as CPT indicated that our changes would not be considered an editorial revision and that we needed to complete a long code change application for the codes. The long code change application was completed and submitted for the February 2023 CPT meeting.

During the pre-facilitation conference call for the February 2023 CPT meeting, the panel reviewers expressed concern about a lack of supporting literature to move forward with the code change applications. Specifically, they indicated that the list of other inflammatory diseases, including vitiligo, eczema, alopecia, and dermatitis, did not have sufficient supporting literature indicating clinical efficacy for treatment with excimer laser. The AADA CPT advisors then recommended expansion of the codes to add just vitiligo, but the reviewers maintained the argument of insufficient supporting literature as well as lack of literature to support the treatment of specific surface area size in this disease process. The CPT panel reviewers did not support the application. AADA was advised to withdraw the tab before the meeting, which was done.

Therefore, the codes were surveyed for the April 2023 RUC meeting without any revisions to code descriptors.

Survey Process
The AADA requested and was approved for a vendor-only survey list as this service is not typically taught in training and is only performed by a small subset of dermatologists with the proper equipment (excimer laser) to perform the procedure. The AADA reached out to the only two manufacturers, Strata and LASEROPTEK Americas. Strata, which bought out the now defunct manufacturer Ro (Pharos excimer laser) holds the vast majority of the marketplace. We received 225 names from Strata and 25 names from LASEROPTEK Americas and all were surveyed.

Work RVU Recommendation
The expert panel reviewed the survey data. It was felt that both the current values and the 25th percentile would be inappropriate given the decrease in survey time. However, our expert panel, which included work experts who frequently perform this procedure, felt that the work associated with this code has not changed it was last surveyed. It was also noted that the request for survey arose from a utilization screen as opposed to other mechanisms. Additionally, the survey respondents indicated relative stability in the RVWs, as per the survey data.

Therefore, the expert panel recommends a crosswalk from CPT code 12011, which has a wRVU of 1.07. This is under the 25th percentile survey value of 1.25 and the current wRVU of 1.30.

CPT code 12011 describes a simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less. 12011 has the same intraservice time, at 12 minutes, a similar total time, at 24 minutes, to the surveyed time for 96921. This code was last valued in April 2010 by the RUC based on survey data. This code is additionally an MPC code.

It was felt that this crosswalk would maintain relativity well when compared to other codes with similar times. On a RUC database review of 0-day global codes valued since 2010 with the same intraservice time and similar total times (between 23 and 27 minutes), the proposed value of 1.07 would fall within range of the resulting RVWs values, and would not be the most highly valued code within this grouping.

Key Reference Service
The most chosen reference codes by survey participants are common dermatologic procedures.

- **12006** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1cm to 30.0cm
- **11308** Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm

Neither KRS code was chosen by a majority of the survey takers, at 14% and 12% respectively, and therefore the society was not confident these were representative for comparison.

MPC Codes
Our recommendation additionally supports relativity when compared to the MPC codes noted below:

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post
96921*	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	1.30	42	7	30	5
96921**	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	1.07	25	10	12	3
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	1.00	17	7	7	3
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	1.07	24	12	7	5
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	1.14	27	7	15	5

*Current
**Recommendations

Summary
In summary, our expert panel recommends using the survey median intraservice work of 12 minutes, and crosswalking the wRVU values from CPT code 12011, as the surveyed wRVU for 96921 was similar at the 25th percentile (1.25) and higher at the median (1.57) to current values, but the times indicated were less.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96921

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 50,848
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We doubled the Medicare utilization rate.

Specialty Dermatology Frequency 50848 Percentage 78.30 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,424 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the 2021 Medicare utilization rate.

Specialty Dermatology Frequency 25424 Percentage 78.30 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Skin

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96921

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96922 Tracking Number Original Specialty Recommended RVU: **1.57**
Presented Recommended RVU: **1.32**
Global Period: 000 Current Work RVU: **2.10** RUC Recommended RVU: **1.32**

CPT Descriptor: Excimer laser treatment for psoriasis; over 500 sq cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with a history of moderate plaque psoriasis. In spite of multidrug topical therapy, the patient has more than 500 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. The severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient chart with particular attention paid to any photosensitive medications that may impact treatment, confirm area of treatment with patient, and obtain informed consent, including response and reactions to therapy. New patients are advised of the risk of pain, blistering, hyper and hypopigmentation. Established patients require review of photos from prior session to evaluate response to treatment, spread, active inflammation and to determine if the treatment needs to be adjusted. Previously burned or blistered areas are assessed for healing, dyspigmentation and scarring. Additional skin care is discussed as appropriate. The physician identifies areas that are prone to pain or burning and advises the clinical staff to apply EMLA cream. The patient is appropriately positioned for access to the first treatment site. The treating physician confirms that laser safety goggles are being worn by everyone in the room. Check laser equipment.

Description of Intra-Service Work: Identify and confirm all lesion sites. EMLA is removed and a mineral oil is applied to treatment sites. Areas that previously developed complications are indicated as treatment settings may need to be adjusted due to increased sensitivity. Each lesion is draped and isolated as much as possible. Treatment fluence (or energy level) is selected for each part of each individual plaque based on the thickness of that part of the plaque and its response to previous treatment(s). The laser is then applied to the first plaque and treatment initiated with pulse duration varying based on the energy delivered. Up to 2 sq cm can be treated at a time with spot size adjusted based on clinical presentation and plaque thickness. Often, individual plaque(s) are treated with different fluences and spot sizes. Gloves are changed as needed to protect equipment. Treatment is performed sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed. Blocking templates are used to avoid treating uninvolved areas and to deal with geometric lesion configurations that would preclude overlap avoidance. Monitor for pain as well as for skin surface reaction throughout the process. Repeat process and modify for each subsequent lesion to be treated. At the end of treatment for each lesion, reassess site for adequacy of treatment and for any signs of overlap that might need post-treatment therapy.

Description of Post-Service Work: Review pain management and skin care. Ice packs are placed on all erythematous, blistered and crusted areas. Once ice packs are removed, triamcinolone is applied to intact skin with heavy inflammation, and mupirocin is applied to areas of blistering, erosion, and/or impending skin breakdown. Eucerin is applied to all other treatment areas to minimize pain. The physician directs clinical staff which exposed lesions sunscreen should be applied prior to leaving to prevent further unwanted UV exposure and potential redness after treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	Alice Gottlieb, MD, FAAD, Alexandra Flamm, MD, FAAD, Howard Rogers, MD, FAAD, Alina Bridges, MD, FAAD					
Specialty Society(ies):	American Academy of Dermatology Association (AADA)					
CPT Code:	96922					
Sample Size:	250	**Resp N:**	41			
Description of Sample:	The AADA used a targeted vendor survey approach, which was approved by the Research Subcommittee. We inquired and received vendor lists from the 2 manufacturers of the excimer laser. A total of 250 surveys went out to all names provided - 225 from one manufacturer and 25 from the other.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	7.00	**11.00**	50.00	270.00
Survey RVW:	0.60	1.32	**2.21**	2.90	6.00
Pre-Service Evaluation Time:			**14.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	1.00	12.00	**18.00**	25.00	50.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	96922	**Recommended Physician Work RVU: 1.32**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**18.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12007	000	2.90	**RUC Time**

CPT Descriptor
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12018	000	3.61	**RUC Time**

CPT Descriptor
Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	20,365

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	48,082

CPT Descriptor 2 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 17.5 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 17.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 96922	Top Key Reference CPT Code: 12007	2nd Key Reference CPT Code: **12018**
Median Pre-Service Time	10.00	11.00	11.00
Median Intra-Service Time	18.00	35.00	45.00
Median Immediate Post-service Time	3.00	8.00	8.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**31.00**	**54.00**	**64.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	14%	57%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	29%	71%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	28%	14%	28%

Physical effort required	14%	29%	57%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	29%	57%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	14%	43%	14%	29%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	40%	40%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	29%	14%	14%
Physical effort required	0%	29%	71%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	57%	14%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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Therefore, the codes were surveyed for the April 2023 RUC meeting without any revisions to code descriptors.

Survey Process

The AADA requested and was approved for a vendor-only survey list as this service is not typically taught in training and is only performed by a small subset of dermatologists with the proper equipment (excimer laser) to perform the procedure. The AADA reached out to the only two manufacturers, Strata and LASEROPTEK Americas. Strata, which bought out the now defunct manufacturer Ro (Pharos excimer laser) holds the vast majority of the marketplace. We received 225 names from Strata and 25 names from LASEROPTEK Americas and all were surveyed.

Work RVU Recommendation

The expert panel reviewed the survey data. It was felt that the current value would be inappropriate given the decrease in survey time. Our expert panel, which included work experts who frequently perform this procedure, felt that the work associated with this code has not changed it was last surveyed. It was also noted that the request for survey arose from a utilization screen as opposed to other mechanisms. However, in contrast to the other codes in this family, the RVW data for 96922 decreased similarly to the time.

Therefore, the expert panel recommends the 25th percentile, with a wRVU of 1.32. This would represent a decrease from current value of 2.10.

Key Reference Service

The most chosen reference codes by survey participants are common dermatologic procedures.

- **12007** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
- **12018** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm

Neither KRS code was chosen by a majority of the survey takers, at 17.5% and 17.5% respectively, and therefore society was not confident these were representative for comparison.

MPC Codes

Our recommendation additionally supports relativity when compared to the MPC codes noted below:

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post
96922*	Excimer laser treatment for psoriasis; over 500 sq cm	2.10	57	7	45	5
96922**	Excimer laser treatment for psoriasis; over 500 sq cm	1.32	31	10	18	3
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	1.22	27	7	15	5
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	1.44	29	7	17	5

*Current
**Recommendation

Summary

In summary, our expert panel recommends using the survey median intraservice work of 18 minutes, and recommending the 25th percentile of wRVU data at 1.37, which would align with the noted decreases in time within the survey data and still maintain relativity within the code family.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96922

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 28048
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We doubled the Medicare utilization rate.

Specialty Dermatology Frequency 28048 Percentage 82 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14,024 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This rationale is based on the 2021 Medicare utilization rates for the year 2021

Specialty Dermatology Frequency 14024 Percentage 82.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
NA

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96922

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

ISSUE: Laser Therapy Codes 96920-96922
TAB: 8

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted	000	2017	6	0.0351	0.028			1.01			36	10					16			10															
2nd REF	12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia,	000	2014	5	0.0650	0.048			1.97			41	8	2	1			25			5															
CURRENT	96920	**Laser treatment for inflammatory skin disease (psoriasis); total area less than**	000	2012		0.0383	0.033			1.15			35	7					23			5															
SVY	96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than	000		41	0.1031	0.048	0.50	1.11	1.45	2.00	85.00	30	12	3	2	1	5	10	10	25	3												0	10	50	125	900
XWALK	20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg,	000	2014		0.0691	0.037			1.00			27	5	2	5			10			5															
REC	96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	000			0.0723	0.043			1.00			23	7	2	1			10			3															

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia,	000	2014	7	0.0675	0.051			2.39			47	8	2	1			30			6															
2nd REF	11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet,	000	2012	5	0.0494	0.039			1.46			37		1	5			26			5															
CURRENT	96921	**Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500**	000	2012		0.0344	0.031			1.30			42	7					30			5															
SVY	96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq	000		41	0.0903	0.045	0.60	1.25	1.57	2.35	4.50	35	15	3	2	1	7	12	20	35	3												0	10	21	75	342
XWALK	12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or	000	2010		0.0680	0.045			1.07			24	5	1	1			12			5															
REC	96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	000			0.0661	0.043			1.07			25	7	2	1			12			3															

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia,	000	2014	7	0.0711	0.054			2.90			54	8	2	1			35			8															
2nd REF	12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or	000	2010	7	0.0711	0.056			3.61			64	8	2	1			45			8															
CURRENT	96922	**Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm**	000	2012		0.0407	0.037			2.10			57	7					45			5															
SVY	96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	000		40	0.0965	0.054	0.60	1.32	2.21	2.90	6.00	41	14	3	3	1	12	18	25	50	3												0	7	11	50	270
REC	96922	Excimer laser treatment for psoriasis; over 500 sq cm	000			0.0580	0.043			1.32			31	7	2	1			18			3															

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):96920, 96921, 96922**
SPECIALTY SOCIETY: _American Academy of Dermatology Association
PRESENTER(S): Lawrence Green, MD, FAAD, Brent Moody, MD, FAAD, Howard Rogers, MD, FAAD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: April 2023

CPT Code	Long Descriptor	Global Period
96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	000
96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	000
96922	Excimer laser treatment for psoriasis; over 500 sq cm	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
96920	a 65-year-old male presents with a history of moderate plaque psoriasis. in spite of multidrug topical therapy, the patient has still less than 250 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. the severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.
96921	a 65-year-old male presents with a history of moderate plaque psoriasis. in spite of multidrug topical therapy, the patient has between 250 sq cm and 500 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. the severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.
96922	a 65-year-old male presents with a history of moderate plaque psoriasis. in spite of multidrug topical therapy, the patient has more than 500 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. the severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Subject Matter Experts who perform this procedure as routine reviewed current PE inputs and modified them to reflect current practice.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   N/A
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   This code is **not** typically reported with an E/M service in any setting.
   See the *Billed Together* tab in the RUC Database.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

4. What specialty is the dominant provider *in the nonfacility?* What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   Dermatology dominates the reporting in all settings with 76.7% of all billing for this service in the non-facility setting and 76.5% in all sites.

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   The society is requesting an increase in practice expense. Since surveying the code last in 2012, the business model for the excimer laser has changed. The primary company for the excimer laser, STRATA, which controls the majority of the market of the lasers in the United States, has provided evidence that the purchase model is no longer dominant. They have presented an attestation stating that the majority of their business model is through the partnership program (eg, subscription-based model) that is a pay-per-use. The current equipment cost represents outdated data and a flawed methodology.

   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

We are recommending an addition of 2 mins for positioning given the need for multiple repositionings to access areas to be treated that need to have EMLA applied before the procedure begins.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

Previously 5 minutes, maintain current.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Room preparation is completed including turning on the FDA approved excimer laser (308 nm) as it takes time to warm up. The patient is greeted by clinical staff, brought to treatment room and provided with a gown. Clinical staff ensures appropriate medical records are available. The clinical staff obtains vital signs including temperature, respiratory rate, BP and pulse. Clinical staff reviews the treatment procedure with the patient, obtains patient consent and confirms the order. Once the patient is gowned, photos are obtained of the treatment areas. EMLA cream is applied to pre-determined areas prone to pain or burning. The patient is positioned by the clinical staff to allow for ease of initial treatment.

    b. Service period (includes pre, intra and post):

The clinical staff is present with the physician and actively assists the physician throughout the procedure. The clinical staff ensures the patient is wearing the required UV goggles throughout the treatment. The physician and clinical staff also wear UV goggles. Face shields are worn by physician and clinical staff to prevent any splashing due to mineral oil or other ointments. Clinical staff assists the physician with patient re-positioning the patient throughout the entire treatment, holding any body parts to ease access (including holding skin folds back), shifting or replacing and taping the fenestrated

drapes, as well as applying necessary topical agents throughout the procedure. Clinical staff applies ice packs to previously treated areas where there is discomfort. During the procedure the clinical staff and physician will change gloves as needed due to the use of mineral oil and other ointments.

c. Post-service period:

The clinical staff provides disposable towels for the patient to clean off excess mineral oil and ointments. The patient is monitored by clinical staff in the room and the treated areas are checked for any redness, burns or other reactions. Clinical staff applies mupirocin 2% topical ointment and sunscreen to areas as directed by the physician. Instructions are given to the patient regarding home care, including any special attention a treated area may need. The clinical staff clean the treatment room and carefully clean the laser. The clinical staff will remind the patient when to return for the next treatment and answer any questions the patient presents.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Assist physician as noted above in 10b

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

On line 129, 130, and 131, we added the laser, excimer, pay per use based on size of treatment area. This piece of equipment is typically used via a subscription or a rental model. The dermatologist does not own the laser, rather the laser is placed in the dermatologist's office, and the practice buys a series

of treatments. These treatments are purchased generally in packs of 10 and are based upon the size of the area being treated which corresponds to the 3 codes. We have included a paid invoice as well as a usage agreement from the manufacturer.

On line 132 we added Mupirocin 2% Topical Ointment 22 grams. Following the laser treatment, the physician applies mupirocin to areas of blistering, erosion, and/or impending skin breakdown. An invoice is attached.

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes -SA048

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	SA048	pack		5.02
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

CMS Code	Useful Life	Price	Utilization Rate	Min/Year	Cost/Year
EQ168 light, exam	10	1232.887	0.5	150000	0.003271745
EF031 table, power	10	5906.76	0.5	150000	0.015674926
ED005 camera, digital system, 12 megapixel (medical grade)	5	5607.182	0.5	150000	0.022216755

The EQ168 light is used during pre-, intra and post-service time and thus tied to the entire clinical staff time (line 10). The light allows the clinical staff and physician to easily identify the plaques as well as take well-lit photos. The light is also used during the procedure to illuminate the treatment areas to allow the physician to achieve optimal results and minimize potential risks that may occur. During post-service the light is on to allow the physician and clinical staff to identify any areas of concern and allow for ease to apply any ointments.
The EF031 table, power is used for the entirety of the procedure and tied to the entire clinical staff time (line 10).
The ED005 camera is used to capture images of the patient's lesions in pre-service time as part of the initial 2 minutes for set-up of the procedure (CA016). The photos are used by the physician to track the course of treatment and clearance of lesions over time.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):96920, 96921, 96922**
SPECIALTY SOCIETY: _American Academy of Dermatology Association
PRESENTER(S): Lawrence Green, MD, FAAD, Brent Moody, MD, FAAD, Howard Rogers, MD, FAAD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. *The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.* Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.
In addition, please provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**96920**		**96920**		**96921**		**96921**		**96922**		**96922**	
3		***RUC Collaboration Website***				laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm		Excimer laser treatment for psoriasis; total area less than 250 sq cm		laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm		Excimer laser treatment for psoriasis; over 500 sq cm	
4	**Clinical Activity Code**	**Meeting Date: 4/2023** **Revision Date (if applicable):** **Tab: 08** **Specialty: Dermatology**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**												
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD 000**															
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 82.43**	**$ -**	**$ 145.20**	**$ -**	**$ 88.75**	**$ -**	**$ 152.67**	**$ -**	**$ 104.43**	**$ -**	**$ 179.47**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**44.0**	**0.0**	**38.0**	**0.0**	**47.0**	**0.0**	**40.0**	**0.0**	**57.0**	**0.0**	**46.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**44.0**	**0.0**	**38.0**	**0.0**	**47.0**	**0.0**	**40.0**	**0.0**	**57.0**	**0.0**	**46.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 20.02**	**$ -**	**$ 17.29**	**$ -**	**$ 21.39**	**$ -**	**$ 18.20**	**$ -**	**$ 25.94**	**$ -**	**$ 20.93**	**$ -**
13		**PRE-SERVICE PERIOD**															
14		**Start: Following visit when decision for surgery/procedure made**															
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.455												
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.455												
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.455												
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.455												
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.455												
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.455												
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.455												
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.455												
23			L037D	RN/LPN/MTA	0.455												
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455												
29		**End: When patient enters office/facility for surgery/procedure**															
30		**SERVICE PERIOD**															
31		**Start: When patient enters office/facility for surgery/procedure:**															
32		**Pre-Service (of service period)**															
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.455	3		3		3		3		3		3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.455	5		5		5		5		5		5	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.455	3		**2**		3		**2**		3		**2**	
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.455												
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.455	5		5		5		5		5		5	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.455	2		**0**		2		**0**		2		**0**	
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.455												
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.455			2				2				2	
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.455												
42			L037D	RN/LPN/MTA	0.455												
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455												
48		**Intra-service (of service period)**															
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.455			10				12				18	
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.455												
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.455												
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.455	17				20				30			
55			L037D	RN/LPN/MTA	0.455												
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455												
59		**Post-Service (of service period)**															
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.455												
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.455	3		3		3		3		3		3	
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.455	3		5		3		5		3		5	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.455												
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.455												
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.455												
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.455												
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.455	3		3		3		3		3		3	
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.455												
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.455												
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.455												
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.455												
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.455												
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.455			**0**				**0**				**0**	
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.455	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.455												
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455												
81		**End: Patient leaves office/facility**															
82		**POST-SERVICE PERIOD**															
83		**Start: Patient leaves office/facility**															
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.455												
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.455												
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16														
88		99212 27 minutes	27														
89		99213 36 minutes	36														
90		99214 53 minutes	53														
91		99215 63 minutes	63														
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.455	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.455												
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455												
99		**End: with last office visit before end of global period**															

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2						96920		96920		96921		96921		96922		96922	
3		*RUC Collaboration Website*				laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm		Excimer laser treatment for psoriasis; total area less than 250 sq cm		laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm		Excimer laser treatment for psoriasis; over 500 sq cm	
4	Clinical Activity Code	**Meeting Date: 4/2023 Revision Date (if applicable): Tab: 08 Specialty: Dermatology**	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute												
5		**LOCATION**				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		**GLOBAL PERIOD 000**															
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				$ 82.43	$ -	$ 145.20	$ -	$ 88.75	$ -	$ 152.67	$ -	$ 104.43	$ -	$ 179.47	$ -
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	44.0	0.0	38.0	0.0	47.0	0.0	40.0	0.0	57.0	0.0	46.0	0.0
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	44.0	0.0	38.0	0.0	47.0	0.0	40.0	0.0	57.0	0.0	46.0	0.0
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**													
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				$ 46.52	$ -	$ 127.14	$ -	$ 49.63	$ -	$ 133.67	$ -	$ 54.65	$ -	$ 157.63	$ -
102	SA048	pack, minimum multi-specialty visit	5.02	pack		1		1		1		1		1		1	
103	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item		1		0		1		0		1		0	
104	SB011	drape, sterile, fenestrated 16in x 29in	0.63	item		2		2		2		2		2		4	
105	SB019	drape-towel, sterile 18in x 26in	0.47	item		1		1		2		2		4		2	
106	SB023	gloves, non-sterile, nitrile	1.06	pair		0		2		0		2		0		**3**	
107	SB024	gloves, sterile	0.91	pair		2		0		2		0		2		0	
108	SB027	gown, staff, impervious	1.186	item		2		2		2		2		2		2	
109	SB034	mask, surgical, with face shield	3.4	item		0		2		0		2		0		2	
110	SB044	underpad 2ft x 3ft (Chux)	0.32	item		2		2		2		2		2		2	
111	SG056	gauze, sterile 4in x 4in (10 pack uou)	1.2	item		2		2		3		3		4		4	
112	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		1		12		1		12		1		12	
113	SG082	cotton balls, sterile	0.03	item		6		0		6		0		6		0	
114	SH030	Emla cream	2.19	gm		0		1		0		1		0		1	
115	SH050	lidocaine 4% soln, topical (Xylocaine)	0.18	ml		1		0		1		0		1		0	
116	SH072	triamcinolone acetonide 0.1% cream	0.06	gm		1		1		1		1		1		1	
117	SJ008	bacitracin oint (15gm uou)	1.46	item		1		0		1		0		1		0	
118	SJ026	Eucerin cream	1.38	oz		12		12		12		12		12		12	
119	SJ027	goggles, uv-blocking	3.12	item		1		0.3		1		0.3		1		0.3	
120	SJ029	ice pack, instant	1.4	item		1		1		2		2		4		4	
121	SJ035	mineral oil	0.02	ml		2		2		4		4		8		8	
122	SJ038	petroleum jelly	0.37	oz		1		0		1		0		1		0	
123	SK075	skin marking pen, sterile (Skin Skribe)	1.62	item		1		1		1		1		1		1	
124	SK078	sunscreen lotion (spf15)	0.75	oz		1		1		1		1		1		1	
125	SK082	towel, paper (Bounty) (per sheet)	0.015	item		6		6		6		6		6		6	
126	SL006	alcohol, ethyl, denatured	0	ml		1		0		1		0		1		0	
127	SM016	eye shield, splash protection	3.18	item		2		**0**		2		**0**		2		**0**	
128	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item		3		3		3		3		3		3	
129	NEW	laser, excimer, pay per use (under 250 cm^2)	80	item		0		1		0		0		0		0	
130	NEW	laser, excimer, pay per use (250-500 cm^2)	83	item		0		0		0		1		0		0	
131	NEW	laser, excimer, pay per use (> 500cm^2)	100	item		0		0		0		0		0		1	
132	NEW	Mupirocin 2% Topical Ointment 22 grams	0.13909	gram		0		15		0		18		0		22	
133		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D*															
135		**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**												
136	**Equipment Code**	**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				$ 15.89	$ -	$ 0.76	$ -	$ 17.73	$ -	$ 0.80	$ -	$ 23.84	$ -	$ 0.92	$ -
137	EQ168	light, exam	1232.887	Other Formula	0.00327174	26		38.0		29		40.0		39		46.0	
138	EQ161	laser, excimer	155580		0.5894956	26				29				39			
139	EF031	table, power	5906.76	Other Formula	0.01567493	26		38.0		29		40		39		46.0	
140	ED005	camera, digital system, 12 megapixel (medical grade)	5607.182	Other Formula	0.02221676	3		2		4		2		5		2	
141																	
142		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*															
144																	

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

96920, 96921, 96922
CPT® Codes

STRATA Skin Sciences, Inc.
Vendor/Company Name

By: Keith B Simeone

Keith B Simeone
Printed Signature

VP Sales
Title

02/13/2023
Date

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

96920, 96921, 96922
CPT® Codes

LASEROPTEK CO. LTD
Vendor/Company Name

By:

CHRISTOPHER DALTON
Printed Signature

VICE PRESIDENT
Title

3/7/2023
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2025

Lactation Care Services – Tab 17

In May 2025, the CPT Editorial Panel approved two codes to report lactation care directed by a physician or qualified health care professional (QHP) for the first 30 minutes and each additional 15 minutes thereafter. CPT code 978XX is intended to be used by the supervising physician/QHP to report lactation care services ordered by a physician/QHP and provided by a lactation consultant/counselor in the office or other outpatient setting for a mother-baby dyad. The specialty society surveyed code 978XX for the September 2025 RUC meeting while determining that the new add-on code 978X1 was practice expense only.

978XX ***Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; first 30 minutes***

The RUC reviewed the survey results from 131 pediatricians and concurred that the survey respondents overvalued the physician work involved in performing this service. The RUC determined that a direct crosswalk to CPT code 99211 *Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional* (work RVU = 0.18, 5 minutes intra-service time and 7 minutes total time) appropriately accounts for the physician work involved in this service. The RUC determined a crosswalk code was warranted due to a flawed survey and potential misunderstanding by survey respondents regarding who was performing the service. The specialty clarified that there is physician/QHP supervisory work while the lactation consultant performs the service. This work is very similar to 99211 in that a physician/QHP provides supervision and guidance to clinical staff, reviews documentation and provides care coordination and develops a treatment plan.

The RUC recommends 5 minutes intra-service time and 2 minutes immediate post-service time for 7 minutes total time to appropriately match the crosswalk code. The RUC questioned whether there is an overlap with Evaluation and Management (E/M) services on the same day. However, the specialty society clarified that the typical patient is seen for a well-child visit during which time the need for lactation care services is identified by the physician/QHP and the mother-baby are seen on a different day by the lactation consultant. The visit is not urgent and therefore does not typically occur on the same day as an E/M but is scheduled thereafter. The lactation consultation is also not intended for the inpatient setting but is typically performed after discharge in the physician office setting. The specialty society further clarified that this new code will typically be reported only once per mother-baby lifetime. The RUC discussed the physician work in the post-service period, which consists of a review of documentation of the lactation consultant (approximately 3 pages), the infant's weight change and the growth chart. A care plan is established and care coordination provided, including ordering durable medical equipment supplies (breast pump and supplies, nipple shield, supplemental nursing system) and/or prescriptions (e.g., for mastitis, yeast infection). The RUC concurred that there is physician work involved, which is similar to care management services.

To justify a work RVU of 0.18, the RUC compared the surveyed code to MPC code 94010 *Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation* (work RVU = 0.17, 5 minutes intra-service

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time and 7 minutes total time), noting a strong comparison with identical intra-service and total times and a nearly identical amount of physician work for the two services. The RUC also compared the surveyed code to MPC code 71046 *Radiologic examination, chest; 2 views* (work RVU = 0.22, 4 minutes intra-service time and 6 minutes total time) and noted that the comparator code involves more physician work and intensity and is therefore appropriately valued higher than the surveyed code. The RUC further noted that these MPC codes appropriately bracket the recommendation.

For additional support, the RUC compared the surveyed code to CPT code 94060 *Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration* (work RVU = 0.22, 5 minutes intra-service time and 8 minutes total time), noting the identical intra-service times, yet the comparator code involves slightly more physician work, total time, and intensity, and is therefore appropriately valued higher than the surveyed code.

The RUC concluded that the surveyed code should be valued based on a direct crosswalk for both work RVU and times to CPT code 99211 and agreed the crosswalk value below the survey minimum is appropriate in this instance. **The RUC recommends a work RVU of 0.18 for CPT code 978XX.**

Practice Expense
The Practice Expense Subcommittee reviewed the direct practice expense inputs for CPT code 978XX and new add-on code 978X1 which is a practice expense only code. The Subcommittee made a single modification to the inputs to reflect the request for a new clinical staff type for *Lactation Consultant*. The specialty society provided supportive documentation for the new clinical labor type, stating that the lactation consultant does not have to be an RN but must be certified. The specialty society recommended that clinical staff type L051A *RN* be used as a proxy for the *Lactation Consultant* staff type.

The Subcommittee also clarified that the new equipment item *scale, infant, digital, fine gradation* is in the exam room for the entire visit as the baby is weighed multiple times, before and after feedings on each breast. **The RUC recommends the non-facility direct practice expense inputs as modified by the Practice Expense Subcommittee including a request for a new clinical labor type, *Lactation Consultant*.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Education and Training for Patient Self-Management** **Lactation Care Services (new Green heading)** Code 978XX is used by the supervising physician or other qualified health care professional (QHP) to report lactation care services ordered by a physician or other QHP and provided by a lactation consultant/counselor in the office or other outpatient setting for a mother/baby dyad.				

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Lactation care may include counseling, education, hands-on instruction, and risk factor reduction to support individuals through all stages of breastfeeding, addressing latch, milk supply, infant feeding, pumping, and special circumstances. Education and training in lactation should be personalized to the breastfeeding infant and mother.

If a significant, separately identifiable E/M service is performed by the same physician or other QHP on the same day as directed lactation services, the physician or other QHP may report the appropriate level of E/M service and append modifier 25.

The qualifications of the lactation consultant/counselor must be recognized by a physician society, nonphysician health care professional society/association, or other appropriate source.

(Lactation care may only be reported once per date of service for either the infant or the mother)

(For lactation care provided by a physician or other QHP to an individual, see the appropriate evaluation and management codes, including office or other outpatient services [99202, [99203], [99204], [99205], [99211], [99212], [99213], [99214], [99215]], initial and subsequent hospital inpatient or observation care [[99221], [99222], [99223], [99231], [99232], [99233], [99234], [99235], [99236]], new or established patient office or other outpatient consultations [99242, [99243], [99244], [99245]], inpatient or observation consultations [99252, [99253], [99254], [99255]], emergency department services [99281, [99282], [99283], [99284], [99285]], home or residence services [99341, [99342], [99344], [99345], [99347], [99348], [99349], [99350]])

(For lactation care provided in a facility as part of newborn care services, see normal newborn care codes [99460, [99461], [99462], [99463]] and neonatal critical care services codes [[99468], [99469], [99471], [99472], [99477], neonatal intensive care services [99478], [99479], [99480]]. For lactation counseling done in a facility as part of hospital care, see hospital inpatient and observation care services [99221-[99239]])

●978XX	R1	Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; first 30 minutes	XXX	0.18
●✚978X1	R2	each additional 15 minutes (List separately in addition to code for primary procedure) (Do not report 978XX for services of less than 30 minutes) (Use 978X1 in conjunction with 978XX) (For lactation care provided to an individual by a physician or other qualified health care professional who may report evaluation and management [E/M] services, see the appropriate E/M codes)	ZZZ	PE Only

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August 25, 2025

Ezequiel Silva III, MD
Chairperson, AMA/Specialty Society Relative Value Scale Update Committee
Relative Value Systems, American Medical Association
AMA Plaza - 330 N Wabash Ave, Suite 39300
Chicago, IL 60611

Re: Tab 17 Lactation Care Services (978XX, 978X1)

Dear Dr. Silva:

The American Academy of Pediatrics (AAP) is writing to inform you of an unfortunate incident impacting the reporting of the survey data for the new Lactation Care Services CPT code 978XX and development of our time and work RVU recommendations. The AAP conducted a survey of 978XX for the September 2025 RUC meeting including a random sample of the applicable subset of society members. A total of 142 responses were received. On the last day the survey was open (Monday, June 16, 2025), we learned of an inappropriate comment posted on a listserv of an external organization at 12:52 pm. Data in the Summary Spreadsheet was separated by surveys completed before and after the listserv posting. Recommendations are based on the first set of data (131 respondents).

Sincerely,

Steven Krug, MD
RUC Advisor
American Academy of Pediatrics

American Occupational Therapy Association

Submitted via email to: Rebecca.Gierhahn@ama-assn.org

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update committee
Relative Value Systems, American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Dr. Silva,

The American Occupational Therapy Association thanks the AMA for the opportunity to review the proposed values of Tab 17 Lactation Care Services. Occupational therapy practitioners frequently work with postpartum individuals and infants in areas such as feeding, positioning, and caregiver education related to lactation care. They are also one of the many kinds of lactation care providers that pursue separate certification as lactation counselors.

Our RVS committee reviewed the recommendations for work and PE offered by the medical specialties surveying the codes. The committee included practitioners familiar with the RUC process as well as infant feeding and lactation counseling.

AOTA supports lactation care services that allow for its performance under supervision, however, we think it's important for the PE subcommittee and RUC to be aware that with development of these new codes, there are now four different ways in which the same service might be reported. In addition to this new service and direct physician reporting through E/M codes, QHPs who cannot report E/M services would report the direct delivery of lactation care under CPT reflective of their own scope of practice. For an occupational therapist, or other QHP who cannot report E/M, but is directly delivering lactation care, it would be reported under CPT codes in the PM&R section of the CPT code set related to feeding and swallowing such as 97535 or 92526. As the PE subcommittee reviews the medical society's recommendations, it is important to consider the relativity between all of these mechanisms for reporting in its final recommendations.

Sincerely,

Mary Walsh-Sterup

Mary Walsh-Sterup
AOTA HCPAC advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:978XX Tracking Number R1 Original Specialty Recommended RVU: **0.18**
Presented Recommended RVU: **0.18**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.18**

CPT Descriptor: Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; first 30 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A mother presents with her 2-week-old female child with reports of difficulty with breastfeeding and concern of inadequate nutrition for her child. She has been breastfeeding every 3 hours. After acute medical conditions have been excluded, the physician recommends lactation consulting and care services.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A [Note: initial identification of need is typically done at a prior E/M service [same day or different day]

Description of Intra-Service Work: Communicate with lactation consultant/counselor regarding the purpose and goals of the visit. Provide supervision and guidance to the lactation consultant/counselor as necessary. Review any data of concern and answer questions that may arise. Speak directly to mother as needed.

Description of Post-Service Work: Review documentation of lactation consultant/counselor, infant's weight change and growth chart. Establish care plan and provide care coordination as necessary, including ordering DME supplies (breast pump and supplies, nipple shield, supplemental nursing system) and/or prescriptions (e.g., for mastitis, yeast infection).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Steven E. Krug, MD AAP RUC Advisor Suzanne Berman, MD AAP RUC Alternate Advisor					
Specialty Society(ies):	American Academy of Pediatrics					
CPT Code:	978XX					
Sample Size:	1855	**Resp N:**	131			
Description of Sample:	Random sample of applicable subsets of AAP members.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**20.00**	60.00	2000.00
Survey RVW:	0.24	1.00	**1.30**	1.50	37.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	10.00	**17.00**	23.00	90.00

Immediate Post Service-Time:	**6.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	978XX	**Recommended Physician Work RVU: 0.18**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selected, 20 minutes must be met or exceeded.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99484	XXX	0.93	**RUC Time**

CPT Descriptor Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
94010	XXX	0.17	**RUC Time**	838,062

CPT Descriptor 1 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71046	XXX	0.22	**RUC Time**	6,114,523

CPT Descriptor 2 Radiologic examination, chest; 2 views

Other Reference CPT Code	Global	Work RVU	Time Source
94060	XXX	0.22	**RUC Time**

CPT Descriptor Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 85 **% of respondents:** 64.8 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 13.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 978XX	Top Key Reference CPT Code: 99213	2nd Key Reference CPT Code: **99484**
Median Pre-Service Time	5.00	5.00	0.00
Median Intra-Service Time	20.00	20.00	21.00
Median Immediate Post-service Time	6.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**31.00**	**30.00**	**21.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	38%	47%	12%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	49%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	46%	45%
Physical effort required	20%	54%	26%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	38%	55%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	17%	55%	28%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	61%	22%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	39%	50%
Physical effort required	0%	67%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	22%	56%	22%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2025 CPT Editorial Panel Meeting, two new CPT codes, 978XX and 978X1 were added under "Medicine/Education and Training for Patient Self-Management" section to report lactation care directed by a physician or other qualified health care professional (QHP) for the first 30 minutes and each additional 15 minutes thereafter, respectively. Code 978XX is intended to be used by the supervising physician or other QHP to report lactation care services ordered by a physician or other QHP and provided by a lactation consultant/counselor in the office or other outpatient setting for a mother/baby dyad. The

lactation consultant/counselor's time drives reporting 978XX and units of 978X1 (the latter is a PE only code). The qualifications of the lactation consultant/counselor must be recognized by a physician society, nonphysician health care professional society/association, or other appropriate source. The typical lactation consultant/counselor in a physician's office or other outpatient setting is a registered nurse. The typical patient is seen for a well-child visit during which time the need for lactation care services are identified by the physician or other QHP and the mother-baby dyad are seen on a different day by the lactation consultant/counselor. If a significant, separately identifiable E/M service is performed by the same physician or other QHP on the same day as the directed lactation services, the physician or other QHP may report the appropriate level of E/M service and append modifier 25. Lactation care provided by a physician or other QHP who may report E/M services should report the appropriate E/M code.

Survey Process

The AAP conducted a survey of 978XX for the September 2025 RUC meeting including a random sample of the applicable subset of society members. A total of 142 responses were received. On the last day of the survey, the AAP learned of an inappropriate comment posted on a listserv of an external organization. Data in the Summary Spreadsheet was separated by surveys completed before and after the listserv posting. Recommendations are based on the first set of data (131 respondents). The AAP convened an expert panel of members representing various practice sizes, types and geographic locations to develop the following recommendations.

Recommendations

Despite requiring survey respondents to attest to having read the CPT code descriptors and introductory language for this code, the Expert Panel determined the survey results were flawed in that survey respondents appeared to answer the survey questions as if they were directly performing lactation care services, rather than providing oversight of the services being provided by a lactation consultant/counselor within their office/outpatient setting.

The Expert Panel therefore recommends a direct crosswalk to **CPT code 99211** ***Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional*** with a **work RVU of 0.18**. This code is an XXX-day global code, is on the MPC list, was last reviewed by the RUC April 2019, and represents a clinically similar service in that a physician or QHP provides supervision and guidance to clinical staff, reviews documentation, and provides care coordination and develops a treatment plan. **The Expert Panel recommends 0 minutes pre-service time, 5 minutes intra-service time, and 2 minutes post-time for a total time of 7 minutes.**

Comparison to XXX-day global codes with similar intra-service time and total time:

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Intra Time	Immed. Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT	MPC	2023 Medicare Utilization
73120	Radiologic examination, hand; 2 views	XXX	0.16	1	4	1	6	RUC	2016-04	0.0288	Yes	226,183
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	XXX	0.17	0	5	2	7	RUC	2019-10	0.025	Yes	838,062
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	XXX	0.17	0	7	0	7	RIC	2021-04	0.0243		315,781
95919	Quantitative pupillometry with	XXX	0.18	1	5	1	7	RUC	2021-10	0.027		140

	physician or other qualified health care professional interpretation and report, unilateral or bilateral											
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	XXX	0.18	0	5	2	7	RUC	2019-04	0.027	Yes	1,542,130
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	XXX	0.20	0	5	3	8	RUC	2019-10	0.0306		794,425
72190	Radiologic examination, pelvis; complete, minimum of 3 views	XXX	0.25	1	5	1	7	RUC	2019-01	0.041		1,587,553
77073	Bone length studies (orthoroentgenogram, scanogram)	XXX	0.26	1	5	1	7	RUC	2018-04	0.043		69,355
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	XXX	0.27	1	5	1	7	RUC	2016-04	0.045		241,355

These examples illustrate that the recommended value and time for code 978XX are properly positioned when compared to other services of other specialties in the resource-based relative value scale.

Conclusion

For code 978XX, *Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; first 30 minutes*, the AAP recommends a crosswalk to CPT code 99211 *Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional* with a **work RVU of 0.18 and pre-service time of 0 minutes, intra-service time of 5 minutes, and post-service time of 2 minutes for a total time of 7 minutes.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) NA

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1,701,443
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. CDC Breastfeeding data (2021) "ever breastfeeding" rate of 84.1%. CDC birth rate for 2023 = 3,596,017. 2022 Formula and Breastfeeding Trends Survey 2022 indicated 97% of breastfeeding moms seek support and 58% of those utilized a lactation consultant. Pediatricians are one of several specialties who would provide this service.

Specialty Pediatrics Frequency 1361155 Percentage 80.00 %

Specialty Frequency 0 Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Vast majority of pregnant women/babies do not qualify for Medicare.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90461

SS Rec Summary

ISSUE: Lactation Care Services (978XX, 978X1)

TAB: 17

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or	XXX	2019	91	0.054	0.043			1.30			30	5					20			5					
2nd REF	99484	Care management services for behavioral conditions, at leat 20 minutes of clinical staff time, directed by a physician or other qualified health	XXX	2022	19	0.044	0.044			0.93			21						21								
CURRENT	NA					-	-						0														
SVY Combined	978XX	Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; first 30 mintues	XXX		142	0.053	0.042	0.24	1.00	1.30	1.50	37.00	31	5			1	10	20	25	90	6	0	2	20	68	4000
SVY Pre listserv message	978XX	Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; first 30 mintues	XXX		131	0.062	0.046	0.24	1.00	1.30	1.50	37.00	28	5			1	10	17	23	90	6	0	1	20	60	2000
SVY Post listserv message	978XX	Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; first 30 mintues	XXX		11	0.023	0.023	0.95	1.40	1.60	2.05	3.80	70	10			5	25	45	58	90	15	5	24	40	650	4000
XWALK	99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other	XXX			0.027	0.026			0.18			7	0					5			2					
REC	978XX	Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; first 30 mintues	XXX			0.027	0.026			0.18			7	0					5			2					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
CURRENT	NA					-	-						0														
REC PE-only	978X1	each additional 15 minutes (List separately in addition to code for primary procedure)	ZZZ			-	-			0.00			0	0					0			0					

September 18, 2025

Scott Manaker, MD
AMA/RVS Update PE Subcommittee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

Re: Tab 17 Lactation Care Services

Dear Dr. Manaker:

Tab 17 on the September 2025 RUC agenda addresses 2 new category I codes to be used by the supervising physician or other qualified health care professional (QHP) to report lactation care services ordered by a physician or other QHP and provided by a lactation consultant/counselor in the office or other outpatient setting for a mother/baby dyad.

The "other outpatient setting" for both these codes includes hospital facility outpatient clinics. As such, the American Academy of Pediatrics recommends no direct practice expense inputs for the outpatient facility for these codes in Tab 17.

Thank you for your consideration of this information as you prepare for the upcoming meeting. Please contact Marsha Schofield at mschofield@aap.org if you have any questions.

Sincerely,

Steven Krug, MD
RUC Advisor
American Academy of Pediatrics

Melissa Holmes, MD, FAAP, DipABPM, NABBLM-C
Associate Chief Medical Informatics Officer
Assistant Professor, Department of Pediatrics
RUSH Pediatric Primary Care Center, RUSH Center for Breastfeeding & Lactation Medicine, Digital & Information Services
Expert Panel Member, Tab 17

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 978XX, 978X1**

SPECIALTY SOCIETY(IES): AAP

PRESENTER(S): Dr. Steven Krug, Dr. Suzanne Berman

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2025

CPT Code	Long Descriptor	Global Period
978XX	Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; first 30 minutes	XXX
978X1	…each additional 15 minutes (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
978XX	A mother presents with her 2-week-old female child with reports of difficulty with breastfeeding and concern of inadequate nutrition for her child. She has been breastfeeding every 3 hours. After acute medical conditions have been excluded, the physician recommends lactation consulting and care services.
978X1	A first-time mother presents with her 1-week-old female child with reports of difficulty with breastfeeding and concerns of inadequate nutrition for her child. She has been breastfeeding every 2 hours. After acute medical conditions have been excluded, the physician recommends lactation consultation and care services. She has already received 30 minutes of lactation consulting services and requires additional lactation counseling services.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The AAP convened an RVS Expert Panel to review practice expense data for CPT codes 978XX and 978X1. The panel included pediatricians from a variety of settings and practice sizes across the United States. They also received input from practice managers and clinical staff familiar with the direct expense inputs. The panel developed the direct practice expense recommendations for CPT Codes 978XX and 978X1 based on best practices and current AMA RUC/PE guidelines. There is no Bureau of Labor Statistics category for lactation consultant. The Expert Panel determined the typical lactation consultant/counselor in the office/outpatient setting is an RN so clinical staff type L051A RN was used as a proxy to capture their time for pricing purposes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The reference code for comparison of new code 978XX is 99211 *Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional* because it has similar staff work. The reference code for comparison of new code 978X1 is 99425 *Principal care management services, each additional 30 minutes of physician/QHP time per calendar month* as it represents a similar concept of staff work for an extended service. It is a PE only add-on code.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
Is this code(s) typically reported with the E/M service in the non-facility?

No, codes 978XX and 978X1 represent a new procedure that is not expected to be typically reported on the same day as an E/M procedure in the non-facility setting.

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Our expert panel anticipates this service (978XX and 978X1) to be provided 80% of the time by pediatricians in the non-facility setting. We do not anticipate that the dominant provider in the non-facility will be different than for the global.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

Not applicable. These are new codes.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

Not applicable. These are new codes.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

978XX

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Service Period – Pre-service Clinical Labor Activities = L037D (RN/LPN/MTA)
CA010 Obtain vital signs: We are proposing 5 minutes for clinical staff to take the following vital signs on the baby: weight, length, head circumference, temperature.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

Not applicable. These are new codes.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

N/A

    b. Service period (includes pre, intra and post):

978XX
Pre: Clinical staff greets mother/baby, ensures appropriate medical records are available. Prepares room, equipment and supplies. Measures baby's weight, length, head circumference, and temperature.
Intra: see question 11.
Post: Clinical staff cleans room/equipment. Lactation consultant reviews home care instructions with mother and coordinates any necessary follow-up visits. Finalizes documentation of procedure for supervising physician/QHP review.

    c. Post-service period:

978X1
Lactation consultant contacts mother to check for any follow-up questions and/or concerns and provide information on prescriptions for medications and/or DME supplies ordered by the supervising physician/QHP.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

978XX
The lactation consultant/counselor performs an appropriate history and focused examination of mother and baby. Observation of a feeding session is conducted and baby's weight is measured after feeding upon each breast. Appropriate counseling, education, hands-on instruction, and risk factor reduction to support the mother through all stages of breastfeeding, addressing latch, milk supply, infant feeding, pumping, and special circumstances is provided, personalized to the breastfeeding baby and mother. The lactation consultant/counselor consults with supervising physician/QHP on any data of concern or questions. Education material is provided for the mother and a summary report is submitted for the mother and baby.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

978X1
Following receipt of 30 minutes of lactation counseling services, the lactation consultant/counselor identifies the need to additional education and training based on observation of the feeding session, return demonstration and additional questions from the mother. The lactation consultant/counselor continues to provide education and training with observation of another feeding session and weight measurement performed if indicated.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    Not applicable.

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
    Not applicable.

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    SEE PAGE 6

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
    No

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    Not applicable.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

Scale, infant, digital, fine gradation: Multiple paid invoices were obtained from various vendors used by our Expert Panel (see attached spreadsheet) and **the costs were averaged to determine the dollar amount included on the PE Spreadsheet: $1409.31.** Determining the success of a breastfeeding session requires pre- and post-feeding weights at a finer granularity than routine infant weight checks performed at well-child visits. Physician/QHP offices and other outpatient settings therefore typically purchase this version of a digital infant scale.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

The estimated useful life of the infant digital scale is 5 years. These scales report to a finer gradation than other infant scales used in a physician/QHP practice and require special calibration services from the vendor. These calibration services get more expensive with each subsequent service, making purchasing a new scale more cost-effective (and thereby shortening the useful life of the scale).

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

Not applicable.

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

EF023 table, exam: default formula EF009 chair, medical recliner: default formula New scale, infant, digital, fine gradation: default formula

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

978X1 is expected to be provided 1,701,443 times nationally as the typical lactation care service is ~~45~~ 30-60 minutes. This estimate is based on: CDC Breastfeeding data (2021) "ever breastfeeding" rate of 84.1%. CDC birth rate for 2023 = 3,596,017. 2022 Formula and Breastfeeding Trends Survey 2022 indicated 97% of breastfeeding moms seek support and 58% of those utilized a lactation consultant. For estimation purposes, we used an average time of 45 minutes. Medicare utilization is expected to be 0 in a one-year period as the vast majority of pregnant women/babies do not qualify for Medicare.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

90461

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Supplies:
SM022: 2 sanitizing wipes included for 978XX to clean the infant scale and the vinyl slipcover of the nursing pillow
SB022: 3 non-sterile gloves include for 978XX as gloves are removed before documentation, changed after diaper exam, and changed after breast exam. 1 pair of non-sterile gloves included for 978X1 as gloves are removed before documentation.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

We recommend identifying a new staff type:
Description: Lactation consultant
Salary estimate: $54.00/hour.
Sources for salary estimate:
https://www.salary.com/research/salary/benchmark/lactation-consultant-salary
Other sources for salary estimate: Chetwynd E, Meyer A-M, Stuebe A, Costello R, Labbok M. Recognition of International Board Certified Lactation Consultants by Health Insurance Providers in the United States: Results of a National Survey of Lactation Consultants. *Journal of Human Lactation*. 2013;29(4):517-526. doi:10.1177/0890334413499974. This article reports salary range for 2011 at $31.00-$40.00/hour. Using the CPI Inflation Calculator (https://www.officialdata.org/us/inflation), this salary range translates to $44.65-$57.61 per hour in 2025 dollars.
Lactation consultant is not listed by the Bureau of Labor Statistics so we recommend using "registered nurses" as an appropriate proxy, noting an RN would require additional credentialing/certification to be qualified to serve as a lactation consultant.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**	
2						**99211**		**978XX**		**99425**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable): 9/23/2025** **Tab: 17 Lactation Services** **Specialty: AAP**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other		Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; first 30		Principal care management service, each additional 30 minutes provided by a physician/QHP per calendar month	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 14.92**	**$ -**	**$ 36.13**	**$ -**	**$ 8.10**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**				**17.0**	**0.0**	**48.0**	**0.0**	**15.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**4.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**12.0**	**0.0**	**13.0**	**0.0**	**15.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**1.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L051A	**Lactation Consultant**	0.76	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L051A	**Lactation Consultant**	0.76	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 9.18**	**$ -**	**$ 33.62**	**$ -**	**$ 8.10**	**$ -**
15		**PRE-SERVICE PERIOD**									
16		**Start: Following visit when decision for surgery/procedure made**									
17	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54						
18	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54						
19	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54						
20	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54						
21	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54						
22	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54						
23	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54						
24	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54						
25	CA049	Identify need for imaging, lab or other test result(s) and ensure	L037D	RN/LPN/MTA	0.54	1	0				
26	CA050	Review and document history, systems and medications (to be used	L037D	RN/LPN/MTA	0.54	3	0				
27			L037D	RN/LPN/MTA	0.54						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
29		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
30		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
31		**End: When patient enters office/facility for surgery/procedure**									
32		**SERVICE PERIOD**									
33		**Start: When patient enters office/facility for surgery/procedure:**									
34		**Pre-Service (of service period)**									
35	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54	3	0	3	0		
36	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54	3	0	5	0		
37	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54						
38	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54						
39	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	2	0	2	0		
40	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54						
41	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54						
42	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54	1	0				
43	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54						
44			L037D	RN/LPN/MTA	0.54						
45			L037D	RN/LPN/MTA	0.54						
46			L037D	RN/LPN/MTA	0.54						
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
48		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
49		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
50		**Intra-service (of service period)**									
51	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
52	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
53	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
54	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54					15	0
55	CA021	Perform procedure/service---NOT directly related to physician work time	L051A	**Lactation Consultant**	0.76			**30**	0		
56											
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
59		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
60		**Post-Service (of service period)**									
61	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54						
62	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54						
63	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	2	0	3	0		
64	CA025	Clean scope	L037D	RN/LPN/MTA	0.54						
65	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54						
66	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54						
67	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54						
68	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54						
69	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54						
70	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54						
71	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54						
72	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54						
73	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L051A	**Lactation Consultant**	0.76			**2**	0		
74	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54						
75	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**	
76	CA051	Education/instruction/counseling (to be used with E/M only)	L037D	RN/LPN/MTA	0.54	**1**	**0**				
77											
78			L037D	RN/LPN/MTA	0.54						
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
81		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
82		**End: Patient leaves office/facility**									
83		**POST-SERVICE PERIOD**									
84		**Start: Patient leaves office/facility**									
85	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54	1	0				
86	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54						

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**	
2						**99211**		**978XX**		**99425**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable): 9/23/2025** **Tab: 17 Lactation Services** **Specialty: AAP**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other		Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; first 30		Principal care management service, each additional 30 minutes provided by a physician/QHP per calendar month	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 14.92**	**$ -**	**$ 36.13**	**$ -**	**$ 8.10**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**				**17.0**	**0.0**	**48.0**	**0.0**	**15.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**4.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**12.0**	**0.0**	**13.0**	**0.0**	**15.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**1.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
87	CA037	Conduct patient communications	L051A	**Lactation Consultant**	0.76			**3**	0		

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**	
2						**99211**		**978XX**		**99425**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable): 9/23/2025** **Tab: 17 Lactation Services** **Specialty: AAP**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other		Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; first 30		Principal care management service, each additional 30 minutes provided by a physician/QHP per calendar month	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 14.92**	**$ -**	**$ 36.13**	**$ -**	**$ 8.10**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**				**17.0**	**0.0**	**48.0**	**0.0**	**15.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**4.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**12.0**	**0.0**	**13.0**	**0.0**	**15.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**1.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
102	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 5.54**	**$ -**	**$ 1.56**	**$ -**	**$ -**	**$ -**
104	SA047	pack, EM visit	5.468	pack		1	0				
105	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item		1	0	2	0		
106	SB032	liner, baby scale	0.074	item				1	0		
107	SK048	measuring tape, paper	0.09	item				1	0		
108	SK057	paper, laser printing (each sheet)	0.02	item				2	0		
109	SB022	gloves, non-sterile	0.3	pair				3	0		
110	SB036	paper, exam table	0.014	foot				7	0		
111	SJ057	thermometer (single use)	0.18	item				0	0		
112	SB004	cover, thermometer probe	0.22	item				1	0		
113											
114											
115	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
116		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.20**	**$ -**	**$ 0.95**	**$ -**	**$ -**	**$ -**
117	EQ189	otoscope-ophthalmoscope (wall unit)	618.093		0.00164025	16	0				
118	EF048	Portable stand-on scale	1343.85		0.00356621	2	0				
119	EF023	table, exam	4737.727	Default	0.010538571	16	0	43	0		
120	EF009	chair, medical recliner	2256.58	Default	0.005988346			43	0		
121	**NEW**	***scale, infant, digital, fine gradation***	**1409.31**	Default	0.005583963			43	0		
122											

	A	B	Q	R	S
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		
2			**978X1**		
3		***RUC Collaboration Website***			
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable): 9/23/2025** **Tab: 17 Lactation Services** **Specialty: AAP**	Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; each		
5		**LOCATION**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 11.73**	**$ -**	
8		**TOTAL CLINICAL STAFF TIME**	**15.0**	**0.0**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**15.0**	**0.0**	
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	
14		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 11.40**	**$ -**	
15		**PRE-SERVICE PERIOD**			
16		**Start: Following visit when decision for surgery/procedure made**			
17	CA001	Complete pre-service diagnostic and referral forms			
18	CA002	Coordinate pre-surgery services (including test results)			
19	CA003	Schedule space and equipment in facility			
20	CA004	Provide pre-service education/obtain consent			
21	CA005	Complete pre-procedure phone calls and prescription			
22	CA006	Confirm availability of prior images/studies			
23	CA007	Review patient clinical extant information and questionnaire			
24	CA008	Perform regulatory mandated quality assurance activity (pre-service)			
25	CA049	Identify need for imaging, lab or other test result(s) and ensure			
26	CA050	Review and document history, systems and medications (to be used			
27					
28		*Other activity: please include short clinical description here and type*			
29		*Other activity: please include short clinical description here and type*			
30		*Other activity: please include short clinical description here and type*			
31		**End: When patient enters office/facility for surgery/procedure**			
32		**SERVICE PERIOD**			
33		**Start: When patient enters office/facility for surgery/procedure:**			
34		**Pre-Service (of service period)**			
35	CA009	Greet patient, provide gowning, ensure appropriate medical records are			
36	CA010	Obtain vital signs			
37	CA011	Provide education/obtain consent			
38	CA012	Review requisition, assess for special needs			
39	CA013	Prepare room, equipment and supplies			
40	CA014	Confirm order, protocol exam			
41	CA015	Setup scope (nonfacility setting only)			
42	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			
43	CA017	Sedate/apply anesthesia			
44					
45					
46					
47		*Other activity: please include short clinical description here and type*			
48		*Other activity: please include short clinical description here and type*			
49		*Other activity: please include short clinical description here and type*			
50		**Intra-service (of service period)**			
51	CA018	Assist physician or other qualified healthcare professional---directly			
52	CA019	Assist physician or other qualified healthcare professional---directly			
53	CA020	Assist physician or other qualified healthcare professional---directly			
54	CA021	Perform procedure/service---NOT directly related to physician work time			
55	CA021	Perform procedure/service---NOT directly related to physician work time	15	0	
56					
57		*Other activity: please include short clinical description here and type*			
58		*Other activity: please include short clinical description here and type*			
59		*Other activity: please include short clinical description here and type*			
60		**Post-Service (of service period)**			
61	CA022	Monitor patient following procedure/service, multitasking 1:4			
62	CA023	Monitor patient following procedure/service, no multitasking			
63	CA024	Clean room/equipment by clinical staff			
64	CA025	Clean scope			
65	CA026	Clean surgical instrument package			
66	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions			
67	CA028	Review/read post-procedure x-ray, lab and pathology reports			
68	CA029	Check dressings, catheters, wounds			
69	CA030	Technologist QC's images in PACS, checking for all images, reformats,			
70	CA031	Review examination with interpreting MD/DO			
71	CA032	Scan exam documents into PACS. Complete exam in RIS system to			
72	CA033	Perform regulatory mandated quality assurance activity (service period)			
73	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)			
74	CA035	Review home care instructions, coordinate visits/prescriptions			
75	CA036	Discharge day management	**n/a**		
76	CA051	Education/instruction/counseling (to be used with E/M only)			
77					
78					
79		*Other activity: please include short clinical description here and type*			
80		*Other activity: please include short clinical description here and type*			
81		*Other activity: please include short clinical description here and type*			
82		**End: Patient leaves office/facility**			
83		**POST-SERVICE PERIOD**			
84		**Start: Patient leaves office/facility**			
85	CA037	Conduct patient communications			
86	CA038	Coordinate post-procedure services			

	A	B	Q	R	S
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		
2			**978X1**		
3		***RUC Collaboration Website***			
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable): 9/23/2025** **Tab: 17 Lactation Services** **Specialty: AAP**	Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; each		
5		**LOCATION**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 11.73**	**$ -**	
8		**TOTAL CLINICAL STAFF TIME**	**15.0**	**0.0**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	
87	CA037	Conduct patient communications			

	A	B	Q	R	S
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		
2			**978X1**		
3		***RUC Collaboration Website***			
4	**Clinical Activity Code**	**Meeting Date: September 2025** **Revision Date (if applicable): 9/23/2025** **Tab: 17 Lactation Services** **Specialty: AAP**	Lactation care directed by a physician or other qualified health care professional, including history, assessment, training, and report; each		
5		**LOCATION**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 11.73**	**$ -**	
8		**TOTAL CLINICAL STAFF TIME**	**15.0**	**0.0**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	
102	**Supply Code**	**MEDICAL SUPPLIES**			
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	
104	SA047	pack, EM visit			
105	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0	0	
106	SB032	liner, baby scale	0	0	
107	SK048	measuring tape, paper			
108	SK057	paper, laser printing (each sheet)			
109	SB022	gloves, non-sterile	0	0	
110	SB036	paper, exam table			
111	SJ057	thermometer (single use)			
112	SB004	cover, thermometer probe			
113					
114					
115	**Equipment Code**	**EQUIPMENT**			
116		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.33**	**$ -**	
117	EQ189	otoscope-ophthalmoscope (wall unit)			
118	EF048	Portable stand-on scale			
119	EF023	table, exam	15		
120	EF009	chair, medical recliner	15		
121	**NEW**	***scale, infant, digital, fine gradation***	15		
122					

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: Site of Service Anomaly

September 2025

Arthroplasty-Shoulder – Tab 18

In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 23472 as having a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. The RAW concluded that CPT code 23472 represents a site of service anomaly since visits are currently included in the valuation of this service that are not typically occurring. The RAW also worked with the specialty society and identified code 23470 as part of this family of services. The RUC recommended that CPT code 23470 and 23472 be surveyed for September 2025.

23470 ***Arthroplasty, glenohumeral joint; hemiarthroplasty***
The RUC reviewed the survey results from 112 orthopaedic surgeons and determined a direct work RVU crosswalk to CPT code 67107 *Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid* (work RVU= 16.00, intra-service time of 90 minutes, total time of 290 minutes) appropriately accounts for the work required to perform this service, noting that it is below the survey 25th percentile. Both procedures typically involve the same amount of intra-service time, similar complexity, and the same overall amount of physician work. The RUC recommends 43 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, 35 minutes immediate post-service time, 0.5x 99238 discharge visit, 1x 99214 and 2x 99213 post-operative office visits, totaling 303 minutes. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit is typical. The 23-hour policy was applied to capture this visit as an additional 10 minutes of same data post-operative time. The specialty society explained that the level of complexity of the problem and the medical decision-making around the medication support a level 4 office visit for the first post-operative visit. The society noted that the surgeon is often prescribing or making decisions around prescribing narcotic and anticoagulation medication at the first post-operative office visit.

The specialty society added that there is no one dominant typical patient for this low volume procedure (as seen in the low percentage of survey respondents that found the vignette to be typical). Other examples of cases treated with this procedure, in addition to glenohumeral joint osteoarthritis typical patient included in the vignette, are after traumatic injury, with avascular necrosis or for osteomyelitis/joint infection.

The current value for 23470 is based on a review during the Harvard study that included responses from 11 general orthopaedic surgeons for intra-service time. The procedure for shoulder hemi-arthroplasty has undergone meaningful changes since 1990, both in technique and in the frequency, it is performed. Modern prostheses are designed with modular systems, allowing surgeons to modify humeral length, height, offset, and retroversion during the procedure. This helps to better match anatomical variations, restore proper muscle balance, and adjust for bone quality, when compared to earlier less customizable systems. These changes in complexity and modularity are manifest by the typical use of digital

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templating performed prior to the procedure to assess for several data points and parameters including implant size and length and for humeral head offset, size, thickness, version, and positioning.

Initially, hemi-arthroplasty (HA) had broad indications and was commonly performed. Over time, studies have shown that "anatomic" total shoulder arthroplasty (ATSA) and especially "reverse" total shoulder arthroplasty (RTSA) provide better pain relief and functional outcomes, leading to a shift away from routine HA except in some cases of osteoarthritis, particular fracture scenarios, cases of avascular necrosis, or in younger patients with minimal glenoid wear. ATSA and RTSA yield improved pain and function compared to HA, especially for patients with glenoid-sided arthritic changes. Hemiarthroplasty can lead to glenoid erosion, joint space loss, and subchondral sclerosis, which can complicate or worsen outcomes if later revised to total shoulder arthroplasty. The overall decline in HA is due to advances in total shoulder arthroplasty, but mainly due to increased use of RTSA.

To support the recommended work RVU, the RUC compared the surveyed code to MPC code 19303 *Mastectomy, simple, complete* (work RVUs= 15.00, intra-service time of 90 minutes, total time of 283 minutes) and noted that although both services typically involve the same intra-service time, the surveyed code is a more intense service to perform and typically involves more total time. For additional support, the RUC also compared the surveyed code to CPT code 33956 *Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older* (work RVU=16.00, intra-service time of 90 minutes, total time of 250 minutes) and noted that both services typically involve the same amount of intra-service time, whereas the reference code has less total time though is more intense to perform. **The RUC recommends a work RVU of 16.00 for CPT code 23470.**

23472 ***Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))***
The RUC reviewed the survey results from 123 orthopaedic surgeons and determined a direct work RVU crosswalk to CPT code 61798 *Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion* (work RVU= 19.85, intra-service time of 120 minutes, total time of 225 minutes) would be appropriate, noting that it is below the 25th percentile. Both procedures typically involve the same amount of intra-service time. The crosswalked neurosurgery procedure on a complex cranial lesion involves much less total time, though it is a more intense and complex service to perform, offsetting the time difference. The RUC recommends 50 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 120 minutes intra-service time, 35 minutes immediate post-service time, 0.5x 99238 discharge visit, 1x 99214 and 2x 99213 post-operative office visits, totaling 340 minutes. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit is typical. The 23-hour policy was applied to capture this visit as an additional 10 minutes of same data post-operative time. The specialty noted that the level of complexity of the problem and the medical decision-making around the medication support a level 4 office visit for the first post-operative visit. They also explained that the surgeon is often prescribing or making decisions around prescribing narcotic and anticoagulation medication at the first post-operative office visit. The specialty explained that this procedure typically requires 50 minutes of pre-service evaluation time to also sufficiently account for the time needed to perform and review digital templating with computer software prior to surgery to determine type, size, location, version, and positioning of total shoulder arthroplasty implants and fixation.

The specialty society noted that the typical operative technique for a total shoulder arthroplasty has changed since the last review 10 years ago to a "reverse total shoulder arthroplasty" (RTSA). In RTSA, the normal “ball-and-socket” structure of the shoulder is reversed: the artificial ball is

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attached to the shoulder blade (glenoid), and the artificial socket is attached to the upper arm bone (humerus). This is the opposite of standard (anatomic) shoulder arthroplasty (ATSA). RTSA allows the large deltoid muscle to power the shoulder and move the arm. RTSA has expanded indications when compared to ATSA.

In 2012, ATSA was the main approach, best suited for patients with isolated osteoarthritis with an intact rotator cuff. RTSA was less commonly performed and was used for more limited indications. Today, RTSA is more widely utilized and preferred for complex cases which include, but are not restricted to, massive rotator cuff tear with or without osteoarthritis, failed previous surgery, deformity from prior fracture, osteoarthritis with reduced glenoid bone stock, and osteoarthritis with poor bone quality. These indications reflect a greater surgical complexity and a broader patient population. The specialty society presented supporting summary claims data that showed that the typical procedure in both the outpatient setting, and the inpatient setting is now performed using the RTSA surgical approach.

Modern RTSA technology and technique have been steadily advancing and now employ a wider variety of implants, materials, and increased modularity. Prosthetics have evolved in the last decade to better mimic anatomy; reduce wear, loosening, or notching; and improve patient function. The surgery often requires management of altered anatomy from prior procedures or trauma, adding complexity compared to primary shoulder arthroplasty on unaltered joints. The specialty also explained that patients who undergo RTSA often have more complex histories (e.g., multiple prior surgeries, chronic soft tissue deficiency, bone loss). RTSA patients present challenging postoperative rehabilitation needs, reflecting both increased surgical and clinical complexity.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 23616 *Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement* (work RVU= 18.37, intra-service time of 120 minutes, total time of 413 minutes) and noted that both services typically involve the same amount of intraservice time. Although the reference code involves more total time, it is a much less intense service to perform which was confirmed by the survey respondents (86 percent of those that selected this key reference indicated 27472 was more intense and complex). For additional support, the RUC also compared the surveyed code to MPC code 35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision* (work RVU= 21.16, intra-service time of 120 minutes, total time of 404 minutes) and note that both services typically involve the same amount of intra-service time, whereas the reference code involve more total time justifying a higher valuation. **The RUC recommends a work RVU of 19.85 for CPT code 23472.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
(f)23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	090	16.00 (2025 Work RVU = 17.89)
23472	total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) (For removal of total shoulder implants, see 23334, 23335) (For osteotomy, proximal humerus, use 24400)	090	19.85 (2025 Work RVU = 22.13)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:23470 Tracking Number Original Specialty Recommended RVU: **17.89**
Presented Recommended RVU: **17.13**
Global Period: 090 Current Work RVU: **17.89** RUC Recommended RVU: **16.00**

CPT Descriptor: Arthroplasty, glenohumeral joint; hemiarthroplasty

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old female with moderate glenohumeral joint osteoarthritis undergoes shoulder hemiarthroplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 40%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 91% , In the ASC 9%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 17% , Overnight stay-less than 24 hours 68% , Overnight stay-more than 24 hours 16%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 89%

Description of Pre-Service Work: Write preadmission orders for preoperative medications. Review results of preadmission testing, including laboratory tests, radiographs, CT scans, and/or MRI scans. Re-examine patient to make sure that physical findings have not changed and update H&P. Meet with patient and/or family to review planned procedure and postoperative management. Obtain informed consent and review risks which include infection, nerve and blood vessel injury, and iatrogenic fracture. Verify all required instruments and supplies are available, including intraoperative imaging and/or fluoroscopy for documentation. Ensure that an array of implants are available for possible use in the OR. Perform and review digital templating with computer software to determine type, size, location, version, and positioning of implants and fixation. This includes assessment of range of motion and stability of the construct. Prior to the induction of anesthesia, complete a comprehensive timeout and checklist review with the surgical team. Assist with patient 'beach chair" positioning to ensure that the arm can be manipulated adequately for surgical access. Indicate the areas of skin to be prepared and mark surgical incision. Scrub and gown including donning surgical helmet system. Perform a second brief time out with the surgical team.

Description of Intra-Service Work: Under anesthesia, make a deltopectoral incision from the mid-clavicle to the mid-third of the humerus. Open the deltopectoral interval, allowing identification of the conjoined tendon and release subdeltoid adhesions. Retract the conjoined tendon medially. Provide careful protection around neurovascular structures during the procedure, including the axillary and musculocutaneous nerve. Ligate or cauterize the anterior circumflex humeral vessels. Divide, tag, and mobilize the subscapularis tendon. Incise the anterior capsule. Perform a wide capsular release for exposure and mobilization of the proximal humerus. Dislocate the shoulder anteriorly with intraoperative inspection and assessment of the humeral head. Remove osteophytes to identify the native humeral neck. Perform a precise resection of the proximal humeral head with an alignment jig referencing pre-operative digital templating. Ream the humeral canal and broach to accept the prosthesis. Protect the humeral head cut surface and retract the humeral head posteriorly to expose the glenoid fossa for assessment of articular cartilage and labrum and confirm that hemiarthroplasty is appropriate. Re-dislocate the humeral head and prepare and cleanse the humeral canal prior to placement of the prosthetic humeral component. Cement or press fit the humeral stem component within the humeral shaft in the proper degree of retroversion to prevent postoperative subluxation or dislocation. Place trial humeral head spacers and reduce the joint to test for stability and range of motion. Impact the final humeral head on the stem based on the trial results. Repair the subscapularis tendon. Re-approximate the deltopectoral interval and close the subcutaneous tissue and skin.

Description of Post-Service Work: Apply sterile dressings; remove drapes; prior to extubation, place the operative arm in a shoulder immobilizer; wait for reversal of anesthesia and extubation; remove surgical helmet system and assist in transfer of the patient from the OR table to a stretcher or bed; assist in transport of patient from OR to recovery room; monitor patient stabilization in the recovery room; complete a careful vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks and/or patient-controlled analgesia; discuss procedure and outcome with patient and family and answer questions; enter a brief operative note and a full operative report in the medical record; call referring physician and/or send a copy of the operative note; write comprehensive orders for post-anesthesia care unit (PACU) and floor care; complete medication reconciliation; order and review postoperative radiographs; and enter procedure data, including implant details, into longitudinal outcome registries (eg, National Surgical Quality Improvement Program [NSQIP], American Joint Replacement Registry [AJRR], and/or local registry).

Later the same day, review nursing notes; discuss status and progress with nursing staff; review vital signs, I/O, laboratory results, and other related data; review findings and outcome with patient and/or family; assess pain control and response to current medications and modify orders accordingly; assess urinary function; examine the surgical site; reinforce dressing as needed; assess limb position and alignment; check neurovascular status; reposition the limb and/or immobilization devices as needed; counsel the patient and/or family regarding therapy protocol; answer questions; counsel the patient and/or family regarding out of bed (OOB)/ambulation, incentive spirometry, upright position in bed, and use of sequential compressive devices; review postoperative radiographs; communicate and coordinate care with medical consult and other physicians; communicate and coordinate pain control with anesthesia staff, including status of current modalities (eg, blocks, catheters); update orders; and write postoperative check progress note.

On the following day, review nursing notes; discuss status and progress with nursing staff; review PT/OT notes; discuss status and progress with PT/OT staff; review discharge plan notes; discuss status and progress with case manager; if the patient is ready to be discharged, finalize and confirm discharge plans; review notes from other physicians and discuss as appropriate; review vital signs, I/O, lab results, and other related data; interview patient and obtain interval history; assess pain control and response to current medications; assess gastrointestinal and urinary function; examine surgical site; change dressing as needed; assess limb positioning; check neurovascular status; reposition limb and/or immobilization devices as needed; finalize and confirm discharge plans with patient and/or family; counsel patient and/or family regarding therapy protocol and activity limitations after discharge; review postoperative instructions (eg, wound care, pain medications, venous thromboembolism [VTE] prophylaxis); complete daily progress note; complete discharge summary and associated forms and documents; write prescriptions for medications; write orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility (SNF), or home; complete medication reconciliation; coordinate postoperative appointment with patient and/or family and office staff; communicate and coordinate follow-up care with other physicians; and enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP, AJRR).

Office visit work includes the following activities: review PT/OT and/or rehab/SNF notes; review results of laboratory tests (eg, INR, hemoglobin, platelets); interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; remove/change dressing; examine surgical site; remove staples; apply wound closure strips; assess limb alignment, swelling, strength, and range of motion (ROM); check neurovascular status; order and review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, nonsteroidal anti-inflammatory drugs [NSAIDs], VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, visiting nurse agency [VNA]); complete PT/OT forms, referrals, or prescriptions; complete disability, out of work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	William Creevy, MD; Hussein Elkousy, MD					
Specialty Society(ies):	AAOS, ASES					
CPT Code:	23470					
Sample Size:	1613	**Resp N:**	112			
Description of Sample:	random society membership 996 AAOS 617 ASES					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	3.00	**5.00**	10.00	100.00	
Survey RVW:	13.16	18.34	**19.90**	21.00	64.29	
Pre-Service Evaluation Time:			**43.00**			
Pre-Service Positioning Time:			**20.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	45.00	71.00	**90.00**	101.00	200.00	
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	23470	**Recommended Physician Work RVU: 16.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**43.00**	**40.00**	**3.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**35.00**	**33.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	86.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
23616	090	18.37	**RUC Time**

CPT Descriptor Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29827	090	15.59	**RUC Time**

CPT Descriptor Arthroscopy, shoulder, surgical; with rotator cuff repair

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	22,981

CPT Descriptor 1 Mastectomy, simple, complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	22,058

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 61 **% of respondents:** 54.4 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 10.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 23470	Top Key Reference CPT Code: 23616	2nd Key Reference CPT Code: **29827**
Median Pre-Service Time	73.00	80.00	75.00
Median Intra-Service Time	90.00	120.00	120.00
Median Immediate Post-service Time	35.00	30.00	40
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	60.00	0.00
Median Discharge Day Management Time	19.0	38.00	19.00
Median Office Visit Time	86.0	85.00	80.00
Median Total Time	**303.00**	**413.00**	**334.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	36%	43%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	31%	59%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	59%	34%
Physical effort required	10%	64%	26%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	46%	46%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	17%	67%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	3300%	67%
Physical effort required	0%	25%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 23472 was identified with a Medicare utilization over 10,000 and site of service anomaly where Medicare data from 2021-2023 indicated the service was performed less than 50% of the time as inpatient (ie, 2 or more midnights), but included more than 2 hospital E/M codes within the global period. A survey of physician work was requested. **Code 23470 for hemi-arthroplasty was added as a family code.**

Survey Process

Code 23470 has not been surveyed and is still based on the Harvard study. The AAOS and ASES agreed to review this code in conjunction with 23472. Each society sent survey requests to randomly selected members of their respective organizations. While there is considerable membership overlap between AAOS and ASES, both comprised of orthopaedic surgeons, the Research Subcommittee required that data from the ASES survey responses be reported separately on the RUC Summary Spreadsheet, as ASES currently does not have a RUC advisor.

Comment on Low Percentage Typical Patient

The survey respondents provided descriptions for their typical patient that can be summarized as one or more of the following: after traumatic injury, with avascular necrosis, for osteomyelitis/joint infection. As discussed in the compelling evidence section below, the performance of shoulder hemi-arthroplasty is decreasing and performed instead of total joint arthroplasty for a number of different reasons, so it is not unexpected for survey respondents to not agree with a single typical patient.

Compelling Evidence for Increased Procedure Intensity / Complexity

- ***Flawed methodology in the previous valuation.***

The current value for 23470 is based on a review during the Harvard study that included responses from 11 general orthopaedic surgeons for intra-service time. Work was set relative to code 23472. Pre-time and immediate post-time were imputed by algorithm. The postoperative visits (including "half" visits) were assigned for practice expense purposes by contract—"Derivation of Relative Values for Practice Expenses Using Extant Data," by Daniel L. Dunn, Ph.D. and Eric Latimer, Ph.D. of Harvard University, April 1, 1996. HCFA Contract # 500 92 0023, Harvard Subcontract to Rand Corporation. ***Based on this evidence, we believe a flawed methodology was used to assign postoperative visits that resulted in a flawed intensity.***

- ***Changes in patient and technology***

The procedure for shoulder hemi-arthroplasty has undergone meaningful changes since 1990, both in technique and in the frequency it is performed. Modern prostheses are designed with modular systems, allowing surgeons to modify humeral length, height, offset, and retroversion during the procedure. This helps to better match anatomical variations, restore proper muscle balance, and adjust for bone quality, when compared to earlier less customizable systems. These changes in complexity and modularity are manifest by the typical use of digital templating performed prior to the procedure to assess for several data points and parameters including implant size and length and for humeral head offset, size, thickness, version, and positioning.

Initially, hemi-arthroplasty (HA) had broad indications and was commonly performed. Over time, studies have shown that "anatomic" total shoulder arthroplasty (ATSA) and especially "reverse" total shoulder arthroplasty (RTSA) provide better pain relief and functional outcomes, leading to a shift away from routine HA except in some cases of osteoarthritis, particular fracture scenarios, cases of avascular necrosis, or in younger patients with minimal glenoid wear. ATSA and RTSA yield improved pain and function compared to HA, especially for patients with glenoid-sided arthritic changes. Hemiarthroplasty can lead to glenoid erosion, joint space loss, and subchondral sclerosis, which can complicate or worsen outcomes if later revised to total shoulder arthroplasty. The overall decline in HA is due to advances in total shoulder arthroplasty, but mainly due to increased use of RTSA. ***Based on this evidence, we believe advances in technology and technique has changed the complexity of the typical patient undergoing hemi-arthroplasty.***

Recommendation – 23470

Work RVU Recommendation

We **recommend a work RVU of 17.13 that is a direct crosswalk to code 67108.** Code 67108 has the same intraoperative time and slightly lower total time. Code 67108 was previously used as a crosswalk for code 27446, a code that has the same intraoperative time, similar total time, and includes a 99214 postoperative visit. A work RVU of 17.13 appropriately values 23470 relative to other arthroplasty codes.

Pre-service time

Pre-time package 4 is selected, with the following modifications:

Evaluation time: Add 3 minutes to the standard package time of 40 minutes (total time = 43 minutes) to perform and review digital templating with computer software prior to surgery to determine type, size, location, version, and positioning of hemi-arthroplasty implants and fixation.

Positioning: Add 12 minutes to the standard package time of 3 minutes (total time = 15 minutes). Patients are typically positioned in the beach chair (semi-sitting) position upright at an angle that usually ranges from 30° to 90° above horizontal, with the head and neck secured in a headrest. The scapula of the operative side is set off the edge of the bed to ensure full mobility and optimal exposure of the shoulder joint. The contralateral arm is padded and secured to prevent injury, while the operative arm is free to be mobilized as needed during surgery. The torso may be gently tilted or wrapped for additional stability, and padding is used under the legs and across bony prominences. Careful attention is

given to securing the patient and maintaining a neutral alignment of the head to avoid complications during surgery. A total of 15 minutes for beach chair positioning is consistent with other shoulder surgeries (eg, 23615, 23616, 23630, 23670, 23670, 34575, 24579).

Scrub, dress and wait: Subtract 5 minutes from the standard package of 20 minutes (total time = 15 minutes) to be consistent with the survey median.

Immediate Post-Service Time

Immediate post-time package 9b is selected

Subtract 8 minutes to be consistent with the survey median and add 10 minutes (total time = 35 minutes) to comport with the RUC policy of shifting the intraservice E/M time of a distinct E/M visit to the immediate postoperative time component.

Postoperative Work

Immediate postoperative work through discharge from recovery room: Apply sterile dressings; remove drapes; prior to extubation, place the operative arm in a shoulder immobilizer; wait for reversal of anesthesia and extubation; assist in transfer of the patient from the OR table to a stretcher or bed; assist in transport of patient from OR to recovery room; monitor patient stabilization in the recovery room; complete a careful vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks and/or patient-controlled analgesia; discuss procedure and outcome with patient and family and answer questions; enter a brief operative note and a full operative report in the medical record; call referring physician and/or send a copy of the operative note; write comprehensive orders for post-anesthesia care unit (PACU) and floor care; complete medication reconciliation; order and review postoperative radiographs; and enter procedure data, including implant details, into longitudinal outcome registries (eg, National Surgical Quality Improvement Program [NSQIP], American Joint Replacement Registry [AJRR], and/or local registry).

The following work is typically performed during a distinct and separate hospital E/M visit, however, RUC policy only allows recognition of patient face-to-face intraservice time: Review nursing notes; discuss status and progress with nursing staff; review vital signs, I/O, laboratory results, and other related data; review findings and outcome with patient and/or family; assess pain control and response to current medications and modify orders accordingly; assess urinary function; examine the surgical site; reinforce dressing as needed; assess limb position, and alignment; check neurovascular status; reposition the limb and/or immobilization devices as needed; counsel the patient and/or family regarding therapy protocol; answer questions; counsel the patient and/or family regarding out of bed (OOB)/ambulation, incentive spirometry, upright position in bed, and use of sequential compressive devices; review postoperative radiographs; communicate and coordinate care with medical consult and other physicians, as needed; communicate and coordinate pain control with anesthesia staff, including status of current modalities (eg, blocks, catheters); update orders; and write postoperative progress note.

The following work is typically performed for discharge management services on the day after surgery, if it is determined to be safe to discharge the patient**:** Review nursing notes; discuss status and progress with nursing staff; review PT/OT notes; discuss status and progress with PT/OT staff; review discharge plan notes; discuss status and progress with case manager; finalize and confirm discharge plans; review notes from other physicians and discuss as appropriate; review vital signs, I/O, lab results, and other related data; interview patient and obtain interval history; assess pain control and response to current medications; assess gastrointestinal and urinary function; examine surgical site; change dressing as needed; assess limb positioning; check neurovascular status; reposition limb and/or immobilization devices as needed; finalize and confirm discharge plans with patient and/or family; counsel patient and/or family regarding therapy protocol and activity limitations after discharge; review postoperative instructions (eg, wound care, pain medications, venous thromboembolism [VTE] prophylaxis); complete daily progress note; complete discharge summary and associated forms and documents; write prescriptions for medications; write orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility (SNF), or home; complete medication reconciliation; coordinate postoperative appointment with patient and/or family and office staff; communicate and coordinate follow-up care with other physicians; and enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP, AJRR).

Office visit 1 (99214): Review PT/OT and/or rehab/SNF notes; review results of laboratory tests (eg, INR, hemoglobin, platelets); interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; remove/change dressing; examine surgical site; remove staples; apply

wound closure strips; assess limb alignment, swelling, strength, and ROM; check neurovascular status; order and review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, nonsteroidal anti-inflammatory drugs [NSAIDs], VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, visiting nurse agency [VNA]); complete PT/OT forms, referrals, or prescriptions; complete disability, out of work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Office visit 2 (99213): Review PT/OT and/or rehab/SNF notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; examine surgical site; assess limb alignment swelling, strength, and ROM; check neurovascular status; counsel patient and/or family regarding wound care, therapy protocol and activity limitations; counsel patient and/or family regarding return to driving; complete temporary handicap parking forms; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, back to work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Office visit 3 (99213): Review PT/OT and/or rehab/SNF notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; examine surgical site; assess limb alignment swelling, strength, and ROM; check neurovascular status; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, back to work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 23470

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 898
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 data - RUC database

Specialty orthopaedic surgery Frequency 810 Percentage 90.20 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 23470

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:23472 Tracking Number Original Specialty Recommended RVU: **20.79**
Presented Recommended RVU: **19.85**
Global Period: 090 Current Work RVU: **22.13** RUC Recommended RVU: **19.85**

CPT Descriptor: Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female with severe glenohumeral joint osteoarthritis undergoes total shoulder arthroplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 93% , In the ASC 7%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 9% , Overnight stay-less than 24 hours 65% , Overnight stay-more than 24 hours 26%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 89%

Description of Pre-Service Work: Write preadmission orders for preoperative medications. Review results of preadmission testing, including laboratory tests, radiographs, CT scans, and/or MRI scans. Re-examine patient to make sure that physical findings have not changed and update H&P. Meet with patient and/or family to review planned procedure and postoperative management. Obtain informed consent and review risks which include infection, dislocation, nerve and blood vessel injury, iatrogenic fracture, and change in physical contour. Verify all required instruments and supplies are available, including intraoperative imaging and/or fluoroscopy for documentation. Ensure that an array of implants are available for possible use in the OR. Perform and review digital templating with computer software to determine type, size, location, version, and positioning of implants and fixation. This includes assessment of range of motion and stability of the construct. Prior to the induction of anesthesia, complete a comprehensive timeout and checklist review with the surgical team. Assist with patient 'beach chair" positioning to ensure that the arm can be manipulated adequately for surgical access. Indicate the areas of skin to be prepared and mark surgical incision. Scrub and gown including donning surgical helmet system. Perform a second brief time out with the surgical team.

Description of Intra-Service Work: Under anesthesia, make a deltopectoral incision from the mid-clavicle to the mid-third of the humerus. Open the deltopectoral interval, allowing identification of the conjoined tendon. Release subdeltoid adhesions. Retract the conjoined tendon medially. Provide careful protection around neurovascular structures during the procedure, including the axillary and musculocutaneous nerves. Ligate or cauterize the anterior circumflex humeral vessels. Divide, tag, and mobilize the subscapularis tendon. Incise the anterior capsule and protect the subscapularis. Perform a wide capsular release for exposure and mobilization of the proximal humerus. Dislocate the shoulder anteriorly with intraoperative inspection and assessment of the humeral head. Remove osteophytes to identify the native humeral neck. Perform a precise resection of the proximal humeral head with an alignment jig and referencing the pre-operative digital templating. Ream the humeral canal and broach to accept the prosthesis. Protect the humeral head cut surface and retract the humeral head posteriorly to expose the glenoid fossa. Expose the glenoid fossa with an extensive circumferential capsular release and excision of labrum if needed in order to allow maximum exposure while minimizing neurovascular risk. Assess the native version and size of the glenoid referencing the pre-operative digital templating. Use the appropriate guides and reference digital templating to ream the glenoid to place the base plate in the appropriate position and version. Secure the baseplate with central and peripheral screws, again referencing the pre-operative digital templating for screw placement. Impact and secure the appropriate sized glenosphere. Carefully bring the humeral head anterior to the

glenosphere and prepare and cleanse the humeral canal prior to placement of the prosthetic humeral component. Cement or press fit the humeral component within the humeral shaft. in the proper degree of retroversion to prevent postoperative subluxation or dislocation. Place trial humeral head spacer and reduce the joint to test for stability, range, of motion, and tension. Fixate the final polyethylene humeral spacer based on the trial results. Repair the subscapularis tendon. Through a stab wound, place drain deep to the deltoid. Re-approximate the deltopectoral interval and close the subcutaneous tissue and skin.

Description of Post-Service Work: Apply sterile dressings; attach drain to suction device; remove drapes; prior to extubation, place the operative arm in a shoulder immobilizer; wait for reversal of anesthesia and extubation; remove surgical helmet system and assist in transfer of the patient from the OR table to a stretcher or bed; assist in transport of patient from OR to recovery room; monitor patient stabilization in the recovery room; complete a careful vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks and/or patient-controlled analgesia; discuss procedure and outcome with patient and family and answer questions; enter a brief operative note and a full operative report in the medical record; call referring physician and/or send a copy of the operative note; write comprehensive orders for post-anesthesia care unit (PACU) and floor care; complete medication reconciliation; order and review postoperative radiographs; and enter procedure data, including implant details, into longitudinal outcome registries (eg, National Surgical Quality Improvement Program [NSQIP], American Joint Replacement Registry [AJRR], and/or local registry).

Later the same day, review nursing notes; discuss status and progress with nursing staff; review vital signs, I/O, laboratory results, and other related data; review findings and outcome with patient and/or family; assess pain control and response to current medications and modify orders accordingly; assess urinary function; examine the surgical site; reinforce dressing as needed; assess limb length, position, and alignment; check neurovascular status; assess function of drains; reposition the limb and/or immobilization devices as needed; counsel the patient and/or family regarding therapy protocol; answer questions; counsel the patient and/or family regarding out of bed (OOB)/ambulation, incentive spirometry, upright position in bed, and use of sequential compressive devices; review postoperative radiographs; communicate and coordinate care with medical consult and other physicians; communicate and coordinate pain control with anesthesia staff, including status of current modalities (eg, blocks, catheters); update orders; and write postoperative check progress note.

On the following day, review nursing notes; discuss status and progress with nursing staff; review PT/OT notes; discuss status and progress with PT/OT staff; review discharge plan notes; discuss status and progress with case manager; if the patient is ready to be discharged, finalize and confirm discharge plans; review notes from other physicians and discuss as appropriate; review vital signs, I/O, lab results, and other related data; interview patient and obtain interval history; assess pain control and response to current medications; assess gastrointestinal and urinary function; examine surgical site; change dressing as needed; assess limb positioning; check neurovascular status; reposition limb and/or immobilization devices as needed; finalize and confirm discharge plans with patient and/or family; counsel patient and/or family regarding therapy protocol and activity limitations after discharge; review postoperative instructions (eg, wound care, pain medications, venous thromboembolism [VTE] prophylaxis); complete daily progress note; complete discharge summary and associated forms and documents; write prescriptions for medications; write orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility (SNF), or home; complete medication reconciliation; coordinate postoperative appointment with patient and/or family and office staff; communicate and coordinate follow-up care with other physicians; and enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP, AJRR).

Office visit work includes the following activities: review PT/OT and/or rehab/SNF notes; review results of laboratory tests (eg, INR, hemoglobin, platelets); interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; remove/change dressing; examine surgical site; remove sutures or staples; apply wound closure strips; assess limb length, alignment, swelling, strength, and range of motion (ROM); check neurovascular status; order and review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, nonsteroidal anti-inflammatory drugs [NSAIDs], VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, visiting nurse agency [VNA]); complete PT/OT forms, referrals, or prescriptions; complete disability, out of work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	William Creevy, MD; Hussein Elkousy, MD					
Specialty Society(ies):	AAOS, ASES					
CPT Code:	23472					
Sample Size:	1613	**Resp N:**	123			
Description of Sample:	random society membership 996 AAOS 617 ASES					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	50.00	**100.00**	150.00	300.00
Survey RVW:		15.59	21.50	**22.50**	25.00	71.49
Pre-Service Evaluation Time:				**50.00**		
Pre-Service Positioning Time:				**20.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		60.00	90.00	**120.00**	120.00	240.00
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	23472	**Recommended Physician Work RVU: 19.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**50.00**	**40.00**	**10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**35.00**	**33.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	86.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
23616	090	18.37	**RUC Time**

CPT Descriptor Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22630	090	22.09	**RUC Time**

CPT Descriptor Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.75	**RUC Time**	14,382

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	22,058

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 40 **% of respondents:** 32.5 **%**

Number of respondents who choose 2nd Key Reference Code: 33 **% of respondents:** 26.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 23472	Top Key Reference CPT Code: 23616	2nd Key Reference CPT Code: **22630**
Median Pre-Service Time	80.00	80.00	75.00
Median Intra-Service Time	120.00	120.00	150.00
Median Immediate Post-service Time	35.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	60.00	100.00
Median Discharge Day Management Time	19.0	38.00	38.00
Median Office Visit Time	86.0	85.00	86.00
Median Total Time	**340.00**	**413.00**	**479.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	14%	48%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	22%	78%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	27%	73%
Physical effort required	0%	35%	65%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	2%	30%	68%

poor outcome	

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	24%	64%	12%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	45%	55%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	42%	58%
Physical effort required	0%	18%	82%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	61%	30%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 23472 was identified with a Medicare utilization over 10,000 and site of service anomaly where Medicare data from 2021-2023 indicated the service was performed less than 50% of the time as inpatient (ie, 2 or more midnights), but included more than 2 hospital E/M codes within the global period. A survey of physician work was requested. Code 23470 for hemi-arthroplasty was added as a family code.

Survey Process

Code 23472 has been surveyed three times in the past. In 1995 by the AAOS, in 2000 by the AAOS and ASES, and in 2012 by the AAOS and ASSH. The AAOS and ASES expressed a level of interest to review this code for the fourth time and each sent survey requests to randomly selected members of their respective organizations. While there is considerable membership overlap between AAOS and ASES, both comprised of orthopaedic surgeons, the Research

Subcommittee required that data from the ASES survey responses be reported separately on the RUC Summary Spreadsheet, as ASES currently does not have a RUC advisor.

Compelling for Increased Procedure Intensity / Complexity

The typical operative technique for a total shoulder arthroplasty has changed since the last review 10 years ago to a "reverse total shoulder arthroplasty" (RTSA). In RTSA, the normal “ball-and-socket” structure of the shoulder is reversed: the artificial ball is attached to the shoulder blade (glenoid) and the artificial socket is attached to the upper arm bone (humerus). This is the opposite of standard (anatomic) shoulder arthroplasty (ATSA). RTSA allows the large deltoid muscle to power the shoulder and move the arm. RTSA has expanded indications when compared to ATSA.

In 2012, ATSA was the main approach, best suited for patients with isolated osteoarthritis with an intact rotator cuff. RTSA was less commonly performed and was used for more limited indications. Today, RTSA is more widely utilized and preferred for complex cases which include, but are not restricted to, massive rotator cuff tear with or without osteoarthritis, failed previous surgery, deformity from prior fracture, osteoarthritis with reduced glenoid bone stock, and osteoarthritis with poor bone quality. These indications reflect a greater surgical complexity and a broader patient population.

The classic ATSA relies on a functioning rotator cuff to stabilize and move the shoulder. Previously, cases of osteoarthritis with rotator cuff tears were addressed with hemiarthroplasty because of the high failure rate of ATSA in the presence of a rotator cuff tear. RTSA has largely replaced hemiarthroplasty and has taken over some indications for ATSA by fundamentally modifying shoulder mechanics. By reversing the ball and socket, the center of rotation of the shoulder is shifted which confers stability and function by transferring mechanical advantage to the deltoid muscle, allowing motion and strength even with a deficient rotator cuff. This requires precise surgical planning and implant positioning to avoid complications such as instability or nerve injury. This need for precise positioning has led to the identification of a greater number or variables and data points that need to be assessed for both RTSA and ATSA, which in turn has resulted in the development of computer software which facilitates digital templating for both RTSA and ATSA. This digital templating that is performed prior to the procedure is now typical.

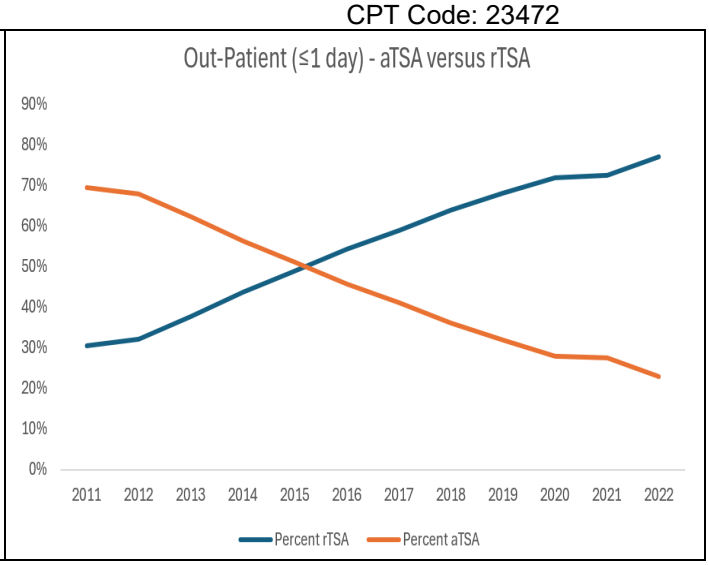
Modern RTSA technology and technique have been steadily advancing and now employ a wider variety of implants, materials, and increased modularity. Prosthetics have evolved in the last decade to better mimic anatomy; reduce wear, loosening, or notching; and improve patient function. The surgery often requires management of altered anatomy from prior procedures or trauma, adding complexity compared to primary shoulder arthroplasty on “virgin” joints.

Patients who undergo RTSA often have more complex histories (e.g., multiple prior surgeries, chronic soft tissue deficiency, bone loss). RTSA patients present challenging postoperative rehabilitation needs, reflecting both increased surgical and clinical complexity.

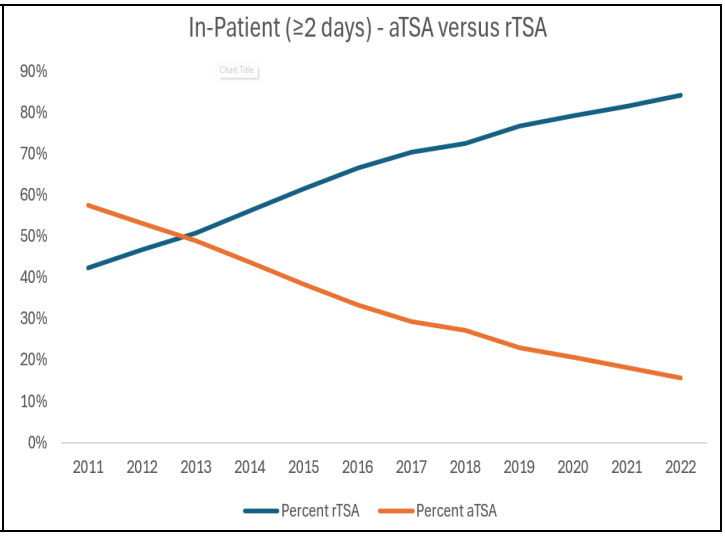
In summary, RTSA differs from previously performed classic shoulder replacement by modifying the joint’s mechanics, enabling improved function for patients once considered poor candidates for ATSA. Over the past decade, both the technology and indications for reverse procedures have expanded, making the surgery significantly more complex due to broader application, more challenging patient anatomy, and the need for specialized surgical skill and implant design.

Although there are no specific CPT or ICD diagnosis codes for RTSA and ATSA, distinct ICD procedure codes are available. As additional support, claims containing ICD-PCS codes for RTSA and ATSA were extracted from Pearl Diver’s Mariner database and sorted by outpatient and inpatient length of stay. While inpatient claims are required to include ICD-PCS codes, these ICD-PCS procedure codes are also sometimes present on outpatient claims. The following tables and graphs show that the transition from ATSA to RTSA between 2011 and 2022 followed similar patterns for both outpatient (≤ 1 LOS) and inpatient (≥ 2 LOS) stays. **Together, these data and the information above support compelling evidence of change in the operative procedure to a surgery with increased intensity and complexity since the prior review.**

Annual Trend of Reverse vs Anatomical TSA LOS ≤ 1 Day (Outpatient)					
Year	Reverse		Anatomical		All TSA
2011	760	30%	1,738	70%	2,498
2012	1,010	32%	2,131	68%	3,141
2013	1,772	38%	2,920	62%	4,692
2014	2,684	44%	3,446	56%	6,130
2015	3,794	49%	3,973	51%	7,767
2016	5,323	54%	4,480	46%	9,803
2017	6,671	59%	4,667	41%	11,338
2018	8,938	64%	5,038	36%	13,976
2019	13,579	68%	6,351	32%	19,930
2020	12,879	72%	5,009	28%	17,888
2021	5,484	73%	2,078	27%	7,562
2022	3,403	77%	1,007	23%	4,410
Total	66,297	61%	42,838	39%	109,135



Annual Trend of Reverse vs Anatomical TSA LOS ≥ 2 Days (Inpatient)					
Year	Reverse		Anatomical		All TSA
2011	2,797	42%	3,790	58%	6,587
2012	3,481	47%	3,954	53%	7,435
2013	4,563	51%	4,383	49%	8,946
2014	5,412	56%	4,216	44%	9,628
2015	5,786	62%	3,598	38%	9,384
2016	6,073	67%	3,046	33%	9,119
2017	6,232	71%	2,599	29%	8,831
2018	7,874	73%	2,957	27%	10,831
2019	8,734	77%	2,623	23%	11,357
2020	7,222	79%	1,882	21%	9,104
2021	4,664	82%	1,042	18%	5,706
2022	3,864	84%	720	16%	4,584
Total	66,702	66%	34,810	34%	101,512



Data source: Pearl Diver's Mariner database that contains over 41 billion HIPAA-compliant patient records. It is a commercially available healthcare database containing de-identified patient records from insurance claims, including demographics, enrollment information, medical diagnoses, procedures, and dispensed medications.

Recommendation – 23472

Work RVU Recommendation

Comparison of current survey data with 2012 data reveals less intraoperative time, but as discussed above, at a higher complexity and intensity. The current survey data also indicate fewer hospital visits, but higher-level office work. These changes align with bundled payment models and cost-reduction strategies but also demonstrate that earlier discharges increase the clinical demands of postoperative ambulatory care, shifting more complex monitoring, complication prevention, and patient education to the outpatient setting.

We recommend a work RVU of 19.85 that is a crosswalk to 61798 This recommended work RVU reflects the increased intensity of the t more complex procedure, while also recognizing a decrease in total time.

Pre-service time

Pre-time package 4 is selected, with the following modifications:

Evaluation time: Add 10 minutes to the standard package time of 40 minutes (total time = 50 minutes) to perform and review digital templating with computer software prior to surgery to determine type, size, location, version, and positioning of total shoulder arthroplasty implants and fixation.

Positioning: Add 12 minutes to the standard package time of 3 minutes (total time = 15 minutes). Patients are typically positioned in the beach chair (semi-sitting) position upright at an angle that usually ranges from 30° to 90° above

horizontal, with the head and neck secured in a headrest. The scapula of the operative side is set off the edge of the bed to ensure full mobility and optimal exposure of the shoulder joint. The contralateral arm is padded and secured to prevent injury, while the operative arm is free to be mobilized as needed during surgery. The torso may be gently tilted or wrapped for additional stability, and padding is used under the legs and across bony prominences. Careful attention is given to securing the patient and maintaining a neutral alignment of the head to avoid complications during surgery. A total of 15 minutes for beach chair positioning is consistent with other shoulder surgeries (eg, 23615, 23616, 23630, 23670, 23670, 34575, 24579).

Scrub, dress and wait: Subtract 5 minutes from the standard package of 20 minutes (total time = 15 minutes) to be consistent with the survey median.

Immediate Post-Service Time

Immediate post-time package 9b is selected

Subtract 8 minutes to be consistent with the survey median and add 10 minutes (total time = 35 minutes) to comport with the RUC policy of shifting the intraservice E/M time of a distinct E/M visit to the immediate postoperative time component.

Postoperative Work

Immediate postoperative work through discharge from recovery room: Apply sterile dressings; remove drapes; prior to extubation, place the operative arm in a shoulder immobilizer; wait for reversal of anesthesia and extubation; assist in transfer of the patient from the OR table to a stretcher or bed; assist in transport of patient from OR to recovery room; monitor patient stabilization in the recovery room; complete a careful vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks and/or patient-controlled analgesia; discuss procedure and outcome with patient and family and answer questions; enter a brief operative note and a full operative report in the medical record; call referring physician and/or send a copy of the operative note; write comprehensive orders for post-anesthesia care unit (PACU) and floor care; complete medication reconciliation; order postoperative radiographs; and enter procedure data, including implant details, into longitudinal outcome registries (eg, National Surgical Quality Improvement Program [NSQIP], American Joint Replacement Registry [AJRR], and/or local registry).

The following work is typically performed during a distinct and separate hospital E/M visit, however, RUC policy only allows recognition of patient face-to-face intraservice time: Review nursing notes; discuss status and progress with nursing staff; review vital signs, I/O, laboratory results, and other related data; review findings and outcome with patient and/or family; assess pain control and response to current medications and modify orders accordingly; assess urinary function; examine the surgical site; reinforce dressing as needed; assess limb position, and alignment; check neurovascular status; assess function of drains; reposition the limb and/or immobilization devices as needed; counsel the patient and/or family regarding therapy protocol; answer questions; counsel the patient and/or family regarding out of bed (OOB)/ambulation, incentive spirometry, upright position in bed, and use of sequential compressive devices; review postoperative radiographs; communicate and coordinate care with medical consult and other physicians, as needed; communicate and coordinate pain control with anesthesia staff, including status of current modalities (eg, blocks, catheters); update orders; and write postoperative progress note.

The following work is typically performed for discharge management services on the day after surgery, if it is determined to be safe to discharge the patient**:** Review nursing notes; discuss status and progress with nursing staff; review PT/OT notes; discuss status and progress with PT/OT staff; review discharge plan notes; discuss status and progress with case manager; finalize and confirm discharge plans; review notes from other physicians and discuss as appropriate; review vital signs, I/O, lab results, and other related data; interview patient and obtain interval history; assess pain control and response to current medications; assess gastrointestinal and urinary function; examine surgical site; change dressing as needed; assess limb positioning; check neurovascular status; reposition limb and/or immobilization devices as needed; finalize and confirm discharge plans with patient and/or family; counsel patient and/or family regarding therapy protocol and activity limitations after discharge; review postoperative instructions (eg, wound care, pain medications, venous thromboembolism [VTE] prophylaxis); complete daily progress note; complete discharge summary and associated forms and documents; write prescriptions for medications; write orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility (SNF), or home; complete medication reconciliation; coordinate postoperative appointment with patient and/or family and office staff; communicate and coordinate follow-up care with other physicians; and enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP, AJRR).

Office visit 1 (99214): Review PT/OT and/or rehab/SNF notes; review results of laboratory tests (eg, INR, hemoglobin, platelets); interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; remove/change dressing; examine surgical site; remove staples; apply wound closure strips; assess limb alignment, swelling, strength, and ROM; check neurovascular status; order and review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, nonsteroidal anti-inflammatory drugs [NSAIDs], VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, visiting nurse agency [VNA]); complete PT/OT forms, referrals, or prescriptions; complete disability, out of work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Office visit 2 (99213): Review PT/OT and/or rehab/SNF notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; examine surgical site; assess limb alignment, swelling, strength, and ROM; check neurovascular status; counsel patient and/or family regarding wound care, therapy protocol and activity limitations; counsel patient and/or family regarding return to driving; complete temporary handicap parking forms; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, back to work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Office visit 3 (99213): Review PT/OT and/or rehab/SNF notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; examine surgical site; assess limb alignment, swelling, strength, and ROM; check neurovascular status; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, back to work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Summary

The change in procedure and patient support a value with a higher intensity. In addition, the shift toward value-based alternative payment models has driven significant redesign in the care of total shoulder arthroplasty patients—producing shorter hospital stays, decreased reliance on post-acute care facilities, reduced hospital readmissions, and lower overall costs.

The valuation of CPT 23472 should capture the complete scope of physician work performed, rather than relying on outdated proxies or reduced service assumptions established nearly two decades ago that were meant to account for same-day discharges.

Based on current evidence, we recommend a work RVU of 19.85 for 23472, which remains below both the survey 25th percentile and the current assigned value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 23472

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
76,910 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. 2023 data - RUC database

Specialty orthopaedic surgery Frequency 70000 Percentage 91.01 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 23472

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Arthroplasty – Shoulder
TAB: 18

SOURCE	CPT		global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 91 92 33 32 31	POST 38 39	POST-OFFICE 15 14 13 12 11	12 Month Svy Experience MIN	25th	MED	75th	MAX
REF1	23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture,	090	2007	61	0.078	0.044			18.37			413	50	15	15			120			30	1 1	1.0	3 1					
REF2	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	090	2002	12	0.083	0.047			15.59			334	75					120			40		0.5	5					
CURRENT	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	090	HVD		0.086	0.046			17.89			390	23	10	25			113			19	5	1.0	4.5					
SVY	23470	**Arthroplasty, glenohumeral joint; hemiarthroplasty**	090		112	0.137	0.059	13.16	18.34	19.90	21.00	64.29	337	43	20	15	45	71	90	101	200	25	1	1.0	1 2	0	3	5	10	100
ASES	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	090		91	0.139	0.060	13.16	18.37	20.00	22.00	64.29	334	40	20	15	60	75	90	100	200	25	1	1.0	1 2	0	3	5	10	100
AAOS	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	090		21	0.130	0.057	16.00	18.00	19.25	20.00	20.50	336	50	20	15	45	60	90	105	120	17	1	1.0	1 2	0	1	5	6	50
XWALK	67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral	090	2015		0.103	0.055			16.00			290	33	3	15			90			15		0.5	5					
REC	23470	**Arthroplasty, glenohumeral joint; hemiarthroplasty**	090			0.108	0.053			16.00			303	43	15	15			90			35		0.5	1 2					
REF1	23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture,	090	2007	40	0.078	0.044			18.37			413	50	15	15			120			30	1 1	1.0	3 1					
REF2	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy	090	2021	33	0.078	0.046			22.09			479	40	20	15			150			30	2 1	1.0	1 2					
CURRENT	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral	090	2012		0.089	0.049			22.13			448	40	15	20			140			30	1 2	1.0	3 1					
SVY	23472	**Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral**	090		123	0.123	0.060	15.59	21.50	22.50	25.00	71.49	374	50	20	15	60	90	120	120	240	25	1	1.0	1 2	0	50	100	150	300
ASES	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral	090		96	0.126	0.062	15.59	22.00	22.71	25.00	71.49	369	45	20	15	60	90	120	120	240	25	1	1.0	1 2	0	75	115	150	300
AAOS	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral	090		27	0.160	0.065	18.00	20.00	22.00	23.38	32.00	339	50	18	15	60	90	90	120	180	22	1	1.0	1 2	4	11	25	65	250
XWALK	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1	090	2008		0.137	0.088			19.85			225	18	1	6			120			15		0.5	2					
REC	23472	**Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**	090			0.112	0.058			19.85			340	50	15	15			120			35		0.5	1 2					

FACILITY DIRECT PE INPUTS

CPT CODE(S): 23470, 23472
SPECIALTY SOCIETY(IES): AAOS, ASES
PRESENTER(S): William Creevy, MD; Hussein Elkousy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2025

CPT Code	Long Descriptor	Global Period
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	90
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	90

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
23470	A 62-year-old female with moderate glenohumeral joint osteoarthritis undergoes shoulder hemiarthroplasty.
23472	A 65-year-old female with severe glenohumeral joint osteoarthritis undergoes total shoulder arthroplasty.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   AAOS and ASES surgeons reviewed and updated the current PE details for codes 23470 and 23472

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   Current codes are used for reference
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   No
   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   N/A
   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Activity	**Clinical Staff Work**
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of preservice imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including presurgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists. Confirms that all possible implants will be available.
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status, and answers final pre-admission questions.

   b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions and outpatient follow-up. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge

   c. Post-service period:

The clinical staff work includes the standard activities involved in office E/M visits including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, cleaning of the room, and home instructions.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment? **N/A**

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment? **N/A**

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? ☒ **Yes** or ☐ No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

CMS established pack

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (staple)	**SA052**	**pack**	
kit, staple removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2

gloves, sterile	pair	1
steri-strip (6 strip uou)	item	2
swab-pad, alcohol	item	2
tape, surgical paper 1in (Micropore)	inch	12
tincture of benzoin, swab	item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
☐ Yes or ☒ **No**.
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

EF031	table, power	Office Visits	+J91	

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

Current codes 23470 and 23472 should be maintained for PLI

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**			
2						**23470**		**23470**		**23472**		**23472**			
3	**Clinical Activity Code**	**Meeting Date: 09/2025 Revision Date (if applicable): 9-21-25 Tab: 18 Specialty: AAOS, ASES**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Arthroplasty, glenohumeral joint; hemiarthroplasty		Arthroplasty, glenohumeral joint; hemiarthroplasty		Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal		Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal			
4		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		
5		**GLOBAL PERIOD**				**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**		
6		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**N/A**	**$136.57**	**N/A**	**$125.17**	**N/A**	**$139.22**	**N/A**	**$125.17**		
7		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**194.0**	**0.0**	**191.0**	**0.0**	**207.0**	**0.0**	**191.0**		
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**		
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**		
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**122.0**	**0.0**	**125.0**	**0.0**	**135.0**	**0.0**	**125.0**		
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 104.76**	**$ -**	**$ 103.14**	**$ -**	**$ 111.78**	**$ -**	**$ 103.14**		
12		**PRE-SERVICE PERIOD**													
13		**Start: Following visit when decision for surgery/procedure made**													
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5		5		5		
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20		20		20		
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8		8		8		
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20		20		20		
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7		7		7		
28		**End: When patient enters office/facility for surgery/procedure**													
29		**SERVICE PERIOD**													
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**12**	**n/a**	**6**	**n/a**	**12**	**n/a**	**6**		
81		**POST-SERVICE PERIOD**													
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		
86		99211 16 minutes	16												
87		99212 27 minutes	27				4.5				1				
88		99213 36 minutes	36						2		3		2		
89		99214 53 minutes	53						1				1		
90		99215 63 minutes	63												
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**122.0**	**0.0**	**125.0**	**0.0**	**135.0**	**0.0**	**125.0**		
99	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**											
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 29.90**	**$ -**	**$ 20.07**	**$ -**	**$ 24.88**	**$ -**	**$ 20.07**		
101	SA048	pack, minimum multi-specialty visit	5.02	pack			5		3		4		3		
102	SA052	pack, post-op incision care (staple)	4.8	pack			1		1		1		1		
103	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item					3				3		
109	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**										
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.91**	**$ -**	**$ 1.96**	**$ -**	**$ 2.56**	**$ -**	**$ 1.96**		
111	EF031	table, power	5906.76	Office Visits	0.015674926		122.0		125.0		135		125.0		
112	EQ168	light, exam	1232.887	Office Visits	0.003271745						135				

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: Site of Service Anomaly

September 2025

Arthroplasty-Hip – Tab 19

In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 27130 as having a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. The RAW concluded that CPT code 27130 represents a site of service anomaly since visits are currently included in the valuation of this service that are not typically occurring. The RUC recommended that CPT code 27130 be surveyed for September 2025.

27130 ***Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft***
The RUC reviewed the survey results from 238 orthopaedic and hip/knee surgeons and determined a direct work RVU crosswalk to CPT code 67108 *Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique* (work RVU= 17.13, intra-service time of 90 minutes, total time of 295 minutes), noting that it is below the survey 25th percentile. Both procedures typically involve the same amount of intra-service time, similar complexity, and the same overall amount of physician work. The specialty noted and the RUC concurred that the work of 27130 and 27447 total knee replacement requires the same physician time and complexity to perform and therefore should be valued the same.

The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, 40 minutes immediate post-service time, 0.5-99238 discharge visit, 1-99214 and 2-99213 post-operative office visits, for a total time of 305 minutes. The specialty society noted that 15 minutes of positioning time was typical to position the patient supine on a traction table or position the patient in the lateral decubitus. The specialty society noted that the level of complexity of the problem and the medical decision-making around the medication management, support a level 4 office visit for the first post-operative visit. The specialty society noted that the surgeon often prescribes or makes decisions around prescribing narcotic and anticoagulation medication at the first post-operative office visit.

The shift toward value-based alternative payment models has driven significant redesign in the care of total hip arthroplasty patients—producing shorter hospital stays, decreased reliance on post-acute care facilities and reduced hospital readmissions. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit is now typical. The 23-hour policy was applied to capture this visit as an additional 20 minutes of the same data post-operative time.

To support the recommended work RVU, the RUC compared the surveyed code to CPT codes 22554 *Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2* (work RVU= 17.69, intra-service time of

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90 minutes, total time of 362 minutes) and 43770 *Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)* (work RVU= 18.00, intra-service time of 90 minutes, total time of 367 minutes). All three codes typically involve the same amount of intra-service time, whereas the reference procedures each involve more total time. The RUC confirmed that these three procedures would have appropriate relativity with one another. **The RUC recommends a work RVU of 17.13 for CPT code 27130.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	090	17.13 (2025 Work RVU = 19.60)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27130 Tracking Number Original Specialty Recommended RVU: **18.00**
Presented Recommended RVU: **17.69**
Global Period: 090 Current Work RVU: **19.60** RUC Recommended RVU: **17.13**

CPT Descriptor: Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female has hip osteoarthritis not responding to nonoperative treatment. A total hip arthroplasty (THA) is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 93% , In the ASC 7%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 5% , Overnight stay-less than 24 hours 68% , Overnight stay-more than 24 hours 26%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 94%

Description of Pre-Service Work: On the day before and/or the day of surgery, the surgeon and/or qualified health care professional will complete the following work: Interview and examine the patient to confirm that the medical status and physical findings have not changed; update and sign the H&P; review the planned procedure and postoperative management with patient and family; confirm or update the consent; sign or mark the operative site; re-review results of preadmission testing, including laboratory studies, X rays, and/or computed tomographic (CT) scans, with special attention to radiographs that were used for sizing and ordering of special implants or allografts; confirm timing and administration of antibiotics; assure appropriate selection, timing, and administration of DVT prophylaxis; verify all required instruments and supplies are available, including intraoperative fluoroscopy. Confirm all potential implants are available for possible use in the OR. Prior to the induction of anesthesia, complete a comprehensive timeout and checklist review with the surgical team. Assist with positioning patient (lateral decubitus or supine traction table); pad bony prominences and apply thermal regulation drapes; prepare and drape; mark surgical incision; scrub and gown including donning surgical helmet system, and perform a second brief time out with the surgical team.

Description of Intra-Service Work: After incising the skin and the fascia, complete dissection for exposure of the femur and acetabulum. Assess limb length by placing markers in the pelvis and the femur. Perform a capsulotomy and dislocate the femoral head. Perform a femoral neck osteotomy at the proper height. Open the femoral canal and ream and then perform sequential rasping with the broach/trial femoral component until correct rotational and axial stability is achieved. Use a calcar planer on the femoral neck osteotomy, when indicated, to fashion the bone. Perform additional dissection and releases as needed to expose the acetabulum. Place appropriate retractors anteriorly as well as posteriorly. Remove all excess capsule and redundant labrum, as well as all osteophytes. Identify the base of the acetabulum by utilizing a small reamer. Once the reamer is placed down to the medial wall of the acetabulum, use sequential reamers in 1-2-mm increments up to the correct size based on the axial and off-center loading of the reamers. Insert trial acetabular implants and reduce the hip. Check the stability of the leg. Measure the length of the leg and adjust the implants as necessary. Once the proper implant sizing and joint stability are confirmed, insert the final femoral and acetabular components and reduce the hip joint. Make a final check for stability, limb length, range of motion (ROM), and impingement. Confirm sponge and needle counts. Copiously irrigate the wound with saline and/or other solutions. Close the wound in multiple layers, being careful to reattach the muscles to the proper structures.

Description of Post-Service Work: Apply sterile dressings; remove drapes; wait for reversal of anesthesia and extubation; remove surgical helmet system and assist in transfer of the patient from the OR table to a stretcher or bed; assess limb length and rotational alignment; monitor transport of patient from OR to recovery room; monitor patient stabilization in the recovery room; complete a careful neurologic and vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks and/or patient-controlled analgesia; discuss procedure and outcome with family and answer questions; enter a brief operative note and a full operative report in the medical record; send a copy of the operative note to the referring physician; write comprehensive orders for post-anesthesia care unit (PACU) and floor care; complete medication reconciliation; order postoperative radiographs; and enter procedure data, including implant details, into longitudinal outcome registries (eg, National Surgical Quality Improvement Program [NSQIP], American Joint Replacement Registry [AJRR], and/or local registry).

Later the same day, review nursing notes; discuss status and progress with nursing staff; review vital signs, I/O, laboratory results, and other related data; review findings and outcome with patient and/or family; assess pain control and response to current medications and modify orders accordingly; assess urinary function; examine the surgical site; reinforce dressing as needed; assess limb length, position, and alignment; check neurovascular status; reposition the limb and/or immobilization devices as needed; counsel the patient and/or family regarding physical therapy protocol; answer questions; counsel the patient and/or family regarding out of bed (OOB)/ambulation, incentive spirometry, upright position in bed, and use of sequential compressive devices; review postoperative radiographs; communicate and coordinate care with medical consult and other physicians; communicate and coordinate pain control with anesthesia staff, including status of current modalities (eg, blocks, catheters); update orders; and write postoperative check progress note.

On the following day, review nursing notes; discuss status and progress with nursing staff; review PT/OT notes; discuss status and progress with PT/OT staff; review discharge plan notes; discuss status and progress with case manager; if the patient is ready to be discharged, finalize and confirm discharge plans; review notes from other physicians and discuss as appropriate; review vital signs, I/O, lab results, and other related data; interview patient and obtain interval history; assess pain control and response to current medications; assess gastrointestinal and urinary function; examine surgical site; change dressing as needed; assess limb alignment and ROM; check neurovascular status; reposition limb and/or immobilization devices as needed; finalize and confirm discharge plans with patient and/or family; counsel patient and/or family regarding therapy protocol and activity limitations after discharge; review postoperative instructions (eg, wound care, pain medications, venous thromboembolism [VTE] prophylaxis); complete daily progress note; complete discharge summary and associated forms and documents; write prescriptions for medications and devices (eg, walker, wheelchair, bedside commode, raised toilet seat); write orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility (SNF), or home; complete medication reconciliation; coordinate postoperative appointment with patient and/or family and office staff; communicate and coordinate follow-up care with other physicians; and enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP, AJRR).

Office visit work includes the following activities: review PT/OT and/or rehab/SNF notes; review results of laboratory tests (eg, INR, hemoglobin, platelets); interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; remove/change dressing; examine surgical site; remove staples; apply wound closure strips; assess limb length, alignment, swelling, strength, and range of motion (ROM); check neurovascular status; review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, nonsteroidal anti-inflammatory drugs [NSAIDs], VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, visiting nurse agency [VNA]); complete PT/OT forms, referrals, or prescriptions; complete disability, out of work, and/or other related forms; communicate and coordinate care with other physicians and providers (eg, PCP, rheumatology, PT/OT); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	William Creevy, MD; Hussein Elkousy, MD; Paul Lichstein, MD					
Specialty Society(ies):	AAOS, AAHKS					
CPT Code:	27130					
Sample Size:	3872	**Resp N:**	238			
Description of Sample:	Random society membership 2485 AAOS 1387 AAHKS					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	80.00	**150.00**	200.00	400.00
Survey RVW:		15.00	21.50	**22.50**	24.00	52.00
Pre-Service Evaluation Time:				**40.00**		
Pre-Service Positioning Time:				**15.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		60.00	75.00	**90.00**	105.00	180.00
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	27130	**Recommended Physician Work RVU: 17.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	86.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22630	090	22.09	**RUC Time**

CPT Descriptor Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27269	090	18.89	**RUC Time**

CPT Descriptor Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	22,981

CPT Descriptor 1 Mastectomy, simple, complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	22,058

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 117 **% of respondents:** 49.1 **%**

Number of respondents who choose 2nd Key Reference Code: 43 **% of respondents:** 18.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 27130	Top Key Reference CPT Code: 22630	2nd Key Reference CPT Code: **27269**
Median Pre-Service Time	70.00	75.00	60.00
Median Intra-Service Time	90.00	150.00	125.00
Median Immediate Post-service Time	40.00	30.00	30
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	100.00	80.00
Median Discharge Day Management Time	19.0	38.00	38
Median Office Visit Time	86.0	86.00	71.00
Median Total Time	**305.00**	**479.00**	**404.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	46%	45%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	61%	36%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	1%	52%	47%
Physical effort required	1%	12%	87%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	60%	34%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	12%	53%	35%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	37%	61%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	26%	74%
Physical effort required	0%	19%	81%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	2%	12%	86%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 27130 was identified with a Medicare utilization over 10,000 and site of service anomaly where Medicare data from 2021-2023 indicated the service was performed less than 50% of the time as inpatient (ie, 2 or more midnights), but included more than 2 hospital E/M codes within the global period. A survey of physician work was requested.

Survey Process

The AAOS and AAHKS each sent survey requests to randomly selected members of their respective organizations. While there is considerable membership overlap between AAOS and AAHKS, both comprised of orthopaedic surgeons, the Research Subcommittee required that data from the AAHKS survey responses be reported separately on the RUC Summary Spreadsheet, as AAHKS currently does not have a RUC advisor. In contrast, during the 2019 survey, both AAOS and AAHKS conducted surveys but did not need to separate their data, since AAHKS had a RUC advisor at that time.

Recommendation – 27130

Work RVU Recommendation

We **recommend a work RVU of 17.69 that is a direct crosswalk to code 22554.** A work RVU of 17.69 appropriately values 27130 relative to other arthroplasty codes.

Pre-service time

Pre-time package 4 is selected: difficult patient / difficult procedure.

Evaluation time: Standard 40 minute package time is recommended.

Positioning: Twelve minutes have been added to the standard package time of 3 minutes (total time = 15 minutes) to account for positioning the patient lateral decubitus or supine on a traction top table. This is consistent with both the survey median and historical RUC precedent for similar -procedures (eg, 27236, 27269).

Scrub, dress and wait: Five minutes have been subtracted from the standard package of 20 minutes (total time = 15 minutes) to be consistent with the survey median.

Immediate Post-Service Time

Immediate post-time package 9b is selected: general anesthesia or complex regional block / complex procedure. Subtract 13 minutes to be consistent with the survey median and add 20 minutes (total time = 40 minutes) to comport with the RUC policy of shifting the intraservice E/M time of a distinct E/M visit to the immediate postoperative time component.

Postoperative Work

Immediate postoperative work through discharge from recovery room: Apply sterile dressings; remove drapes; wait for reversal of anesthesia and extubation; assist in transfer of the patient from the OR table to a stretcher or bed; assess limb length and rotational alignment; assist in transport of patient from OR to recovery room; monitor patient stabilization in the recovery room; complete a careful neurologic and vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks and/or patient-controlled analgesia; discuss procedure and outcome with family and answer questions; enter a brief operative note and a full operative report in the medical record; send a copy of the operative note to the referring physician; write comprehensive orders for post-anesthesia care unit (PACU) and floor care; complete medication reconciliation; order postoperative radiographs; and enter procedure data, including implant details, into longitudinal outcome registries (eg, National Surgical Quality Improvement Program [NSQIP], American Joint Replacement Registry [AJRR], and/or local registry).

The following work is typically performed during a distinct and separate hospital E/M visit, however, RUC policy only allows recognition of patient face-to-face intraservice time: Review nursing notes; discuss status and progress with nursing staff; review vital signs, I/O, laboratory results, and other related data; review findings and outcome with patient and/or family; assess pain control and response to current medications and modify orders accordingly; assess urinary function; examine the surgical site; reinforce dressing as needed; assess limb length, position, and alignment; check neurovascular status; reposition the limb and/or immobilization devices as needed; counsel the patient and/or family regarding physical therapy protocol; answer questions; counsel the patient and/or family regarding out of bed (OOB)/ambulation, incentive spirometry, upright position in bed, and use of sequential compressive devices; review postoperative radiographs; communicate and coordinate care with medical consult and other physicians, as needed; communicate and coordinate pain control with anesthesia staff, including status of current modalities (eg, blocks, catheters); update orders; and write postoperative progress note.

The following work is typically performed for discharge management services on the day after surgery, if it is determined to be safe to discharge the patient**:** Review nursing notes; discuss status and progress with nursing staff; review PT/OT notes; discuss status and progress with PT/OT staff; review discharge plan notes; discuss status and progress with case manager; finalize and confirm discharge plans; review notes from other physicians and discuss as appropriate; review vital signs, I/O, lab results, and other related data; interview patient and obtain interval history; assess pain control and response to current medications; assess gastrointestinal and urinary function; examine surgical site; change dressing as needed; assess limb alignment and ROM; check neurovascular status; reposition limb and/or immobilization devices as needed; finalize and confirm discharge plans with patient and/or family; counsel patient

and/or family regarding therapy protocol and activity limitations after discharge; review postoperative instructions (eg, wound care, pain medications, venous thromboembolism [VTE] prophylaxis); complete daily progress note; complete discharge summary and associated forms and documents; write prescriptions for medications and devices (eg, walker, wheelchair, bedside commode, raised toilet seat); write orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility (SNF), or home; complete medication reconciliation; coordinate postoperative appointment with patient and/or family and office staff; communicate and coordinate follow-up care with other physicians; and enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP, AJRR).

Office visit 1 (99214): Review PT/OT and/or rehab/SNF notes; review results of laboratory tests (eg, INR, hemoglobin, platelets); interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; remove/change dressing; examine surgical site; remove staples; apply wound closure strips; assess limb length, alignment, swelling, strength, and ROM; check neurovascular status; review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, nonsteroidal anti-inflammatory drugs [NSAIDs], VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, visiting nurse agency [VNA]); complete PT/OT forms, referrals, or prescriptions; complete disability, out of work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Office visit 2 (99213): Review PT/OT and/or rehab/SNF notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; examine surgical site; assess limb length, alignment swelling, strength, and ROM; check neurovascular status; order and review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol and activity limitations; counsel patient and/or family regarding return to driving; complete temporary handicap parking forms; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, back to work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Office visit 3 (99213): Review PT/OT and/or rehab/SNF notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; examine surgical site; assess limb length, alignment swelling, strength, and ROM; check neurovascular status; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, back to work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Summary

The shift toward value-based alternative payment models has driven significant redesign in the care of total hip arthroplasty patients—producing shorter hospital stays, decreased reliance on post-acute care facilities, reduced hospital readmissions, and lower overall costs.

The valuation of CPT 27130 should capture the complete scope of physician work performed, rather than relying on outdated proxies or reduced service assumptions established nearly two decades ago that were meant to account for same-day discharges.

Based on current evidence, we recommend a work RVU of 17.69, which remains below both the survey 25th percentile and the current assigned value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 27130

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 174,976 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 - RUC database

Specialty orthopaedic surgery Frequency 173500 Percentage 99.15 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - Hip replacement

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27130

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Arthroplasty – Hip
TAB: 19

				Review				RVW					Total	PRE			INTRA					POST						POST-OFFICE					12 Month Svy Experience				
SOURCE	CPT		global	Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
REF1	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to	090	2021	117	0.078	0.046			22.09			479	40	20	15			150			30		2	1	1.0			1	2							
REF2	27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when	090	2007	43	0.084	0.047			18.89			404	25	15	20			125			30		1	2	1.0				1	3						
CURRENT	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty),	090	2019		0.108	0.052			19.60			377	40	15	15			100			20		2		1.0				3							
SVY	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty),	090		238	0.162	0.065	15.00	21.50	22.50	24.00	52.00	344	40	15	15	60	75	90	105	180	20		1		1.0				1	2			0	80	150	200	400
AAHKS	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty),	090		161	0.163	0.066	18.00	22.00	22.60	24.50	52.00	341	40	15	12	60	75	90	100	180	20		1		1.0				1	2			10	100	150	200	400
AAOS	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty),	090		77	0.158	0.064	15.00	21.00	22.09	23.00	30.70	344	40	15	15	60	77	90	110	150	20		1		1.0				1	2			0	40	100	150	350
XWALK	67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or	090	2005		0.114	0.058			17.13			295	33	3	15			90			20				0.5				5							
REC	27130	**Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft**	090			0.120	0.056			17.13			305	40	15	15			90			40				0.5			1	2							

FACILITY DIRECT PE INPUTS **CPT CODE(S):** 27130

SPECIALTY SOCIETY(IES): AAOS

PRESENTER(S): William Creevy, MD; Hussein Elkousy, MD, Paul Lichstein, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2025

CPT Code	Long Descriptor	Global Period
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	90

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
27130	A 72-year-old female has hip osteoarthritis not responding to nonoperative treatment. A total hip arthroplasty (THA) is performed.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   AAOS and AAHKS surgeons reviewed and updated the current PE details for codes 27130

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   Current code is used for reference

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   Clinical staff: Increased clinical staff time is due to change in level of postop office E/M
   Supplies:, SM022, sanitizing cloth-wipe (surface, instruments, equipment), is needed to clean hard surfaces at each postoperative visit. This is consistent with the addition of SM022 to E/M office visit codes as this was not included in the E/M multispecialty office visit pack.
   Equipment: Increased equipment time is due to change in level of postop office E/M

   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Activity	**Clinical Staff Work**
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of preservice imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including presurgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists. Confirms that all necessary implants will be available.
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status, and answers final pre-admission questions.

   b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions and outpatient follow-up. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge

   c. Post-service period:

The clinical staff work includes the standard activities involved in office E/M visits including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, cleaning of the room, and home instructions.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment? **N/A**

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment? **N/A**

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? ☒ **Yes** or ☐ No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

CMS established pack

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit
pack, post-op incision care (staple)	**SA052**	**pack**
kit, staple removal		kit
povidone soln (Betadine)		ml
gauze, sterile 4in x 4in		item

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

gloves, sterile	pair
steri-strip (6 strip uou)	item
swab-pad, alcohol	item
tape, surgical paper 1in (Micropore)	inch
tincture of benzoin, swab	item

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
☐ Yes or ☒ **No**.
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment please explain here:

EF031	table, power	Office Visits	+J91	

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

Current code 27130 should be maintained for PLI

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**27130**		**27130**	
3	**Clinical Activity Code**	**Meeting Date: 09/2025** **Revision Date (if applicable): 9-21-25** **Tab: 19** **Specialty: AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Arthroplasty, acetabular and proximal femoral prosthetic		Arthroplasty, acetabular and proximal femoral prosthetic	
4		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
5		**GLOBAL PERIOD**				**90**	**90**	**90**	**90**
6		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**N/A**	**$ 118.75**	**N/A**	**$ 125.17**
7		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**180.0**	**0.0**	**191.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**12.0**	**0.0**	**6.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**108.0**	**0.0**	**125.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 97.20**	**$ -**	**$ 103.14**
12		**PRE-SERVICE PERIOD**							
13		**Start: Following visit when decision for surgery/procedure made**							
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7
28		**End: When patient enters office/facility for surgery/procedure**							
29		**SERVICE PERIOD**							
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**12**	**n/a**	**6**
81		**POST-SERVICE PERIOD**							
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16						
87		99212 27 minutes	27						
88		99213 36 minutes	36				3		2
89		99214 53 minutes	53						1
90		99215 63 minutes	63						
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**108.0**	**0.0**	**125.0**
99	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 19.86**	**$ -**	**$ 20.07**
101	SA048	pack, minimum multi-specialty visit	5.02	pack			3		3
102	SA052	pack, post-op incision care (staple)	4.8	pack			1		1
103	SA053	pack, post-op incision care (suture & staple)	5.47	pack					0
104	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item					3
109	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.69**	**$ -**	**$ 1.96**
111	EF031	table, power	5906.76	Office Visits	0.015674926		108.0		125.0

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: Site of Service Anomaly

September 2025

Arthroplasty-Knee – Tab 20

In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 27447 as having a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. The RAW concluded that CPT code 27447 represents a site of service anomaly since visits are currently included in the valuation of this service that are not typically occurring. The RAW also worked with the specialty societies and identified code 27446 as part of this family of services. The RUC recommended that CPT codes 27446 and 27447 be surveyed for September 2025.

27447 ***Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)***
The RUC reviewed the survey results from 245 orthopaedic and hip/knee surgeons and determined a direct work RVU crosswalk to CPT code 67108 *Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique* (work RVU= 17.13, intra-service time of 90 minutes, total time of 295 minutes) appropriately accounts for the work required to perform this service, noting that is below the survey 25th percentile. Both procedures typically involve the same amount of intra-service time, similar complexity and the same overall amount of physician work. The specialty society noted and the RUC concurred that the work of 27447 and 27130 total hip replacement require the same physician time and complexity to perform and therefore should be valued the same.

The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, 40 minutes immediate post-service time, 0.5x 99238 discharge visit, 1-99214 and 2-99213 post-operative office visits, for a total time of 305 minutes. The specialty society noted and the RUC concurred that 15 minutes of positioning time was typical to account for the time needed to position the patient supine, as well as for applying and confirming the settings for a tourniquet. The specialty society noted that the level of complexity of the problem and the medical decision-making around the medication management, support a level 4 office visit for the first post-operative visit. The specialty society noted that the surgeon often prescribes or makes decisions around narcotic and anticoagulation medication at the first post-operative office visit.

The shift toward value-based alternative payment models has driven significant redesign in the care of total hip arthroplasty patients—producing shorter hospital stays, decreased reliance on post-acute care facilities and reduced hospital readmissions. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit is typical. The 23-hour policy was applied to capture this visit as an additional 20 minutes of the same data post-operative time.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

To support the recommended work RVU, the RUC compared the surveyed code to CPT codes 22554 *Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2* (work RVU= 17.69, intra-service time of 90 minutes, total time of 362 minutes) and 43770 *Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)* (work RVU= 18.00, intra-service time of 90 minutes, total time of 367 minutes). All three codes typically involve the same amount of intra-service time, whereas the reference procedures each involve more total time. The RUC confirmed that these three procedures would have appropriate relativity with one another. **The RUC recommends a work RVU of 17.13 for CPT code 27447.**

Affirm RUC Recommendations
The RUC affirms its April 2021 work RVU recommendation of 17.13 for CPT code 27446.

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
(f)27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	090	17.13 (Affirmed April 2021 RUC recommendation) (2025 Work RVU = 17.13)
27447	medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) (For revision of total knee arthroplasty, use 27487) (For removal of total knee prosthesis, use 27488)	090	17.13 (2025 Work RVU = 19.60)

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August 23, 2025

Ezequiel Silva III, MD
Chair, RVS Update Committee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

Subject: CPT Code 27446

Dear Dr. Silva,

The American Academy of Orthopaedic Surgeons (AAOS) is writing regarding CPT code 27446, *Arthroplasty, knee, condyle and plateau; medial OR lateral compartmen*t.

Code 27446 was identified with a Medicare utilization over 10,000 and site of service anomaly where Medicare data from 2021-2023 indicated the service was performed less than 50% of the time as inpatient (ie, 2 or more midnights), but included more than 2 hospital E/M codes within the global period. A survey was conducted and the work RVU was reduced from 17.48 to 17.13, effective 2023. This was prior to the changes to hospital visit codes from "inpatient" to "inpatient or observation."

At the April 2024 RAW meeting, codes 27130 and 27447 were identified with a Medicare utilization over 10,000 and site of service anomaly where Medicare data from 2021-2023 indicated the service was performed less than 50% of the time as inpatient (ie, 2 or more midnights), but included more than 2 hospital E/M codes within the global period. A survey of physician work was requested. Code 27446 was identified as a family code.

While AAOS acknowledges that 27446 is an arthroplasty code similar to 27447, we do not believe that 27446 is potentially misvalued or in need of a new survey, as it was recently reviewed and the value was reduced for CY 2023. Therefore, AAOS does not agree that code 27446 needs to be resurveyed at this time as the work has not changed. Instead, we ask to maintain the current value and times for 27446 that were recommended by the RUC and approved by CMS two years ago.

Respectfully,

William Creevy, MD, AAOS RUC Advisor
Hussein Elkousy, MD, AAOs RUC Alternate Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27447 Tracking Number Original Specialty Recommended RVU: **18.00**
Presented Recommended RVU: **17.69**
Global Period: 090 Current Work RVU: **19.60** RUC Recommended RVU: **17.13**

CPT Descriptor: Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old female has knee osteoarthritis not responding to nonoperative treatment. A total knee arthroplasty (TKA) is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 89% , In the ASC 11%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 11% , Overnight stay-less than 24 hours 61% , Overnight stay-more than 24 hours 28%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 92%

Description of Pre-Service Work: On the day before and/or the day of surgery, the surgeon and/or qualified health care professional will complete the following work: Interview and examine the patient to confirm that the medical status and physical findings have not changed; update and sign the H&P; review the planned procedure and postoperative management with the patient and family; confirm or update the consent; sign or mark the operative site; re-review results of preadmission testing, including laboratory studies, X rays, and/or CT scans, with special attention to radiographs that were used for sizing and ordering of special implants or allografts; confirm timing and administration of antibiotics; assure appropriate selection, timing, and administration of DVT prophylaxis; verify all required instruments and supplies are available; confirm all potential implants are available for possible use in the OR; prior to the induction of anesthesia, complete a comprehensive timeout and checklist review with the surgical team; pad bony prominences, and apply thermal regulation drapes; assess position of the extremities and head and adjust as needed; place patient's leg properly on the table and position with proper bolstering to aid surgical exposure; place a tourniquet on the proximal thigh; prepare and drape; mark surgical incision; scrub and gown including donning surgical helmet system, and perform a second brief time out with the surgical team.

Description of Intra-Service Work: After the tourniquet is elevated and following exsanguination, utilize an acceptable surgical incision to expose the joint. After everting or subluxating the patella, perform appropriate soft tissue elevation and removal to expose and visualize the joint. Use care and attention to evaluate the ligament balance of the knee. Final ligament balancing usually occurs after the bony cuts are performed. Remove the remnant meniscal tissue and overlying osteophytes and, if indicated, release the cruciate ligaments. Measure the patella and then resect the articular surface at the appropriate depth. Select the optimal component size and drill the fixation holes. Drill the femur intramedullary canal and apply the distal femoral cutting block. Confirm alignment of the block and make the distal femoral resection. Evaluate the anteroposterior (AP) and midline (ML) size of the distal femur and select the appropriate implant size following which the remaining chamfer and AP bone cuts of the distal femur are made. Subluxate the tibia forward and apply the tibial cutting guide, confirm the optimal position in all planes, and make the bone cut. Size the tibia for the appropriate implant and prepare the bone. Insert the trial components and perform a trial reduction of the prosthetic knee. Assess overall limb alignment, soft tissue and ligamentous balance, and prosthetic interactions. Perform further refinement of the soft tissue balance, the bone resections for alignment, and the prosthetic implant interaction as indicated to optimize the prosthetic longevity. Then remove the trials. Clean the bony surfaces with pulsatile lavage. Cement the final implants into place. After

the cement has set place the final polyethylene insert onto the tibial prosthesis. Confirm knee stability, ROM, and alignment. Release the tourniquet, obtain hemostasis, and close the wound in layers.

Description of Post-Service Work: Apply sterile dressings; remove drapes; wait for reversal of anesthesia and extubation; remove surgical helmet system and assist in transfer of the patient from the OR table to a stretcher or bed; assess limb length and rotational alignment; assist in transport of patient from OR to recovery room; monitor patient stabilization in the recovery room; complete a careful neurologic and vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks and/or patient-controlled analgesia; discuss procedure and outcome with family and answer questions; enter a brief operative note and a full operative report in the medical record; send a copy of the operative note to the referring physician; write comprehensive orders for PACU and floor care; complete medication reconciliation; order postoperative radiographs; and enter procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Later the same day, review nursing notes; discuss status and progress with nursing staff; review vital signs, I/O, lab results, and other related data; review findings and outcome with patient and family; assess pain control and response to current medications; modify orders accordingly; assess urinary function; examine the surgical site; reinforce dressing as needed; assess limb length, position, and alignment; check neurovascular status; reposition the limb and/or immobilization devices as needed; counsel the patient and/or family regarding physical therapy protocol; answer questions; counsel the patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed, and use of sequential compressive devices; review postoperative radiographs; communicate and coordinate care with medical consult and other physicians; communicate and coordinate pain control with anesthesia staff, including status of current modalities (eg, blocks, catheters); update orders; and write postoperative check progress note.

On the following day, review nursing notes; discuss status and progress with nursing staff; review PT/OT notes; discuss status and progress with PT/OT staff; review discharge plan notes; discuss status and progress with case manager; if the patient is ready to be discharged, finalize and confirm discharge plans; review notes from other physicians and discuss as appropriate; review vital signs, I/O, lab results, and other related data; interview patient and obtain interval history; assess pain control and response to current medications; assess gastrointestinal and urinary function; examine surgical site; change dressing as needed; assess limb alignment and ROM; check neurovascular status; reposition limb and/or immobilization devices as needed; finalize and confirm discharge plans with patient and/or family; counsel patient and/or family regarding therapy protocol and activity limitations after discharge; review postoperative instructions (eg, wound care, pain medications, VTE prophylaxis); complete daily progress note; complete discharge summary and associated forms and documents; write prescriptions for medications and devices (eg, walker, wheelchair, bedside commode, raised toilet seat); write orders for discharge to an inpatient rehabilitation facility, a SNF, or home; complete medication reconciliation; coordinate postoperative appointment with patient and/or family and office staff; communicate and coordinate follow-up care with other physicians; and enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP, AJRR).

Office visit work includes the following activities: review PT/OT and/or rehab/SNF notes; review results of laboratory tests (eg, INR, hemoglobin, platelets); interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; remove/change dressing; examine surgical site; remove staples; apply wound closure strips; assess standing limb alignment, and limb swelling, strength, and range of motion (ROM); check neurovascular status; review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, nonsteroidal anti-inflammatory drugs [NSAIDs], VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, visiting nurse agency [VNA]); complete PT/OT forms, referrals, or prescriptions; complete disability, out of work, and/or other related forms; communicate and coordinate care with other physicians and providers (eg, PCP, rheumatology, PT/OT); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	William Creevy, MD; Hussein Elkousy, MD; Paul Lichstein, MD					
Specialty Society(ies):	AAOS, AAHKS					
CPT Code:	27447					
Sample Size:	3872	**Resp N:**	245			
Description of Sample:	Random society membership 2485 AAOS 1387 AAHKS					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	100.00	**150.00**	250.00	600.00
Survey RVW:		15.00	21.00	**22.12**	24.00	52.00
Pre-Service Evaluation Time:				**40.00**		
Pre-Service Positioning Time:				**15.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		55.00	75.00	**90.00**	100.00	180.00
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	27447	**Recommended Physician Work RVU: 17.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	86.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22630	090	22.09	**RUC Time**

CPT Descriptor Mastectomy, simple, complete

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27269	090	18.89	**RUC Time**

CPT Descriptor Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	22,981

CPT Descriptor 1 Mastectomy, simple, complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	22,058

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 114 **% of respondents:** 46.5 **%**

Number of respondents who choose 2nd Key Reference Code: 43 **% of respondents:** 17.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 27447	Top Key Reference CPT Code: 22630	2nd Key Reference CPT Code: **27269**
Median Pre-Service Time	70.00	75.00	60.00
Median Intra-Service Time	90.00	150.00	125.00
Median Immediate Post-service Time	40.00	30.00	30
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	100.00	80.00
Median Discharge Day Management Time	19.0	38.00	38.00
Median Office Visit Time	86.0	86.00	71.00
Median Total Time	**305.00**	**479.00**	**404.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	1%	46%	42%	11%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	63%	33%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	1%	50%	49%
Physical effort required	1%	20%	79%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	56%	34%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	9%	58%	33%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	33%	65%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	26%	72%
Physical effort required	5%	16%	79%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	14%	81%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 27447 was identified with a Medicare utilization over 10,000 and site of service anomaly where Medicare data from 2021-2023 indicated the service was performed less than 50% of the time as inpatient (ie, 2 or more midnights), but included more than 2 hospital E/M codes within the global period. A survey of physician work was requested.

Survey Process

The AAOS and AAHKS each sent survey requests to randomly selected members of their respective organizations. While there is considerable membership overlap between AAOS and AAHKS, both comprised of orthopaedic surgeons, the Research Subcommittee required that data from the AAHKS survey responses be reported separately on the RUC Summary Spreadsheet, as AAHKS currently does not have a RUC advisor. In contrast, during the 2019 survey, both AAOS and AAHKS conducted surveys but did not need to separate their data, since AAHKS had a RUC advisor at that time.

Recommendation – 27477

Work RVU Recommendation

We **recommend a work RVU of 17.69 that is a direct crosswalk to code 22554.** A work RVU of 17.69 appropriately values 27477 relative to other arthroplasty codes.

Pre-service time

Pre-time package 4 is selected: difficult patient / difficult procedure.

Evaluation time: Standard 40 minute package time is recommended.

Positioning: Twelve minutes have been added to the standard package time of 3 minutes (total time = 15 minutes) to account for positioning the patient supine, application of a tourniquet, confirming tourniquet settings, and validating function. This is consistent with both the survey median and historical RUC precedent for similar procedures (eg, 27511-27514, 27519, 27535, 27540, 27556-27558).

Scrub, dress and wait: Five minutes have been subtracted from the standard package of 20 minutes (total time = 15 minutes) to be consistent with the survey median.

Immediate Post-Service Time

Immediate post-time package 9b is selected: general anesthesia or complex regional block / complex procedure. Subtract 13 minutes to be consistent with the survey median and add 20 minutes (total time = 40 minutes) to comport with the RUC policy of shifting the intraservice E/M time of a distinct E/M visit to the immediate postoperative time component.

Postoperative Work

Immediate postoperative work through discharge from recovery room: Apply sterile dressings; remove drapes; wait for reversal of anesthesia and extubation; assist in transfer of the patient from the OR table to a stretcher or bed; assess limb rotational alignment; assist in transport of patient from OR to recovery room; monitor patient stabilization in the recovery room; complete a careful neurologic and vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks and/or patient-controlled analgesia; discuss procedure and outcome with family and answer questions; enter a brief operative note and a full operative report in the medical record; send a copy of the operative note to the referring physician; write comprehensive orders for PACU and floor care; complete medication reconciliation; order postoperative radiographs; and enter procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

The following work is typically performed during a distinct and separate hospital E/M visit, however, RUC policy only allows recognition of patient face-to-face intraservice time: Review nursing notes; discuss status and progress with nursing staff; review vital signs, I/O, lab results, and other related data; review findings and outcome with patient and family; assess pain control and response to current medications; modify orders accordingly; assess urinary function; examine the surgical site; reinforce dressing as needed; assess standing limb alignment; check neurovascular status; reposition the limb and/or immobilization devices as needed; counsel the patient and/or family regarding physical therapy protocol; answer questions; counsel the patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed, and use of sequential compressive devices; review postoperative radiographs; communicate and coordinate care with medical consult and other physicians, as needed; communicate and coordinate pain control with anesthesia staff, including status of current modalities (eg, blocks, catheters); update orders; and write postoperative progress note.

The following work is typically performed for discharge management services on the day after surgery, if it is determined to be safe to discharge the patient**:** Review nursing notes; discuss status and progress with nursing staff; review PT/OT notes; discuss status and progress with PT/OT staff; review discharge plan notes; discuss status and progress with case manager; finalize and confirm discharge plans; review notes from other physicians and discuss as appropriate; review vital signs, I/O, lab results, and other related data; interview patient and obtain interval history; assess pain control and response to current medications; assess gastrointestinal and urinary function; examine surgical site; change dressing as needed; assess standing limb alignment and limb ROM; check neurovascular status; reposition limb and/or immobilization devices as needed; finalize and confirm discharge plans with patient and/or family; counsel

patient and/or family regarding therapy protocol and activity limitations after discharge; review postoperative instructions (eg, wound care, pain medications, VTE prophylaxis); complete daily progress note; complete discharge summary and associated forms and documents; write prescriptions for medications and devices (eg, walker, wheelchair, bedside commode, raised toilet seat); write orders for discharge to an inpatient rehabilitation facility, a SNF, or home; complete medication reconciliation; coordinate postoperative appointment with patient and/or family and office staff; communicate and coordinate follow-up care with other physicians; and enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP, AJRR).

Office visit 1 (99214): Review PT/OT and/or rehab/SNF notes; review results of lab tests (eg, INR, hemoglobin, platelets); interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; remove/change dressing; examine surgical site; remove staples; apply wound closure strips; assess standing limb alignment, and limb swelling, strength, and ROM; check neurovascular status; review imaging with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, out of work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Office visit 2 (99213): Review PT/OT and/or rehab/SNF notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; examine surgical site; assess standing limb alignment, and limb swelling, strength, and ROM; check neurovascular status; order imaging and review with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding return to driving; complete temporary handicap parking forms; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, back to work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Office visit 3 (99213): Review PT/OT and/or rehab/SNF notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT/OT; examine surgical site; assess standing limb alignment and limb swelling, strength, and ROM; check neurovascular status; counsel patient and/or family regarding therapy protocol, and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, back to work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, Rheumatologist); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Summary

The shift toward value-based alternative payment models has driven significant redesign in the care of total knee arthroplasty patients—producing shorter hospital stays, decreased reliance on post-acute care facilities, reduced hospital readmissions, and lower overall costs.

The valuation of CPT 27447 should capture the complete scope of physician work performed, rather than relying on outdated proxies or reduced service assumptions established nearly two decades ago that were meant to account for same-day discharges.

Based on current evidence, we recommend a work RVU of 17.69, which remains below both the survey 25th percentile and the current assigned value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 27447

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
313,723 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. 2023 - RUC database

Specialty orthopaedic surgery Frequency 310000 Percentage 98.81 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - Knee replacement

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27447

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Arthroplasty – Knee
TAB: 20

SOURCE	CPT	Descriptor	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 33	POST 32	POST 31	POST 38	POST 39	POST-OFFICE 15	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	POST-OFFICE 11	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to	90	2021	114	0.078	0.046			22.09			479	40	20	15			150			30		2	1	1.0			1	2								
REF2	27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when	90	2007	43	0.084	0.047			18.89			404	25	15	20			125			30		1	2	1.0				1	3							
CURRENT	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without	90	2019		0.112	0.052			19.60			374	40	15	15			97			20		2		1.0				3							
SVY	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without	90		245	0.158	0.064	15.00	21.00	22.12	24.00	52.00	344	40	15	15	55	75	90	100	180	20		1		1.0			1	2			0	100	150	250	600
AAHKS	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without			162	0.162	0.066	18.00	22.00	22.50	24.00	52.00	341	40	15	12	60	75	90	100	180	20		1		1.0			1	2			10	100	200	250	600
AAOS	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without			83	0.159	0.066	15.00	20.23	22.00	23.45	30.00	334	35	10	15	55	75	90	100	180	20		1		1.0			1	2			0	75	125	200	437
XWALK	67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or	090	2005		0.114	0.058			17.13			295	33	3	15			90			20				0.5				5							
REC	27447	**Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)**	90			0.120	0.056			17.13			305	40	15	15			90			40				0.5			1	2							
AFFIRM	27446	**Arthroplasty, knee, condyle and plateau; medial OR lateral compartment**	90	2021		0.119	0.055			17.13			310	40	15	15			90			45				0.5			1	2							

FACILITY DIRECT PE INPUTS **CPT CODE(S):** 27446, 27447
SPECIALTY SOCIETY(IES): AAOS
PRESENTER(S): William Creevy, MD; Hussein Elkousy, MD; Paul Lichstein, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2025

CPT Code	Long Descriptor	Global Period
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	90

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
27447	A 74-year-old female has knee osteoarthritis not responding to nonoperative treatment. A total knee arthroplasty (TKA) is performed.

Recommendation for 27446 – Maintain current inputs

CPT Code	Long Descriptor	Global Period
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	90

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
27446	A 67-year-old obese female (body mass index [BMI] > 30) with osteoarthritis of the knee joint presents with increased varus of the right knee affecting activities of daily living (ADL). She is a non-insulin-dependent diabetic. At operation, she undergoes a unicompartmental knee replacement.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   AAOS and AAHKNS surgeons reviewed and updated the current PE details for code 27447. Code 27446 was not surveyed—request is to maintain current PE details.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   Current codes are used.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   No
   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   27447:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Clinical staff: Increased clinical staff time is due to change in level of postop office E/M Supplies: SM022, sanitizing cloth-wipe (surface, instruments, equipment), is needed to clean hard surfaces at each postoperative visit. This is consistent with the addition of SM022 to E/M office visit codes as this was not included in the E/M multispecialty office visit pack. Equipment: Increased equipment time is due to change in level of postop office E/M

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Activity	**Clinical Staff Work**
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of preservice imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including presurgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists. Confirms that all necessary implants will be available.
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status, and answers final pre-admission questions.

b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions and outpatient follow-up. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge

c. Post-service period:

The clinical staff work includes the standard activities involved in office E/M visits including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, cleaning of the room, and home instructions.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment? **N/A**

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment? **N/A**

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? ☒ **Yes** or ☐ No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

CMS established pack

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (staple)	**SA052**	**pack**	
kit, staple removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
☐ Yes or ☒ **No**.
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

	EF031	table, power	Office Visits	Row 91	

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

Current codes should be maintained for PLI

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED Maintain**		**CURRENT**		**RECOMMENDED**	
2						**27446**		**27446**		**27447**		**27447**	
3	**Clinical Activity Code**	**Meeting Date: 09/2025** **Revision Date (if applicable): 9-21-25** **Tab: 20** **Specialty: AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella	
4		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5		**GLOBAL PERIOD**				**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**
6		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**N/A**	**$ 124.96**	**N/A**	**$ 124.96**	**N/A**	**$ 118.75**	**N/A**	**$ 125.17**
7		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**191.0**	**0.0**	**191.0**	**0.0**	**180.0**	**0.0**	**191.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**125.0**	**0.0**	**125.0**	**0.0**	**108.0**	**0.0**	**125.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 103.14**	**$ -**	**$ 103.14**	**$ -**	**$ 97.20**	**$ -**	**$ 103.14**
12		**PRE-SERVICE PERIOD**											
13		**Start: Following visit when decision for surgery/procedure made**											
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5		5		5
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20		20		20
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8		8		8
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20		20		20
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7		7		7
28		**End: When patient enters office/facility for surgery/procedure**											
29		**SERVICE PERIOD**											
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**6**	**n/a**	**6**	**n/a**	**12**	**n/a**	**6**
81		**POST-SERVICE PERIOD**											
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16										
87		99212 27 minutes	27										
88		99213 36 minutes	36				2		2		3		2
89		99214 53 minutes	53				1		1				1
90		99215 63 minutes	63										
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**125.0**	**0.0**	**125.0**	**0.0**	**108.0**	**0.0**	**125.0**
99	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 19.86**	**$ -**	**$ 19.86**	**$ -**	**$ 19.86**	**$ -**	**$ 20.07**
101	SA048	pack, minimum multi-specialty visit	5.02	pack			3		3		3		3
102	SA052	pack, post-op incision care (staple)	4.8	pack			1		1		1		1
103	SA053	pack, post-op incision care (suture & staple)	5.47	pack									0
104	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item									3
109	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.96**	**$ -**	**$ 1.96**	**$ -**	**$ 1.69**	**$ -**	**$ 1.96**
111	EF031	table, power	5906.76	Office Visits	0.015674926		125.0		125.0		108.0		125.0

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Site of Service Anomaly*

April 2021

Knee Arthroplasty – Tab 18

In October 2020, the Relativity Assessment Workgroup identified CPT code 27446 with Medicare data from 2017-2019e that was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management (E/M) services within the global period and 2019e Medicare utilization over 10,000. The Workgroup concluded that CPT code 27446 represents a site of service anomaly since visits are currently included in the valuation of this service that are not typically occurring. The RUC recommended that CPT code 27446 be surveyed for January 2021 with the appropriate code family. At the January 2021 meeting, the specialty societies submitted a request to defer survey until April 2021 due to logistical reasons including timing and a desire to be placed on the Research Subcommittee agenda "to review a proposed revised survey instrument to ask about additional pre-operative time and resources spent on pre-optimization patient work." The RUC recommended that CPT code 27446 be surveyed for April 2021 with the appropriate code family.

Pre-Service Work
In October 2019 during review of CPT code 27447 *Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)*, the specialties noted that considerable work by the clinical staff, surgeons, and qualified healthcare providers (QHPs) is required to facilitate, coordinate, validate and document the assessment and optimization of patients prior to total joint replacement surgery. The service has also evolved in that patients are more frequently discharged home rather than to inpatient rehabilitation or skilled nursing facilities. This deliberate reduction in post-acute care service requires considerable work by the surgeon and QHPs prior to surgery.

The RUC agreed that the pre-service planning activities are being performed on a routine basis for the typical patient; however, the 090-day global period structure does not allow inclusion of this work. In addition, the current code does not include this additional work in the descriptor. The RUC discussed options on how to capture these pre-service activities performed by the physician or QHP. The RUC indicated that separate planning codes may be developed, or current codes such as the prolonged service codes may be reported for these activities. It was recognized that such codes are intended to capture a single episode of time and that the added work in the preoperative period does not occur in such units of time (e.g., 30 minutes in one session as opposed to over the course of a few days/calls).

The RUC affirmed the October 2019 recommendation for CPT code 27447 and noted that the pre-service time discussion also applies to family code 27446. The RUC recommends that the specialty, and other interested parties, consider developing a CPT coding application to address this preoperative period issue.

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27446 ***Arthroplasty, knee, condyle and plateau; medial OR lateral compartment***
The RUC reviewed the survey results from 126 orthopaedic and hip/knee surgeons and concurred that the survey median (19.60) and 25th percentile (18.60) work RVU overvalued the physician work for this service. Therefore, the RUC determined that a direct work RVU crosswalk to CPT code 67108 *Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique* (work RVU= 17.13, 90 minutes intra-service time and 295 minutes total time) appropriately accounts for relative physician work. The crosswalk code was surveyed in 2015 and has identical intra-service time as 27446 and similar total time and intensity. The RUC notes that the crosswalk value of 17.13 work RVUs includes three key considerations: no change in intraoperative time, one day less of hospital E/M work, and an increase in level of postoperative office work.

The RUC recommends the following physician time components: 40 minutes pre-service evaluation, 15 minutes pre-service positioning, 15 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, and 45 minutes immediate post-service time, 0.5-99238 discharge visit, 2-99213 and 1-99214 office visits, 310 minutes total time. Pre-service time package 4 is recommended with an increase of 12 minutes to positioning time (total = 15 minutes) to account for assisting with appropriately positioning the patient, padding bony prominences, and applying thermal regulation drapes; assessing position of the extremities and head and adjusting as needed; placing the patient's leg properly on the table and positioning with proper bolstering to aid surgical exposure; placing a tourniquet on the proximal thigh; confirming tourniquet settings and validating function. This is consistent with both the survey median and historical RUC precedent for many similar orthopaedic extremity surgical codes. In addition, the package time for scrub/dress/wait was reduced to 15 minutes to be consistent with the survey median.

The RUC discussed the CMS 23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy as it relates to the post-service time for the survey code. This policy excludes inclusion of inpatient visit codes in the global payment for services that are typically reported as outpatient services. CMS labels surgical services that are typically performed in the outpatient setting and require a hospital stay of less than 24-hours as 23-hour stay outpatient services. In the CY2011 Final Rule, CMS finalized a policy to no longer allow codes with outpatient claims status to include bundled subsequent inpatient hospital visits (eg 99231-99233) into the surgical global payment. Instead, the Agency permits the allocation of the intra-service portion of the typically performed subsequent hospital visit to the immediate post-service time of the procedure. For code 27446, per the CMS policy, the intra-service time is reallocated from the same-day E/M code 99232 to the immediate post-service time of the outpatient service (adding 20 minutes of intra-service time from 99232). Though the median survey immediate post-service time was 25 minutes, the CMS 23-hour stay policy was applied resulting in 45 total post-service minutes. The RUC recommends post-service time package 9b and, following the CMS 23-hour policy, the E/M same day visit is not shown and instead the intra-service time of 20 minutes has been added to the median survey post time of 25 minutes (total=45 minutes). In addition, following the CMS 23-hour policy, the next day final evaluation of the patient and discharge management work is indicated as a discounted 0.5 x 99238 – or one-half of an E/M service (0.64 RVUs; 19 min).

For the post-service office visits, the RUC recommends the survey median response of three total office visits: 1-99214 and 2-99213. The first office visit is typically at 2 weeks following surgery; both the estimated total time and medical decision-making support 99214. The subsequent office visits are typically at 6 weeks and 10 weeks after surgery; both the estimated total time and medical decision-making support 99213 for both

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visits. Discussion around the 99214-visit clarified that there is management of medication, particularly at that first visit when there is often increased pain that necessitates an opioid adjustment and justifies the level 4 office visit.

To justify the crosswalk value of 17.13 work RVUs, the RUC compared the survey code to the key reference service codes 27130 *Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft* (work RVU = 19.60, 100 minutes intra-service time and 377 minutes total time) and 23472 *Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))* (work RVU = 22.13, 140 minutes intra-service time and 448 minutes total time) and noted that the physician work and intra-service and total time of the survey code are lower than the two reference services while the intensity of the survey code is slightly higher than either reference service. The RUC further noted that the CMS 23-hour policy impacts the intensity of work per unit time and may falsely elevate the IWPUT because, if the recommendation included the full discharge day visit time of 38 minutes rather than 19 minutes (0.5-99238) and if the 99232 hospital visit remained at the full time (40 minutes), rather than adding only 20 minutes to the immediate post service time, the total time would have been 349 minutes (similar to current value of 345), with a final IWPUT of 0.101 and WPUT of 0.049, both of which are below the current values.

In addition to the comparison to total hip arthroplasty, the RUC also compared CPT code 27446 to CPT code 27447 *Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)* (work RVU = 19.60, 97 minutes intra-service time and 374 minutes total time) which was recently approved by the RUC in October 2019 and re-affirmed at this meeting. The RUC noted that a value below 17.13 RVUs would create a rank order anomaly between 27446 unicompartmental knee arthroplasty (UKA) and 27447 total knee replacement (TKA). Below is a comparison of CPT codes 27446 to 27447:

	27446 (UKA)	**27447 (THA)**
Work RVU	17.13	19.60
Pre-time	70	70
Intra-time	90	97
Post-time	150	207
Total time	310	374
IWPUT	0.119	0.112
WPUT	0.055	0.052

The RUC agreed that UKA is more complex and intense than TKA for several reasons:

1. UKA is less common than TKA; default is total knee, while preserving natural structure with a partial knee when appropriate is more complex.
2. UKA has higher failure and revision rate compared to TKA (~ 2X) requiring more complex considerations for repair.
3. Smaller incisions are employed to limit injury to the quadriceps mechanism, but must still allow visualization of the other compartments to assess articular cartilage damage (which might preclude UKA and require TKA).

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4. The cruciate ligaments (ACL and PCL) are retained, compared to TKA where the ACL +/-PCL are resected; this makes exposure and stability/balancing more difficult.
5. Although basic alignment devices and cutting guides are used for the bone resection, like TKA, free-hand refinements and/or use of additional technology (e.g., computer-aided, robotic assisted) that add complexity to the procedure are typically employed.
6. In a TKA, the entire articular surface of both tibia and femur are resected and replaced; in a UKA, only part of the joint is resected and replaced; alignment of the prosthetic surface with the native articular cartilage is required which adds complexity.

For additional support, the RUC compared CPT code 27446 to MPC codes 19303 *Mastectomy, simple, complete* (work RVU = 15.00, 90 minutes intra-service time and 283 minutes total time) and 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection* (work RVU = 17.75, 103 minutes intra-service time and 337 minutes total time) and noted that the multi-specialty points of comparison code values appropriately bracket the survey code recommendation. The RUC concluded that CPT code 27446 should be valued based on a direct work RVU crosswalk to CPT code 67108 which falls below the survey 25th percentile. **The RUC recommends a work RVU of 17.13 for CPT code 27446.**

Affirm RUC Recommendations
The RUC affirms its October 2019 work RVU recommendation of 19.60 for CPT code 27447.

Office Visits Included in Codes with a Surgical Global Period
The RUC strongly believes that it is appropriate to apply the increased valuation of the office visits to the visits incorporated in the surgical global packages. The RUC recommends that CMS apply the office visit increases uniformly across all services and specialties. CMS should not hold specific specialties to a different standard. The RUC urges CMS to apply the 2021 office visit increases to the office visits included in surgical global payment, as it has done historically.

Practice Expense
The Practice Expense (PE) Subcommittee discussed and accepted the compelling evidence argument that the clinical work involved in the service had changed. Based on acceptance of compelling evidence, the PE Subcommittee carefully considered the clinical staff activities and discussed the specialty society recommendation of an additional 15 minutes for CA002 *Coordinate pre-surgery services (including test results)* and CA004 *Provide pre-service education/obtain consent*. The PE Subcommittee noted that the standard pre-service time package is 60 minutes for 090-day global period services and questioned the justification for the additional preclinical time. After thorough discussion, the PE Subcommittee reduced the recommendation to the standard 090-day pre-service clinical staff times for CPT code 27446 and affirmed the standard times for 27447. The PE Subcommittee with guidance from the CPT Editorial Panel representative also provided some potential options for the specialties to consider capturing any additional preclinical staff time, including possibly using existing codes including the 99415 prolonged services clinical staff code (under consideration at this meeting) or alternatively, generating a new CPT code description to truly capture the additional work. **The RUC recommends the direct practice expense inputs for CPT code 27446 as modified by the PE Subcommittee**.

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The Practice Expense Subcommittee reviewed and affirmed the direct practice inputs for CPT code 27447 from October 2019 without modification. **The RUC recommends the direct practice expense inputs for CPT code 27447 as affirmed by the Practice Expense Subcommittee.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	090	17.13
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	090	19.60 (Affirmed October 2019 RUC recommendation)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27446 Tracking Number Original Specialty Recommended RVU: **17.13**
Presented Recommended RVU: **17.13**
Global Period: 090 Current Work RVU: **17.48** RUC Recommended RVU: **17.13**

CPT Descriptor: Arthroplasty, knee, condyle and plateau; medial OR lateral compartment

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old obese female (BMI > 30) with osteoarthritis of the knee joint presents with increased varus of the right knee affecting activities of daily living. She is a non-insulin-dependent diabetic. At operation, she undergoes a unicompartmental knee replacement.

Percentage of Survey Respondents who found Vignette to be Typical: 67%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 87% , In the ASC 13%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 27% , Overnight stay-less than 24 hours 64% , Overnight stay-more than 24 hours 9%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 94%

Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered; timing and administration are confirmed. Appropriate selection, timing and administration of DVT prophylaxis are assured. Appropriate selection of preemptive multimodal analgesic medications performed and timing and admistration are confirmed in conjunction with coordination of supplemental regional blocks and/or planned local anesthetic infiltration. Results of preadmission testing are reviewed, including laboratory tests, X rays, CT scans, and/or MRIs, with special attention to radiographs and scaled radiographs that were used for sizing and ordering of special implants. The patient is re-examined to make sure that physical findings have not changed and history and physical are updated. The patient and family are met with to review planned procedure and postoperative management, including an opioid sparing pain management protocol. Informed consent is reviewed with the patient. It is verified that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy. It is ensured that an array of implants is available for possible use in the operating room. An estimate of the appropriate-size component is determined by templating with radiographs. The patient is positioned, bony prominences are padded, and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. The patient's leg is placed properly on the table and positioned with proper bolstering to aid surgical exposure. A tourniquet is placed on the proximal thigh. Areas of skin to be prepared are indicated, and surgical incisions are marked. A surgical "time out" is performed with the operating surgical team.

Description of Intra-Service Work: After limb exsanguination, the tourniquet is elevated. An appropriate incision for unicompartmental knee arthroplasty is used. After exposure, the knee is carefully inspected visually for the presence of arthritis in the two nonoperative compartments. The ACL is inspected and tested. The remnant meniscus and the osteophytes of the operative compartment are removed. The tibia is exposed sufficiently to allow proximal (usually medial) resection of the tibia without injury to the ACL, PCL, or MCL. After adequate distal femoral resection has been made, the femur is sized, and the appropriate jig to complete the posterior and posterior chamfer cut is used to cut and drill the femur. Posterior femoral osteophytes can then be removed. Then the improved visualization allows proper sizing and preparation of the tibial surface. Once the trial implants have been placed, a complete examination of the alignment, ligamentous balance, range of motion, and patellar tracking is done. The appropriate implants are then selected. The knee is prepared for cementing with careful retractor placement, pulsatile lavage, and suction to dry the cut bony surface. Cement is applied to the tibial surface, and the tibial component is impacted. Excess cement is then removed from the posterior tibial recess. Then the femoral component is cemented as well. A trial polyethylene is used to pressurize the components onto the bony surface. After the cement has cured, excess cement is carefully removed from around the components. Then the correct

polyethylene is placed, the knee is again tested, the tourniquet is deflated, and hemostasis is achieved. The knee wound is closed in layers

Description of Post-Service Work:

Immediate postoperative work through discharge from recovery room includes: Application of sterile dressings; removal of drapes; assessing limb alignment compared to the opposite extremity; assessing limb perfusion and pulses; waiting for reversal of anesthesia and extubation; assisting in transfer of the patient from the OR table to a stretcher or bed; assisting in transport of patient from operating room to recovery room; monitoring patient stabilization in the recovery room; completing a careful neurologic and vascular examination of the extremity; discussing postoperative recovery care with anesthesia and nursing staff, including regional blocks discussing procedure and outcome with patient and family and answering questions; entering a brief operative note and a full operative report in the medical record; calling referring physician and/or sending a copy of the operative note; writing comprehensive orders for PACU and floor care; completing medication reconciliation; ordering and reviewing postoperative radiographs; and entering procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Hospital visit #1 (day of surgery later in the day) includes the following work: Reviewing nursing notes; discussing status and progress with nursing staff; reviewing vital signs, I/O, labs, and other related data; reviewing findings and outcome with patient and/or family; assessing pain control and response to current medications; modify orders accordingly; assessing urinary function; examining the surgical site; reinforce dressing as needed; assessing limb position and alignment, repositioning the limb needed ; checking neurovascular status; counseling the patient and/or family regarding therapy protocol; answer questions; counseling the patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed and use of sequential compressive devices; communicating and coordinating care with medical consult and other physicians; communicating and coordinating pain control with anesthesia, including status of current modalities (eg, blocks); updating orders; and writing “postoperative check” progress note.

Hospital discharge management (postoperative day #1) includes the following work: Reviewing nursing notes; discussing status and progress with nursing staff; reviewing PT/OT notes; discussing status and progress with PT/OT staff; reviewing discharge plan notes; discussing status and progress with case management; finalizing and confirming discharge plans; reviewing notes from other physicians and discussing as appropriate; reviewing vital signs, I/O, labs and other related data; interviewing patient and obtaining interval history; assessing pain control and response to current medications; assessing gastrointestinal and urinary function; examining surgical site; changing dressing as needed; assessing limb alignment and ROM; checking neurovascular status; repositioning limb as needed; finalizing and confirming discharge plans with patient and/or family; counselling patient and/or family regarding therapy protocol and activity limitations after discharge; reviewing postoperative instructions (eg, wound care, pain medications, VTE prophylaxis); completing daily progress note; completing discharge summary and associated forms and documents; writing prescriptions for medications and devices (eg, walker, wheelchair, bedside commode, raised toilet seat); checking narcotic prescription registries; writing orders for discharge home.; completing medication reconciliation; coordinate postoperative appointment with patient and/or family and office staff; communicating and coordinating follow-up care with other physicians; and entering postoperative data into longitudinal outcome databases or registries (eg, NSQIP, AJRR).

Post-operative office visits: the work is performed by the physician and QHP; the detailed times are provided in the supplementary table.

Office visit #1 (99214): this visit typically occurs 2 weeks after surgery.

Review PT/OT and/or rehab/SNF/VNA notes to assess progress with therapy; review results of labs related to anticoagulation for DVT prophylaxis (e.g. INR, Hb, Plts); to assess therapeutic response and/or monitor for side effects; discuss findings at surgery, review procedure details and answer questions; review post-operative radiographs with patient and/or family; interview patient and obtain history and/or review data obtained by clinical staff; assess pain control, response to current medications and side-effects; assess function, mobility and progress with ambulation and compare with reports from PT/OT/rehab; discuss gastrointestinal and urinary function to assess for medication side effects; remove dressing; examine surgical site; assess limb alignment, swelling, strength and ROM; check neurovascular status; remove sutures or staples; apply steri-strips, sterile dressing and compressive wrap or stockings; counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation); counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet; Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering; check narcotic prescription registries; write order for narcotic prescription, re-fill or new medication; write order

for non-narcotic prescription as appropriate (e.g. NSAIDs, gabapentin); write order for prescriptions for continued VTE prophylaxis based on patient risk assessment and mobilization, re-fill or new medication; vomplete medication reconcillation; counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression; complete forms/referrals for continued PT/OT and/or home care services (e.g. VNA); complete disability, FMLA, out of/return to work and other related forms; communicate and coordinate care with other physicians and health care providers (eg, PT/OT, PCP); enter diagnosis code(s) and office visit codes in the EHR or other similar system; write or dictate and sign progress note; enter post-operative data into longitudinal outcome registries (e.g. NSQIP, AJRR, and/or local registry).

Office visit #1: Level of service determination based upon medical decision making (LOS = 99214)

(1) Number and complexity of problems = MODERATE: 1 chronic illness (osteoarthritis of knee) with side effects (pain and limited mobility) of treatment (surgery) is assessed and managed; OR 1 acute complicated injury (surgical trauma) is assessed and managed, including body systems that are not directly part of the injured organ (e.g. GI, neurologic, vascular); treatment options are associated with morbidity

(2) Amount and complexity of data = LIMITED: review external notes and review results of tests

(3) Risk of complications from testing and/or treatment = MODERATE: (a) prescription drug management - assessment and plan for multi-modal pain management, including use of narcotic pain medication with tapering, as well as non-narcotic medicationsrenew, adjust and/or change medications; (b) prescription drug management - assessment and plan for VTE prophylaxis; renew, adjust and/or change medications

Post-operative office visit #2 (99213): this visit typically occurs six weeks after surgery

Review PT/OT notes to assess progress with therapy; interview patient and obtain history and/or review data obtained by clinical staff; assess pain control, response to current medications and side-effects; assess function, mobility and progress with ambulation and compare with reports from PT/OT; assess gastrointestinal to assess for medication side effects; examine surgical site to assess wound healing and signs of infection; assess limb alignment, swelling, strength and ROM; counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation); counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics and provide/review instruction sheet; counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering; write order for non-narcotic prescription as appropriate (e.g. NSAIDs); complete medication reconcillation; counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression; complete forms/referrals for continued PT/OT; complete disability, FMLA, out of/return to work and other related forms; enter diagnosis code(s) and office visit codes in the EHR or other similar system; order radiographs for next visit; write or dictate and sign progress note; enter post-operative data into longitudinal outcome registries (e.g. NSQIP, AJRR, and/or local registry).

Office visit #2: Level of service determination based upon medical decision making (LOS = 99213)

(1) Number and complexity of problems = LOW: stable chronic illness (knee osteoarthritis) or acute uncomplicated illness (major surgery)

(2) Amount and complexity of data = LIMITED: review external notes and ordering test (radiographs)

(3) Risk of complications from testing and/or treatment = LOW; non-narcotic medications and PT

Post-operative office visit #3 (99213): this visit typically occurs 10 weeks after surgery

Review PT/OT notes to assess progress with therapy; interview patient and obtain history and/or review data obtained by clinical staff; assess pain control, response to current medications and side-effects; assess function, mobility and progress with ambulation and compare with reports from PT/OT; examine surgical site to assess wound healing and signs of infection; assess limb alignment, swelling, strength and ROM; review radiographs with independent interpretation; counsel patient and/or family regarding therapy protocol and activity (e.g. driving, exercise, sports); counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics and provide/ review instruction sheet; counsel patient/family regarding timing of next office visit and communicate interval care plan

based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression; complete forms/referrals for continued PT/OT; complete disability, FMLA, out of/return to work and other related forms; enter diagnosis code(s) and office visit codes in the EHR or other similar system; write or dictate and sign progress note; enter post-operative data into longitudinal outcome registries (e.g. NSQIP, AJRR, and/or local registry)

Office visit #3: Level of service determination based upon medical decision making (LOS = 99213)

(1) Number and complexity of problems = LOW: stable chronic illness (knee osteoarthritis) or acute uncomplicated illness (major surgery)

(2) Amount and complexity of data = MODERATE: review external notes, review results of tests (radiographs) and independent interpretation of test (radiographs)

(3) Risk of complications from testing and/or treatment = LOW: non-narcotic medications and PT

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2021					
Presenter(s):	Adolph Yates, MD; William Creevy, MD; Hussein Elkousy, MD					
Specialty Society(ies):	AAHKS, AAOS					
CPT Code:	27446					
Sample Size:	1317	**Resp N:**	126			
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	5.00	**12.00**	30.00	400.00	
Survey RVW:	14.50	18.60	**19.60**	21.00	25.69	
Pre-Service Evaluation Time:			**45.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	40.00	68.00	**90.00**	90.00	180.00	
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	27446	**Recommended Physician Work RVU: 17.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**45.00**	**33.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27130	090	19.60	**RUC Time**

CPT Descriptor Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
23472	090	22.13	**RUC Time**

CPT Descriptor Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	25,487

CPT Descriptor 1 Mastectomy, simple, complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.75	**RUC Time**	10,340

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

Other Reference CPT Code	Global	Work RVU	Time Source
67107	090	16.00	**RUC Time**

CPT Descriptor Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 71 **% of respondents:** 56.3 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 27446	Top Key Reference CPT Code: 27130	2nd Key Reference CPT Code: **23472**
Median Pre-Service Time	70.00	70.00	75.00
Median Intra-Service Time	90.00	100.00	140.00
Median Immediate Post-service Time	45.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	80.00	80.00
Median Discharge Day Management Time	19.0	38.00	38.00
Median Office Visit Time	86.0	69.00	85.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**310.00**	**377.00**	**448.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	59%	27%	3%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	58%	39%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	38%	49%	13%
Physical effort required	8%	61%	31%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	58%	34%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	81%	14%	5%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	81%	19%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	76%	19%
Physical effort required	0%	81%	19%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	76%	24%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2020, the Relativity Assessment Workgroup (RAW) flagged code 27446 as including inpatient E/M visits from the RUC review in 2013, but 2019 Medicare utilization showed the procedure being performed less than 50% of the time with an inpatient facility status. The RAW recommended that 27446 be surveyed.

At the January 2021 RUC meeting, AAOS and AAHKS submitted a letter indicating code 27446 would be surveyed for the April 2021 meeting after the Research Subcommittee reviewed a revised survey instrument to address additional preoperative time and resources.

During discussion, the RUC also asked the societies to present a recommendation for reaffirmation of code 27447.

The societies instead requested that 27447 be allowed on the reference service list since this code was surveyed in 2019 and the RUC recommendation was accepted and implemented by CMS in 2021.

However, the RUC asked that the code not be listed on the RSL and that the data for the code be included in the recommendation for re-affirmation.

Recommendation – 27446

The survey median work RVU of 19.60 and the 25th percentile work RVU of 18.60 are both above the current work RVU of 17.48 for code 27446. There is no compelling evidence to support an increase in work RVU.

The intraoperative time of 90 minutes for this procedure has not changed with the new survey.

Although there is a decrease of one day in the hospital, there is an increase in the level of office visits.

We recommend work RVU of 17.13 using a direct crosswalk to code 67108, *Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique,* which was surveyed in 2015 and has the same intra-service time as 27446 and similar total time.

CPT code 27446 requires more pre-service and more same-day post-operative work; while CPT code 67108 has a greater number of post-operative visits. The intra-service times are exactly the same. The total times are quite similar – 310 minutes for 27447 and 295 minutes for 67108.

The following table compares 27446 and 67108:

	Crosswalk Comparison	
	27446	**67108**
	Uni-knee joint replacement	Repair retinal detachment
wRVU	17.13	17.13
2019 Utilization	15,803	16,523
Facility Status	typically admitted or overnight	typically same-day discharge
Inpatient	31%	<1%
Outpatient Hosp	31%	52%
ASC	18%	46%
Pre-time	70 (package 4)	51 (package 3)
Intra-time	90	90
Immed post time	45	20
Other Hosp time	0[1]	0
Discharge day	0.5 x 99238[2]	0.5 x 99238[3]
Office visit time	86	115
Total time	310	295
IWPUT	0.119	0.114
WPUT	0.055	0.058

Notes:
1. Separate hospital E/M visit time discounted and shifted to immediate post-time component
2. Next day (or later) discharge management work discounted by 50%
3. Discharge management work discounted due to overlap with immediate postop time on same day

Pre-Service Time

We recommend package 4 for pre-service package time which is the current pre-service package.

Adjustments have been made to the package times for evaluation and scrub/dress/wait time to be consistent with the survey median times.

Twelve minutes have been added to the standard package time of 3 minutes (total of 15 minutes) to assist with positioning the patient, pad bony prominences, and apply thermal regulation drapes; assess position of the extremities and head and adjust as needed; place patient's leg properly on the table and position with proper bolstering to aid surgical exposure; place a tourniquet on the proximal thigh; confirm tourniquet settings and validate function. This is consistent with both the survey median and historical RUC precedent for many similar orthopaedic codes for extremity operations.

Intraoperative (Intraservice) Time

The societies recommend 90 minutes intraoperative time, which is the survey median. This is also the current intraoperative time

Post-Service Facility Work

The societies recommend Immediate Post-Service package 9b but following the CMS 23-hour policy, the E/M same day visit is not shown and instead the intraservice time of 20 minutes has been added to the median survey post time of 25 minutes (total=45 minutes). In addition, following the CMS 23-hour policy, the next day final evaluation of the patient and discharge management work is indicated as a discounted 0.5 x 99238 – or one-half of an E/M service.

The RUC has accepted what we believe to be a flawed 23-hour policy for (a) adding only the intra-time for the same day post-operative visit to the immediate post-service time and (b) allowing only 50% of the time for discharge day service code 99238. However, the full and complete E/M work is still provided the day of surgery and the day of discharge. This adjustment of survey data results in an artificial increase in the IWPUT, which alone cannot be the basis for a work RVU recommendation.

A facility E/M visit is not just intra-service time, there is typically pre- and post-service work necessary for review of records, documentation and discussions with family and other health care providers. Similarly, on the next day for an overnight stay after surgery, the final evaluation and discharge management work is not less work compared with a patient on the medicine service. If there were any logic and consistency to this policy, then a physician should only be able to report one-half unit of a discharge code for next day discharge after an overnight stay for observation – but instead the physician reports a full unit of the code. We believe that postoperative work by the surgeon is being inappropriately discounted.

If our recommendation included the full discharge day visit time of 38 minutes rather than 19 minutes (0.5 x 99238) and if we kept the 99232 hospital visit at the full time (40 minutes), rather than deleting it and adding only 20 minutes to the immediate post service time, the final time would have been 349 minutes (similar to current value of 345), with a final IWPUT of 0.101 and WPUT of 0.049, both of which are below the current values.

If we included a full discharge day service for 99238 (38 minutes), but maintained the transfer of only 20 minutes for 99232 to the immediate post-service time, the final time would have been 329 minutes, with an IWPUT of 0.112 and WPUT of 0.052. These values are similar to the current values.

In essence, the increases in IWPUT and WPUT for our recommended value of 17.13, are an artifact of the current RUC methodology and is not reflective of the intrinsic intensity and complexity inherent to the procedure.

Post-Service Office Visits

The societies recommend the survey median response of three total office visit; 1 x 99214 and 2 x 99213. These visits are described in the post-service description of work.

The work at the post-operative office visits is typically performed by the physician and QHP. The total estimated times listed in the supplementary tables below reflect this combined work.

The first office visit is typically at 2 weeks following surgery; both the estimated total time and medical decision-making support 99214.

The subsequent office visits are typically at 6 weeks and 10 weeks after surgery; both the estimated total time and medical decision-making support 99213 for both visits.

Tables With Estimated Times For Office Visits

OFFICE VISIT #1: two weeks after surgery (LOS = 99214)		
Work completed by the physician and/or QHP		**Minutes**
1.	Review PT/OT and/or rehab/SNF/VNA notes to assess progress with therapy	1-2
2.	Review results of labs related to anticoagulation for DVT prophylaxis (e.g. INR, Hb, Plts); to assess therapeutic response and/or monitor for side effects	1-2
3.	Discuss findings at surgery and review procedure details; answer questions	2
4.	Review post-operative radiographs with patient and/or family	
5.	Interview patient and obtain history and/or review data obtained by clinical staff	2-3
6.	Assess pain control, response to current medications and side-effects	
7.	Assess function, mobility and progress with ambulation; compare with reports from PT/OT/rehab	
8.	Assess gastrointestinal and urinary function to assess for medication side effects	
9.	Remove dressing; examine surgical site	3-3
10.	Assess limb alignment, swelling, strength and ROM	
11.	Check neurovascular status	
12.	Remove sutures or staples; apply steri-strips, sterile dressing and compressive wrap or stockings	4
13.	Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation)	3
14.	Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet	
15.	Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering	
16.	Check narcotic prescription registries	4
17.	Write order for narcotic prescription; re-fill or new medication	
18.	Write order for non-narcotic prescription as appropriate (e.g. NSAIDs, gabapentin)	
19.	Write order for prescriptions for continued VTE prophylaxis based on patient risk assessment and mobilization; re-fill or new medication	
20.	Complete medication reconcillation	
21.	Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression	2-3
22.	Complete forms/referrals for continued PT/OT and/or home care services (e.g. VNA)	2-3
23.	Complete disability, FMLA, out of/return to work and other related forms	
24.	Communicate and coordinate care with other physicians and health care providers (e.g., PT/OT, PCP)	2-3
25.	Enter diagnosis code(s) and office visit codes in the EHR or other similar system	4
26.	Write or dictate and sign progress note	
27.	Enter post-operative data into longitudinal outcome registries (e.g. NSQIP, AJRR, and/or local registry)	2-3
	TOTAL TIME	**32-40**
	REQUIRED TIME	**30-39**

OFFICE VISIT #2: six weeks after surgery (LOS = 99213)		
Work completed by the physician and/or QHP		**Minutes**
1.	Review PT/OT notes to assess progress with therapy	1-2
2.	Interview patient and obtain history and/or review data obtained by clinical staff	3
3.	Assess pain control, response to current medications and side-effects	
4.	Assess function, mobility and progress with ambulation; compare with reports from PT/OT/rehab	
5.	Assess gastrointestinal to assess for medication side effects	
6.	Examine surgical site; assess wound healing and signs of infection	2-3
7.	Assess limb alignment, swelling, strength and ROM	
8.	Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation)	3
9.	Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet	
10.	Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering	

11.	Write order for non-narcotic prescription as appropriate (e.g. NSAIDs)	2-3
12.	Complete medication reconcillation	
13.	Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression	2-3
14.	Complete forms/referrals for continued PT/OT	2-3
15.	Complete disability, FMLA, out of/return to work and other related forms	
16.	Enter diagnosis code(s) and office visit codes in the EHR or other similar system	4
17.	Order radiographs for next visit	
18.	Write or dictate and sign progress note	
19.	Enter post-operative data into longitudinal outcome registries (e.g. NSQIP, AJRR, and/or local registry)	2-3
	TOTAL TIME	**21-27**
	REQUIRED TIME	**20-29**

OFFICE VISIT #3: ten weeks after surgery (LOS = 99213)		
Work completed by the physician and/or QHP		**Minutes**
1.	Review PT/OT notes to assess progress with therapy	1-2
2.	Interview patient and obtain history and/or review data obtained by clinical staff	3
3.	Assess pain control, response to current medications and side-effects	
4.	Assess function, mobility and progress with ambulation; compare with reports from PT/OT/rehab	
5.	Examine surgical site; assess wound healing and signs of infection	2-3
6.	Assess limb alignment, swelling, strength and ROM	
7.	Review radiographs; independent interpretation	2-3
8.	Counsel patient and/or family regarding therapy protocol and activity (e.g. driving, exercise, sports)	2-3
9.	Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet	2-3
10.	Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression	2-3
11.	Complete forms/referrals for continued PT/OT	2-3
12.	Complete disability, FMLA, out of/return to work and other related forms	
13.	Enter diagnosis code(s) and office visit codes in the EHR or other similar system	4
14.	Write or dictate and sign progress note	
15.	Enter post-operative data into longitudinal outcome registries (e.g. NSQIP, AJRR, and/or local registry)	2-3
	TOTAL TIME	**22-29**
	REQUIRED TIME	**20-29**

Comparison to Total Knee Arthroplasty (27447)

Total knee arthroplasty (27447) was recently approved by the RUC in October 2019 and will be re-affirmed at this meeting.

CPT code 27447 was not permitted to be on the RSL, so survey respondents did not compare 27446 to 27447.

The table below compares 27446 (unicompartmental knee arthroplasty) to 27447 (total knee arthroplasty).

	27446 (UKA)	27447 (THA)
wRVU	17.13	19.60
Pre-time	70	70
Intra-time	90	97
Post-time	150	207
Total time	310	374
IWPUT	0.119	0.112
WPUT	0.055	0.052

The IWPUT of 0.119 for 27446 is greater than 27447 (TKA) of 0.112.

We believe UKA is in fact more complex and intense than TKA for several reasons:

1. UKA is less common than TKA; Medicare volume in 2019 was 20X for TKA v UKA
2. UKA has higher failure and revision rate compared to TKA (~ 2X)
3. Smaller incisions are employed to limit injury to the quadriceps mechanism, but must still allow visualization of the other compartments to assess articular cartilage damage (which might preclude UKA and require TKA)
4. The cruciate ligaments (ACL and PCL) are retained, compared to TKA where the ACL +/-PCL are resected; this makes exposure and stability/balancing more difficult
5. Although basic alignment devices and cutting guides are used for the bone resection, similar to TKA, free-hand refinements and/or use of additional technology (e.g. computer-aided, robotic assisted) are typically employed
6. In a TKA, the entire articular surface of the both tibia and femur are resected and replaced; in a UKA, only part of the joint is resected and replaced; alignment of the prosthetic surface with the native articular cartilage is required

A value below 17.13 would create a ***rank order anomaly*** with 27447 (TKA).

Key Reference Code Comparison

Respondents who chose 27130 as a reference indicated the intensity/complexity of 27446 to be similar/more complex and intense than 27130. Respondents who chose 23472 as a reference indicated the intensity/complexity of 27446 to be similar/more than 23472.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	17.13	0.119	310	70	90	150
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	19.60	0.109	377	70	100	207
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)).	22.13	0.089	448	75	140	233

MPC Code Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
19303	Mastectomy, simple, complete	15.00	0.102	283	58	90	135
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	17.13	0.119	310	70	90	150
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	17.75	0.109	322	80	103	139

Other Code Comparison

Codes 63620 and 67108 bracket and offer further support of the recommended wRVU of 17.13 for 27446.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	15.60	0.136	195	25	90	80
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	17.13	0.119	310	70	90	150
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	17.13	0.114	295	51	90	154

Summary

The survey data is valid and robust.

The current wRVU is greater than the median and 25th percentile; there is no compelling evidence for an increase.

Given the decrease in total time (which we believe has methodological flaws and is artificially low), we do not recommend maintaining the current value.

We recommend the cross walked wRVU of 17.13, which takes into account three key considerations:

(1) No change in intraoperative time
(2) One day less of hospital E/M work
(3) Increase level of postoperative office work

Work RVU below 17.13 would create a rank order anomaly with CPT code 27447 (total knee replacement).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 27446

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopedic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
15,803 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty orthopaedic surgery Frequency 15567 Percentage 98.50 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - Knee replacement

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27446

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

Tables With Estimated Times For Office Visits

OFFICE VISIT #1: two weeks after surgery (LOS = 99214)		
Work completed by the physician and/or QHP		**Minutes**
28.	Review PT/OT and/or rehab/SNF/VNA notes to assess progress with therapy	1-2
29.	Review results of labs related to anticoagulation for DVT prophylaxis (e.g. INR, Hb, Plts); to assess therapeutic response and/or monitor for side effects	1-2
30.	Discuss findings at surgery and review procedure details; answer questions	2
31.	Review post-operative radiographs with patient and/or family	
32.	Interview patient and obtain history and/or review data obtained by clinical staff	2-3
33.	Assess pain control, response to current medications and side-effects	
34.	Assess function, mobility and progress with ambulation; compare with reports from PT/OT/rehab	
35.	Assess gastrointestinal and urinary function to assess for medication side effects	
36.	Remove dressing; examine surgical site	3-3
37.	Assess limb alignment, swelling, strength and ROM	
38.	Check neurovascular status	
39.	Remove sutures or staples; apply steri-strips, sterile dressing and compressive wrap or stockings	4
40.	Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation)	3
41.	Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet	
42.	Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering	
43.	Check narcotic prescription registries	4
44.	Write order for narcotic prescription; re-fill or new medication	
45.	Write order for non-narcotic prescription as appropriate (e.g. NSAIDs, gabapentin)	
46.	Write order for prescriptions for continued VTE prophylaxis based on patient risk assessment and mobilization; re-fill or new medication	
47.	Complete medication reconcillation	
48.	Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression	2-3
49.	Complete forms/referrals for continued PT/OT and/or home care services (e.g. VNA)	2-3
50.	Complete disability, FMLA, out of/return to work and other related forms	
51.	Communicate and coordinate care with other physicians and health care providers (e.g., PT/OT, PCP)	2-3
52.	Enter diagnosis code(s) and office visit codes in the EHR or other similar system	4
53.	Write or dictate and sign progress note	
54.	Enter post-operative data into longitudinal outcome registries (e.g. NSQIP, AJRR, and/or local registry)	2-3
	TOTAL TIME	**32-40**
	REQUIRED TIME	**30-39**

OFFICE VISIT #2: six weeks after surgery (LOS = 99213)		
Work completed by the physician and/or QHP		**Minutes**
20.	Review PT/OT notes to assess progress with therapy	1-2
21.	Interview patient and obtain history and/or review data obtained by clinical staff	3
22.	Assess pain control, response to current medications and side-effects	
23.	Assess function, mobility and progress with ambulation; compare with reports from PT/OT/rehab	
24.	Assess gastrointestinal to assess for medication side effects	
25.	Examine surgical site; assess wound healing and signs of infection	2-3
26.	Assess limb alignment, swelling, strength and ROM	
27.	Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation)	3
28.	Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental,	

	GI) about need for prophylactic antibiotics; review instruction sheet	
29.	Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering	
30.	Write order for non-narcotic prescription as appropriate (e.g. NSAIDs)	2-3
31.	Complete medication reconcillation	
32.	Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression	2-3
33.	Complete forms/referrals for continued PT/OT	2-3
34.	Complete disability, FMLA, out of/return to work and other related forms	
35.	Enter diagnosis code(s) and office visit codes in the EHR or other similar system	4
36.	Order radiographs for next visit	
37.	Write or dictate and sign progress note	
38.	Enter post-operative data into longitudinal outcome registries (e.g. NSQIP, AJRR, and/or local registry)	2-3
	TOTAL TIME	**21-27**
	REQUIRED TIME	**20-29**

OFFICE VISIT #3: ten weeks after surgery (LOS = 99213)	
Work completed by the physician and/or QHP	**Minutes**
16. Review PT/OT notes to assess progress with therapy	1-2
17. Interview patient and obtain history and/or review data obtained by clinical staff	3
18. Assess pain control, response to current medications and side-effects	
19. Assess function, mobility and progress with ambulation; compare with reports from PT/OT/rehab	
20. Examine surgical site; assess wound healing and signs of infection	2-3
21. Assess limb alignment, swelling, strength and ROM	
22. Review radiographs; independent interpretation	2-3
23. Counsel patient and/or family regarding therapy protocol and activity (e.g. driving, exercise, sports)	2-3
24. Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet	2-3
25. Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression	2-3
26. Complete forms/referrals for continued PT/OT	2-3
27. Complete disability, FMLA, out of/return to work and other related forms	
28. Enter diagnosis code(s) and office visit codes in the EHR or other similar system	4
29. Write or dictate and sign progress note	
30. Enter post-operative data into longitudinal outcome registries (e.g. NSQIP, AJRR, and/or local registry)	2-3
TOTAL TIME	**22-29**
REQUIRED TIME	**20-29**

ISSUE: Knee Arthroplasty

TAB: 18

	Review							RVW					Total	PRE			INTRA					IMMD	POST Facility						POST-Office					12 Month Svy Experience				
SOURCE	Year	CPT	DESC	Glob	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
REF1	2019	27130	Arthroplasty, acetabular and proximal femoral pr	90	71	0.108	0.052			19.60			377	40	15	15			100			20			2			1.0			3								
REF2	2012	23472	Arthroplasty, glenohumeral joint; total shoulder (g	90	21	0.089	0.049			22.13			448	40	15	20			140			30			1	2		1.0			3	1							
Current	2013	27446	Arthroplasty, knee, condyle and plateau; medial (	90		0.109	0.051			17.48			345	40	15	20			90			20			1	1		1.0			2	1							
SVY	2021	27446	Arthroplasty, knee, condyle and plateau; medial (	90	126	0.127	0.055	14.50	18.60	19.60	21.00	25.69	354	45	15	15	40	68	90	90	180	25			1			1.0			1	2			0	5	12	30	400
REC		27446	crosswalk to RVW for 67108	90		0.119	0.055			17.13			310	40	15	15			90			45						0.5			1	2							
XWALK	2015	67108	Repair of retinal detachment; with vitrectomy, any	90		0.114	0.058			17.13			295	33	3	15			90			20						0.5			5								

AFFIRM

Current	2019	27447	Arthroplasty, knee, condyle and plateau; medial /	90		0.112	0.052			19.60			374	40	15	15			97			20			2			1.0			3								

FACILITY DIRECT PE INPUTS **CPT CODE(S): 27446, 27447**
SPECIALTY SOCIETY(IES):AAOS, AAHKS
PRESENTER(S): Adolph Yates, MD; William Creevy, MD; Hussein Elkousy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 04/2021

CPT Code	Long Descriptor	Global Period
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	090
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
27446	A 67-year-old obese female (BMI > 30) with osteoarthritis of the knee joint presents with increased varus of the right knee affecting activities of daily living. She is a non-insulin-dependent diabetic. At operation, she undergoes a unicompartmental knee replacement.
27447	A 74-year-old female has knee osteoarthritis not responding to nonoperative treatment. A total knee arthroplasty (TKA) is performed.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   A panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your reference codes*):
   Current codes are used for reference.

3. Is this code(s) typically reported with an E/M service?
   NO

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:
   N/A

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and/or caregiver to ensure all relevant history and diagnostic information is included
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of imaging/lab results, patient specific information and other relevant patient information for surgical procedure including conducting requisite pre-surgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, reviews patient medical status, confirms preoperative cleansing protocol, and answers final pre-admission questions.

   b. Service period (includes pre, intra and post):

6 minutes (standard)
Office clinical staff will assist with necessary post-discharge care via phone or electronically, such as: responding to patient/family questions about home activity restrictions; confirmation of discharge antibiotics if needed, and pain medication; coordination with other physicians and QHPs involved in the care of the patient for transfer of records; and transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge.

-

   c. Post-service period:

125 minutes - standard time for <u>current</u> (2021) office visit E/Ms
Clinical staff will greet the patient, provide gowning, and ensure that all appropriate medical records are available including interval imaging and labs, physical therapy reports, and chart notes from other physicians. Clinical staff will obtain vital signs, prepare the room and necessary supplies, assist with patient positioning for exam, review and document history, systems and medications. Clinical staff will assist the physician during the exam which may include wound and drain (if present) assessment, neurovascular assessment, ROM assessment, and staple removal when appropriate. Clinical staff will clean the room and answer any patient/family questions about home care including activity limitations and reinforcement of physical therapy activities. Clinical staff will assist the physician

with orders for medication and physical therapy changes. Clinical staff will assist with answering patient, family, caregiver, therapist, other clinician questions and help process changes in care.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

13. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

SA048	pack, minimum multi-specialty visit
SA052	pack, post-op incision care (staple)

14. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**4.0507**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (staple)	**SA052**	**pack**		**4.864**
kit, staple removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

15. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice and the useful life. Identify and explain the invoice here:

n/a

16. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

n/a

17. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF031	table, power	Time is equal to office visit total time based on 2019 E/M visit time – not based on actual E/M visit time.

18. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

n/a

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

19. If this is a PE only code please select a crosswalk based on a similar specialty mix:

n/a

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise

the summary of recommendation (PE SOR) based on modifications made during the meeting. Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

NOTE: The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must still be updated and resubmitted asap.

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT (October 2019 RUC Approved)		RECOMMENDED (Affirmation of Oct 2019 Inputs)	
2						27446		27446		27447		27447	
3	Clinical Activity Code	Meeting Date: 04/2021 Revision Date (if applicable): Tab: 18 Specialty: AAOS, AAHKS (Affirmation of PE inputs for 27447 from October 2019 RUC)	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella	
4		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5		GLOBAL PERIOD				090	090	090	090	090	090	090	090
6		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ -	$ 81.85	$ -	$ 89.67	$ -	$ 85.33	$ -	$ 85.33
7		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	171.0	0.0	191.0	0.0	180.0	0.0	180.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	12.0	0.0	6.0	0.0	12.0	0.0	12.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	99.0	0.0	125.0	0.0	108.0	0.0	108.0
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ -	$ 63.27	$ -	$ 70.67	$ -	$ 66.60	$ -	$ 66.60
12		PRE-SERVICE PERIOD											
13		Start: Following visit when decision for surgery/procedure made											
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5		5		5
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		20		20		20		20
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8		8		8		8
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		20		20		20		20
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		7		7		7		7
28		End: When patient enters office/facility for surgery/procedure											
29		SERVICE PERIOD											
30		Start: When patient enters office/facility for surgery/procedure:											
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	n/a	12	n/a	6	n/a	12	n/a	12
80		End: Patient leaves office/facility											
81		POST-SERVICE PERIOD											
82		Start: Patient leaves office/facility											
85		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
86		99211 16 minutes	16										
87		99212 27 minutes	27				1						
88		99213 36 minutes	36				2		2		3		3
89		99214 53 minutes	53						1				
90		99215 63 minutes	63										
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	0.0	99.0	0.0	125.0	0.0	108.0	0.0	108.0
98		End: with last office visit before end of global period											
99	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT									
100		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ -	$ 17.02	$ -	$ 17.02	$ -	$ 17.02	$ -	$ 17.02
101	SA048	pack, minimum multi-specialty visit	4.0507	pack			3		3		3		3
102	SA052	pack, post-op incision care (staple)	4.864	pack			1		1		1		1
103													
109	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute								
110		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ -	$ 1.57	$ -	$ 1.98	$ -	$ 1.71	$ -	$ 1.71
111	EF031	table, power	5968.4775	Office Visits	0.015838707		99.0		125.0		108.0		108.0
112													

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: New Technology / New Services

September 2025

Transcatheter Aortic Valve Replacement (TAVR) – Tab 21

CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as "Do not use to validate physician work" because of the unique co-surgery status for 33361-33366 (-62 co-surgeon modifier is required) and CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services be surveyed for September 2025. The patient population has changed on who is receiving these services, and it is no longer the sickest, most complicated patients, but will be available to more candidates, and these services may be used to treat aortic regurgitation.

In September 2025, the specialty societies request that these services be referred to CPT to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. **The RUC agreed and recommended that CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	000	Refer to CPT Feb 2026 (2025 Work RVU = 22.47)
33362	open femoral artery approach	000	Refer to CPT Feb 2026 (2025 Work RVU = 24.54)
33363	open axillary artery approach	000	Refer to CPT Feb 2026 (2025 Work RVU = 25.47)
33364	open iliac artery approach	000	Refer to CPT Feb 2026 (2025 Work RVU = 25.97)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

●=New code ▲=Revised code ✚=Add-on code ⃠=Modifier 51 exempt ★=Telemedicine 🔈=Audio-only 🗲=FDA approval pending #=Resequenced code **f**=Family Code **e**=Editorial **D**=Deleted

33365	transaortic approach (eg, median sternotomy, mediastinotomy)	000	Refer to CPT Feb 2026 (2025 Work RVU = 26.59)
33366	transapical exposure (eg, left thoracotomy)	000	Refer to CPT Feb 2026 (2025 Work RVU = 29.35)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

August 26, 2025

Ezequiel Silva III, MD,
Chair, AMA Specialty Society RVS Update Committee
American Medical Association
330 N Wabash Avenue, Suite 39300
Chicago, IL 60611

Subject: Tab 21 – Transcatheter Aortic Valve Replacement (TAVR) codes (33361, 33362, 33363, 33364, 33365, 33366)

Dear Dr. Silva:

The TAVR codes were reviewed by the Relativity Assessment Workgroup (RAW) at the April 2025 RUC meeting due to the codes inclusion on the New Technology/New Services list and noted in the RUC database as "Do not use to validate physician work" because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. Based on a review of the most recent three years of data and changes to the indications for the procedures to include low-risk patients, the RUC recommended that these services should be surveyed for September 2025.

Representatives from the American Association for Thoracic Surgery, American College of Cardiology, Society of Cardiovascular Angiography & Interventions and the Society of Thoracic Surgeons decided that the codes should be submitted to CPT to address changes in the code set, which includes adding, deleting and/or revising the codes to address changes in the approaches utilized for the procedures prior to re-surveying them.

As such, the societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025 deadline for review at the February 2026 CPT meeting.

Sincerely,

Stephen Lahey, MD
American Association for Thoracic Surgery (AATS)

Richard Wright, MD
American College of Cardiology (ACC)

Afnan Tariq, MD
Society of Cardiovascular Angiography & Interventions (SCAI)

Joseph Turek, MD
Society of Thoracic Surgeons (STS)

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: Site of Service Anomaly*

September 2025

Appendectomy – Tab 22

In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 44970 *Laparoscopy, surgical, appendectomy* as a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. These services were placed directly on the level of interest form to survey for September 2025. The RAW also worked with the specialty societies and identified codes 44950, 44955 and 44960 as part of this family of services.

In September 2025, the specialty societies indicated that the ACS National Surgical Quality Improvement Program (NSQIP®) and NSQIP® Pediatric database analysis revealed considerable variability in both length of hospital stay and operative time for appendectomy procedures. This is influenced by multiple factors such as surgical approach, patient age, whether the disease was complicated or straightforward, and whether the surgery was performed as an interval appendectomy or for tumor. In light of these findings, the specialty societies indicated that new and revised codes are needed to more accurately describe and differentiate global physician work for these services. The specialty societies indicated they will submit a CPT code change application for the CPT 2028 cycle.

The RUC agreed and recommended that codes 44950, 44955, 44960 and 44970 be referred to the CPT Editorial Panel for revision for CPT 2028, preferably by the May 2026 CPT meeting/September 2026 RUC meeting.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
Excision			
(f)44950	Appendectomy; (Incidental appendectomy during intra-abdominal surgery does not usually warrant a separate identification. If necessary to report, add modifier 52)	090	Refer to CPT May 2026 (2025 Work RVU = 10.60)

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(f)44955	when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	ZZZ	Refer to CPT May 2026 (2025 Work RVU = 1.53)
(f)44960	for ruptured appendix with abscess or generalized peritonitis	090	Refer to CPT May 2026 (2025 Work RVU = 14.50)
Laparoscopy Surgical laparoscopy always includes diagnostic laparoscopy. To report a diagnostic laparoscopy (peritoneoscopy) (separate procedure), use 49320.			
44970	Laparoscopy, surgical, appendectomy	090	Refer to CPT May 2026 (2025 Work RVU = 9.45)

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August 24, 2025

Ezequiel Silva III, MD
Chair, RVS Update Committee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

RE: Tab 22, Appendectomy

Dear Dr. Silva,

The Relativity Assessment Workgroup (RAW) flagged CPT code 44970 (laparoscopic appendectomy) as a site-of-service outlier, noting that Medicare data from 2021–2023 showed it was performed less than 50% of the time in the inpatient setting, yet included hospital E/M services within the global period and had 2023 Medicare utilization over 10,000. During the April 2025 RAW review of codes with a site-of-service anomaly, the Excel file [*2021-2023 SOS 2023 Util Data.xlxs*] created by RUC staff added codes for open appendectomy (44950, 44955, 44960) as family codes. All four codes were subsequently included on the RUC LOI form for survey purposes.

Advisors representing the ACS, APSA, ASCRS, and SAGES evaluated the ACS National Surgical Quality Improvement Program (NSQIP®) and NSQIP® Pediatric databases. Our analysis revealed considerable variability in both length of hospital stay and operative time for appendectomy procedures, influenced by multiple factors such as surgical approach, patient age, whether the disease was complicated or uncomplicated, and whether the surgery was performed as an interval appendectomy or for tumor. In light of these findings, it was determined that new and revised codes are needed to more accurately describe and differentiate physician work. An application for coding changes will be submitted by the stakeholder societies for the CPT 2028 update cycle.

We will be available to respond to questions at the September 2025 RUC meeting.

Sincerely,

Don Selzer, MD, FACS
RUC Advisor, American College of Surgeons

Richard Weiss, MD, FACS
RUC Advisor, American Pediatric Surgical Association

Kelly Tyler, MD, FACS
RUC Advisor, American Society of Colon and Rectal Surgeons

Ketan Sheth, MD, FACS
RUC Advisor, Society of American Gastrointestinal and Endoscopic Surgeons

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: High Volume Growth*

September 2025

Stereotactic Computer-Assisted Volumetric Navigational Procedures – Tab 23

In April 2024, CPT code 61783 *Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)* was identified via the high-volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. In January 2025, the Relativity Assessment Workgroup (RAW) reviewed the action plan for CPT code 61783 and determined that this service was last valued in 2010, and utilization is steadily increasing, thus it should be surveyed with the appropriate family of codes for April 2025. In April 2025, the specialty societies surveyed 61782 and 61783 with the standard ZZZ survey template. However, the specialty societies indicated that there is a distinct and separate pre-service time for these services. The RUC agreed and the specialty societies were allowed to resurvey 61781, 61782 and 61783 with the ZZZ survey template that asks whether pre- or post-time is included in these services. The RUC noted that CPT codes 61781, 61782 and 61783 were originally reviewed as a family at the February 2010 RUC meeting for publication in CPT 2011. CPT codes 61781 and 61783 were valued the same at 3.75 work RVUs and 61782 was valued at 3.18 work RVUs.

Based on 2023 Medicare utilization, CPT code 61781 is performed by neurosurgery (97%), CPT code 61782 is performed by otolaryngology (98%), and CPT code 61783 is performed by neurosurgery (67%) and orthopaedic surgery (32%). For September 2025, the specialty societies that primarily perform these services participated in the survey. Neurosurgery surveyed code 61781, otolaryngology surveyed code 61782 and neurosurgery, orthopaedic surgery, and spine surgery surveyed code 61783.

Family of Services
In April 2025, the specialty societies indicated that CPT codes 61781, 61782 and 61783 are not a family of services as they are reported with distinctly different procedures and should not have been placed for convenience together in the Nervous System/ Skull, Meninges, and Brain/Stereotaxis subsection of CPT. The specialty societies believed that it was not correct to maintain all three codes together in the Nervous System section as established. Specifically, there is a Spine and Spinal Column/Stereotaxis subsection under the Nervous System subsection where code 61783 could have been located, or it could also have been placed in the Musculoskeletal System/Spine subsection. The specialty societies also question whether 61782 is correctly placed in the Nervous System section instead of in the Musculoskeletal System/Head subsection, closer to the procedures that 61782 is typically reported.

The RUC noted that these three services were valued together initially and the valuation for codes 61781 and 61783 is the same and is based on the same methodology. The RUC was concerned that a possible rank order anomaly may occur if valued separately. The RUC disagreed with the specialty societies and recommended that 61781 be surveyed with 61782 and 61783 for September 2025.

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ZZZ Survey Template
CPT codes 61781, 61782 and 61783 were all surveyed for pre- and post-service time in 2010, and each included 15 minutes of pre-service time. In April 2025, CPT codes 61782 and 61783 were surveyed this time with the standard ZZZ survey template, which specifies the ZZZ global period as a *code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre-and post-service time)* and only allows entry of intra-service time. In rare circumstances, specialties may provide justification and request that a ZZZ survey with pre- and post-service time be conducted. The specialty societies are requesting to resurvey these services with the pre/post ZZZ survey template.

The specialties indicated that they believe the pre-service time that was captured in the 2010 valuation remains an integral part of this work for these services. Pre-service time is essential and inseparable from these services. The RUC confirmed that this pre-service time does not overlap with the time included in the base procedures these ZZZ global codes are reported with. For CPT code 61782, this work includes critical, physician-performed tasks directly related to the implementation and use of stereotactic computer navigation. These include an in-depth discussion with the patient about the rationale for the navigation system, its role in enhancing surgical precision, and its implications for surgical complexity and duration. This is particularly relevant in cases involving altered anatomy or proximity to critical structures. In addition, the surgeon must initiate, configure, and verify the navigation system, including hardware setup, image review in multiple planes, software validation, and procedural planning based on the individual patient's anatomy and pathology. These are non-delegable, case-specific activities that are essential to the safe and effective use of this advanced technology and therefore justify discrete pre-service time beyond what is included in the base code.

For CPT code 61783, this work includes critical, physician-only tasks that cannot be delegated, such as consulting with the patient about the placement of an additional tracker for spinal navigation, segmenting spinal levels, planning pedicle trajectories, and positioning the navigation system, all of which are fundamental to the success of the procedure and must be completed before sterile draping.

The RUC determined that the specialty societies may survey 61781, 61782 and 61783 with the amended ZZZ survey template that specifically asks the respondent whether pre- and post-service time is associated with these add-on services for the September 2025 meeting.

61781 ***Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 55 neurosurgeons and determined the current work RVU of 3.75, which is below the survey 25th percentile (3.77), accounts for the work required to perform this service. The RUC recommends 17 minutes pre-evaluation time and 30 minutes intra-service, totaling 47 minutes. As it is typical for many neurosurgical procedures to have pre-service time due to the high intensity and complexity of the procedure, the RUC continued to recommend pre-service time for this add-on service. The specialty societies indicated, and the RUC agreed that the pre-service time for the navigation for the intradural cranial, CPT code 61781, requires more pre-service time than the navigation for the extradural cranial, CPT code 61782, because the accuracy of the navigation is dependent on how much time the physician spends on ensuring that the star fixation, registration, and all other elements that allow one to perform navigation with commensurate accuracy are set up. Thus, the time required to perform these activities, not just from the extracranial surface but to the intracranial space, is why the respondents for the intracranial navigation procedure (61781) indicated that they spent 6 more minutes.

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CPT code 61781 is an add-on service that is reported with intracranial procedures. Pre-operative CT and/or MRI images are loaded into an image guidance system, and the patient is then connected via a patient marker and the patient's external anatomy is traced to allow for proper registration. The system then matches the 3D model of the patient obtained by tracing the imaging, allowing the surgeon the ability to use various instruments to point and display on the scan where that instrument is specifically located in the patient.

The RUC compared the surveyed code to the second key reference service 61797 *Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)* (work RVU = 3.48, 30 minutes intra-service and total time) and determined that these services both require the same intra-service time. However, the surveyed code requires 17 minutes pre-service evaluation time, thus it is appropriately valued higher than CPT code 61797.

For additional support the RUC referenced MPC code 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)* (work RVU = 4.13 and 40 minutes intra-service and total time) and CPT code 67335 *Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)* (work RVU = 3.23, 30 minutes intra-service time and total time), which requires similar physician work and time, therefore maintains relativity of this service. **The RUC recommends a work RVU of 3.75 for CPT code 61781.**

61782 ***Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 108 otolaryngologists and determined that a work RVU of 2.11 appropriately accounts for the work required to perform this service based on a direct crosswalk to 93587 *Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)* (work RVU = 2.11 and 16 minutes intra-service and total time). The RUC recommends 11 minutes of pre-service time and 16 minutes of intra-service time, totaling 27 minutes for CPT code 61782. The RUC noted that this service currently includes pre-service time due to the high intensity and complexity of the procedure, thus, the RUC continued to recommend pre-service time for this add-on service.

CPT code 61782 is an add-on code that is used with endoscopic sinus surgery codes. Pre-operative CT and/or MRI images are loaded into an image guidance system, and the patient is then connected via a patient marker and the patient's external anatomy is traced to allow for proper registration. The system then matches the 3D model of the patient obtained by tracing the imaging, allowing the surgeon the ability to use various instruments in the nose to point and display on the scan where that instrument is specifically located in the patient. The accuracy is usually within a millimeter. Stereotactic computer-assisted navigation is often used in cases that are distorted by previous surgery such as extensive nasal polyps, tumors, or disease abutting the skull base, internal carotid artery, optic nerve, among other critical structures. In these cases, navigational guidance is critical to aid in the identification of these structures to avoid complications such as blindness, cerebrospinal leaks, other intracranial injuries, and damage to the carotid, resulting in life-threatening bleeding or strokes.

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The RUC compared the surveyed code to the top key reference code 19294 *Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)* (work RVU = 3.00, 40 minutes intra-service time and total time) and determined the surveyed code requires less physician work and time and thus is appropriately valued lower. The RUC also compared the surveyed code to the second top reference code 15121 *Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)* (work RVU = 2.00, 30 minutes intra-service time and total time) and determined the surveyed code is somewhat more intense and complex requiring more psychological stress and mental effort and judgment, thus valued higher.

For additional support, the RUC referenced MPC codes 36227 *Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)* (work RVU = 2.09 and 15 minutes intra-service and total time) and 36476 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)* (work RVU = 2.65 and 30 minutes intra-service and total time). The RUC also referenced CPT code 20702 *Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)* (work RVU = 2.50, 25 minutes intra-service time and 32 minutes total time), which requires more time, but the surveyed code is somewhat more intense and complex to perform. The RUC determined that a work RVU of 2.11 supported relativity among similar services. **The RUC recommends a work RVU of 2.11 for CPT code 61782.**

61783 ***Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 70 neurosurgeons, orthopaedic surgeons, and spine surgeons, and determined the current work RVU of 3.75, which is between the survey 25th percentile (3.42) and survey median (4.08), appropriately values this service and maintains relativity within the family. The RUC recommends 15 minutes pre-service evaluation time and 30 minutes intra-service, totaling 45 minutes. As it is typical for many neurosurgical procedures to have pre-service time due to the high intensity and complexity of the procedure, the RUC continued to recommend pre-service time for this add-on service.

CPT code 61783 is an add-on service that is reported with arthrodesis and other spinal procedures. Pre-operative CT and/or MRI images are loaded into an image guidance system, and the patient is then connected via a patient marker and the patient's external anatomy is traced to allow for proper registration. The system then matches the 3D model of the patient obtained by tracing the imaging, allowing the surgeon the ability to use various instruments to point and display on the scan where that instrument is specifically located in the patient.

The specialty societies indicated that the current work RVU of 3.75 supports the time and intensity of this service. The typical patient with multi-level deformity involves more than solely hooking up the navigation and synchronizing with a scan. It involves multiple pieces of new technology where the navigation accuracy needs to be precise due to the location of working along the spine. The success of the procedure is dependent on the

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navigation planning, thus, the pre-service evaluation time is more intense than other services. Additionally, the software has improved and is faster, but because the physician must process multiple forms of information for more complicated surgeries with more deformity corrections, it is certainly more intense, even though the time itself has not necessarily changed.

The RUC compared the surveyed code to the top key reference service 61797 *Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)* (work RVU = 3.48, 30 minutes intra-service and total time) and determined that these services both require the same intra-service time. However, the surveyed code requires 15 minutes pre-service evaluation time, thus is appropriately valued higher than CPT code 61797.

For additional support, the RUC referenced MPC code 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)* (work RVU = 4.13- and 40-minutes intra-service and total time) and CPT code 67335 *Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)* (work RVU = 3.23, 30 minutes intra-service time and total time), which requires similar physician work and time. The RUC determined that a work RVU of 3.75 supported relativity among similar services. **The RUC recommends a work RVU of 3.75 for CPT code 61783.**

Practice Expense
In April 2025, the Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs for CPT code 61782 and made a single modification. Invoices were submitted for three new supplies: *single use instrumentation wire, patient tracker* and *adhesive pad*. The Subcommittee amended the patient tracker inputs to correct the price of the new supply item since it is available in a 5-pack, and the adhesive in a 10-pack, but only one of each is used. The specialty societies also recommended four new equipment items: *navigation system, pointer shell universal mounts, medical cart without monitor* and *registration pointer*. The RUC noted the equipment *service contract standard* was not included because maintenance, such as a service contract, is already included in the calculation of the cost per minute. In September 2025, the PE Subcommittee re-reviewed the direct practice expense inputs for CPT code 61782 and made no modifications. It was acknowledged that non-facility PE inputs are being added for this ZZZ code. This includes the addition of the intra-service staff time to support the physician during the procedure (16 minutes), the supplies needed for the image guidance, and the equipment needed for the image guidance which have the default formula applied to them. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies for CPT code 61782. For CPT codes 61781 and 61783, the RUC recommends no direct practice expense inputs as these are facility-based add-on services.**

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
(f)61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure) (Do not report 61781 in conjunction with 61720-61791, 61796-61799, 61863-61868, 62201, 77371-77373, 77432)	ZZZ	3.75 (No Change) (2025 Work RVU = 3.75)
(f)61782	cranial, extradural (List separately in addition to code for primary procedure) (Do not report 61781, 61782 by the same individual during the same surgical session)	ZZZ	2.11 (2025 Work RVU = 3.18)
61783	spinal (List separately in addition to code for primary procedure) (Do not report 61783 in conjunction with 63620, 63621)	ZZZ	3.75 (No Change) (2025 Work RVU = 3.75)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:61781 Tracking Number

Original Specialty Recommended RVU: **3.75**
Presented Recommended RVU: **3.75**
RUC Recommended RVU: **3.75**

Global Period: ZZZ Current Work RVU: **3.75**

CPT Descriptor: Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 57-year-old male presents with increasing headaches, confusion, and nausea. Examination shows decline in his brief mental status examination and vertical gaze palsy. A magnetic resonance imaging (MRI) scan demonstrates a tumor in the third ventricle with hydrocephalus. A microsurgical resection is planned with image guidance based on preoperative images. [Note: This is an add-on service. Only consider the additional work related to the computer-assisted surgical navigation.]

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Discuss the surgical procedure with the patient. Review the indications and use of stereotactic computer navigation as an adjunct to intracranial tumor surgery. Explain the rationale for the use of the system, how it helps confirm surgical position and avoid damage to surrounding vital structures, volumetric analysis of the operative site, and that the surgery may be somewhat longer and more complicated. (Note: The system is typically reserved for difficult cases in patients with disease in close proximity to the skull base, orbit, neurovascular structures, eloquent cortex, or those with alteration of anatomic landmarks due to previous surgery, trauma, congenital, or neoplastic processes.) Depending on the specific system and application, the explanation includes the use of a head frame or other hardware affixed to the patient's head during the procedure, such as implanted bone fiducial markers. Boot up the computer navigation unit and activate the navigation software, loading and verifying patient information and confirming image quality. Check program options and adjust as necessary. Perform a detailed assessment of the image set in all three dimensions on the computer workstation to analyze the pathology in relationship to surrounding anatomy. Formulate the navigational plan for the approach and resection of the disease process. Obtain additional imaging studies (eg, functional MRI data) separately from the navigational CT or MRI image set. Use the workstation to merge the additional image set(s) to the navigation image set to provide additional information for the approach to and resection of the disease process. Once the patient is positioned on the operating table, move the computer navigational unit into place to ensure proper alignment of the camera and intraoperative tracking devices in an unobstructed field of view while allowing the surgeon to see the computer monitor. This includes consideration of position of the computer navigational unit in relation to use of the operating microscope in a tight operative field.

Description of Intra-Service Work: After induction of anesthesia, affix the head frame or other fiducial hardware to the patient's skull, taking care to precisely position the apparatus. Perform surface tracings of the head and facial regions to register and calibrate the device. Verify navigational accuracy by correlating specific surface anatomic sites to the computer-generated images. Registration and calibration may need to be repeated if navigational accuracy is not sufficient. Verification is repeated, after the surgical field has been prepared and draped to confirm accuracy. Use the operating

microscope as a tracking device as needed and repeat the process to register and calibrate the microscope to the fiducial markers and navigational system. Throughout the procedure, visualize the operative field, with frequent confirmation of position and relationship to sur-rounding vital structures provided by placing a tracking device within the operative field and correlating the view with the position indicated by the images on the computer monitor. If used, verify the view through the operating microscope by placing a tracking device within the operative field under microscopic view. Based on this information, make intraoperative decisions to modify the approach and volumetric resection appropriately to help ensure a safe and effective surgical procedure.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Clemens Schirmer, MD; Anthony DiGiorgio, MD					
Specialty Society(ies):	AANS, CNS					
CPT Code:	61781					
Sample Size:	350	**Resp N:**	55			
Description of Sample:	AANS/CNS Tumor Section and the Stereotactic and Functional Neurosurgery Section					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**80.00**	100.00	400.00
Survey RVW:	1.50	3.77	**4.50**	5.00	10.00
Pre-Service Evaluation Time:			**17.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**30.00**	38.00	110.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	61781	**Recommended Physician Work RVU: 3.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**0.00**	**17.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61799	ZZZ	4.81	**RUC Time**

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61797	ZZZ	3.48	**RUC Time**

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36277	ZZZ	2.09	**RUC Time**	17,722

CPT Descriptor 1 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,251

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 36.3 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 29.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 61781	Top Key Reference CPT Code: 61799	2nd Key Reference CPT Code: **61797**
Median Pre-Service Time	17.00	0.00	0.00
Median Intra-Service Time	30.00	60.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**47.00**	**60.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	35%	40%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	60%	40%
Physical effort required	0%	30%	70%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	38%	56%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	18%	38%	44%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	12%	50%	38%
Physical effort required	0%	31%	69%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	38%	62%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In April 2024, CPT code 61783 was identified by the Relativity Assessment Workgroup (RAW) via the high-volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. Codes 61781 and 61782 were added as family codes by the RUC. The specialty societies indicated that CPT codes 61781, 61782 and 61783 are not a family of services as they are reported with distinctly different procedures and should

not have been placed for convenience together in the Nervous System/ Skull, Meninges, and Brain/Stereotaxis subsection of CPT when CPT code 61795 was deleted in 2010. The specialty societies believe that it was not correct to maintain all three codes together in the Nervous System section as established. Specifically, there is a Spine and Spinal Column/Stereotaxis subsection under the Nervous System subsection where code 61783 could have been located, or it could also have been placed in the Musculoskeletal System/Spine subsection. The specialty societies also question whether 61782 is correctly placed in the Nervous System section instead of in the Musculoskeletal System/Head subsection, closer to the procedures typically reported with 61782. The RUC countered that these three services were valued together initially and the valuation for codes 61781 and 61783 is the same and is based on the same methodology. The RUC is concerned that a possible rank order anomaly may occur if valued separately and required that all three codes be surveyed at the same time again, even if the work related to the codes and the specialties that would report the codes are different.

Prior Survey of 61781

In the 2009 survey of 61781, the standard ZZZ-global survey was used that correctly defined a ZZZ-global code as: "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time)*." The survey included the ability for the survey respondent to indicate "pre-service time (*if applicable*); intra-service time (skin-to-skin); and immediate post-service time (*if applicable*)." The RUC agreed with an additional 15 minutes of pre-service work (survey median was 30 minutes) separate from the work that occurs during the skin-to-skin portion of the index procedure.

The current standard ZZZ-global code survey still defines the global as "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time).*" However, the survey used for the April 2025 survey included only a single place to enter time shown as "intra-service time" which can be confusing with respect to time estimation. This survey instrument resulted in 30 minutes of intra-service time.

At the April 2025 meeting, the societies noted that an incorrect survey instrument had been used, as code 61781 involves substantial work outside of the typical "skin-to-skin" activities represented by most ZZZ codes. The societies considered the survey to be flawed and requested permission to conduct a new survey of 61781 using an appropriate survey tool. The RUC agreed, allowing 61781 to be resurveyed with the ZZZ survey template that allows the ability to include pre-service and/or post-service time "if applicable."

Recommendation - Time

We recommend the survey median times for pre-service, intra-service, and post-service as 17, 30, and 0 minute(s) respectively. The pre-service median time of 17 minutes is two minutes more than the current 15 minutes that was "set" by the RUC even though the median pre-service survey time in 2009 was 30 minutes. The RUC rationale for setting a 15 minute pre-service time was that this time was typical for many neurosurgical procedures; a statement that cannot be explained. The recommended intra-service and post-service times of 30 and 0 remain consistent with the median times reported in the 2009 survey.

Recommendation - RVW

The work (time and intensity/complexity) for 61781 has not changed. We recommend maintaining the current work RVU of 3.75 which is slightly less than the survey 25th percentile.

Code 61783 was identified through a high growth screen and the RUC required that codes **61781** and 61782 be additionally surveyed as these three codes were initially surveyed and relativity was considered in the original valuation. The current survey effort and recommendations confirm the relativity of these stereotactic computer-assisted (navigational) services that are performed by different specialties and that use different supplies and equipment.

SOURCE	CPT	DESC	IWPUT	RVW	Total Time
Current	61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	0.114	**3.75**	**45**
09/2025 REC	**61781**		**0.112**	**3.75**	**47**
Current	61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	0.114	**3.18**	**40**
Interim (APR25)	61782		0.125	**2.50**	**20**
09/2025 REC	**61782**		**0.135**	**2.40**	**27**
Current	61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	0.114	**3.75**	**45**
Interim (APR25)	61783		0.117	**3.50**	**30**
09/2025 REC	**61783**		**0.114**	**3.75**	**45**

Comparison of Key Reference Codes
A work RVU of 3.75 for 61781 places the value appropriately between the values of 61797 and 61799.

Comparison to 2025 RUC Reviewed ZZZ Global Codes
The RUC recently submitted recommendations for many ZZZ global codes that CMS approved in the NPRM for CY2026. These codes further support relativity and the recommendation to maintain the work RVU for 61781.

CPT	DESCRIPTION	Global	Total Time	Current RVW	RUC RVW	CMS RVW
5XX10	Bx prst8 ea add mri-us/ct/mr	ZZZ	20	new	1.05	1.05
6XX13	Lamot rpr anulr dfct 1 lmbr	ZZZ	21	new	2.50	2.50
37X02	Revsc evasc ivt angio sf ea	ZZZ	30	new	3.00	3.00
37X09	Iv lithotrp ivt w/in sm art	ZZZ	30	new	3.00	3.00
37X11	Revsc evasc fpvt angio sf ea	ZZZ	30	new	3.00	3.00
37X28	Revsc evsc tpvt angio sf ea	ZZZ	30	new	3.00	3.00
37X32	Revsc evasc tpvt st sf ea	ZZZ	35	new	3.34	3.34
37X15	Revsc evasc fpvt stent sf ea	ZZZ	35	new	3.73	3.73
37X04	Revsc evsc ivt angio cplx ea	ZZZ	36	new	3.89	3.89
37X06	Revsc evasc ivt stent sf ea	ZZZ	40	new	4.00	4.00
37X13	Rvsc evsc fpvt angio cplx ea	ZZZ	40	new	4.00	4.00
37X26	Iv lithotrp fpvt w/in sm art	ZZZ	40	new	4.00	4.00
37X44	Revsc evasc imvt angio sf ea	ZZZ	40	new	4.00	4.00
37X19	Revsc evsc fpvt athrc sf ea	ZZZ	43	new	4.00	4.00
62XX1	Dcmprn prq rmv lig flv addl	ZZZ	43	new	4.25	4.25
37X08	Revsc evasc ivt st cplx ea	ZZZ	44	new	4.25	4.25
37X23	Rvsc evsc fpvt st athr sf ea	ZZZ	45	new	4.25	4.25
37X30	Rvsc evsc tpvt angio cplx ea	ZZZ	45	new	4.26	4.26
37X36	Revsc evsc tpvt athrc sf ea	ZZZ	45	new	4.75	4.75
37X46	Revsc evsc imvt angio cpx ea	ZZZ	45	new	5.00	5.00
61781	Scan proc cranial intradural	ZZZ	47	3.75		
37X34	Revsc evasc tpvt st cplx ea	ZZZ	50	new	5.00	5.00
37X17	Revsc evasc fpvt st cplx ea	ZZZ	52	new	5.00	5.00
37X21	Rvsc evsc fpvt athrc cplx ea	ZZZ	60	new	5.50	5.50
37X25	Rvsc evsc fpvt st ath cpx ea	ZZZ	60	new	6.00	6.00
37X38	Revsc evsc tpvt athr cplx ea	ZZZ	60	new	6.50	6.50
37X40	Rvsc evsc tpvt st athr sf ea	ZZZ	60	new	6.50	6.50
37X42	Rvsc evsc tpvt st ath cpx ea	ZZZ	75	new	8.16	8.16

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 61781

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization data is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
15,686 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty neurosurgery Frequency 15200 Percentage 96.90 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 61781

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:61782 Tracking Number Original Specialty Recommended RVU: **2.40**
Presented Recommended RVU: **2.40**
Global Period: ZZZ Current Work RVU: **2.50** RUC Recommended RVU: **2.11**

CPT Descriptor: Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 51-year-old male presents with nasal polyposis and chronic sinusitis which has failed medical management. A sinus CT shows significant disease involving multiple sinuses with distortion of normal anatomic landmarks. Endoscopic sinus surgery is planned with computer-assisted image guided navigation.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: In addition to the standard preoperative discussion with the patient about the surgical procedure, the surgeon spends additional time discussing the use of stereotactic computer navigation as an adjunct to endoscopic sinus surgery. This involves explaining the rationale for the use of the system, how it helps confirm surgical position and avoid damage to surrounding vital structures, and that the surgery may be somewhat longer and more complicated. The system is typically reserved for difficult cases in patients with extensive disease in close proximity to the skull base, orbit, or neurovascular structures, or those with alteration of anatomic landmarks due to previous surgery, trauma, congenital, or neoplastic processes. Depending on the specific system and application, the explanation includes the use of a head frame or other hardware affixed to the patient's head during the procedure. The computer navigation unit is booted up and the surgeon activates the navigation software, loading and verifying patient information and confirming image quality. Program options are checked and adjusted as necessary. A detailed assessment of the image set in all three dimensions is performed by the surgeon on the computer workstation to analyze the pathology in relationship to surrounding anatomy, formulating plans for both the approach to and resection of the disease process. Once the patient is positioned on the operating table, the computer navigational unit is moved into place to ensure proper alignment of the camera and intra-operative tracking devices in an unobstructed field of view while allowing the surgeon to see the computer monitor.

Description of Intra-Service Work: After induction of anesthesia, the head frame or other hardware is affixed to the patient's head, taking care to precisely position the apparatus. Surface tracings of the head and facial regions are performed to register and calibrate the device. Verification of navigational accuracy is ascertained by correlating specific surface anatomic sites to the computer-generated images. Verification is repeated, after the nose has been topically decongested, by correlating intranasal anatomic sites visualized endoscopically. Throughout the procedure, the operative field is visualized endoscopically, with frequent confirmation of position and relationship to surrounding vital structures provided by placing a tracking device within the operative field, correlating the endoscopic view with the position indicated by the images on the computer monitor. Based on this information, intra-operative decisions are made to appropriately modify the approach and resection to help ensure a safe and effective surgical procedure.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025		
Presenter(s):	R. Peter Manes, MD and Brian Boyce, MD		
Specialty Society(ies):	AAO-HNS		
CPT Code:	61782		
Sample Size:	3716	**Resp N:**	108
Description of Sample:	Targeted random sample of members specializing in general otolaryngology or rhinology		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	15.00	**36.00**	64.00	657.00
Survey RVW:	1.50	2.40	**3.00**	3.55	8.00
Pre-Service Evaluation Time:			**11.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	10.00	**16.00**	30.00	180.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	61782	**Recommended Physician Work RVU: 2.11**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**11.00**	**0.00**	**11.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**16.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19294	ZZZ	3.00	**RUC Time**

CPT Descriptor Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15121	ZZZ	2.00	**RUC Time**

CPT Descriptor Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	99,663

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36476	ZZZ	2.65	**RUC Time**	4,362

CPT Descriptor 2 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
67335	ZZZ	3.23	**RUC Time**

CPT Descriptor Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 17.5 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 14.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 61782	Top Key Reference CPT Code: 19294	2nd Key Reference CPT Code: **15121**
Median Pre-Service Time	11.00	0.00	0.00
Median Intra-Service Time	16.00	40.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**27.00**	**40.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	48%	42%	5%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	37%	52%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	68%	21%
Physical effort required	21%	74%	5%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	42%	47%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	31%	31%	38%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	19%	31%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	44%	31%	25%
Physical effort required	50%	50%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	19%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: In April 2024, CPT code 61783 was identified via the Relativity Assessment Workgroup's high volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. In January 2025, the Workgroup reviewed the action plan for CPT code 61783 and determined that this service was last valued in 2010 and utilization is steadily increasing, thus should be surveyed with the appropriate family of codes for April 2025. As the dominant provider of one of the codes in this family, 61782, the Academy surveyed this code for the

April RUC meeting. Unfortunately, it was not identified until after the survey was completed, that this ZZZ code had previously been assigned pre-time which is not typical of ZZZ codes. The Academy, along with AANS who are the dominant providers of the other two codes in this family, requested that an interim value be assigned at the April meeting, and the codes be surveyed using a customized ZZZ survey instrument that allowed respondents to indicate pre and post time. That survey is being presented at the September 2025 RUC meeting.

Survey Sample and Process:
A survey request was sent to a targeted, random selection of 3716 members from the AAO-HNS of those with sub-specialty designations of general otolaryngology and rhinology.

Key Reference Codes
The first KRS selected was CPT 19294 Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure) valued at 3.00 RVUs with an intra time of 40. 19 respondents selected this as their primary KRS.

The second KRS selected was CPT 15121 Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) valued at 2.00 RVUs with an intra time of 30. 16 respondents selected this as their second KRS.

Recommendation (Work and Intra Time):
We are recommending a work RVU **2.40 and 11 minutes of pre time and 16 minutes of intra service time in accordance with our survey's median times**. Our expert panel felt this value which was our survey's 25th percentile, maintains relativity related to other ZZZ otolaryngology codes within the fee schedule.

Pre Service Time: During the 2010 RUC review, the RUC approved pre time for this code, despite it being an add-on service. The RUC justified this, as it is typical for many neurosurgical procedures to have pre-service time due to the high intensity and complexity of the procedure. In addition to the standard preoperative discussion with the patient about the surgical procedure, the surgeon spends additional time discussing the use of stereotactic computer navigation as an adjunct to endoscopic sinus surgery. This involves explaining the rationale for the use of the system, how it helps confirm surgical position and avoid damage to surrounding vital structures, and that the surgery may be somewhat longer and more complicated. The system is typically reserved for difficult cases in patients with extensive disease in close proximity to the skull base, orbit, or neurovascular structures, or those with alteration of anatomic landmarks due to previous surgery, trauma, congenital, or neoplastic processes. Depending on the specific system and application, the explanation includes the use of a head frame or other hardware affixed to the patient's head during the procedure. The computer navigation unit is booted up and the surgeon activates the navigation software, loading and verifying patient information and confirming image quality. Program options are checked and adjusted as necessary. A detailed assessment of the image set in all three dimensions is performed by the surgeon on the computer workstation to analyze the pathology in relationship to surrounding anatomy, formulating plans for both the approach to and resection of the disease process. Once the patient is positioned on the operating table, the computer navigational unit is moved into place to ensure proper alignment of the camera and intra-operative tracking devices in an unobstructed field of view while allowing the surgeon to see the computer monitor. We believe our survey results justify this time and are therefore, recommending the survey median time of 11 minutes for pre service evaluation.

Total Time: Based on the above recommendations, we are requesting a total time of 27 minutes for code 61782.

Supporting Reference Codes for the Recommended Value

CPT Code	Long Desc	Global	IWPUT	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait Time	Intra Time	Immediate Post Time	Total Time	Most Recent RUC Review	Top_Specialty	2023 Medicare Utilization
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals	ZZZ	0.1319	**2.11**				**16**		**16**	2023-01		

	originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)												
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	ZZZ	0.1253	**2.13**				**17**		**17**	2023-01		
20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	ZZZ	0.0833	**2.15**	1			**25**	2	**28**	2018-10	ORTHOPEDIC SURGERY	226
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	ZZZ	0.0937	**2.50**	5			**25**	2	**32**	2018-10	ORTHOPEDIC SURGERY	633
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	ZZZ	0.125	**2.50**				**20**		**20**	2020-10	THORACIC SURGERY	8848
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)	ZZZ	0.125	**2.50**				**20**		**20**	2021-01	INTERVENTIONAL CARDIOLOGY	4543
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	ZZZ	0.125	**2.50**				**20**		**20**	2017-01	VASCULAR SURGERY	16269

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This add on code may typically be reported with any combination of the following procedure codes: 31253, 31276, 31290, 31291, 31292, 31293, 31294.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 61782

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 57000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is approximately three times the 2023 Medicare volume from the RUC database.

Specialty Otolaryngology Frequency 55500 Percentage 97.36 %

Specialty Neurosurgery Frequency 1500 Percentage 2.63 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 19,013 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2023 RUC database utilization for the Medicare population

Specialty Otolaryngology Frequency 18500 Percentage 97.30 %

Specialty Neurosurgery Frequency 500 Percentage 2.62 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 61782

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:61783 Tracking Number Original Specialty Recommended RVU: **3.75**
Presented Recommended RVU: **3.75**
Global Period: ZZZ Current Work RVU: **3.75** RUC Recommended RVU: **3.75**

CPT Descriptor: Stereotactic computer-assisted (navigational) procedure; spinal (Listseparately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Computer-assisted surgical navigation is utilized when a 57-year-old male undergoes operative stabilization of the C1-C2 segment for rupture of the transverse atlantal ligament. [Note: This is an add-on service. Only consider the additional work related to the computer-assisted surgical navigation.]

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: In addition to the standard discussion with the patient about the planned spinal procedure, the surgeon spends additional time discussing the use of stereotactic computer navigation as an adjunct to spinal surgery. This involves explaining the rationale for the use of the system, how it helps to confirm surgical position and avoid damage to surrounding vital structures, how it helps visualize instrument and implant position and that the surgery may be somewhat longer and more complicated. The explanation describes the placement of optical or electromagnetic tracking devices on the spine and key instruments and the identification of reference points. Prior to the surgical procedure and positioning, the computer navigation unit is brought into the room and following booting up of the computer, the surgeon activates the navigation software and enters patient specific information such as identifiers, surgeon, site and side of surgery. Radiographic images that will be used for the navigation are either newly obtained or loaded from preexisting studies into the navigation computer. Setup options for the program are checked and adjusted as necessary. A detailed assessment of the image set in all three dimensions is performed by the surgeon on the computer workstation to analyze the surgical anatomy/pathology in relationship to surrounding anatomy. The final operative plan for the approach to and resection (if needed) of the disease process is completed. Once the patient has been positioned on the operating table, the navigation unit is moved into place so the intra-operative trackers will be in the field of view of the cameras and the surgeon will be able to see the computer monitor screen.

Description of Intra-Service Work: Once the spine has been exposed (reported separately), the required navigation trackers are secured to the spine and to key instruments. The trackers may be passive devices with reflective balls whose position is determined by infrared light signals sent from the camera system which senses their position. They may also be active devices that emit infrared light or electromagnetic signals that are sensed by a detection system. These trackers are then registered with the stereotactic computer navigation system and specific bony landmarks are identified individually by directed digitization with a pointer device that also has tracker components on it. Multiple reference points are identified and generally include one or more spinous processes, facet joints, and transverse processes. After the anatomy has been registered, an assessment of the accuracy is confirmed with the pointing device. The position and angular alignment are checked at several sites. Changes to the trackers and reference points are made until accuracy within 1-2 millimeters is confirmed. The navigation system is used to identify the starting points for drill holes and the appropriate sagittal and

coronal alignment. Drill bit orientation and depth of penetration is checked frequently as the drill is carefully and slowly advanced. Changes in alignment are made as necessary. Repeat navigation images are then obtained as the hole is tapped and again as the final screw or implant is inserted to ensure correct positioning. This entire sequence is then repeated for each screw or implant placed. At the conclusion of the surgical procedure, the trackers are removed.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Anthony DiGiorgio, MD; Clemens Schirmer, MD; Hussein Elkousy, MD; Karin Swartz, MD; E. Kano Mayer, MD; William Lavelle, MD					
Specialty Society(ies):	AANS, CNS, AAOS, NASS, ISASS					
CPT Code:	61783					
Sample Size:	1822	**Resp N:**	70			
Description of Sample:	Random society membership and members self-designated as spine surgeons					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	28.00	**60.00**	100.00	250.00	
Survey RVW:	1.50	3.48	**4.08**	5.00	12.00	
Pre-Service Evaluation Time:			**15.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	10.00	20.00	**30.00**	45.00	240.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	61783	**Recommended Physician Work RVU: 3.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61797	ZZZ	3.48	**RUC Time**

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61799	ZZZ	4.81	**RUC Time**

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.09	**RUC Time**	17,722

CPT Descriptor 1 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,251

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
49623	ZZZ	3.75	**RUC Time**

CPT Descriptor Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 20.0 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 17.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 61783	Top Key Reference CPT Code: 61797	2nd Key Reference CPT Code: **61799**
Median Pre-Service Time	15.00	0.00	0.00
Median Intra-Service Time	30.00	30.00	60.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**45.00**	**30.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	71%	14%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	71%	7%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	71%	29%
Physical effort required	7%	50%	43%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	71%	29%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	58%	17%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	67%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	50%	42%
Physical effort required	8%	50%	42%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
In April 2024, CPT code 61783 was identified by the Relativity Assessment Workgroup (RAW) via the high-volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022.

Prior Survey of 61783 – 2010 RUC Review

In the 2010 RUC review of 61783, the standard ZZZ-global survey was used that correctly defined a ZZZ-global code as: "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time)*." The survey included the ability for the survey respondent to indicate "pre-service time (*if applicable*); intra-service time (skin-to-skin); and immediate post-service time (*if applicable*)." The RUC agreed with an additional 15 minutes of pre-service work separate from the work that occurs during the skin-to-skin portion of the index procedure.

The current standard ZZZ-global code survey still defines the global as "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time).*" However, the survey used for the April 2025 survey included only a single place to enter time shown as "intra-service time" which can be confusing with respect to time estimation. This survey instrument resulted in 30 minutes of intra-service time.

Prior Survey of 61783 – April 2025 RUC Review

At the April 2025 meeting, the societies noted that an incorrect survey instrument had been used, as code 61783 involves substantial work outside of the typical "skin-to-skin" activities represented by most ZZZ codes. For some add-on codes, there is additional pre-service and post-service work before/after skin-to-skin work.

The RUC reviewed the April 2025 survey results from 146 neurosurgeons, orthopaedic surgeons, and spine surgeons, and determined the survey 25th percentile work RVU of 3.50 and 30 minutes of intra-service and total time are appropriate based on the current survey. The RUC compared the surveyed code to the second top key reference service 61797 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure) (work RVU = 3.48, 30 minutes intra-service and total time) and determined that the these services both require the same physician work and time, thus are valued similarly.

The specialty societies did not survey for pre-service time and requested to resurvey with an amended survey instrument, specifically asking if separate pre-service time from the base code occurs for this service. The RUC agreed with this request and submitted the interim recommendation of 3.50 work RVUs and total time of 30 minutes to CMS.

Recommendation - Time

We recommend the survey median times for pre-service, intra-service, and post-service as 15, 30, and 0 minute(s) respectively. The pre-service and intra-service times remain consistent with those reported in the 2009 survey. The median post-service time remains at zero, reflecting that the tracking devices used in stereotactic spinal procedure navigation do not require any additional incisions beyond those made for the primary procedure—meaning no extra post-service dressings or documentation are necessary.

Recommendation - RVW

The work (time and intensity/complexity) for 61783 has not changed. We recommend maintaining the current RVW of 3.75 which falls between the survey 25th percentile and median values.

Code 61783 was identified through a high growth screen and the RUC required that codes 61781 and 61782 be additionally surveyed as these three codes were initially surveyed and relativity was considered in the original valuation. The current survey effort and recommendations confirm the relativity of these stereotactic computer-assisted (navigational) services that are performed by different specialties and that use different supplies and equipment.

SOURCE	CPT	DESC	IWPUT	RVW	Total Time
Current	61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	0.114	**3.75**	**45**
09/2025 REC	**61781**		**0.112**	**3.75**	**47**
Current	61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	0.114	**3.18**	**40**
Interim (APR25)	61782		0.125	**2.50**	**20**
09/2025 REC	**61782**		**0.135**	**2.40**	**27**
Current	61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	0.114	**3.75**	**45**
Interim (APR25)	61783		0.117	**3.50**	**30**
09/2025 REC	**61783**		**0.114**	**3.75**	**45**

Comparison of Key Reference Codes

A work RVU of 3.75 for 61783 places the value appropriately between the values of 61797 and 61799.

Comparison to Other Reference Code

Code 49623, *Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure*), that was recently reviewed can additionally serve as a crosswalk code with the same total time of 45 minutes and the same work RVU of 3.75.

Comparison to 2025 RUC Reviewed ZZZ Global Codes

The RUC recently submitted recommendations for many ZZZ global codes that CMS approved in the NPRM for CY2026. These codes further support relativity and the recommendation to maintain the work RVU for 61783.

CPT	DESCRIPTION	Global	Total Time	Current RVW	RUC RVW	CMS RVW
5XX10	Bx prst8 ea add mri-us/ct/mr	ZZZ	20	new	1.05	1.05
6XX13	Lamot rpr anulr dfct 1 lmbr	ZZZ	21	new	2.50	2.50
37X02	Revsc evasc ivt angio sf ea	ZZZ	30	new	3.00	3.00
37X09	Iv lithotrp ivt w/in sm art	ZZZ	30	new	3.00	3.00
37X11	Revsc evasc fpvt angio sf ea	ZZZ	30	new	3.00	3.00
37X28	Revsc evsc tpvt angio sf ea	ZZZ	30	new	3.00	3.00
37X32	Revsc evasc tpvt st sf ea	ZZZ	35	new	3.34	3.34
37X15	Revsc evasc fpvt stent sf ea	ZZZ	35	new	3.73	3.73
37X04	Revsc evsc ivt angio cplx ea	ZZZ	36	new	3.89	3.89
37X06	Revsc evasc ivt stent sf ea	ZZZ	40	new	4.00	4.00
37X13	Rvsc evsc fpvt angio cplx ea	ZZZ	40	new	4.00	4.00
37X26	Iv lithotrp fpvt w/in sm art	ZZZ	40	new	4.00	4.00
37X44	Revsc evasc imvt angio sf ea	ZZZ	40	new	4.00	4.00
37X19	Revsc evsc fpvt athrc sf ea	ZZZ	43	new	4.00	4.00
62XX1	Dcmprn prq rmv lig flv addl	ZZZ	43	new	4.25	4.25
37X08	Revsc evasc ivt st cplx ea	ZZZ	44	new	4.25	4.25
61783	**Scan proc spinal**	**ZZZ**	**45**	**3.75**		
37X23	Rvsc evsc fpvt st athr sf ea	ZZZ	45	new	4.25	4.25
37X30	Rvsc evsc tpvt angio cplx ea	ZZZ	45	new	4.26	4.26
37X36	Revsc evsc tpvt athrc sf ea	ZZZ	45	new	4.75	4.75
37X46	Revsc evsc imvt angio cpx ea	ZZZ	45	new	5.00	5.00
37X34	Revsc evasc tpvt st cplx ea	ZZZ	50	new	5.00	5.00
37X17	Revsc evasc fpvt st cplx ea	ZZZ	52	new	5.00	5.00
37X21	Rvsc evsc fpvt athrc cplx ea	ZZZ	60	new	5.50	5.50
37X25	Rvsc evsc fpvt st ath cpx ea	ZZZ	60	new	6.00	6.00
37X38	Revsc evsc tpvt athr cplx ea	ZZZ	60	new	6.50	6.50
37X40	Rvsc evsc tpvt st athr sf ea	ZZZ	60	new	6.50	6.50
37X42	Rvsc evsc tpvt st ath cpx ea	ZZZ	75	new	8.16	8.16

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 61783

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 29281
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 RUC database

Specialty neurosurgery Frequency 20000 Percentage 68.30 %

Specialty orthopaedic surgery Frequency 9281 Percentage 31.69 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 61783

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Stereotactic Computer-Assisted Volumetric Navigational Procedures

TAB: 23

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex	ZZZ	2008	20	0.080	0.080			4.81			60	0			60			0					
REF2	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List	ZZZ	2008	16	0.116	0.116			3.48			30	0			30			0					
CURRENT	61781	**Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for**	ZZZ	2010		0.114	0.083			3.75			45	15			30			0					
SURVEY	61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for	ZZZ		55	0.137	0.096	1.50	3.77	4.50	5.00	10.00	47	17	10	20	30	38	110	0	0	50	80	100	400
REC	61781	**Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**	ZZZ			0.112	0.080			3.75			47	17			30			0					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
September 2025 KRS																									
REF1	19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT)	ZZZ	2016	19	0.075	0.075			3.00			40				40								
REF2	15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each	ZZZ	2010	16	0.067	0.067			2.00			30				30								
CURRENT	61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for	ZZZ	2010		0.114	0.080			3.18			40	15			25								
SURVEY	61782	**Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**	ZZZ		108	0.171	0.107	1.50	2.40	3.00	3.55	8.00	28	11	4	10	16	30	180	1	1	15	36	64	657
REC	61782	**Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**	ZZZ			*0.116*	0.078			2.11			27	11			16								
XWALK	93587	**Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg,**	ZZZ			0.132	0.132			2.11			16				16								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List	ZZZ	2008	14	0.116	0.116			3.48			30	0			30			0					
REF2	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex	ZZZ	2008	13	0.080	0.080			4.81			60	0			60			0					
CURRENT	61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary	ZZZ	2010		0.114	0.083			3.75			45	15			30			0					
SURVEY	61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary	ZZZ		70	0.125	0.091	1.50	3.42	4.08	5.00	12.00	45	15	10	20	30	45	240	0	0	28	60	100	250
REC	61783	**Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**	ZZZ			0.114	0.083			3.75			45	15			30			0					

August 12, 2025

To: Scott Manaker, MD
Chair, AMA/RUC PE Subcommittee

From: American Association of Neurological Surgeons
Congress of Neurological Surgeons

Subject: Practice Expense, Tab 23, Stereotactic Computer-Assisted Volumetric Navigational Procedures (61781)

Tab 23 CPT code 61781 is a facility-only add-on service that will have no related direct practice expense input.

Thank you for your consideration of this information.

August 12, 2025

To: Scott Manaker, MD
Chair, AMA/RUC PE Subcommittee

From: American Academy of Orthopaedic Surgeons
American Association of Neurological Surgeons
Congress of Neurological Surgeons
International Society for the Advancement of Spine Surgery
North American Spine Society

Subject: Practice Expense, Tab 23, Stereotactic Computer-Assisted Volumetric Navigational Procedures (61783)

Tab 23 CPT code 61783 is a facility-only add-on service that will have no related direct practice expense input.

Thank you for your consideration of this information.

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S):___61782_**
SPECIALTY SOCIETY(IES):__AAO-HNS_____
PRESENTER(S): R. Peter Manes, MD & Brian Boyce, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: APRIL/SEPT 2025

CPT Code	Long Descriptor	Global Period
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
61782	A 51-year-old male presents with nasal polyposis and chronic sinusitis which has failed medical management. A sinus CT shows significant disease involving multiple sinuses with distortion of normal anatomic landmarks. Endoscopic sinus surgery is planned with computer-assisted image guided navigation.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Our expert panel was comprised of our RUC Advisors and other rhinology experts who have intimate knowledge of this procedure.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   31267 – this is the code reported the most frequently with 61782
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Otolaryngology is the dominant specialty in both sites of service.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The site of service for this code has changed since its initial valuation in 2010 and it is not performed regularly in the non-facility setting, therefore, we are requesting the creation of non-facility PE inputs to be added to the fee schedule.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

This is an add on (ZZZ) code, so there is no pre or post staff time.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

This is an add on code, so there is no pre or post staff time.

    b. Service period (includes pre, intra and post):

The nurse is assisting the physician during the entirety of this procedure. Typically, this entails removing the image guidance mount from instruments and placing it on other instruments. During this procedure, multiple different instruments are used for image guidance, and when in use, each instrument must have a mount that connects to a wire that then connects to the system.

    c. Post-service period:

This is an add on code, so there is no pre or post staff time.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Typically, this entails removing the image guidance mount from instruments and placing it on other instruments. During this procedure, multiple different instruments are used for image guidance, and when in use, each instrument must have a mount that connects to a wire that then connects to the system.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

The reusable items that integrate with the navigation system (lines 105-108) required for this procedure are not included in the existing CMS PE input lists for supplies or equipment, so we are providing invoices and proposing to add three new supply items. Adhesive pads - Adheres to the patient and the patient tracker, allowing patient tracker to stick on the patient. Patient tracker utilized as the registration point for the patient. Attaches to the adhesive pad which then adheres to the patient.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Single Use Instrumentation Wires - attaches to the mount, which attaches to instruments that are used to identify anatomic landmarks

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

The image guidance system and parts (rows 116-120) are required for this procedure are not included in the existing CMS PE input lists for supplies or equipment, so we are providing invoices and proposing to add them.

The navigation system is the computerized terminal that provides the image guidance. The mounts attach to instruments such as suctions, curettes and pointers. The wire attaches to the mount, which then connects to the image guidance system. This then allows the mounted instrument to be used in the nose and show exactly where the instrument is on imaging. The medical cart without monitor is where the image guidance system sits.

Registration pointer - Pointer utilized to register the CT scan to the patient's surface anatomy.

Pointer Shell Universal Mounts 1 and 2 - attach to instruments that are then used to identify anatomic landmarks. Typically utilize two per procedure.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typically 7 years for the image guidance system.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The mounts have a useful life of about 1 year.
The registration pointer useful lifespan is 5 years.
The Medical Cart without Monitor useful life is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

Navigation system
Pointer Shell Universal Mounts 1 and 2
Registration pointer
Medical Cart without Monitor

We used the default formula for all of these items.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Adding non-facility PE inputs for a ZZZ add on code. This includes the addition of the intra service staff time to support the physician during the procedure, the supplies needed for the image guidance, and the equipment needed for the image guidance which have the default formula applied to them.

Additionally, during the PE presentation at the April RUC meeting, there was discussion regarding whether it was typical for the adhesives for the patient tracker to be included with the tracker cost, or a separately invoiced item. The AAO-HNS expert panel determined that the submitted invoices are correct and do represent the most typically used equipment/system.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**REFERENCE CODE**		**CURRENT**	
2						**61781**		**31267**		**61782**	
3		***RUC Collaboration Website***				Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)		Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: April 2025 / September 2025** **Revision Date (if applicable):** **Tab: 23 Stereotactic Computer assisted navigational procedure** **Specialty: AAO-HNS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ 11.88**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**22.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**19.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ 11.88**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54				3		
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54				5		
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54				3		
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54				5		
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54				3		
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54						
23			L037D	RN/LPN/MTA	0.54						
24			L037D	RN/LPN/MTA	0.54						
25			L037D	RN/LPN/MTA	0.54						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54						
42			L037D	RN/LPN/MTA	0.54						
43			L037D	RN/LPN/MTA	0.54						
44			L037D	RN/LPN/MTA	0.54						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54						
53			L037D	RN/LPN/MTA	0.54						
54			L037D	RN/LPN/MTA	0.54						
55			L037D	RN/LPN/MTA	0.54						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.54						
76			L037D	RN/LPN/MTA	0.54						
77			L037D	RN/LPN/MTA	0.54						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54				3		
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36								
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54						

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**REFERENCE CODE**		**CURRENT**	
2						**61781**		**31267**		**61782**	
3		***RUC Collaboration Website***				Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)		Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: April 2025 / September 2025** **Revision Date (if applicable):** **Tab: 23 Stereotactic Computer assisted navigational procedure** **Specialty: AAO-HNS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ 11.88**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**22.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**19.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
94			L037D	RN/LPN/MTA	0.54						
95			L037D	RN/LPN/MTA	0.54						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**REFERENCE CODE**		**CURRENT**	
2						**61781**		**31267**		**61782**	
3		***RUC Collaboration Website***				Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)		Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: April 2025 / September 2025** **Revision Date (if applicable):** **Tab: 23 Stereotactic Computer assisted navigational procedure** **Specialty: AAO-HNS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ 11.88**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**22.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**19.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
102	SA048	pack, minimum multi-specialty visit	5.02	pack							
103	SA053	pack, post-op incision care (suture & staple)	5.47	pack							
104	SA043	pack, cleaning, surgical instruments	12.61	pack							
105	**NEW**	Single Use Instrumentation Wire	48.4	item							
106	**NEW**	Patient Tracker	130	item							
107	**NEW**	Adhesive Pad	9.5	item							
108											
109											
110											
111											
112	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
113		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
114	EF031	table, power	5906.76	Default	0.015674926						
115	EF014	light, surgical	1256.667	Default	0.002795322						
116	**NEW**	Navigation system	85000	Default	0.259686354						
117	**NEW**	Pointer Shell Universal Mount 1	1700	Default	0.0255						
118	**NEW**	Pointer Shell Universal Mount 2	1700	Default	0.0255						
119	**NEW**	Medical Cart without Monitor	3500	Default	0.011296712						
120	**NEW**	Registration Pointer	1950	Default	0.007726283						
121											
122		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									

	A	B	M	N	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**	
2			**61782**		**61783**	
3		***RUC Collaboration Website***	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)		Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: April 2025 / September 2025** **Revision Date (if applicable):** **Tab: 23 Stereotactic Computer assisted navigational procedure** **Specialty: AAO-HNS**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 262.83**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**16.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**16.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 8.64**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**				
14		**Start: Following visit when decision for surgery/procedure made**				
15	CA001	Complete pre-service diagnostic and referral forms				
16	CA002	Coordinate pre-surgery services (including test results)				
17	CA003	Schedule space and equipment in facility				
18	CA004	Provide pre-service education/obtain consent				
19	CA005	Complete pre-procedure phone calls and prescription				
20	CA006	Confirm availability of prior images/studies				
21	CA007	Review patient clinical extant information and questionnaire				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)				
23						
24						
25						
26		*Other activity: please include short clinical description here and type*				
27		*Other activity: please include short clinical description here and type*				
28		*Other activity: please include short clinical description here and type*				
29		**End: When patient enters office/facility for surgery/procedure**				
30		**SERVICE PERIOD**				
31		**Start: When patient enters office/facility for surgery/procedure:**				
32		**Pre-Service (of service period)**				
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are				
34	CA010	Obtain vital signs				
35	CA011	Provide education/obtain consent				
36	CA012	Review requisition, assess for special needs				
37	CA013	Prepare room, equipment and supplies				
38	CA014	Confirm order, protocol exam				
39	CA015	Setup scope (nonfacility setting only)				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient				
41	CA017	Sedate/apply anesthesia				
42						
43						
44						
45		*Other activity: please include short clinical description here and type*				
46		*Other activity: please include short clinical description here and type*				
47		*Other activity: please include short clinical description here and type*				
48		**Intra-service (of service period)**				
49	CA018	Assist physician or other qualified healthcare professional---directly	16			
50	CA019	Assist physician or other qualified healthcare professional---directly				
51	CA020	Assist physician or other qualified healthcare professional---directly				
52	CA021	Perform procedure/service---NOT directly related to physician work time				
53						
54						
55						
56		*Other activity: please include short clinical description here and type*				
57		*Other activity: please include short clinical description here and type*				
58		*Other activity: please include short clinical description here and type*				
59		**Post-Service (of service period)**				
60	CA022	Monitor patient following procedure/service, multitasking 1:4				
61	CA023	Monitor patient following procedure/service, no multitasking				
62	CA024	Clean room/equipment by clinical staff				
63	CA025	Clean scope				
64	CA026	Clean surgical instrument package				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports				
67	CA029	Check dressings, catheters, wounds				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,				
69	CA031	Review examination with interpreting MD/DO				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to				
71	CA033	Perform regulatory mandated quality assurance activity (service period)				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry				
73	CA035	Review home care instructions, coordinate visits/prescriptions				
74	CA036	Discharge day management	**n/a**		**n/a**	
75						
76						
77						
78		*Other activity: please include short clinical description here and type*				
79		*Other activity: please include short clinical description here and type*				
80		*Other activity: please include short clinical description here and type*				
81		**End: Patient leaves office/facility**				
82		**POST-SERVICE PERIOD**				
83		**Start: Patient leaves office/facility**				
84	CA037	Conduct patient communications				
85	CA038	Coordinate post-procedure services				
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes				
88		99212 27 minutes				
89		99213 36 minutes				
90		99214 53 minutes				
91		99215 63 minutes				
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**
93						

	A	B	M	N	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**	
2			**61782**		**61783**	
3		***RUC Collaboration Website***	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)		Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: April 2025 / September 2025** **Revision Date (if applicable):** **Tab: 23 Stereotactic Computer assisted navigational procedure** **Specialty: AAO-HNS**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 262.83**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**16.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**16.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
94						
95						
96		*Other activity: please include short clinical description here and type*				
97		*Other activity: please include short clinical description here and type*				
98		*Other activity: please include short clinical description here and type*				
99		**End: with last office visit before end of global period**				

	A	B	M	N	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**	
2			**61782**		**61783**	
3		***RUC Collaboration Website***	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)		Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: April 2025 / September 2025** **Revision Date (if applicable):** **Tab: 23 Stereotactic Computer assisted navigational procedure** **Specialty: AAO-HNS**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 262.83**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**16.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**16.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**				
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 248.91**	**$ -**	**$ -**	**$ -**
102	SA048	pack, minimum multi-specialty visit				
103	SA053	pack, post-op incision care (suture & staple)				
104	SA043	pack, cleaning, surgical instruments	1			
105	**NEW**	Single Use Instrumentation Wire	2			
106	**NEW**	Patient Tracker	1			
107	**NEW**	Adhesive Pad	1			
108						
109						
110						
111						
112	**Equipment Code**	**EQUIPMENT**				
113		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 5.28**	**$ -**	**$ -**	**$ -**
114	EF031	table, power				
115	EF014	light, surgical				
116	**NEW**	Navigation system	16			
117	**NEW**	Pointer Shell Universal Mount 1	16			
118	**NEW**	Pointer Shell Universal Mount 2	16			
119	**NEW**	Medical Cart without Monitor	16			
120	**NEW**	Registration Pointer	16			
121						
122		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*				

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: High Volume Growth*

April 2025

Stereotactic Computer-Assisted Volumetric Navigational Procedures – Tab 11

In April 2024, CPT code 61783 was identified by the Relativity Assessment Workgroup (RAW) via the high-volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. In January 2025, the RAW reviewed the action plan for CPT code 61783 and determined that this service was last valued in 2010, and utilization is steadily increasing, thus should be surveyed with the appropriate family of codes for April 2025.

In October 2008, CPT code 61795 *Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal* (2008 work RVU = 4.03) was identified for potential misvaluation through the CMS Fastest Growing Screen. The RUC and the specialty societies determined that the work and technology related to intracranial, extracranial and spinal procedures may be different. Thus, the specialty societies submitted a code change application to the CPT Editorial Panel. At the October 2009 CPT Editorial Panel meeting, CPT code 61795 was deleted, and three new codes (61781, 61782 and 61783) were created to separately report cranial intradural, cranial extradural and spinal stereotactic computer-assisted volumetric procedures respectively. CPT codes 61781, 61782 and 61783 were reviewed at the February 2010 RUC meeting for publication in CPT 2011. CPT codes 61781 and 61783 were valued the same at 3.75 work RVUs and 61782 was valued at 3.18 work RVUs.

Based on 2023 Medicare utilization, CPT code 61781 is performed by neurosurgery (97%), CPT code 61783 is performed by neurosurgery (67%) and orthopaedic surgery (32%) and 61782 is performed by otolaryngology (98%). No specialty society interest was submitted to survey code 61781, and there is no recommendation. Otolaryngology surveyed code 61782 and neurosurgery, orthopaedic surgery and spine surgery surveyed code 61783.

Family of Services
The specialty societies indicated that CPT codes 61781, 61782 and 61783 are not a family of services as they are reported with distinctly different procedures and should not have been placed for convenience together in the Nervous System/ Skull, Meninges, and Brain/Stereotaxis subsection of CPT. The specialty societies believe that it was not correct to maintain all three codes together in the Nervous System section as established. Specifically, there is a Spine and Spinal Column/Stereotaxis subsection under the Nervous System subsection where code 61783 could have been located, or it could also have been placed in the Musculoskeletal System/Spine subsection. The specialty societies also question whether 61782 is correctly placed in the Nervous System section instead of in the Musculoskeletal System/Head subsection, closer to the procedures that 61782 is typically reported.

The RUC noted that these three services were valued together initially and the valuation for codes 61781 and 61783 is the same and is based on the same methodology. The RUC is concerned that a possible rank order anomaly may occur if valued separately. **The RUC disagrees with the specialty societies and recommends that 61781 be surveyed with 61782 and 61783 for September 2025.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

ZZZ Survey Template
CPT codes 61781, 61782 and 61783 were all surveyed for pre- and post-service time in 2010, and each included 15 minutes of pre-service time. CPT codes 61782 and 61783 were surveyed this time with the standard ZZZ survey template, which specifies the ZZZ global period as a *code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre-and post-service time)* and only asks for the day of procedure intra-service time. In rare circumstances, specialties may provide justification and request that a ZZZ survey with pre- and post-service time be conducted. The specialty societies are requesting to resurvey these services with the pre/post ZZZ survey template.

The specialties indicated that they believe the pre-service time that was captured in the 2010 valuation remains an integral part of this work for these services. Pre-service time is essential and inseparable from these services. For CPT code 61782, this work includes critical, physician-performed tasks directly related to the implementation and use of stereotactic computer navigation. These include an in-depth discussion with the patient about the rationale for the navigation system, its role in enhancing surgical precision, and its implications for surgical complexity and duration. This is particularly relevant in cases involving altered anatomy or proximity to critical structures. In addition, the surgeon must initiate, configure, and verify the navigation system, including hardware setup, image review in multiple planes, software validation, and procedural planning based on the individual patient's anatomy and pathology. These are non-delegable, case-specific activities that are essential to the safe and effective use of this advanced technology and therefore justify discrete pre-service time beyond what is included in the base code.

For 61783, this work includes critical, physician-only tasks that cannot be delegated, such as consulting with the patient about the placement of an additional tracker for spinal navigation, segmenting spinal levels, planning pedicle trajectories, and positioning the navigation system, all of which are fundamental to the success of the procedure and must be completed before sterile draping.

The RUC determined that the specialty societies may survey 61781, 61782 and 61783 with the amended ZZZ survey template that specifically asks the respondent whether pre- and post-service time is associated with these add-on services.

61781 ***Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)***
No specialty society interest was submitted to survey code 61781, and there is no recommendation. **No RUC recommendation is submitted for CPT code 61781. The RUC recommends 61781 be surveyed with 61782 and 61783 for September 2025.**

61782 ***Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 141 otolaryngologists and determined that the survey 25th percentile work RVU of 2.50 appropriately accounts for the work required to perform this service based on the current survey. The RUC recommends interim times of 0 minutes pre-service time and 20 minutes intra-service time, totaling 20 minutes. The specialty societies did not survey for pre-service time and have requested to resurvey with an amended survey instrument, specifically asking if separate pre-service time from the base code occurs for this service. The RUC recommends an interim work RVU of 2.50 and resurvey for September 2025.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC compared the surveyed code to the top key reference code 19294 *Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)* (work RVU = 3.00, 40 minutes intra-service time and total time) and determined the surveyed code requires much less physician work and time and thus is appropriately valued lower. The RUC noted that if the surveyed code had pre-time, code 19294 is a comparable service.

For additional support, the RUC referenced code 20702 *Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)* (work RVU = 2.50, 25 minutes intra-service time and 32 minutes total time), which requires more time, but the surveyed code is somewhat more intense and complex to perform. **The RUC recommends an interim work RVU of 2.50 for CPT code 61782 and resurvey with the pre/post time ZZZ survey template for review at the September 2025 RUC meeting.**

61783 ***Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 146 neurosurgeons, orthopaedic surgeons and spine surgeons, and determined the survey 25th percentile work RVU of 3.50 and 30 minutes of intra-service and total time are appropriate based on the current survey. The specialty societies requested to resurvey CPT code 61783, using the specific ZZZ survey template with pre/post-service time.

The RUC compared the surveyed code to the second top key reference service 61797 *Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)* (work RVU = 3.48, 30 minutes intra-service and total time) and determined that the these services both require the same physician work and time, thus are valued similarly.

For additional support the RUC referenced code 67335 *Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)* (work RVU = 3.23, 30 minutes intra-service time and total time), which requires similar physician work and time. **The RUC recommends an interim value of 3.50 for CPT code 61783 and resurvey with the pre/post time ZZZ survey template for review at the September 2025 RUC meeting.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs for CPT code 61782 and made a single modification. Invoices were submitted for three new supplies: *single use instrumentation wire, patient tracker* and *adhesive pad*. The Subcommittee amended the patient tracker inputs to correct the price of the new supply item since it is available in a 5-pack, and the adhesive in a 10-pack, but only one of each is used. The specialty societies also recommended four new equipment items: *navigation system, pointer shell universal mounts, medical cart without monitor* and *registration pointer*. The RUC noted the equipment *service contract standard* was not included because maintenance such as a service contract is already included in the calculation of the cost per minute. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
(f) 61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure) (Do not report 61781 in conjunction with 61720-61791, 61796-61799, 61863-61868, 62201, 77371-77373, 77432)	ZZZ	No Recommendation Survey for September 2025 (2025 Work RVU = 3.75)
(f) 61782	cranial, extradural (List separately in addition to code for primary procedure) (Do not report 61781, 61782 by the same individual during the same surgical session)	ZZZ	2.50 (Interim) Resurvey for September 2025 (2025 Work RVU = 3.18)
61783	spinal (List separately in addition to code for primary procedure) (Do not report 61783 in conjunction with 63620, 63621)	ZZZ	3.50 (Interim) Resurvey for September 2025 (2025 Work RVU = 3.75)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

March 30, 2025

Ezequiel Silva III, MD
Chair, RVS Update Committee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

RE: Tab 11, Stereotactic Computer-Assisted Volumetric Navigational Procedures

Dear Dr. Silva,

The AANS, CNS, NASS, AAOS, and ISASS are requesting to maintain the current work RVU and times for code 61783, and to resurvey for the September 2025 RUC meeting with a ZZZ global survey tool that allows reporting of intraservice time and pre/postservice time if applicable, consistent with the definition of a ZZZ code. Below we provide a detailed rationale for this request.

We also provide below a rationale as to why codes 61781, 61782, and 61783 are not family codes and further why there are not any family codes related to code 61783.

- **Rationale for Resurvey of 61783**

The standard ZZZ-global survey was used in 2009 to survey code 61783. The 2009 survey tool correctly defined a ZZZ-global code as: "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time)*." The survey included the ability for the survey respondent to indicate "preservice time (if applicable); intra-service time (skin-to-skin); and immediate post-service time (if applicable)." The 2009 survey of 61783 resulted in a median survey preservice time of 30 minutes. The specialty expert panel indicated the survey respondents overestimated the preservice time, however, the expert panel provided a rationale that there is (conservatively) an additional 15 minutes of preservice work as described in the SOR.

The RUC agreed with an additional 15 minutes of preservice work separate from the work that occurs during the skin-to-skin portion of the index procedure.

The current standard ZZZ-global code survey still defines the global as "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time)*." However, even though the definition indicates there could be pre- and post-service time related to the add-on service, and the survey respondent is instructed to review the global period definition, there is only a single place to enter time shown as "intra-service time" which can be confusing with respect to time estimation.

The current 2025 survey resulted in an intraservice (skin-to-skin) time of 30 minutes which is consistent with the intraservice time from the prior survey. However, preservice time was not

collected for the significant additional preservice work prior to the skin-to-skin component of the index procedure.

We have provided the survey results from the current survey and are **recommending the current work RVU and times be maintained until we can resurvey code 61783** using a survey instrument that includes the ability to report additional pre- and post-service time, if applicable, as described in the definition of a ZZZ-global code. The results of this resurvey will be presented at the September 2025 RUC meeting, which is within the same RUC cycle related to the 2027 Physician Fee Schedule.

In addition, below we provide a rationale for surveying only 61783 and why codes 61781, 61782, and 61783 are not "family" codes.

- **Rationale: Codes 61781, 61782, and 61783 are Not Family Codes**

Background - CPT Coding Changes (1990 and 2000)

Code 61795 was established for CPT 1990. At this time, the Harvard study was coming to a close and CMS needed to predict the time and value for the new code for the 1992 PFS. The code was not reviewed. For CPT 2000, the code was revised to add "extracranial, or spinal" to the code descriptor. The rationale for the change indicated that *add-on code 61795 was revised to update current terminology associated with stereotactic computer assisted volumetric (navigational) technology. Anatomic references were added to clarify the use of this code in addition to other intracranial, extracranial or spinal stereotactic procedures to reflect current clinical practice. Code 61795 describes computer assisted planning for stereotactic surgery. This planning includes determination of the coordinates for the target, measurement of the AC-PC line, and angle calculation. Using a computer, various trajectories are determined to assist the physician in choosing the specific trajectory and calculating the entry point through the skull.*

The revision for CPT 2000 was determined editorial and a RUC survey was not conducted. The value and time for code 61795 remained as predicted values by CMS to gap fill the fee schedule. In addition the code remained in the "Skull, Meninges, and Brain" subsection under the "Nervous System" section of CPT.

CPT 1990
Surgery
Nervous System
Skull, Meninges, and Brain
Stereotaxis
●61795 Stereotactic computer assisted volumetric intracranial procedure (list separately in addition to code for primary procedure

Short Descriptor: Brain surgery using computer

CPT 2000
Surgery
Nervous System

Skull, Meninges, and Brain

Stereotaxis

+▲61795 Stereotactic computer assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure

Short Descriptor: Brain surgery using computer

Background - CPT Coding Changes (2010)

In the CY 2009 NPRM, CMS provided a list of the 114 fastest growing procedures. Code 61795 was identified on this list. The action plan provided by the AANS, CNS, NASS, and AAOHNS indicated that code 61795 growth was driven by an increase in sinus surgery utilization that involved stereotactic computer assisted navigation. The RUC determined that 61795 should be surveyed since it had never been surveyed by the RUC (or Harvard). During the effort to develop a single typical patient vignette for survey, the specialties decided instead to delete 61795 and establish separate codes to report stereotactic computer-assisted (navigational) services for cranial intradural, cranial extradural, and spinal procedures.

At the October 2009 CPT meeting, AANS and CNS submitted a code change application to establish an add-on code for cranial procedures and AAOHNS submitted a code change application to establish an add-on code for extracranial procedures:

+●61XXX Stereotactic computer assisted (navigational) procedure; cranial (List separately in addition to code for primary procedure)
+●6179X1 Stereotactic computer-assisted volumetric (navigational) procedure, extracranial (List separately in addition to code for primary procedure)

Research indicates that a conference call was conducted after submission of the applications because both applications were subsequently revised and resubmitted. The AANS and CNS revised application added a code for spinal procedures and the AAOHNS revised application included a note about the conference call and placement of codes in CPT:

+●61XXX Stereotactic computer assisted (navigational) procedure; cranial (List separately in addition to code for primary procedure)
+●61XX1 spinal
+●6179X1 Stereotactic computer-assisted volumetric (navigational) procedure, extracranial (List separately in addition to code for primary procedure)

Note: the conference call participants felt the new code (6179X1) would best be kept located close to the code it was replacing rather than moving it to the Head section.

The CPT Panel further modified the codes prior to release of the Panel Action memo:

The Panel accepted with modification of this request to delete stereotactic radiosurgery 61795 and established three separate codes to distinguish the various anatomic regions. The Panel further modified the proposal to include 1) the word “intradural” in 6179X1; 2) the word “extradural” in 6179X2; and 3) an exclusionary parenthetical note following 6179X1 to indicate that it should not be reported in conjunction with 61270-61791, 61796-61799, 61863-61868, 62201, 77371-77373, 77432; 4) an instructional note following 6179X2 to indicate that 6179X1 and 6179X2 cannot be reported by the same provider during the same surgical session; and 5) an

instructional note following 6179X3 to preclude reporting 6179X3 in addition to 63620, 63621. A cross-reference was added directing users to report 6179X1, 6179X2, 6179X3 for deleted code 61795. Finally, the Panel requested the specialties to submit revised vignettes.

Category I
Surgery
Nervous System
Stereotaxis

+●6179X1 Stereotactic computer assisted (navigational) procedure; cranial/,intradural (List separately in addition to code for primary procedure)
(Do not report 6179X1 in conjunction with 61720-61791, 61796-61799, 61863-61868, 62201, 77371-77373, 77432)

+●6179X2 cranial/,extradural (List separately in addition to code for primary procedure)
(Do not report 6179X1, 6179X2 by the same provider during the same surgical session)

+●6179X3 spinal (List separately in addition to code for primary procedure)
(Do not report 6179X3 in conjunction with 63620, 63621)

Stereotactic Radiosurgery (Cranial)

~~+61795~~ ~~Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)~~
(61795 has been deleted. To report, see 6179X1, 6179X2, 6179X3)

We believe that it was not correct to maintain all three codes together in the Nervous System section as established. Specifically, there is a Spine and Spinal Column / Stereotaxis subsection under the Nervous System subsection where code 61783 could have been located, or it could also have been placed in the Musculoskeletal System / Spine subsection.. We also question whether 61782 is correctly placed in the Nervous System section instead of in the Musculoskeletal System / Head subsection, closer to the procedures that 61782 is typically reported with.

The above information supports the fact that codes 61781, 61782, and 61783 are not a "family" as they are reported with distinctly different procedures, by distinctly different physicians, and should not have been placed for convenience together in the Nervous System/ Skull, Meninges, and Brain/ Stereotaxis subsection of CPT. This issue needs to be addressed with a code change application to move the code(s) to appropriate locations in CPT. Moving the codes is ancillary and editorial and should not impact the original or current intent of the services, not should it impact the survey of 61783.

- **Rationale: Code 61783 Does Not Have Index "Family" Codes**

The RUC LOI sent out to societies regarding code 61783 indicated:

- In April 2024, CPT code 61783 was identified via the high volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. **In January 2025, the Workgroup reviewed the action plan for CPT code 61783 and determined that this service was last valued in 2010 and utilization is steadily increasing, thus should be surveyed with the appropriate family of codes for April 2025.**

- The specialty society should indicate which codes are family codes. Per Medicare Claims Data, the codes commonly reported with add-on code 61783 are: 22614, 22842, 22853, 22612 and 22633.

The first bulleted text accurately reflects the RAW report text that was voted on and approved by the RUC. Regarding this first issue, codes 61781 and 61782 were added to the LOI as family codes instead of allowing the societies to determine what codes were family codes. When societies submitting their LOI indicating a survey of only 61783, information was provided that 61781 and 61782 were family codes and needed to also be surveyed. Code 61781 was not surveyed and the rationale is provided above as to why 61781 is not a family code. Separately, and independently, AAOHNS agreed to survey 61782 even though it is not a family code to 61783, possibly to be able to provide non-facility practice expense recommendations since a significant percentage of claims are now reported in the office setting. Independent of the reason to survey 61782, we still contend it is not a family code with 61783.

The second bulleted text in the LOI did not appear in the RAW report and was not reviewed and voted on by the RUC. This second bullet introduces additional possible "family" codes as some codes that are commonly reported with code 61783 in the Medicare 5% file. There are over 100 global codes that code 61783 may be reported with and an additional group of ZZZ add-on codes that also may be reported with 61783 and an index procedure. Commonly reported in the Medicare-aged population does not equate to a "family" code.

In the AMA collaborative program EncoderPro, there is a Knowledge Base enhanced content entry that provides information about add-on codes that supports the fact that some add-on codes do not have specific primary codes:

> The *CPT® 2024 Code Set* includes 628 codes designated as ‘add-on’ codes. These codes represent additional or supplemental procedures associated with a primary procedure, eg, additional digit(s), lesion(s), vertebral segment(s). Within this group, there are **35 add-on codes** that do not include the specific parenthetical statement, “(Use ##### in conjunction with …)”, which lists the primary code(s) that the add-on code may be used in conjunction with on the same date of service. The list of 35 add-on codes without specific parenthetical instruction as to which specific primary code(s) it may be reported in conjunction with are listed in Table 1 below.
>
> As these add-on codes can have a broader base of primary codes that they can be reported in conjunction with on the same date of service as the add-on code, the parenthetical statement, “(Use ##### in conjunction with …)” has not been included. Instead, they often include a parenthetical statement that reflects the code’s broader applicability “(List separately in addition to code for primary procedure)” or address the type(s) of procedure(s) the add-on code may be reported with. Code 33268 below is an example of this type of parenthetical instruction.
>
> # 33268 *Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)*

(Use 33268 in conjunction with primary procedures performed via sternotomy or thoracotomy approach)

(Do not report 33268 in conjunction with 33254, 33255, 33256, 33257, 33258, 33259, 33265, 33266, 33420, 33422, 33425, 33426, 33427, 33430)

Lastly, some of these add-on codes also may include exclusionary "(Do not report …)" parentheticals as seen in the example above. While it does not directly address which specific codes it can be added to, it does provide specific instructions/directions on codes that should not be reported with the add-on code.

Table 1: [SELECTED] CPT Add-On Codes Without Specific Primary Code Reporting Instruction

2024 CPT® Add-On Code	Effective Date	2024 CPT Code Descriptor
Surgery		
+61781	1/1/2011	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
+61782	1/1/2011	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)
+61783	1/1/2011	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)

As indicated in this Knowledge Base information, code 61783 does not have specific primary codes and as such does not have any specific family codes. We therefore did not select any code to be surveyed with code 61783. The service described by 61783 does not replace work in any possible index procedure, but instead enhances precision and safety by providing surgeons with real-time, 3D visualization of the spine and surgical instruments, improving the accuracy of procedure, and potentially reducing surgical complications

Thank you for allowing us to provide this information. We will be available to respond to any RUC member questions.

Sincerely,

RUC Advisors for:

American Association of Neurological Surgeons (AANS)
Congress of Neurological Surgeons (CNS)
North American Spine Society (NASS)
American Academy of Orthopaedic Surgeons (AAOS)
International Society for the Advancement of Spine Surgery (ISASS)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:61782 Tracking Number Original Specialty Recommended RVU: **2.50**
Presented Recommended RVU: **2.50**
Global Period: ZZZ Current Work RVU: **3.18** RUC Recommended RVU: **2.50**

CPT Descriptor: Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 51-year-old male presents with nasal polyposis and chronic sinusitis which has failed medical management. A sinus CT shows significant disease involving multiple sinuses with distortion of normal anatomic landmarks. Endoscopic sinus surgery is planned with computer-assisted image guided navigation.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: In addition to the standard preoperative discussion with the patient about the surgical procedure, the surgeon spends additional time discussing the use of stereotactic computer navigation as an adjunct to endoscopic sinus surgery. This involves explaining the rationale for the use of the system, how it helps confirm surgical position and avoid damage to surrounding vital structures, and that the surgery may be somewhat longer and more complicated. The system is typically reserved for difficult cases in patients with extensive disease in close proximity to the skull base, orbit, or neurovascular structures, or those with alteration of anatomic landmarks due to previous surgery, trauma, congenital, or neoplastic processes. Depending on the specific system and application, the explanation includes the use of a head frame or other hardware affixed to the patient's head during the procedure. The computer navigation unit is booted up and the surgeon activates the navigation software, loading and verifying patient information and confirming image quality. Program options are checked and adjusted as necessary. A detailed assessment of the image set in all three dimensions is performed by the surgeon on the computer workstation to analyze the pathology in relationship to surrounding anatomy, formulating plans for both the approach to and resection of the disease process. Once the patient is positioned on the operating table, the computer navigational unit is moved into place to ensure proper alignment of the camera and intra-operative tracking devices in an unobstructed field of view while allowing the surgeon to see the computer monitor.

Description of Intra-Service Work: After induction of anesthesia, the head frame or other hardware is affixed to the patient's head, taking care to precisely position the apparatus. Surface tracings of the head and facial regions are performed to register and calibrate the device. Verification of navigational accuracy is ascertained by correlating specific surface anatomic sites to the computer-generated images. Verification is repeated, after the nose has been topically decongested, by correlating intranasal anatomic sites visualized endoscopically. Throughout the procedure, the operative field is visualized endoscopically, with frequent confirmation of position and relationship to surrounding vital structures provided by placing a tracking device within the operative field, correlating the endoscopic view with the position indicated by the images on the computer monitor. Based on this information, intra-operative decisions are made to appropriately modify the approach and resection to help ensure a safe and effective surgical procedure.

CPT Code: 61782

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025					
Presenter(s):	R. Peter Manes, MD and Brian Boyce, MD					
Specialty Society(ies):	AAO-HNS					
CPT Code:	61782					
Sample Size:	4197	**Resp N:**	141			
Description of Sample:	Targeted random sample of members specializing in general otolaryngology or rhinology					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	15.00	**35.00**	80.00	800.00	
Survey RVW:	0.01	2.50	**3.20**	3.50	10.00	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	5.00	14.00	**20.00**	30.00	180.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	61782	**Recommended Physician Work RVU: 2.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19294	ZZZ	3.00	**RUC Time**

CPT Descriptor Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15777	ZZZ	3.65	**RUC Time**

CPT Descriptor Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	99,663

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36476	ZZZ	2.65	**RUC Time**	4,362

CPT Descriptor 2 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
67335	ZZZ	3.23	**RUC Time**

CPT Descriptor Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 12.0 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 11.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 61782	Top Key Reference CPT Code: 19294	2nd Key Reference CPT Code: **15777**
Median Pre-Service Time	0.00	0.00	5.00
Median Intra-Service Time	20.00	40.00	45.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**20.00**	**40.00**	**50.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	18%	41%	35%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	29%	18%	53%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	12%	53%	35%
Physical effort required	18%	65%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	24%	41%	35%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	19%	38%	43%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	38%	56%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	37%	38%	25%
Physical effort required	44%	38%	18%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	19%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: In April 2024, CPT code 61783 was identified via the Relativity Assessment Workgroup's high volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. In January 2025, the Workgroup reviewed the action plan for CPT code 61783 and determined that this service was last valued in 2010 and utilization is steadily increasing, thus should be surveyed with the appropriate family of codes for

April 2025. As the dominant provider of one of the codes in this family, 61782, the Academy is surveying this code for the April RUC meeting.

Survey Sample and Process:
A survey request was sent to a targeted, random selection of 4197 members from the AAO-HNS of those with sub-specialty designations of general otolaryngology and rhinology.

Key Reference Codes
The first KRS selected was CPT 19294 Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure) valued at 3.00 RVUs with an intra time of 40. 17 respondents selected this as their primary KRS.

The second KRS selected was CPT 15777 Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure) valued at 3.65 RVUs with a pre time of 5 / intra time of 45, totaling 50 minutes. 16 respondents selected this as their second KRS.

Recommendation (Work and Intra Time):
We are recommending a work RVU **2.50 and 20 minutes of intra service time**. Our expert panel felt this value which was our survey's 25th percentile, maintains relativity related to other ZZZ otolaryngology codes within the fee schedule.

Pre Service Time: During the 2010 RUC review, the RUC approved pre time for this code, despite it being an add-on service. The RUC justified this, as it is typical for many neurosurgical procedures to have pre-service time due to the high intensity and complexity of the procedure. In addition to the standard preoperative discussion with the patient about the surgical procedure, the surgeon spends additional time discussing the use of stereotactic computer navigation as an adjunct to endoscopic sinus surgery. This involves explaining the rationale for the use of the system, how it helps confirm surgical position and avoid damage to surrounding vital structures, and that the surgery may be somewhat longer and more complicated. The system is typically reserved for difficult cases in patients with extensive disease in close proximity to the skull base, orbit, or neurovascular structures, or those with alteration of anatomic landmarks due to previous surgery, trauma, congenital, or neoplastic processes. Depending on the specific system and application, the explanation includes the use of a head frame or other hardware affixed to the patient's head during the procedure. The computer navigation unit is booted up and the surgeon activates the navigation software, loading and verifying patient information and confirming image quality. Program options are checked and adjusted as necessary. A detailed assessment of the image set in all three dimensions is performed by the surgeon on the computer workstation to analyze the pathology in relationship to surrounding anatomy, formulating plans for both the approach to and resection of the disease process. Once the patient is positioned on the operating table, the computer navigational unit is moved into place to ensure proper alignment of the camera and intra-operative tracking devices in an unobstructed field of view while allowing the surgeon to see the computer monitor. Because a customized survey instrument was not used for this survey to inquire about pretime, we are not recommending pre time for this code during the April 2025 review.

Post Service Time: We are not requesting any post time for this code, as it is an add-on service.

Total Time: Based on the above recommendations, we are requesting a total time of 35 minutes for code 61782.

REQUEST FOR AN INTERIM VALUE AND TO RESURVEY FOR SEPTEMBER 2025: We understand from prefacilitation that any add on code with pre or post time should utilize a customized add on code survey instrument which was not used for this survey. This code has historically had 15 minutes of pre time that we believe is essential to the service, and is carefully described in our description of work above. Therefore, we request the opportunity to resurvey this code for the September 2025 RUC meeting. In the interim, we are requesting the times and work RVU outlined above and are adding a crosswalk to support this recommendation of *20702 Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)* which was surveyed in 2018 and has an identical work RVU of 2.50 and pre time of 5 minutes, intra time of 25 minutes, and post time of 2 minutes, totaling 32 minutes. It also has a similar IWPUT of 0.094.

Supporting Reference Codes for the Recommended Value

CPT Code	Long Desc	Global	Work RVU	Pre Eval	Pre Posit	Pre SDW	Intra Time	Immediate Post Time	Total Time	IWPUT	Time Source	Most Recent RUC Review	2023 Medicare Utilization
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	ZZZ	**2.00**				**20**		**20**	0.1	RUC	2005-04	13
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	ZZZ	**2.25**	10	1.0		**20**	10	**41**	0.089	RUC	2008-04	3685
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	ZZZ	**2.50**				**20**		**20**	0.125	RUC	2005-04	100
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	ZZZ	**2.50**	10			**20**		**30**	0.1138	RUC	2012-01	71832
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	ZZZ	**2.50**				**20**		**20**	0.125	RUC	2020-10	8848
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)	ZZZ	**2.50**				**20**		**20**	0.125	RUC	2021-01	4543
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	ZZZ	**2.50**				**20**		**20**	0.125	RUC	2017-01	16269
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	ZZZ	**2.75**				**20**		**20**	0.1375	RUC	2005-04	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This add on code may typically be reported with any combination of the following procedure codes: 31253, 31276, 31290, 31291, 31292, 31293, 31294.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 61782

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 57000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. This is approximately three times the 2023 Medicare volume from the RUC database.

Specialty Otolaryngology Frequency 55500 Percentage 97.36 %

Specialty Neurosurgery Frequency 1500 Percentage 2.63 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 19,013 If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate. This is the 2023 RUC database utilization for the Medicare population

Specialty Otolaryngology Frequency 18500 Percentage 97.30 %

Specialty Neurosurgery Frequency 500 Percentage 2.62 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 61782

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:61783 Tracking Number Original Specialty Recommended RVU: **3.75**
Presented Recommended RVU: **3.75**
Global Period: ZZZ Current Work RVU: **3.75** RUC Recommended RVU: **3.50**

CPT Descriptor: Stereotactic computer-assisted (navigational) procedure; spinal (Listseparately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Computer-assisted surgical navigation is utilized when a 57-year-old male undergoes operative stabilization of the C1-C2 segment forrupture of the transverse atlantal ligament. [Note: This is an add-on service.Only consider the additional work related to the computer-assisted surgical navigation.]

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: In addition to the standard discussion with the patient about the planned spinal procedure, the surgeon spends additional time discussing the use of stereotactic computer navigation as an adjunct to spinal surgery. This involves explaining the rationale for the use of the system, how it helps to confirm surgical position and avoid damage to surrounding vital structures, how it helps visualize instrument and implant position and that the surgery may be somewhat longer and more complicated. The explanation describes the placement of optical or electromagnetic tracking devices on the spine and key instruments and the identification of reference points. Prior to the surgical procedure and positioning, the computer navigation unit is brought into the room and following booting up of the computer, the surgeon activates the navigation software and enters patient specific information such as identifiers, surgeon, site and side of surgery. Radiographic images that will be used for the navigation are either newly obtained or loaded from preexisting studies into the navigation computer. Setup options for the program are checked and adjusted as necessary. A detailed assessment of the image set in all three dimensions is performed by the surgeon on the computer workstation to analyze the surgical anatomy/pathology in relationship to surrounding anatomy. The final operative plan for the approach to and resection (if needed) of the disease process is completed. Once the patient has been positioned on the operating table, the navigation unit is moved into place so the intra-operative trackers will be in the field of view of the cameras and the surgeon will be able to see the computer monitor screen.

Description of Intra-Service Work: Once the spine has been exposed (reported separately), the required navigation trackers are secured to the spine and to key instruments. The trackers may be passive devices with reflective balls whose position is determined by infrared light signals sent from the camera system which senses their position. They may also be active devices that emit infrared light or electromagnetic signals that are sensed by a detection system. These trackers are then registered with the stereotactic computer navigation system and specific bony landmarks are identified individually by directed digitization with a pointer device that also has tracker components on it. Multiple reference points are identified and generally include one or more spinous processes, facet joints, and transverse processes. After the anatomy has been registered, an assessment of the accuracy is confirmed with the pointing device. The position and angular alignment are checked at several sites. Changes to the trackers and reference points are made until accuracy within 1-2 millimeters is confirmed. The navigation system is used to identify the starting points for drill holes and the appropriate sagittal and

coronal alignment. Drill bit orientation and depth of penetration is checked frequently as the drill is carefully and slowly advanced. Changes in alignment are made as necessary. Repeat navigation images are then obtained as the hole is tapped and again as the final screw or implant is inserted to ensure correct positioning. This entire sequence is then repeated for each screw or implant placed. At the conclusion of the surgical procedure, the trackers are removed.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025					
Presenter(s):	William Creevy, MD; Hussein Elkousy MD; Clemens M. Schirmer, MD; Karin Swarz, MD					
Specialty Society(ies):	AANS, CNS, AAOS, NASS, ISASS					
CPT Code:	61783					
Sample Size:	3602	**Resp N:**	146			
Description of Sample:	Random society membership and members self-designated as spine surgeons					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	20.00	**54.00**	111.00	300.00	
Survey RVW:	1.10	3.50	**4.50**	5.24	9.00	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	15.00	22.00	**30.00**	42.00	150.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	61783	**Recommended Physician Work RVU: 3.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61799	ZZZ	4.81	**RUC Time**

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61797	ZZZ	3.48	**RUC Time**

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	ZZZ	0.00	**RUC Time**	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	ZZZ	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 28 **% of respondents:** 19.1 **%**

Number of respondents who choose 2nd Key Reference Code: 24 **% of respondents:** 16.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 61783	Top Key Reference CPT Code: 61799	2nd Key Reference CPT Code: **61797**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	60.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**30.00**	**60.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	27%	46%	27%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	42%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	38%	62%
Physical effort required	0%	27%	62%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	4%	31%	65%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	29%	54%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	67%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	33%	58%
Physical effort required	8%	25%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	29%	58%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Rationale to Maintain Work RVU and Time for Code 61783 as Interim and to Resurvey

The standard ZZZ-global survey was used in 2009 to survey code 61783. The 2009 survey tool correctly defined a ZZZ-global code as: "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time)*." The survey included the ability for the survey respondent to indicate "preservice time (if applicable); intra-service time (skin-to-skin); and immediate post-service time (if applicable)." The 2009 survey of 61783 resulted in a median survey preservice time of 30 minutes. The specialty expert panel indicated the survey respondents overestimated the preservice time, however, the expert panel provided a

rationale that there is (conservatively) an additional 15 minutes of preservice work as described in the description of work section of the SOR.

The RUC agreed with an additional 15 minutes of preservice work separate from the work that occurs during the skin-to-skin portion of the index procedure.

The current standard ZZZ-global code survey still defines the global as "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time).*" However, even though the definition indicates there could be pre- and post-service time related to the add-on service, and the survey respondent is instructed to review the global period definition, there is only a single place to enter time shown as "intra-service time" which can be confusing with respect to time estimation.

The current 2025 survey resulted in an intraservice time of 30 minutes which is consistent with the intraservice time from the prior survey. However, preservice time was not collected for the significant additional preservice work prior to the skin-to-skin component of the index procedure.

We have provided the survey results from the current survey and are **recommending the current work RVU and times be maintained until we can resurvey code 61783** using a survey instrument that includes the ability to report additional pre- and post-service time, if applicable, as described in the definition of a ZZZ-global code. The results of this resurvey will be presented at the September 2025 RUC meeting, which is within the same RUC cycle related to the 2027 Physician Fee Schedule.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 61783

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopaedic How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
29,281 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 information from the RUC database

Specialty Neurosurgery Frequency 20000 Percentage 68.30 %

Specialty Orthopaedic surgery Frequency 9281 Percentage 31.69 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 61783

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Stereotactic Computer Assisted Navigation (SCAN)

TAB: 11

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	19294	Preparation of tumor cavity, with placement of a radiation therapy	ZZZ	2016	17	0.075	0.075			3.00			40						40								
2nd REF	15777	Implantation of biologic implant (eg, acellular dermal matrix) for	ZZZ	2011	16	0.079	0.073			3.65			50	5					45								
CURRENT	61782	Stereotactic computer-assisted (navigational) procedure; cranial,	ZZZ	2010		0.114	0.080			3.18			40	15					25								
SVY	61782	Stereotactic computer-assisted (navigational) procedure; cranial,	ZZZ		141	0.160	0.160	0.01	2.50	3.20	3.50	10.00	20				5	14	20	30	180		0	15	35	80	800
SVY W EXP	61782	Stereotactic computer-assisted (navigational) procedure; cranial,	ZZZ		137	0.160	0.160	0.50	2.50	3.20	3.50	10.00	20				5	14	20	25	180		2	20	40	80	800
REF	20702	Manual preparation and insertion of drug-delivery device(s),	ZZZ	2018		0.094	0.078			2.50			32	5					25			2					
REC	61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	ZZZ			0.125	0.125			2.50			20						20								

Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
1st REF	61799	Stereotactic radiosurgery (particle beam, gamma ray, or	ZZZ	2008	28	0.080	0.080			4.81			60	0					60			0					
2nd REF	61797	Stereotactic radiosurgery (particle beam, gamma ray, or	ZZZ	2008	24	0.116	0.116			3.48			30	0					30			0					
CURRENT	61783	Stereotactic computer-assisted (navigational) procedure;	ZZZ	2010		0.114	0.083			3.75			45	15					30			0					
SVY	61783	Stereotactic computer-assisted (navigational) procedure;	ZZZ		146	0.150	0.150	1.10	3.50	4.50	5.24	9.00	30				15	22	30	42	150		0	20	54	111	300
REC	61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	ZZZ			0.117	0.117			3.50			30						30								

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S):___61782_**
SPECIALTY SOCIETY(IES):__AAO-HNS_____
PRESENTER(S): R. Peter Manes, MD & Brian Boyce, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: APRIL 2025

CPT Code	Long Descriptor	Global Period
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
61782	A 51-year-old male presents with nasal polyposis and chronic sinusitis which has failed medical management. A sinus CT shows significant disease involving multiple sinuses with distortion of normal anatomic landmarks. Endoscopic sinus surgery is planned with computer-assisted image guided navigation.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Our expert panel was comprised of our RUC Advisors and other rhinology experts who have intimate knowledge of this procedure.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   31267 – this is the code reported the most frequently with 61782
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Otolaryngology is the dominant specialty in both sites of service.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The site of service for this code has changed since it's initial valuation in 2010 and it is not performed regularly in the non-facility setting, therefore, we are requesting the creation of non-facility PE inputs to be added to the fee schedule.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   This is an add on (ZZZ) code, so there is no pre or post staff time.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

   N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

   N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    This is an add on code, so there is no pre or post staff time.

    b. Service period (includes pre, intra and post):

    The nurse is assisting the physician during the entirety of this procedure. Typically, this entails removing the image guidance mount from instruments and placing it on other instruments. During this procedure, multiple different instruments are used for image guidance, and when in use, each instrument must have a mount that connects to a wire that then connects to the system.

    c. Post-service period:

    This is an add on code, so there is no pre or post staff time.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Typically, this entails removing the image guidance mount from instruments and placing it on other instruments. During this procedure, multiple different instruments are used for image guidance, and when in use, each instrument must have a mount that connects to a wire that then connects to the system.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

The reusable items that integrate with the navigation system (lines 105-108) required for this procedure are not included in the existing CMS PE input lists for supplies or equipment, so we are providing invoices and proposing to add three new supply items. Adhesive pads - Adheres to the patient and the patient tracker, allowing patient tracker to stick on the patient. Patient tracker utilized as the registration point for the patient. Attaches to the adhesive pad which then adheres to the patient.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Single Use Instrumentation Wires - attaches to the mount, which attaches to instruments that are used to identify anatomic landmarks

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

The image guidance system and parts (rows 116-120) are required for this procedure are not included in the existing CMS PE input lists for supplies or equipment, so we are providing invoices and proposing to add them.

The navigation system is the computerized terminal that provides the image guidance. The mounts attach to instruments such as suctions, curettes and pointers. The wire attaches to the mount, which then connects to the image guidance system. This then allows the mounted instrument to be used in the nose and show exactly where the instrument is on imaging. The medical cart without monitor is where the image guidance system sits.

Registration pointer - Pointer utilized to register the CT scan to the patient's surface anatomy.

Pointer Shell Universal Mounts 1 and 2 - attach to instruments that are then used to identify anatomic landmarks. Typically utilize two per procedure.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typically 7 years for the image guidance system.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The mounts have a useful life of about 1 year.
The registration pointer useful lifespan is 5 years.
The Medical Cart without Monitor useful life is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

Navigation system
Pointer Shell Universal Mounts 1 and 2
Registration pointer
Medical Cart without Monitor

We used the default formula for all of these items.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Adding non-facility PE inputs for a ZZZ add on code. This includes the addition of the intra service staff time to support the physician during the procedure, the supplies needed for the image guidance, and the equipment needed for the image guidance which have the default formula applied to them.

Additionally, during the PE presentation at the April RUC meeting, there was discussion regarding whether it was typical for the adhesives for the patient tracker to be included with the tracker cost, or a separately invoiced item. Upon further review, the AAO-HNS expert panel determined that the submitted invoices are correct and do represent the most typically used equipment/system. In a nutshell, the presenter was confused. When one of the reviewers mentioned TruD as the system, the presenter did not recognize that TruD is the name of the system. He was thinking of the name of the company that is typically used, hence his confusion. The invoices submitted do represent the most commonly used equipment/system.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

March 30, 2025

To: Scott Manaker, MD
Chair, AMA/RUC PE Subcommittee

From the RUC Advisors for:
American Association of Neurological Surgeons (AANS)
Congress of Neurological Surgeons (CNS)
North American Spine Society (NASS)
American Academy of Orthopaedic Surgeons (AAOS)
International Society for the Advancement of Spine Surgery (ISASS)

Subject: CPT Code 61783

CPT code 61783 is a facility-only add-on code and will have no related direct practice expense input.

Thank you for your consideration of this information.

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**REFERENCE CODE**		**CURRENT**	
2						**61781**		**31267**		**61782**	
3		***RUC Collaboration Website***				Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)		Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: April 2025** **Revision Date (if applicable):** **Tab: 11 Stereotactic Computer assisted navigational procedure** **Specialty: AAO-HNS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ 11.88**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**22.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**19.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ 11.88**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54				3		
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54				5		
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54				3		
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54				5		
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54				3		
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54						
23			L037D	RN/LPN/MTA	0.54						
24			L037D	RN/LPN/MTA	0.54						
25			L037D	RN/LPN/MTA	0.54						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54						
42			L037D	RN/LPN/MTA	0.54						
43			L037D	RN/LPN/MTA	0.54						
44			L037D	RN/LPN/MTA	0.54						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54						
53			L037D	RN/LPN/MTA	0.54						
54			L037D	RN/LPN/MTA	0.54						
55			L037D	RN/LPN/MTA	0.54						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.54						
76			L037D	RN/LPN/MTA	0.54						
77			L037D	RN/LPN/MTA	0.54						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54				3		
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36								
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54						

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**REFERENCE CODE**		**CURRENT**	
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3		***RUC Collaboration Website***				Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)		Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: April 2025** **Revision Date (if applicable):** **Tab: 11 Stereotactic Computer assisted navigational procedure** **Specialty: AAO-HNS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ 11.88**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**22.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**19.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
94			L037D	RN/LPN/MTA	0.54						
95			L037D	RN/LPN/MTA	0.54						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**REFERENCE CODE**		**CURRENT**	
2						**61781**		**31267**		**61782**	
3		***RUC Collaboration Website***				Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)		Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: April 2025** **Revision Date (if applicable):** **Tab: 11 Stereotactic Computer assisted navigational procedure** **Specialty: AAO-HNS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ 11.88**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**22.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**19.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
102	SA048	pack, minimum multi-specialty visit	5.02	pack							
103	SA053	pack, post-op incision care (suture & staple)	5.47	pack							
104	SA043	pack, cleaning, surgical instruments	12.61	pack							
105	NEW	Single Use Instrumentation Wire	48.4	item							
106	NEW	Patient Tracker	130	item							
107	NEW	Adhesive Pad	9.5	item							
108											
109											
110											
111											
112	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
113		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
114	EF031	table, power	5906.76	Default	0.015674926						
115	EF014	light, surgical	1256.667	Default	0.002795322						
116	NEW	Navigation system	85000	Default	0.259686354						
117	NEW	Pointer Shell Universal Mount 1	1700	Default	0.0255						
118	NEW	Pointer Shell Universal Mount 2	1700	Default	0.0255						
119	NEW	Medical Cart without Monitor	3500	Default	0.011296712						
120	NEW	Registration Pointer	1950	Default	0.007726283						
121											
122		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									
123											

	A	B	M	N	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**	
2			**61782**		**61783**	
3		***RUC Collaboration Website***	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)		Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: April 2025** **Revision Date (if applicable):** **Tab: 11 Stereotactic Computer assisted navigational procedure** **Specialty: AAO-HNS**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 266.30**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**20.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**20.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 10.80**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**				
14		**Start: Following visit when decision for surgery/procedure made**				
15	CA001	Complete pre-service diagnostic and referral forms				
16	CA002	Coordinate pre-surgery services (including test results)				
17	CA003	Schedule space and equipment in facility				
18	CA004	Provide pre-service education/obtain consent				
19	CA005	Complete pre-procedure phone calls and prescription				
20	CA006	Confirm availability of prior images/studies				
21	CA007	Review patient clinical extant information and questionnaire				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)				
23						
24						
25						
26		*Other activity: please include short clinical description here and type*				
27		*Other activity: please include short clinical description here and type*				
28		*Other activity: please include short clinical description here and type*				
29		**End: When patient enters office/facility for surgery/procedure**				
30		**SERVICE PERIOD**				
31		**Start: When patient enters office/facility for surgery/procedure:**				
32		**Pre-Service (of service period)**				
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are				
34	CA010	Obtain vital signs				
35	CA011	Provide education/obtain consent				
36	CA012	Review requisition, assess for special needs				
37	CA013	Prepare room, equipment and supplies				
38	CA014	Confirm order, protocol exam				
39	CA015	Setup scope (nonfacility setting only)				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient				
41	CA017	Sedate/apply anesthesia				
42						
43						
44						
45		*Other activity: please include short clinical description here and type*				
46		*Other activity: please include short clinical description here and type*				
47		*Other activity: please include short clinical description here and type*				
48		**Intra-service (of service period)**				
49	CA018	Assist physician or other qualified healthcare professional---directly	20			
50	CA019	Assist physician or other qualified healthcare professional---directly				
51	CA020	Assist physician or other qualified healthcare professional---directly				
52	CA021	Perform procedure/service---NOT directly related to physician work time				
53						
54						
55						
56		*Other activity: please include short clinical description here and type*				
57		*Other activity: please include short clinical description here and type*				
58		*Other activity: please include short clinical description here and type*				
59		**Post-Service (of service period)**				
60	CA022	Monitor patient following procedure/service, multitasking 1:4				
61	CA023	Monitor patient following procedure/service, no multitasking				
62	CA024	Clean room/equipment by clinical staff				
63	CA025	Clean scope				
64	CA026	Clean surgical instrument package				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports				
67	CA029	Check dressings, catheters, wounds				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,				
69	CA031	Review examination with interpreting MD/DO				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to				
71	CA033	Perform regulatory mandated quality assurance activity (service period)				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry				
73	CA035	Review home care instructions, coordinate visits/prescriptions				
74	CA036	Discharge day management	**n/a**		**n/a**	
75						
76						
77						
78		*Other activity: please include short clinical description here and type*				
79		*Other activity: please include short clinical description here and type*				
80		*Other activity: please include short clinical description here and type*				
81		**End: Patient leaves office/facility**				
82		**POST-SERVICE PERIOD**				
83		**Start: Patient leaves office/facility**				
84	CA037	Conduct patient communications				
85	CA038	Coordinate post-procedure services				
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes				
88		99212 27 minutes				
89		99213 36 minutes				
90		99214 53 minutes				
91		99215 63 minutes				
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**
93						

	A	B	M	N	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**	
2			**61782**		**61783**	
3		***RUC Collaboration Website***	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)		Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: April 2025** **Revision Date (if applicable):** **Tab: 11 Stereotactic Computer assisted navigational procedure** **Specialty: AAO-HNS**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 266.30**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**20.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**20.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
94						
95						
96		*Other activity: please include short clinical description here and type*				
97		*Other activity: please include short clinical description here and type*				
98		*Other activity: please include short clinical description here and type*				
99		**End: with last office visit before end of global period**				

	A	B	M	N	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**	
2			**61782**		**61783**	
3		***RUC Collaboration Website***	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)		Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: April 2025** **Revision Date (if applicable):** **Tab: 11 Stereotactic Computer assisted navigational procedure** **Specialty: AAO-HNS**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 266.30**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**20.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**20.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**				
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 248.91**	**$ -**	**$ -**	**$ -**
102	SA048	pack, minimum multi-specialty visit				
103	SA053	pack, post-op incision care (suture & staple)				
104	SA043	pack, cleaning, surgical instruments	1			
105	NEW	Single Use Instrumentation Wire	2			
106	NEW	Patient Tracker	1			
107	NEW	Adhesive Pad	1			
108						
109						
110						
111						
112	**Equipment Code**	**EQUIPMENT**				
113		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 6.59**	**$ -**	**$ -**	**$ -**
114	EF031	table, power				
115	EF014	light, surgical				
116	NEW	Navigation system	20			
117	NEW	Pointer Shell Universal Mount 1	20			
118	NEW	Pointer Shell Universal Mount 2	20			
119	NEW	Medical Cart without Monitor	20			
120	NEW	Registration Pointer	20			
121						
122		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*				
123						

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: Site of Service Anomaly

September 2025

Laminectomy – Tab 24

In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 63047 *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar* as a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. These services included in the level of interest form to survey for September 2025. The RAW also worked with the specialty societies and identified codes 63045, 63046 and 63048 as part of this family of services. In the Final Rule for 2014, CMS also determined that codes 63045 and 63046 were part of the same family. When 63047 and 63048 were surveyed alone, CMS valued them as interim and requested the whole family be surveyed together (63045, 63046, 63047 and 63048) and reviewed by the RUC. These services were surveyed for September 2025.

63045 ***Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical***
The RUC reviewed the survey results from 94 physicians for CPT code 63045 and determined that a work RVU of 17.69, slightly below the survey 25th percentile work RVU of 18.00, appropriately accounts for the work required to perform this service. The recommended work RVU is based on a direct crosswalk to key reference service CPT code 22554 *Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2* (work RVU = 17.69, 90 minutes intra-service time and 362 minutes total time). The RUC recommends 40 minutes pre-service evaluation time, 25 minutes positioning time, 15 minutes scrub/dress/wait time, 90 minutes intra-service time, 30 minutes immediate post-service time, 1-99232, 1-99231, 1-99238, 1-99214 and 2-99213 post-operative visits, totaling 384 minutes. CPT code 63045 is primarily performed in the inpatient hospital setting (84% based on 2023 Medicare claims data).

The specialty society indicated that the additional pre-service positioning time is necessary to place serial compressive devices. As well as leads for intraoperative neuromonitoring, when used, are positioned and secured, and baseline neuromonitoring values are obtained prior to positioning. After ventilatory and vascular access is accomplished, the patient's head is secured with the three-point head holder and the patient is carefully rolled off of the hospital bed and onto the operating room table, maintaining neutral lordosis or slight flexion. The head is affixed to the bedframe using the head holder. The patient is secured in the prone position with pressure points padded. Arms are positioned such that they are secured yet anesthesia can access vascular ports. The table is positioned on an incline. The shoulders may be taped down caudally, to help with intraoperative imaging of the cervical levels, with care taken to avoid pressure on the brachial plexi. Neuromonitoring recording, when used, is repeated to verify that there is no change in recordings after patient positioning. Additional skin taping may be undertaken to manage excess skin folds as common in the posterior neck.

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The specialty societies noted that the median intra-service time required to perform this service has decreased, however, the intensity and complexity have increased. The procedure described by code 63045 has seen changes over time regarding patient complexity, technology, and surgical practice, though the core surgical goals remain similar. There has been a trend toward performing CPT code 63045 on more complex patients. Patients undergoing cervical laminectomy increasingly have more complex degenerative cervical disease and may present with advanced age and comorbidities. A retrospective database analysis demonstrated that the procedure is often performed on older patients, who may have multiple cervical levels affected and less ideal cervical sagittal balance, making surgery and recovery more challenging. This is evidenced by the increasing rate of conversion to fusion following cervical laminectomy versus laminoplasty.[1] Laminoplasty and minimally invasive approaches have evolved as alternatives, aiming to preserve cervical motion, reduce structural instability, and lower the risk of revision and fusion. However, cervical laminectomy remains important for multilevel decompression and in challenging cases, especially when other anatomical or disease factors preclude less invasive methods.[2] Surgery may be more technically challenging due to patient factors (older, sicker, more anatomical variation) and increasing expectations for preserving motion and alignment. Therefore, this service is performed faster than when it was last surveyed. However, it is more intense and complex due to the increased complexity of the patient.

The RUC compared CPT code 63045 to the top key reference service 63075 *Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace* (work RVU = 19.60, 90 minutes intra-service time and 355 minutes total time) and the second top key reference code and crosswalk code, 22554 *Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2* (work RVU = 17.69, 90 minutes intra-service time and 362 minutes total time). The surveyed code and the key reference services require the same intra-service time and similar total time. The intensity and complexity measures for the surveyed code, compared with the key reference services, support the relativity of the procedures. The surveyed code is technically challenging due to narrow spaces, and the need for precision to avoid nerve/spinal cord injury, but there is less risk to visceral/vascular neck structures than the anterior approach associated with codes 63075 and 22554.

For additional support the RUC referenced CPT code 34001 *Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision* (work RVU = 17.88, 90 minutes intra-service time and 384 minutes total time) and CPT code 50040 *Nephrostomy, nephrotomy with drainage* (work RVU = 16.68, 90 minutes intra-service time and 405 minutes total time) and determined that maintaining the current work RVU supported relativity among similar services. **The RUC recommends a work RVU of 17.69 for CPT code 63045.**

[1] Liu AM, Gausper A, Etigunta SK, Tuchman A, Mikhail C, Skaggs D, Chan V. Rate of Conversion to Fusion Following Cervical Laminectomy Versus Laminoplasty: A Retrospective Analysis of 4,406 Patients. Global Spine J. 2025 Jun 6. Epub ahead of print.

[2] Weinberg DS, Rhee JM. Cervical laminoplasty: indication, technique, complications. J Spine Surg. 2020 Mar;6(1):290-301.

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63046 ***Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic***
The RUC reviewed the survey results from 94 physicians for CPT code 63046 and determined that a work RVU of 17.14, which is below the survey 25th percentile work RVU of 18.00, appropriately accounts for the work required to perform this service. The recommended work RVU is based on a direct crosswalk to CPT code 46710 *Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach* (work RVU = 17.14, 90 minutes intra-service time and 370 minutes total time). The RUC recommends 40 minutes pre-service evaluation time, 25 minutes positioning time, 15 minutes scrub/dress/wait time, 90 minutes intra-service time, 30 minutes immediate post-service time, 1-99232, 1-99231, 1-99238, 1-99214 and 2-99213 post-operative visits for CPT code 63046. CPT code 63046 is primarily performed in the inpatient hospital setting (80% based on 2023 Medicare claims data).

The specialty society indicated that the additional pre-service positioning time is necessary to place serial compressive devices. Leads for intraoperative neuromonitoring, when used, are positioned and secured, and baseline neuromonitoring values are obtained prior to positioning. After ventilatory and vascular access is accomplished, the patient's head is secured with the three-point head holder and the patient is carefully rolled off of the hospital bed and onto the operating room table, maintaining neutral lordosis or slight flexion. The head is affixed to the bedframe using the head holder. The patient is secured in the prone position with pressure points padded. Arms are positioned such that they are secured yet anesthesia can access vascular ports. The table is positioned on an incline. The shoulders may be taped down caudally, to help with intraoperative imaging of the thoracic levels, with care taken to avoid pressure on the brachial plexi. Neuromonitoring recording, when used, is repeated to verify that there is no change in recordings after patient positioning. Additional skin taping may be undertaken to manage excess skin folds as needed.

The specialty societies noted that the median intra-service time required to perform this service has decreased, however, the intensity and complexity have increased. The procedure described by code 63046 has experienced some evolution over time, similar to cervical and lumbar decompression procedures. Patients undergoing thoracic decompression procedures like CPT code 63046 tend to be more complex now than a decade ago due to an aging population with more severe degenerative spinal conditions, multilevel disease, and sometimes prior spine surgeries requiring more extensive decompression. Indications have broadened, including cases with increased spinal instability, fractures, and severe degenerative disc disease, which can complicate surgery relative to earlier years. Newer surgical technologies such as spinal navigation, minimally invasive retractors, ultrasonic bone scalpels, and intraoperative imaging systems have been increasingly incorporated into thoracic spine surgery and laminectomies, adding technical complexity. Therefore, this service is performed faster than when it was last surveyed. However, it is more intense and complex due to the increased complexity of the patient.

The RUC questioned why the thoracic laminectomy, CPT code 63046, is less work than the cervical laminectomy, CPT code 63045, even though the survey respondents indicated the exact same time. The specialty societies indicated that the cervical laminectomy requires more physician work intensity due to the risk of ischemia and deformity associated with performing that service.

The RUC compared CPT code 63046 to the top key reference service 63075 *Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace* (work RVU = 19.60, 90 minutes intra-service time and 355 minutes total time) and CPT code 22554 *Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression);*

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cervical below C2 (work RVU = 17.69, 90 minutes intra-service time and 362 minutes total time). The surveyed code and key reference services require the same intra-service time and similar total time. The intensity and complexity measures for the surveyed code compared with the key reference services support the relativity of the procedures. The thoracic spinal cord is less forgiving than cervical or lumbar regions, as there is much less space before neurological injury can occur. Access is technically more challenging due to the rib cage, narrower spinal canal, and regional vascular structures. There is also an increased risk of spinal cord injury with small surgical errors resulting in CPT code 63046 less commonly performed than cervical or lumbar decompression.

For additional support the RUC referenced CPT code 50040 *Nephrostomy, nephrotomy with drainage* (work RVU = 16.68, 90 minutes intra-service time and 405 minutes total time) and CPT code 34001 *Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision* (work RVU = 17.88, 90 minutes intra-service time and 384 minutes total time) and determined that maintaining the current work RVU supported relativity among similar services. **The RUC recommends a work RVU of 17.14 for CPT code 63046.**

63047 ***Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar***

The RUC reviewed the survey results from 94 physicians for CPT code 63047 and determined that the current work RVU of 15.37, which is below the survey 25th percentile work RVU of 17.00, appropriately accounts for the work required to perform this service. The RUC recommends 40 minutes pre-service evaluation, 20 minutes positioning, 15 minutes scrub/dress/wait, 90 minutes intra-service time, 50 minutes immediate post-service time, 0.5-99238, 1-99214 and 2-99213 post-operative visits. CPT code 63047 is no longer primarily performed in the inpatient hospital setting (46% based on 2023 Medicare claims data). Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit is typical. The 23-hour policy was applied to capture this visit as an additional 20 minutes of same data post-operative time.

The specialty society indicated that the additional pre-service positioning time is necessary to place serial compressive devices. Leads for intraoperative neuromonitoring, if used, are positioned and secured, and baseline neuromonitoring values are obtained prior to positioning. (Intraoperative monitoring, when performed, is not reported by the operating surgeon.) Once anesthesia is satisfied with the ventilatory and vascular access, the patient is carefully rolled off of the hospital bed and onto the operating room table; the neck is protected and secured, the head is affixed to the bed frame using the head holder. The patient is secured in the prone position with pressure points padded. Arms are positioned such that they are secured yet anesthesia can access vascular ports.

The specialty societies provided detailed information on the level of post-operative visits (1-99314 and 2-99213) in the summary of recommendation rationale. The first post-operative visit is a level 99214 with moderate medical decision making to address symptom review and detailed neurological examination. At this visit, evaluation of the nerve and spinal cord recovery are assessed after the lumbar laminectomy to track progressive restoration of neurological function consistent with spinal cord and nerve healing. The second and third post-operative visits are level 99213 with low medical decision making to address pain management, physical therapy management, suture/staple/drain (when applicable) removal, neurological examination, and care plan changes.

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In January 2013, when this service was last surveyed and reviewed by the RUC, the specialty societies indicated that they considered that the work of these procedures had increased due to the changing patient characteristics. With the growing frequency of non-surgical spine intervention, patients are increasingly presenting for surgery having had prior procedures and studies are beginning to show an increase in the work and length of stay for these patients. Many Medicare and private payors are beginning to require longer waiting periods before spine surgery and during this time patients often receive other interventions, making the patients who do receive surgery more difficult. At that time, the specialty societies decided to recommend the current value rather than the survey 25th percentile, although monitoring the trend in patient characteristics was considered warranted as the work involved in this procedure has already changed since 2005 and is likely to continue to evolve as the patients become more complex.

Additionally in 2013, several reviewers noted that there was considerable evidence that the recommended work RVU (15.37) may have been too low and that an increase may have been warranted. The specialty societies agreed with the commenters but noted the current literature did not support a request for compelling evidence. However, the societies expected that there may be compelling evidence in the near future of a change in work and, therefore, may nominate the codes for re-review at that time.

In 2025, the specialty societies noted that the procedure described by CPT code 63047 experienced some evolution over time, similar to the cervical and thoracic decompression procedures. Patients undergoing lumbar decompression procedures, such as CPT code 63047, tend to be more complex now than a decade ago due to an aging population with more severe degenerative spinal conditions, multilevel disease, and sometimes prior spine surgeries requiring more extensive decompression. Indications have broadened, including cases with increased spinal instability, fractures, and severe degenerative disc disease, which can complicate surgery relative to earlier years. Newer surgical technologies such as spinal navigation, minimally invasive retractors, ultrasonic bone scalpels, and intraoperative imaging systems have been increasingly incorporated into lumbar spine surgery and laminectomies, adding technical complexity.

The RUC compared CPT code 63046 to the top key reference service 63075 *Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace* (work RVU = 19.60, 90 minutes intra-service time and 355 minutes total time) and CPT code 22554 *Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2* (work RVU = 17.69, 90 minutes intra-service time and 362 minutes total time). The surveyed code and key reference services require the same intra-service time of 90 minutes. The surveyed code is less intense and complex than the anterior approach for cervical discectomy or cervical fusion. The lumbar spine is generally more accessible with a larger spinal canal space than the thoracic or cervical regions, although obesity, scar tissue from prior surgery, or severe stenosis can increase complexity. The lumbar region requires microsurgical precision to avoid nerve root or dural injury but is less complex than anterior approach fusion or tumor resections. Therefore, the intensity and work RVU of the survey code is appropriately less than the key reference services.

For additional support the RUC referenced CPT code 63620 *Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion* (work RVU = 15.60 and 90 minutes intra-service time) and determined that maintaining the current work RVU supported relativity among similar services.

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The RUC determined that maintaining the current work RVU of 15.37 for CPT code 63047 is appropriate given the increased intensity and complexity due to the change in patient population and new technology incorporated in lumbar spine surgery and laminectomies, and the perceived undervaluation noted during the 2013 valuation. **The RUC recommends a work RVU of 15.37 for CPT code 63047.**

63048 ***Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 94 physicians who perform this service and determined that the current work RVU of 3.47 and 45 minutes of intra-service time appropriately accounts for the work required to perform this service. The current value is below the survey 25th percentile work RVU of 5.27. The RUC noted that the lumbar laminectomy/facetectomy, foraminotomy CPT code 63047 is typically reported with this add-on service.

The RUC compared the surveyed code to top key reference service 63052 *Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)* (work RVU = 4.25 and 45 minutes intra-service time) and determined that the surveyed service requires slightly less work to perform since it does not occur during posterior interbody arthrodesis.

For further support, the RUC compared the surveyed service to MPC codes 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)* (work RVU = 4.13 and 40 minutes intra-service time) and 36476 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)* (work RVU = 2.65 and 30 minutes of intra-service time) and determined that maintaining the current work RVU supported relativity among similar services. **The RUC recommends a work RVU of 3.47 for CPT code 63048.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

Work Neutrality
The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
(f)63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	090	17.69 (2025 Work RVU = 17.95)
(f)63046	thoracic	090	17.14 (2025 Work RVU = 17.25)
63047	lumbar	090	15.37 (No Change) (2025 Work RVU = 15.37)
(f)63048	each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure) (Use 63048 in conjunction with 63045-63047) (Do not report 63047, 63048 in conjunction with 22630, 22632, 22633, 22634, for laminectomy performed to prepare the interspace for fusion on the same interspace[s] and vertebral segment[s]) (For decompression performed on the same interspace[s] and vertebral segment[s] as posterior interbody fusion that includes laminectomy, removal of facets, and/or opening/widening of the foramen for decompression of nerves or spinal components, such as spinal cord, cauda equina, or nerve roots, see 63052, 63053)	ZZZ	3.47 (No Change) (2025 Work RVU = 3.47)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:63045 Tracking Number Original Specialty Recommended RVU: **17.95**
Presented Recommended RVU: **17.69**
Global Period: 090 Current Work RVU: **17.95** RUC Recommended RVU: **17.69**

CPT Descriptor: Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male presents with right arm pain associated with bilateral upper extremity numbness and paresthesia, upper and lower extremity weakness, and gait imbalance. Imaging studies reveal C5-C6 spinal canal stenosis with cord compression. The patient undergoes C5-C6 decompressive laminectomy with medial facetectomies and bilateral foraminotomies.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 97% , In the ASC 3%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 5% , Overnight stay-less than 24 hours 31% , Overnight stay-more than 24 hours 64%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 98%

Description of Pre-Service Work: Preoperative laboratory work-up is reviewed, and preoperative orders for perioperative medications are written. MRI and/or other spinal imaging studies are reviewed. The planned incisions and procedure are reviewed. The patient is greeted in the holding area, and the surgical procedure, postoperative recovery in and out of the hospital, and expected outcome(s) are reviewed with the patient and the patient's family. A focused physical exam is performed. The availability of all necessary surgical instruments, supplies, and devices in the operative suite is verified. The length and type of anesthesia are reviewed with the anesthesiologist, including any concerns for spinal cord protection during intubation, depending on the severity of stenosis and preoperative tolerance of flexion and extension. Blood pressure parameters and medications to be used or avoided are also reviewed. The initial patient positioning for induction of anesthesia is monitored. Once the patient is under anesthesia, serial compressive devices are placed. Leads for intraoperative neuromonitoring, when used, are positioned and secured, and baseline neuromonitoring values are obtained prior to positioning. Once anesthesia is satisfied with the ventilatory and vascular access, the patient's head is secured with the three-point head holder and the patient is carefully rolled off of the hospital bed and onto the operating room table, maintaining neutral lordosis or slight flexion. The head is affixed to the bedframe using the head holder. The patient is secured in the prone position with pressure points padded. Arms are positioned such that they are secured yet anesthesia can access vascular ports. The table is positioned on an incline. The shoulders may be taped down caudally, to help with intraoperative imaging of the cervical levels, with care taken to avoid pressure on the brachial plexi. Neuromonitoring recording, when used, is repeated to verify that there is no change in recordings after patient positioning. Additional skin taping may be undertaken to manage excess skin folds as common in the posterior neck. Skin cleansing is performed prior to final prep. The midline is marked. Fluoroscopy is used to verify the planned incision. Antibiotics are administered. A surgical time out is completed, and the patient and procedure factors are confirmed with the surgical team. The surgeon scrubs and gowns for the procedure. Final skin prep and draping is performed. Local anesthesia is administered.

Description of Intra-Service Work: A midline posterior cervical incision is made and taken down through the fatty tissues in the midline. The paraspinous muscles are reflected out to the facet joints, exposing the laminae, spinous processes, and facet joints from C5-C6. The levels are marked and confirmed with fluoroscopy. A high-speed drill and rongeurs are used to resect the laminae and medial facet joints of C5 and C6. Bone edges are waxed. The ligamentum flavum is removed,

exposing the dura overlying the spinal cord. Foraminotomy is performed for the compressed nerve roots. The region is examined to ensure no spinal instability after the decompression. Neuromonitoring, when used, may provide feedback during the procedure, prompting pauses. Ultrasound may be used to verify spinal cord decompression. Irrigation is performed. A drain, when required, is tunneled and secured beyond the incision. Hemostasis is achieved, and the incision is closed in layers. Longer lasting analgesic may be injected into the wound at closure for perioperative comfort

Description of Post-Service Work: Apply sterile dressings and remove drapes. Turn patient into the supine position with care taken to maintain the cervical spine in neutral lordosis while turning. Remove the three-pin head holder. Inspect the pin sites and use direct pressure, staple, or suture as appropriate for hemostasis. Remove neuromonitoring needles and pads, when used, prior to the patient awakening, and confirm hemostasis at puncture sites. Monitor transport of patient from OR to recovery room and stabilization in the recovery room. Write a brief operative note immediately postop for the medical record. Monitor the patient for abnormal neurological findings as they emerge from anesthesia. Review and sign operating room forms that include pre- and postoperative diagnosis and operations performed. Complete sign outs with the intraoperative team and the post-anesthesia recovery room team. Discuss the procedure and outcome with family and answer questions. Enter a full operative report in the medical record and send a copy to the referring physician and/or insurance company. Imaging studies are ordered as appropriate and reviewed to check the alignment of the spine. After initial recovery, the patient is examined again for neurologic and cardiovascular stability. Write comprehensive orders for floor care and complete medication reconciliation.

Later the same day, review nursing notes and discuss status and progress with nursing staff. Review vital signs, I/O, and other related data. Examine the surgical site. Assess neurovascular status. Counsel the patient regarding activity/ambulation and answer questions. Assess pain control and response to current medications and modify orders accordingly. Communicate and coordinate pain control with anesthesia and nursing staff. Write progress note.

On each subsequent postop day, review nursing notes and discuss status and progress with nursing staff. Review vital signs, I/O, and other related data. Examine the surgical site. Order and review imaging when required. Assess neurovascular status. Write orders for activity and physical therapy and answer patient, family, and nursing staff questions. Assess pain control and response to current medications and modify orders accordingly. Write progress note.

Discharge day management includes discussion of status and progress with case manager. Discharge plans are finalized and confirmed with patient. Would care and activity limitations (eg, bathing, proper fit of a collar when used) are reviewed with the patient. Orders are written for post-discharge physical therapy and discussed with the patient. Orders are written for post-discharge imaging studies as appropriate. The patient is examined. The wounds are examined and redressed. Neurovascular status is assessed. Hospital medications are reconciled, and in consultation with other treating providers, confirmation is obtained that all orders are in place for medications needed post-discharge, including timing and need for resumption of preoperative medications. Patient discharge notes are written. A discharge summary is completed for the medical record.

Office visit work includes the following activities: review physical therapy notes; order and review results of imaging when appropriate; interview patient and obtain interval history; answer patient questions; assess function, mobility, and progress with PT; remove/change dressing; examine surgical site; remove drain, sutures, and/or staples; apply wound closure strips; check neurovascular status; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations, including driving; counsel patient regarding next office visit; write or dictate and sign progress note; assess pain control and response to current medications and adjust as required; check narcotic prescription registries; counsel patient on tapering from narcotic medication; complete forms for home care services if needed; update physical therapy orders; complete disability, out of work, and/or other related insurance forms; communicate and coordinate care with other physicians and providers; and enter patient progress note into medical record with copy to primary care and/or other physicians as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Anthony DiGiorgio; MD; Clemens Schirmer, MD; Hussein Elkousy, MD; William Lavelle, MD; E. Kano Mayer, MD					
Specialty Society(ies):	AANS, CNS, AAOS, NASS, ISASS					
CPT Code:	63045					
Sample Size:	2388	**Resp N:**	94			
Description of Sample:	random 550 AANS 497 AAOS 205 ISASS 1136 NASS					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	6.00	**20.00**	40.00	120.00
Survey RVW:		9.00	18.00	**19.70**	21.73	42.53
Pre-Service Evaluation Time:				**60.00**		
Pre-Service Positioning Time:				**30.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		60.00	75.00	**90.00**	120.00	200.00
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	63045	**Recommended Physician Work RVU: 17.69**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**25.00**	**3.00**	**22.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	60.00	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	86.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63075	090	19.60	**RUC Time**

CPT Descriptor Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22554	090	17.69	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.75	**RUC Time**	14,382

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	22,058

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 52 **% of respondents:** 55.3 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 12.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 63045	Top Key Reference CPT Code: 63075	2nd Key Reference CPT Code: **22554**
Median Pre-Service Time	80.00	95.00	95.00
Median Intra-Service Time	90.00	90.00	90.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	60.0	40.00	40.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	86.0	62.00	69.00
Median Total Time	**384.00**	**355.00**	**362.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	50%	33%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	67%	31%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	62%	33%
Physical effort required	8%	44%	48%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	2%	56%	42%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	8%	0%	50%	42%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	50%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	50%	42%
Physical effort required	8%	75%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	50%	42%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 63047 was identified with a Medicare utilization over 10,000 and site of service anomaly where Medicare data from 2021-2023 indicated the service was performed less than 50% of the time as inpatient (ie, 2 or more midnights), but included more than 2 hospital E/M codes within the global period. A survey of physician work was requested. Codes **63045**, 63046, and 63048 were added as family codes.

Survey Process
A custom survey was developed by the AMA staff to include all three 90-day global codes and the single add-on code. The AANS, CNS, AAOS, NASS, and ISASS expressed a level of interest to review these codes and each sent survey requests to randomly selected members of their respective organizations. A note was added to the survey to only complete it once if a request was received from more than one society. Names and IP addresses were checked to be certain there was only one response per person.

Compelling Evidence for Change in Intensity / Complexity

- ***Changes in patient and technology***

The procedure described by code 63045 has seen changes over time regarding patient complexity, technology, and surgical practice, though the core surgical goals remain similar. There has been a trend toward performing 63045 on more complex patients. Patients undergoing cervical laminectomy increasingly have more complex degenerative cervical disease and may present with advanced age and comorbidities. Large database analyses show that the procedure is often performed on older patients, who may have multiple cervical levels affected and less ideal cervical sagittal balance, making surgery and recovery more challenging. This is evidenced by increasing rate of conversion to fusion following cervical laminectomy versus laminoplasty.[1] Laminoplasty and minimally invasive approaches have evolved as alternatives, aiming to preserve cervical motion, reduce structural instability, and lower the risk of revision and fusion. However, cervical laminectomy remains important for multilevel decompression and in challenging cases, especially when other anatomical or disease factors preclude less invasive methods.[2] Surgery may be more technically challenging due to patient factors (older, sicker, more anatomical variation) and increasing expectations for preserving motion and alignment. ***Based on this evidence, we believe advances in technology and technique has changed the typical patient.***

Recommendation – 63045

We recommend maintaining the work RVU of 17.95. Although the intraservice time decreased, the postoperative work has increased. The procedure is more intense and complex as the level of patient acuity has increased.

Pre-service time
Pre-time package 4 is selected, with the following modifications:

Evaluation time: No change to package time of 40 minutes.

Positioning: Add 22 minutes to the standard package time of 3 minutes (total time = 25 minutes). Once the patient is under anesthesia, serial compressive devices are placed. Leads for intraoperative neuromonitoring, when used, are positioned and secured, and baseline neuromonitoring values are obtained prior to positioning. After ventilatory and vascular access is accomplished, the patient's head is secured with the three-point head holder and the patient is carefully rolled off of the hospital bed and onto the operating room table, maintaining neutral lordosis or slight flexion. The head is affixed to the bedframe using the head holder. The patient is secured in the prone position with pressure points padded. Arms are positioned such that they are secured yet anesthesia can access vascular ports. The table is positioned on an incline. The shoulders may be taped down caudally, to help with intraoperative imaging of the cervical levels, with care taken to avoid pressure on the brachial plexi. Neuromonitoring recording, when used, is repeated to verify that there is no change in recordings after patient positioning. Additional skin taping may be undertaken to manage excess skin folds as common in the posterior neck.

Scrub, dress and wait: Subtract 5 minutes from the standard package of 20 minutes (total time = 15 minutes) to be consistent with the survey median.

Immediate Post-Service Time
Immediate post-time package 9b is selected. Subtract 3 minutes to be consistent with the survey median.

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[1] Liu AM, Gausper A, Etigunta SK, Tuchman A, Mikhail C, Skaggs D, Chan V. Rate of Conversion to Fusion Following Cervical Laminectomy Versus Laminoplasty: A Retrospective Analysis of 4,406 Patients. Global Spine J. 2025 Jun 6. Epub ahead of print.
[2] Weinberg DS, Rhee JM. Cervical laminoplasty: indication, technique, complications. J Spine Surg. 2020 Mar;6(1):290-301.

Discussion of Postoperative Office Visits

POV1 (99214). For this visit, MDM is moderate: (1) The patient has a chronic condition with side effects of surgery, where the patient is not at the treatment goal of complete pain relief. (moderate). (2) Discussion of patient management with the PT will occur (moderate). (3) Prescription drug management, both narcotic and nonnarcotic pain medication (moderate). With respect to time, in addition to wound management, a significant amount of time will be spent performing and documenting a detailed neurological assessment of changes in sensation, muscle strength, pain level, coordination, and any difficulties with bladder or bowel control. Assessment is made of numbness, tingling, or shooting pain, as well as resolution or persistence of preoperative deficits. Motor testing will assess changes in muscle strength in the arms, hands, and legs. Sensory testing will be performed to examine the patient for restored sensation, persistent numbness, or abnormal sensations in the affected dermatomes. Deep tendon reflexes are tested to identify ongoing or new deficits. Assessment of improvement in walking or fine motor skills is performed. Evaluation is performed for changes in balance, coordination, and hand function which would indicate spinal cord involvement. In summary, the visit uses symptom review and detailed neurological examination, to evaluate nerve and spinal cord recovery after cervical laminectomy to track progressive restoration of neurological function consistent with spinal cord and nerve healing.

POV2-POV3 (99213): The patient still has a chronic condition from surgery and not at treatment goal of pain free ambulation; there is continued discussion with external PT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and narcotic/nonnarcotic medication for pain will be considered and ordered/tapered as required. Sutures, staples, and drain(s) (when placed) will be removed when appropriate. Continued detailed neurological examination will occur to assess progress and change the care plan as needed. Although these visits may meet the MDM and/or time requirement for 99214, the recommendation is 99213 based on the survey visit level median.

Key Reference Code Comparison

The intensity and complexity scores for the survey code compared with the reference codes support the relativity of the procedures. The survey code is technically challenging due to narrow spaces, and need for precision to avoid nerve/spinal cord injury, but there is less risk to visceral/vascular neck structures than the anterior approach (63075, 22554).

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	Hosp	Office
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	19.60	0.132	355	95	90	30	78	62
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	17.95	0.098	384	80	90	30	98	86
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	17.69	0.106	362	95	90	30	78	69

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Typically reported with add-on code 63048 and arthrodesis codes 22600 and 22614. 22600 Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment, 71% of the time based on 2023 Medicare data and 22614 Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure), 68% of the time based on 2023 Medicare data.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 63045

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
10,499 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 Medicare data from RUC database

Specialty neurosurgery Frequency 7250 Percentage 69.05 %

Specialty orthopaedic surgery Frequency 3200 Percentage 30.47 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63045

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:63046 Tracking Number Original Specialty Recommended RVU: **17.25**
Presented Recommended RVU: **17.14**
Global Period: 090 Current Work RVU: **17.25** RUC Recommended RVU: **17.14**

CPT Descriptor: Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male presents with bilateral intercostal radicular pain, bilateral lower extremity paresthesia and weakness, and gait imbalance. Imaging studies reveal T9-T10 spinal canal stenosis with cord compression. The patient undergoes T9-T10 decompressive laminectomy with medial facetectomies and bilateral foraminotomies.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 96% , In the ASC 4%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 7% , Overnight stay-less than 24 hours 28% , Overnight stay-more than 24 hours 66%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 95%

Description of Pre-Service Work: Preoperative laboratory work-up is reviewed, and preoperative orders for perioperative medications are written. MRI and/or other spinal imaging studies are reviewed. The planned incisions and procedure are reviewed. The patient is greeted in the holding area, and the surgical procedure, postoperative recovery in and out of the hospital, and expected outcome(s) are reviewed with the patient and the patient's family. A focused physical exam is performed. The availability of all necessary surgical instruments, supplies, and devices in the operative suite is verified. The length and type of anesthesia are reviewed with the anesthesiologist, including any concerns for spinal cord protection during intubation, depending on the severity of stenosis and preoperative tolerance of flexion and extension. Blood pressure parameters and medications to be used or avoided are also reviewed. The initial patient positioning for induction of anesthesia is monitored. Once the patient is under anesthesia, serial compressive devices are placed. Leads for intraoperative neuromonitoring, when used, are positioned and secured, and baseline neuromonitoring values are obtained prior to positioning. Once anesthesia is satisfied with the ventilatory and vascular access, the patient's head is secured with the three-point head holder and the patient is carefully rolled off of the hospital bed and onto the operating room table, maintaining neutral lordosis or slight flexion. The head is affixed to the bedframe using the head holder. The patient is secured in the prone position with pressure points padded. Arms are positioned such that they are secured yet anesthesia can access vascular ports. The table is positioned on an incline. The shoulders may be taped down caudally, to help with intraoperative imaging of the thoracic levels, with care taken to avoid pressure on the brachial plexi. Neuromonitoring recording, when used, is repeated to verify that there is no change in recordings after patient positioning. Additional skin taping may be undertaken to manage excess skin folds as needed. Skin cleansing is performed prior to final prep. The midline is marked. Fluoroscopy is used to verify the planned incision. Antibiotics are administered. A surgical time out is completed, and the patient and procedure factors are confirmed with the surgical team. The surgeon scrubs and gowns for the procedure. Final skin prep and draping is performed. Local anesthesia is administered.

Description of Intra-Service Work: A midline posterior thoracic incision is made and taken down through the fatty tissues in the midline. The fascia is divided midline and the paraspinous muscles are reflected out to the facet joints, exposing the laminae, spinous processes, and facet joints from T9-T10. The levels are marked and confirmed with fluoroscopy. A high-speed drill and rongeurs are used to resect the laminae and medial facet joints of T9 and T10. Bone edges are waxed. The ligamentum flavum is removed, exposing the dura overlying the spinal cord. Foraminotomy is performed for the

compressed nerve roots. The region is examined to ensure no spinal instability after the decompression. Neuromonitoring, when used, may provide feedback during the procedure, prompting pauses. Ultrasound may be used to verify spinal cord decompression. Irrigation is performed. A drain, when required, is tunneled and secured beyond the incision. Hemostasis is achieved, and the incision is closed in layers. Longer lasting analgesic may be injected into the wound at closure for perioperative comfort.

Description of Post-Service Work: Apply sterile dressings and remove drapes. Turn patient into the supine position with care taken to maintain the cervical spine in neutral lordosis while turning. Remove the three-pin head holder. Inspect the pin sites and use direct pressure, staple, or suture as appropriate for hemostasis. Remove neuromonitoring needles and pads, when used, prior to the patient awakening, and confirm hemostasis at puncture sites. Monitor transport of patient from OR to recovery room and stabilization in the recovery room. Write a brief operative note immediately postop for the medical record. Monitor the patient for abnormal neurological findings as they emerge from anesthesia. Review and sign operating room forms that include pre- and postoperative diagnosis and operations performed. Complete sign outs with the intraoperative team and the post-anesthesia recovery room team. Discuss the procedure and outcome with family and answer questions. Enter a full operative report in the medical record and send a copy to the referring physician and/or insurance company. Imaging studies are ordered as appropriate and reviewed to check the alignment of the spine. After initial recovery, the patient is examined again for neurologic and cardiovascular stability. Write comprehensive orders for floor care and complete medication reconciliation.

Later the same day, review nursing notes and discuss status and progress with nursing staff. Review vital signs, I/O, and other related data. Examine the surgical site. Assess neurovascular and cardiovascular stability. Counsel the patient regarding activity/ambulation and answer questions. Assess pain control and response to current medications and modify orders accordingly. Communicate and coordinate pain control with anesthesia and nursing staff. Write progress note.

On each subsequent postop day, review nursing notes and discuss status and progress with nursing staff. Review vital signs, I/O, and other related data. Examine the surgical site. Order and review imaging when required. Assess neurovascular status. Write orders for activity and physical therapy and answer patient, family, and nursing staff questions. Assess pain control and response to current medications and modify orders accordingly. Write progress note.

Discharge day management includes discussion of status and progress with case manager. Discharge plans are finalized and confirmed with patient. Would care and activity limitations (eg, bathing, proper fit of a brace when used) are reviewed with the patient. Orders are written for post-discharge physical therapy and discussed with the patient. Orders are written for post-discharge imaging studies as appropriate. The patient is examined. The wounds are examined and redressed. Neurovascular status is assessed. Hospital medications are reconciled, and in consultation with other treating providers, confirmation is obtained that all orders are in place for medications needed post-discharge, including timing and need for resumption of preoperative medications. Patient discharge notes are written. A discharge summary is completed for the medical record.

Office visit work includes the following activities: review physical therapy notes; order and review results of imaging when appropriate; interview patient and obtain interval history; answer patient questions; assess function, mobility, and progress with PT; remove/change dressing; examine surgical site; remove drain, sutures, and/or staples; apply wound closure strips; check neurovascular status; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations, including driving; counsel patient regarding next office visit; write or dictate and sign progress note; assess pain control and response to current medications and adjust as required; check narcotic prescription registries; counsel patient on tapering from narcotic medication; complete forms for home care services if needed; update physical therapy orders; complete disability, out of work, and/or other related insurance forms; communicate and coordinate care with other physicians and providers; and enter patient progress note into medical record with copy to primary care and/or other physicians as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Anthony DiGiorgio; MD; Clemens Schirmer, MD; Hussein Elkousy, MD; William Lavelle, MD; E. Kano Mayer, MD					
Specialty Society(ies):	AANS, CNS, AAOS, NASS, ISASS					
CPT Code:	63046					
Sample Size:	2388	**Resp N:**	94			
Description of Sample:	random 550 AANS 497 AAOS 205 ISASS 1136 NASS					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	5.00	**10.00**	20.00	80.00	
Survey RVW:	9.00	18.00	**19.90**	22.00	41.50	
Pre-Service Evaluation Time:			**60.00**			
Pre-Service Positioning Time:			**25.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	60.00	75.00	**90.00**	120.00	200.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	63046	**Recommended Physician Work RVU: 17.14**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**25.00**	**3.00**	**22.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	60.00	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	86.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63075	090	19.60	**RUC Time**

CPT Descriptor Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22554	090	17.69	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.75	**RUC Time**	14,382

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	22,058

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 52 **% of respondents:** 55.3 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 11.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 63046	Top Key Reference CPT Code: 63075	2nd Key Reference CPT Code: **22554**
Median Pre-Service Time	80.00	95.00	95.00
Median Intra-Service Time	90.00	90.00	90.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	60.0	40.00	40.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	86.0	62.00	69.00
Median Total Time	**384.00**	**355.00**	**362.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	2%	46%	33%	19%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	58%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	50%	48%
Physical effort required	2%	48%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	48%	48%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	9%	0%	45%	45%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	18%	55%	27%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	45%	45%
Physical effort required	9%	73%	18%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	45%	45%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 63047 was identified with a Medicare utilization over 10,000 and site of service anomaly where Medicare data from 2021-2023 indicated the service was performed less than 50% of the time as inpatient (ie, 2 or more midnights), but included more than 2 hospital E/M codes within the global period. A survey of physician work was requested. Codes 63045, **63046**, and 63048 were added as family codes.

Survey Process
A custom survey was developed by the AMA staff to include all three 90-day global codes and the single add-on code. The AANS, CNS, AAOS, NASS, and ISASS expressed a level of interest to review these codes and each sent survey requests to randomly selected members of their respective organizations. A note was added to the survey to only complete it once if a request was received from more than one society. Names and IP addresses were checked to be certain there was only one response per person.

Compelling Evidence for Change in Intensity / Complexity

- ***Changes in patient and technology***

The procedure described by code 63046 has experienced some evolution over time similar to cervical and lumbar decompression procedures. Patients undergoing thoracic decompression procedures like 63046 tend to be more complex now than a decade ago due to an aging population with more severe degenerative spinal conditions, multilevel disease, and sometimes prior spine surgeries requiring more extensive decompression. Indications have broadened, including cases with increased spinal instability, fractures, and severe degenerative disc disease, which can complicate surgery relative to earlier years. Newer surgical technologies such as spinal navigation, minimally invasive retractors, ultrasonic bone scalpels, and intraoperative imaging systems have been increasingly incorporated into thoracic spine surgery and laminectomies, adding technical complexity.

Recommendation – 63046

We recommend maintaining the work RVU of 17.25. Although the intraservice time decreased, the postoperative work has increased. The procedure is more intense and complex as the level of patient acuity has increased.

Pre-service time
Pre-time package 4 is selected, with the following modifications:

Evaluation time: No change to package time of 40 minutes.

Positioning: Add 22 minutes to the standard package time of 3 minutes (total time = 25 minutes). Once the patient is under anesthesia, serial compressive devices are placed. Leads for intraoperative neuromonitoring, when used, are positioned and secured, and baseline neuromonitoring values are obtained prior to positioning. After ventilatory and vascular access is accomplished, the patient's head is secured with the three-point head holder and the patient is carefully rolled off of the hospital bed and onto the operating room table, maintaining neutral lordosis or slight flexion. The head is affixed to the bedframe using the head holder. The patient is secured in the prone position with pressure points padded. Arms are positioned such that they are secured yet anesthesia can access vascular ports. The table is positioned on an incline. The shoulders may be taped down caudally, to help with intraoperative imaging of the thoracic levels, with care taken to avoid pressure on the brachial plexi. Neuromonitoring recording, when used, is repeated to verify that there is no change in recordings after patient positioning. Additional skin taping may be undertaken to manage excess skin folds as needed.

Scrub, dress and wait: Subtract 5 minutes from the standard package of 20 minutes (total time = 15 minutes) to be consistent with the survey median.

Immediate Post-Service Time
Immediate post-time package 9b is selected. Subtract 3 minutes to be consistent with the survey median.

Discussion of Postoperative Office Visits

POV1 (99214). For this visit, MDM is moderate: (1) The patient has a chronic condition with side effects of surgery, where the patient is not at the treatment goal of complete pain relief. (moderate). (2) Discussion of patient management with the PT will occur (moderate). (3) Prescription drug management, both narcotic and nonnarcotic pain medication (moderate). With respect to time, in addition to wound management, a significant amount of time will be spent performing and documenting a detailed neurological assessment of changes in sensation, muscle strength, pain level, coordination, and any difficulties with bladder or bowel control. Assessment is made of numbness, tingling, or shooting

pain, as well as resolution or persistence of preoperative deficits. Motor testing will assess changes in muscle strength in the arms, hands, and legs. Sensory testing will be performed to examine the patient for restored sensation, persistent numbness, or abnormal sensations in the affected dermatomes. Deep tendon reflexes are tested to identify ongoing or new deficits. Assessment of improvement in walking or fine motor skills is performed. Evaluation is performed for changes in balance, coordination, and hand function which would indicate spinal cord involvement. In summary, the visit uses symptom review and detailed neurological examination, to evaluate nerve and spinal cord recovery after thoracic laminectomy to track progressive restoration of neurological function consistent with spinal cord and nerve healing.

POV2-POV3 (99213): The patient still has a chronic condition from surgery and not at treatment goal of pain free ambulation; there is continued discussion with external PT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and narcotic/nonnarcotic medication for pain will be considered and ordered/tapered as required. Sutures, staples, and drain(s) (when placed) will be removed when appropriate. Continued detailed neurological examination will occur to assess progress and change the care plan as needed. Although these visits may meet the MDM and/or time requirement for 99214, the recommendation is 99213 based on the survey visit level median.

Key Reference Code Comparison

The intensity and complexity scores for the survey code compared with the reference codes support the relativity of the procedures. The thoracic spinal cord is less forgiving than cervical or lumbar regions as there is much less space before neurological injury can occur. Access is technically more challenging due to the rib cage, narrower spinal canal, and regional vascular structures, with an increased risk of spinal cord injury with small surgical errors resulting in 63046 less commonly performed than cervical or lumbar decompression.

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	Hosp	Office
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	19.60	0.132	355	95	90	30	78	62
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single thoracic segment; cervical	17.25	0.090	384	80	90	30	98	86
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	17.69	0.106	362	95	90	30	78	69

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Typically reported with add-on code 63048 and arthrodesis codes 22614 and 22610.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 63046

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,210
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 Medicare data from RUC database

Specialty neurosurgery Frequency 2400 Percentage 57.00 %

Specialty orthopaedic surgery Frequency 1700 Percentage 40.38 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63046

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:63047 Tracking Number Original Specialty Recommended RVU: **15.37**
Presented Recommended RVU: **15.37**
Global Period: 090 Current Work RVU: **15.37** RUC Recommended RVU: **15.37**

CPT Descriptor: Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female presents with five months of neurogenic claudication unresponsive to physical therapy or epidural cortisone injections. Imaging studies reveal L4-L5 spinal stenosis. She undergoes L4-L5 decompressive laminectomy with medial facetectomies and bilateral L5 foraminotomies.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 81% , In the ASC 19%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 26% , Overnight stay-less than 24 hours 26% , Overnight stay-more than 24 hours 47%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 98%

Description of Pre-Service Work: Preoperative laboratory work-up is reviewed, and preoperative orders for perioperative medications are written. MRI and/or other spinal imaging studies are located, reviewed, and placed on the view box in the operating room. The planned incisions and procedure are reviewed. The patient is greeted in the holding area, and the surgical procedure, postoperative recovery in and out of the hospital, and expected outcome(s) are reviewed with the patient and the patient's family. The operative site is signed and marked. Informed consent is obtained. The patient is examined for any neurologic change, and also for positioning tolerance of neck flexion/extension, and shoulder mobility. The availability of all necessary surgical instruments, supplies, and devices in the operative suite is verified. The length and type of anesthesia are reviewed with the anesthesiologist, as are blood pressure parameters and intraoperative medications (antibiotic choice, steroids, tranexamic acid, NSAIDs, others). The initial patient positioning for induction of anesthesia is monitored. Once the patient is under anesthesia, serial compressive devices are placed. Leads for intraoperative neuromonitoring, if used, are positioned and secured, and baseline neuromonitoring values are obtained prior to positioning. (Intraoperative monitoring, when performed, is not reported by the operating surgeon.) Once anesthesia is satisfied with the ventilatory and vascular access, the patient is carefully rolled off of the hospital bed and onto the operating room table; the neck is protected and secured, the head is affixed to the bedframe using the head holder. The patient is secured in the prone position with pressure points padded. Arms are positioned such that they are secured yet anesthesia can access vascular ports. Neuromonitoring recording, if used, is repeated to vrify that there is no change in recordings after patient positioning. Skin cleansing is undertaken (prior to formal preparation). The midline is marked. Fluoroscopy is used to verify the planned incision. Antibiotics are administered. A surgical time out is completed, and the patient and procedure factors are confirmed with the surgical team. The surgeon scrubs and gowns for the procedure. Final skin prep and drape is performed. Local anesthesia is administered.

Description of Intra-Service Work: A midline posterior lumbar incision is made and taken down through the fatty tissues in the midline. The fascia is divided midline and the paraspinous muscles are reflected out to the facet joints, exposing the laminae, spinous processes, and facet joints from L4-L5. The levels are marked and confirmed with fluoroscopy. A high-speed drill and rongeurs are used to resect the laminae and medial facet joints of L4 and L5. Bone edges are waxed. The ligamentum flavum is removed, exposing the dura overlying the cauda equina and exiting nerve roots. Foraminotomy is

performed for the compressed nerve roots. A discectomy is performed, when necessary to complete the foraminotomy. Neuromonitoring, when used, may provide feedback during the procedure, prompting pauses. Ultrasound may be used to verify spinal cord decompression. Irrigation is performed. A drain, when required, is tunneled and secured beyond the incision. Hemostasis is achieved, and the incision is closed in layers. Longer lasting analgesic may be injected into the wound at closure for perioperative comfort.

Description of Post-Service Work: Apply sterile dressings and remove drapes. Turn patient into the supine position with care taken to maintain the cervical spine in neutral lordosis while turning. Remove the three-pin head holder. Inspect the pin sites and use direct pressure, staple, or suture as appropriate for hemostasis. Remove neuromonitoring needles and pads, when used, prior to the patient awakening, and confirm hemostasis at puncture sites. Monitor transport of patient from OR to recovery room and stabilization in the recovery room. Write a brief operative note immediately postop for the medical record. Monitor the patient for abnormal neurological findings as they emerge from anesthesia. Review and sign operating room forms that include pre- and postoperative diagnosis and operations performed. Complete sign outs with the intraoperative team and the post-anesthesia recovery room team. Discuss the procedure and outcome with family and answer questions. Enter a full operative report in the medical record and send a copy to the referring physician and/or insurance company. Imaging studies are ordered as appropriate and reviewed to check the alignment of the spine. After initial recovery, the patient is examined again for neurologic and cardiovascular stability. Write comprehensive orders for floor care and complete medication reconciliation.

Later the same day, review nursing notes and discuss status and progress with nursing staff. Review vital signs, I/O, and other related data. Examine the surgical site. Assess neurovascular and cardiovascular stability. Counsel the patient regarding activity/ambulation and answer questions. Assess pain control and response to current medications and modify orders accordingly. Communicate and coordinate pain control with anesthesia and nursing staff. Write progress note.

Discharge day management includes discussion of status and progress with case manager. Discharge plans are finalized and confirmed with patient. Would care and activity limitations (eg, bathing, proper fit of a brace when used) are reviewed with the patient. Orders are written for post-discharge physical therapy and discussed with the patient. Orders are written for post-discharge imaging studies as appropriate. The patient is examined. The wounds are examined and redressed. Neurovascular status is assessed. Hospital medications are reconciled, and in consultation with other treating providers, confirmation is obtained that all orders are in place for medications needed post-discharge, including timing and need for resumption of preoperative medications. Patient discharge notes are written. A discharge summary is completed for the medical record.

Office visit work includes the following activities: review physical therapy notes; order and review results of imaging when appropriate; interview patient and obtain interval history; answer patient questions; assess function, mobility, and progress with PT; remove/change dressing; examine surgical site; remove drain, sutures, and/or staples; apply wound closure strips; check neurovascular status; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations, including driving; counsel patient regarding next office visit; write or dictate and sign progress note; assess pain control and response to current medications and adjust as required; check narcotic prescription registries; counsel patient on tapering from narcotic medication; complete forms for home care services if needed; update physical therapy orders; complete disability, out of work, and/or other related insurance forms; communicate and coordinate care with other physicians and providers; and enter patient progress note into medical record with copy to primary care and/or other physicians as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Anthony DiGiorgio; MD; Clemens Schirmer, MD; Hussein Elkousy, MD; William Lavelle, MD; E. Kano Mayer, MD					
Specialty Society(ies):	AANS, CNS, AAOS, NASS, ISASS					
CPT Code:	63047					
Sample Size:	2388	**Resp N:**	94			
Description of Sample:	random 550 AANS 497 AAOS 205 ISASS 1136 NASS					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	40.00	**60.00**	100.00	250.00	
Survey RVW:	7.00	17.00	**18.78**	20.04	41.50	
Pre-Service Evaluation Time:			**60.00**			
Pre-Service Positioning Time:			**20.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	52.00	75.00	**90.00**	120.00	200.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	63047	**Recommended Physician Work RVU: 15.37**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**20.00**	**3.00**	**17.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**50.00**	**33.00**	**17.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	86.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63075	090	19.60	**RUC Time**

CPT Descriptor Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22554	090	17.69	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54410	090	15.18	**RUC Time**	1,159

CPT Descriptor 1 Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.75	**RUC Time**	14382

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 43 **% of respondents:** 45.7 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 12.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 63047	Top Key Reference CPT Code: 63075	2nd Key Reference CPT Code: **22554**
Median Pre-Service Time	75.00	95.00	95.00
Median Intra-Service Time	90.00	90.00	90.00
Median Immediate Post-service Time	50.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	40.00	40.00
Median Discharge Day Management Time	19.0	38.00	38.00
Median Office Visit Time	86.0	62.00	69.00
Median Total Time	**320.00**	**355.00**	**362.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	53%	33%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	16%	58%	26%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	63%	33%
Physical effort required	2%	51%	47%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	56%	30%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	58%	33%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	67%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	67%	25%
Physical effort required	0%	67%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	58%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
CPT code 63047 was identified with a Medicare utilization over 10,000 and site of service anomaly where Medicare data from 2021-2023 indicated the service was performed less than 50% of the time as inpatient (ie, 2 or more midnights), but included more than 2 hospital E/M codes within the global period. A survey of physician work was requested. Codes 63045, 63046, and 63048 were added as family codes.

Survey Process
A custom survey was developed by the AMA staff to include all three 90-day global codes and the single add-on code. The AANS, CNS, AAOS, NASS, and ISASS expressed a level of interest to review these codes and each sent survey requests to randomly selected members of their respective organizations. A note was added to the survey to only complete it once if a request was received from more than one society. Names and IP addresses were checked to be certain there was only one response per person.

Compelling Evidence for Change in Intensity / Complexity

- ***Changes in patient and technology***

The procedure described by code 63047 has experienced some evolution over time similar to cervical and thoracic decompression procedures. Patients undergoing lumbar decompression procedures like 63047 tend to be more complex now than a decade ago due to an aging population with more severe degenerative spinal conditions, multilevel disease, and sometimes prior spine surgeries requiring more extensive decompression. Indications have broadened, including cases with increased spinal instability, fractures, and severe degenerative disc disease, which can complicate surgery relative to earlier years. Newer surgical technologies such as spinal navigation, minimally invasive retractors, ultrasonic bone scalpels, and intraoperative imaging systems have been increasingly incorporated into lumbar spine surgery and laminectomies, adding technical complexity.

Recommendation – 63047

We recommend maintaining the work RVU of 15.37 which is less than the survey median and 25th percentile.

Pre-service time
Pre-time package 4 is selected, with the following modifications:

Evaluation time: No change to package time of 40 minutes.

Positioning: Add 17 minutes to the standard package time of 3 minutes (total time = 20 minutes, survey median). Once the patient is under anesthesia, serial compressive devices are placed. Leads for intraoperative neuromonitoring, if used, are positioned and secured, and baseline neuromonitoring values are obtained prior to positioning. (Intraoperative monitoring, when performed, is not reported by the operating surgeon.) Once anesthesia is satisfied with the ventilatory and vascular access, the patient is carefully rolled off of the hospital bed and onto the operating room table; the neck is protected and secured, the head is affixed to the bedframe using the head holder. The patient is secured in the prone position with pressure points padded. Arms are positioned such that they are secured yet anesthesia can access vascular ports. Neuromonitoring recording, if used, is repeated to verify that there is no change in recordings after patient positioning. Skin cleansing is undertaken (prior to formal preparation).The midline is marked. Fluoroscopy is used to verify the planned incision.

Scrub, dress and wait: Subtract 5 minutes from the standard package of 20 minutes (total time = 15 minutes) to be consistent with the survey median.

Immediate Post-Service Time
Immediate post-time package 9b is selected. Add 20 minutes to the survey median time per the CMS 23 hour inpatient policy (total time = 50 minutes) to account for the second visit and re-evaluation separate from the discharge management services.

Discussion of Postoperative Office Visits

POV1 (99214). For this visit, MDM is moderate: (1) The patient has a chronic condition with side effects of surgery, where the patient is not at the treatment goal of complete pain relief. (moderate). (2) Discussion of patient management with the PT will occur (moderate). (3) Prescription drug management, both narcotic and nonnarcotic pain medication (moderate). With respect to time, in addition to wound management, a significant amount of time will be spent performing and documenting a detailed neurological assessment of changes in sensation, muscle strength, pain level,

coordination, and any difficulties with bladder or bowel control. Assessment is made of numbness, tingling, or shooting pain, as well as resolution or persistence of preoperative deficits. Motor testing will assess changes in muscle strength in the arms, hands, and legs. Sensory testing will be performed to examine the patient for restored sensation, persistent numbness, or abnormal sensations in the affected dermatomes. Deep tendon reflexes are tested to identify ongoing or new deficits. Assessment of improvement in walking or fine motor skills is performed. Evaluation is performed for changes in balance, coordination, and hand function which would indicate spinal cord involvement. In summary, the visit uses symptom review and detailed neurological examination, to evaluate nerve and spinal cord recovery after lumbar laminectomy to track progressive restoration of neurological function consistent with spinal cord and nerve healing.

POV2 and POV3 (99213): The patient still has a chronic condition from surgery and not at treatment goal of pain free ambulation; there is continued discussion with external PT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and narcotic/nonnarcotic medication for pain will be considered and ordered/tapered as required. Sutures, staples, and drain(s) (when placed) will be removed when appropriate. Continued detailed neurological examination will occur to assess progress and change the care plan as needed. Although these visits may meet the MDM and/or time requirement for 99214, the recommendation is 99213 based on the survey visit level median.

Key Reference Code Comparison

The survey code is less intense and complex than the anterior approach for cervical discectomy or cervical fusion. The lumbar spine is generally more accessible with larger spinal canal space than the thoracic or cervical regions although obesity, scar tissue from prior surgery, or severe stenosis can increase complexity. The lumbar region requires microsurgical precision to avoid nerve root or dural injury but is less complex than anterior approach fusion or tumor resections. For these reasons, the intensity and work RVU of the survey code is appropriately less than the key reference codes.

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	Hosp	Office
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	15.37	0.097	320	80	90	50	38	86
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	17.69	0.106	362	95	90	30	78	69
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	19.60	0.132	355	95	90	30	78	62

Summary

The valuation of CPT 63047 should capture the complete scope of physician work performed. Based on current evidence, we recommend maintaining the work RVU of 15.37 for 63047, which remains below both the survey median and 25th percentile.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Typically reported with add-on code 63048 for each additional segment.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 63047

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
77,826 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. 2023 Medicare data from RUC database

Specialty neurosurgery Frequency 40000 Percentage 51.39 %

Specialty orthopaedic surgery Frequency 37000 Percentage 47.54 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63047

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:63048 Tracking Number Original Specialty Recommended RVU: **3.47**
Presented Recommended RVU: **3.47**
Global Period: ZZZ Current Work RVU: **3.47** RUC Recommended RVU: **3.47**

CPT Descriptor: Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female presents with five months of neurogenic claudication unresponsive to physical therapy or epidural cortisone injections. Imaging studies reveal L3-L4 and L4-L5 spinal stenosis. After an L3-L4 decompressive laminectomy with medial facetectomies and bilateral L4 foraminotomies are completed (reported separately), she undergoes the additional work of a L4-L5 decompressive laminectomy with medial facetectomies and bilateral L5 foraminotomies. [Note: This is an add-on code. Only consider the additional work related to the additional L4-L5 decompressive laminectomy with medial facetectomies and bilateral L5 foraminotomies.]

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: After completion of an L3-L4 decompressive laminectomy with medial facetectomies and bilateral L4 foraminotomies are completed (reported separately), proceed to the L4-L5 level. Carry the midline incision and subperiosteal dissection caudally, exposing the L5 spinous process and lamina. Remove the spinous process and lamina of L5 with a drill or bone-biting instruments, exposing the dura and ligamentum flavum of the L4-L5 interspace. Remove the ligamentum flavum, exposing the lateral recess of the spinal canal. Perform a medial facetectomy (unilateral or bilateral) with a drill, osteotome, or bone-biting instruments. Expose and decompress the L5 nerve root via foraminotomy and discectomy, as required. Ultrasound may be used to verify spinal cord decompression. Irrigation is performed. Hemostasis is achieved, and the additional incision is closed in layers.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Anthony DiGiorgio; MD; Clemens Schirmer, MD; Hussein Elkousy, MD; William Lavelle, MD; E. Kano Mayer, MD					
Specialty Society(ies):	AANS, CNS, AAOS, NASS, ISASS					
CPT Code:	63048					
Sample Size:	2388	**Resp N:**	94			
Description of Sample:	random 550 AANS 497 AAOS 205 ISASS 1136 NASS					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	30.00	**50.00**	100.00	400.00	
Survey RVW:	3.45	5.27	**8.00**	11.28	41.50	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	10.00	30.00	**45.00**	89.00	240.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	63048	**Recommended Physician Work RVU: 3.47**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63052	ZZZ	4.25	**RUC Time**

CPT Descriptor Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22858	ZZZ	8.40	**RUC Time**

CPT Descriptor Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36476	ZZZ	2.65	**RUC Time**	4,362

CPT Descriptor 1 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,251

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 35.1 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 17.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 63048	Top Key Reference CPT Code: 63052	2nd Key Reference CPT Code: **22858**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	45.00	45.00	75.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**45.00**	**45.00**	**75.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	79%	9%	3%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	70%	15%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	79%	18%
Physical effort required	6%	73%	21%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	12%	73%	15%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	38%	38%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	44%	56%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	31%	56%
Physical effort required	13%	19%	69%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	38%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 63047 was identified with a Medicare utilization over 10,000 and site of service anomaly where Medicare data from 2021-2023 indicated the service was performed less than 50% of the time as inpatient (ie, 2 or more midnights), but included more than 2 hospital E/M codes within the global period. A survey of physician work was requested. Codes 63045, 63046, and **63048** were added as family codes.

Survey Process
A custom survey was developed by the AMA staff to include all three 90-day global codes and the single add-on code. The AANS, CNS, AAOS, NASS, and ISASS expressed a level of interest to review these codes and each sent survey requests to randomly selected members of their respective organizations. A note was added to the survey to only complete it once if a request was received from more than one society. Names and IP addresses were checked to be certain there was only one response per person.

Recommendation – 63048

We recommend maintaining the work RVU of 3.47, which results in a similar intensity to code 63047, with which code 63048 is most commonly reported.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 63048 in conjunction with 63045-63047)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 63048

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. national data is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 99,663 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 Medicare data from RUC database

Specialty neurosurgery Frequency 53000 Percentage 53.17 %

Specialty orthopaedic surgery Frequency 46000 Percentage 46.15 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63048

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Laminectomy

TAB: 24

SOURCE	CPT	Descriptor	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 32	POST 31	POST 38	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	POST-OFFICE 11	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	63075	Discectomy, anterior, with decompression of s	090	2005	52	0.132	0.055			19.60			355	60	20	15			90			30	1		1.0		2	1							
REF2	22554	Arthrodesis, anterior interbody technique, incl	090	2005	12	0.106	0.049			17.69			362	60	20	15			90			30	1		1.0		3								
current	63045	Laminectomy, facetectomy and foraminotomy	090	2014		0.079	0.045			17.95			395	40	18	20			120			30	1	1	1.0		3								
SVY	63045	Laminectomy, facetectomy and foraminotomy	090		94	0.111	0.048	9.00	18.00	19.70	21.73	42.53	409	60	30	15	60	75	90	120	200	30	1	1	1.0	1	2			0	6	20	40	120
XWALK	22554	Arthrodesis, anterior interbody technique, incl	090	2010		0.106	0.049			17.69			362	60	20	15			90			30	1		1.0		3								
REC	63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	090			0.095	0.046			17.69			384	40	25	15			90			30	1	1	1.0	1	2								

SOURCE	CPT	Descriptor	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 32	POST 31	POST 38	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	POST-OFFICE 11	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	63075	Discectomy, anterior, with decompression of s	090	2005	52	0.132	0.055			19.60			355	60	20	15			90			30	1		1.0		2	1							
REF2	22554	Arthrodesis, anterior interbody technique, incl	090	2005	11	0.106	0.049			17.69			362	60	20	15			90			30	1		1.0		3								
current	63046	Laminectomy, facetectomy and foraminotomy	090	2014		0.073	0.044			17.25			395	40	18	20			120			30	1	1	1.0		3								
SVY	63046	Laminectomy, facetectomy and foraminotomy	090		94	0.115	0.049	9.00	18.00	19.90	22.00	41.50	404	60	25	15	60	75	90	120	200	30	1	1	1.0	1	2			0	5	10	20	80
XWALK	46710	Repair of ileoanal pouch fistula/sinus (eg, peri	090	2005		0.097	0.046			17.14			370	60	20	10			90			30	1	1	1.0		2	1							
REC	63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	090			0.089	0.045			17.14			384	40	25	15			90			30	1	1	1.0	1	2								

SOURCE	CPT	Descriptor	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 32	POST 31	POST 38	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	POST-OFFICE 11	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	63075	Discectomy, anterior, with decompression of s	090	2005	43	0.132	0.055			19.60			355	60	20	15			90			30	1		1.0		2	1							
REF2	22554	Arthrodesis, anterior interbody technique, incl	090	2005	12	0.106	0.049			17.69			362	60	20	15			90			30	1		1.0		3								
current	63047	Laminectomy, facetectomy and foraminotomy	090	2013		0.077	0.042			15.37			362	40	15	20			90			30	1	1	1.0		3								
SVY	63047	Laminectomy, facetectomy and foraminotomy	090		94	0.112	0.050	7.00	17.00	18.78	20.04	41.50	379	60	20	15	52	75	90	120	200	30	1		1.0	1	2			0	40	60	100	250
REC	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	090			0.097	0.048			15.37			320	40	20	15			90			50			0.5	1	2								

SOURCE	CPT	Descriptor	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 32	POST 31	POST 38	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	POST-OFFICE 11	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	63052	Laminectomy, facetectomy, or foraminotomy (	ZZZ	2021	33	0.094	0.094			4.25			45						45																
REF2	22858	Total disc arthroplasty (artificial disc), anterior	ZZZ	2014	16	0.112	0.112			8.40			75						75																
current	63048	Laminectomy, facetectomy and foraminotomy	ZZZ	2013		0.077	0.077			3.47			45						45																
SVY	63048	Laminectomy, facetectomy and foraminotomy	ZZZ		94	0.178	0.178	3.45	5.27	8.00	11.28	41.50	45				10	30	45	89	240									0	30	50	100	400
REC	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary	ZZZ			0.077	0.077			3.47			45						45																

FACILITY DIRECT PE INPUTS
CPT CODE(S): 63045,63046,63047,63048
SPECIALTY SOCIETY(IES): AANS, CNS, AAOS, NASS, ISASS
PRESENTER(S): Anthony DiGiorgio; MD; Clemens Schirmer, MD; Hussein Elkousy, MD; William Lavelle, MD; E. Kano Mayer, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2025

CPT Code	Long Descriptor	Global Period
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	**90**
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	**90**
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	**90**
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	**ZZZ**

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
63045	A 72-year-old male presents with right arm pain associated with bilateral upper extremity numbness and paresthesia, upper and lower extremity weakness, and gait imbalance. Imaging studies reveal C5-C6 spinal canal stenosis with cord compression. The patient undergoes C5-C6 decompressive laminectomy with medial facetectomies and bilateral foraminotomies.
63046	A 72-year-old male presents with bilateral intercostal radicular pain, bilateral lower extremity paresthesia and weakness, and gait imbalance. Imaging studies reveal T9-T10 spinal canal stenosis with cord compression. The patient undergoes T9-T10 decompressive laminectomy with medial facetectomies and bilateral foraminotomies.
63047	A 72-year-old female presents with five months of neurogenic claudication unresponsive to physical therapy or epidural cortisone injections. Imaging studies reveal L4-L5 spinal stenosis. She undergoes L4-L5 decompressive laminectomy with medial facetectomies and bilateral L5 foraminotomies.
63048	A 72-year-old female presents with five months of neurogenic claudication unresponsive to physical therapy or epidural cortisone injections. Imaging studies reveal L3-L4 and L4-L5 spinal stenosis. After an L3-L4 decompressive laminectomy with medial facetectomies and bilateral L4 foraminotomies are completed (reported separately), she undergoes the additional work of a L4-L5 decompressive laminectomy with medial facetectomies and bilateral L5 foraminotomies. [Note: This is an add-on code. Only consider the additional work related to the additional L4-L5 decompressive laminectomy with medial facetectomies and bilateral L5 foraminotomies.]

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Surgeons familiar with these procedures reviewed the current PE direct inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   Current codes are used as references

FACILITY DIRECT PE INPUTS
CPT CODE(S): 63045,63046,63047,63048
SPECIALTY SOCIETY(IES): AANS, CNS, AAOS, NASS, ISASS
PRESENTER(S): Anthony DiGiorgio; MD; Clemens Schirmer, MD; Hussein Elkousy, MD; William Lavelle, MD; E. Kano Mayer, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

no

See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

Clinical staff: Increased clinical staff time is due to change in level of postop office E/M Supplies: SM022, sanitizing cloth-wipe (surface, instruments, equipment), is needed to clean hard surfaces at each postoperative visit. This is consistent with the addition of SM022 to E/M office visit codes as this was not included in the E/M multispecialty office visit pack. Equipment: Increased equipment time is due to change in level of postop office E/M

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

NO

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Activity	Clinical Staff Work
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.

Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of preservice imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including presurgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists. Confirms that implants will be available.
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status, and answers final pre-admission questions.

b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions and outpatient follow-up. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge

c. Post-service period:

The clinical staff work includes the standard activities involved in office E/M visits including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, cleaning of the room, and home instructions.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

FACILITY DIRECT PE INPUTS
CPT CODE(S): 63045,63046,63047,63048
SPECIALTY SOCIETY(IES): AANS, CNS, AAOS, NASS, ISASS
PRESENTER(S): Anthony DiGiorgio; MD; Clemens Schirmer, MD; Hussein Elkousy, MD; William Lavelle, MD; E. Kano Mayer, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? X Yes or ☐ No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

CMS package

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (staple)	**SA052**	**pack**	
kit, staple removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

FACILITY DIRECT PE INPUTS
CPT CODE(S): 63045,63046,63047,63048
SPECIALTY SOCIETY(IES): AANS, CNS, AAOS, NASS, ISASS
PRESENTER(S): Anthony DiGiorgio; MD; Clemens Schirmer, MD; Hussein Elkousy, MD; William Lavelle, MD; E. Kano Mayer, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
☐ Yes or ☒ No.
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

EF031	table, power	Office Visits	Row 91	

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

Maintain current codes

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

FACILITY DIRECT PE INPUTS
CPT CODE(S): 63045,63046,63047,63048
SPECIALTY SOCIETY(IES): AANS, CNS, AAOS, NASS, ISASS
PRESENTER(S): Anthony DiGiorgio; MD; Clemens Schirmer, MD; Hussein Elkousy, MD; William Lavelle, MD; E. Kano Mayer, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**63045**		**63045**		**63046**		**63046**		**63047**		**63047**		**63048**		**63048**	
3	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): 9-21-25 Tab: 24 Laminectomy Specialty: AANS, CNS, AAOS, NASS, ISASS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral		Laminectomy, facetectomy and foraminotomy (unilateral or bilateral		Laminectomy, facetectomy and foraminotomy (unilateral or bilateral		Laminectomy, facetectomy and foraminotomy (unilateral or bilateral		Laminectomy, facetectomy and foraminotomy (unilateral or bilateral		Laminectomy, facetectomy and foraminotomy (unilateral or bilateral		Laminectomy, facetectomy and foraminotomy (unilateral or bilateral		Laminectomy, facetectomy and foraminotomy (unilateral or bilateral	
4		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5		**GLOBAL PERIOD**				**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 118.75**	**$ -**	**$ 128.41**	**$ -**	**$ 118.75**	**$ -**	**$ 128.41**	**$ -**	**$ 118.75**	**$ -**	**$ 125.17**	**N/A**	**N/A**	**N/A**	**N/A**
7		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**180.0**	**0.0**	**197.0**	**0.0**	**180.0**	**0.0**	**197.0**	**0.0**	**180.0**	**0.0**	**191.0**	**0.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**108.0**	**0.0**	**125.0**	**0.0**	**108.0**	**0.0**	**125.0**	**0.0**	**108.0**	**0.0**	**125.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 97.20**	**$ -**	**$ 106.38**	**$ -**	**$ 97.20**	**$ -**	**$ 106.38**	**$ -**	**$ 97.20**	**$ -**	**$ 103.14**	**$ -**	**$ -**	**$ -**	**$ -**
12		**PRE-SERVICE PERIOD**																			
13		**Start: Following visit when decision for surgery/procedure made**																			
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5		5		5		5		5				
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20		20		20		20		20				
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8		8		8		8		8				
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20		20		20		20		20				
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7		7		7		7		7				
28		**End: When patient enters office/facility for surgery/procedure**																			
29		**SERVICE PERIOD**																			
30		**Start: When patient enters office/facility for surgery/procedure:**																			
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**6**	**n/a**		**n/a**	
80		**End: Patient leaves office/facility**																			
81		**POST-SERVICE PERIOD**																			
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16																		
87		99212 27 minutes	27																		
88		99213 36 minutes	36				3		2		3		2		3		2				
89		99214 53 minutes	53						1				1				1				
90		99215 63 minutes	63																		
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**108.0**	**0.0**	**125.0**	**0.0**	**108.0**	**0.0**	**125.0**	**0.0**	**108.0**	**0.0**	**125.0**	**0.0**	**0.0**	**0.0**	**0.0**
98		**End: with last office visit before end of global period**																			
99	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**																	
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 19.86**	**$ -**	**$ 20.07**	**$ -**	**$ 19.86**	**$ -**	**$ 20.07**	**$ -**	**$ 19.86**	**$ -**	**$ 20.07**	**$ -**	**$ -**	**$ -**	**$ -**
101	SA048	pack, minimum multi-specialty visit	5.02	pack			3		3		3		3		3		3				
102	SA052	pack, post-op incision care (staple)	4.8	pack			1		1		1		1		1		1				
103	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item					3				3				3				
108	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**																
109		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.69**	**$ -**	**$ 1.96**	**$ -**	**$ 1.69**	**$ -**	**$ 1.96**	**$ -**	**$ 1.69**	**$ -**	**$ 1.96**	**$ -**	**$ -**	**$ -**	**$ -**
110	EF031	table, power	5906.76		0.015674926		108		125		108		125		108		125				

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: RUC Flag*

September 2025

Injection Anesthetic Agent – Tab 25

In April 2025, the RUC reviewed 64400 as identified via the "Do not use to validate physician work" flag. In 2018 for CPT 2020, the RUC flagged 64400 because the RUC recommended work RVU of 1.00 was based on the 25th percentile work RVU of the top performing specialty, neurology. For 2020, CMS did not accept the RUC recommendation and valued 64400 lower at 0.75. The RUC recommended to survey 64400 and its family of services for September 2025.

64400 ***Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)***
The RUC reviewed the survey results from 48 neurologists and nurse practitioners and determined the current work RVU of 0.75, which is slightly below the survey 25th percentile (0.80), appropriately accounts for the work required to perform this service. The RUC recommends 7 minutes pre-evaluation time, 1 minute scrub/dress/wait time, 6 minutes intra-service time and 5 minutes immediate post time, totaling 19 minutes. The RUC noted that this service has a median of 2 units of service typically reported, however the multiple procedures payment reduction (MPPR) applies and reductions for each second and subsequent service will occur.

The RUC compared the surveyed code to the top key reference service 20553 *Injection(s); single or multiple trigger point(s), 3 or more muscles* (work RVU = 0.75, 10 minutes intra-service and 27 minutes total time) and determined that while CPT code 64400 requires less intra-service time to perform, it is more intense and complex than CPT code 20553. The longer pre-service and intra-service time for CPT code 20553 may be necessary for performing the multiple injections (3 or more as described by the descriptor for code 20553), but the anatomical locations of the injections, in soft tissues, make it less intense than CPT code 64400. Further, CPT code 64400 requires localizing specific nerves, whereas trigger point injections involve areas of muscle, therefore, identifying the injection sites is more intense for CPT code 64400. The relative intensity of the surveyed code to the reference code is reflected in the responses to the intensity questions in the survey, where 79% of the respondents indicated that the surveyed code is somewhat to much more intense and complex to perform.

For additional support the RUC referenced MPC codes 20552 *Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)* (work RVU = 0.66 and 5 minutes intra-service and 21 minutes total time) and 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU = 0.84, 10 minutes intra-service time and 22 minutes total time) and 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* (work RVU = 1.00, 7 minutes intra-service and 17 minutes total time) and determined that maintaining the current work RVU supported relativity among similar services. **The RUC recommends a work RVU of 0.75 for CPT code 64400.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

64405 ***Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve***
The RUC reviewed the survey results from 59 neurologists and nurse practitioners and determined that the survey 25th percentile work RVU of 0.84 appropriately accounts for the work required to perform this service. The RUC recommends 7 minutes pre-evaluation time, 1 minute scrub/dress/wait time, 6 minutes intra-service time and 5 minutes immediate post time, totaling 19 minutes. The RUC noted that this service has a median of 2 units of service typically reported, however the multiple procedures payment reduction (MPPR) applies and reductions for each second and subsequent service will occur.

The specialty societies noted, and the RUC agreed that an injection in the greater occipital nerve (CPT code 64405) compared to an injection in the trigeminal nerve (CPT code 64400) requires slightly higher complexity to perform. The location of the injections for the greater occipital nerve for CPT code 64405 requires specific anatomic landmarks to identify the nerve, as the injection can be in proximity to the occipital artery, explaining the higher intensity of CPT code 64405 compared to 64400.

The RUC compared the surveyed code to the top key reference service 20553 *Injection(s); single or multiple trigger point(s), 3 or more muscles* (work RVU = 0.75, 10 minutes intra-service and 27 minutes total time) and determined that while CPT code 64405 requires less intra-service time to perform, it is more intense and complex than CPT code 20553. The longer pre-service and intra-service time for CPT code 20553 may be necessary for performing the multiple injections (3 or more as described by the descriptor for code 20553), but the anatomical locations of the injections, in soft tissues, make it less intense than CPT code 64405. Further, CPT code 64405 targets a single nerve with proximity to an artery requiring aspiration and potential adjustment of the needle, therefore the intensity is higher than multiple injections into muscle and/or soft tissue. The relative intensity of the surveyed code to the key reference service is reflected in the responses to the intensity questions in the survey, where 58% of the respondents indicated that the surveyed code is somewhat to much more intense and complex to perform.

For additional support the RUC referenced MPC codes 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU = 0.84, 10 minutes intra-service time and 22 minutes total time) and 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* (work RVU = 1.00, 7 minutes intra-service and 17 minutes total time) and determined that maintaining the current work RVU supported relativity among similar services. **The RUC recommends a work RVU of 0.84 for CPT code 64405.**

Practice Expense
The Practice Expense Subcommittee reviewed the direct practice expense inputs and made no modifications. The Subcommittee noted that the Multiple Procedure Payment Reduction (MPPR) rule applies and would address any duplication, thus they maintained the inputs as submitted. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
	Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic		
	(For destruction by neurolytic agent or chemodenervation, see 62280-62282, 64600-64681)		
	(For epidural or subarachnoid injection, see 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327)		
	(64400-64455, 64461, 64462, 64463, 64479, 64480, 64483, 64484, 64490-64495 are unilateral procedures. For bilateral procedures, report 64400, 64405, 64408, 64415, 64416, 64417, 64418, 64420, 64425-64455, 64461, 64463, 64479, 64483, 64490, 64493 with modifier 50. Report add-on codes 64421, 64462, 64480, 64484, 64491, 64492, 64494, 64495 twice, when performed bilaterally. Do not report modifier 50 in conjunction with 64421, 64462, 64480, 64484, 64491, 64492, 64494, 64495)		
	Somatic Nerves		
	Codes 64400-64489 describe the introduction/injection of an anesthetic agent and/or steroid into the somatic nervous system for diagnostic or therapeutic purposes. For injection or destruction of genicular nerve branches, see 64454, 64624, respectively.		
	Codes 64400-64450, 64454 describe the injection of an anesthetic agent(s) and/or steroid into a nerve plexus, nerve, or branch. These codes are reported once per nerve plexus, nerve, or branch as described in the descriptor regardless of the number of injections performed along the nerve plexus, nerve, or branch described by the code.		
	Imaging guidance and localization may be reported separately for 64400, 64405, 64408, 64420, 64421, 64425, 64430, 64435, 64449, 64450. Imaging guidance and any injection of contrast are inclusive components of 64415, 64416, 64417, 64445, 64446, 64447, 64448, 64451, 64454.		
	Codes 64455, 64479, 64480, 64483, 64484 are reported for single or multiple injections on the same site. For 64479, 64480, 64483, 64484, imaging guidance (fluoroscopy or CT) and any injection of contrast are inclusive components and are not reported separately. For 64455, imaging guidance (ultrasound, fluoroscopy, CT) and localization may be reported separately.		
	Codes 64461, 64462, 64463 describe injection of a paravertebral block (PVB). Codes 64486, 64487, 64488, 64489 describe injection of an abdominal fascial plane block. Imaging guidance and any injection of contrast are inclusive components of 64461, 64462, 64463, 64486, 64487, 64488, 64489 and are not reported separately.		

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	000	0.75 (No Change) (2025 Work RVU = 0.75)
(f)64405	greater occipital nerve	000	0.84 (2025 Work RVU = 0.94)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64400 Tracking Number Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: 000 Current Work RVU: **0.75** RUC Recommended RVU: **0.75**

CPT Descriptor: Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female with a normal neurologic examination reports headaches that include pain in one branch of the trigeminal nerve (ophthalmic, maxillary, or mandibular).

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 2% , In the ASC 4%, In the office 94%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review pertinent imaging or lab results. Review the patient's history to ensure they are appropriate for the procedure (e.g., verify if taking anticoagulants or history of allergic reaction to agents being used). Discuss the procedure with the patient, including risks, side effects, benefits and obtain consent. Examine the area closely for any breaks in skin, rash or infection at the injection site. Clean the skin overlying the proposed injection area with antiseptic solution and apply drape. Prepare a syringe with a local anesthetic agent. Perform a pre-procedural time out with care team, confirming two patient identifiers, correct procedure and injection site (right, left or bilateral.) Palpate the auriculotemporal / supraorbital / supratrochlear region to identify the exact needle entry site. Don gloves.

Description of Intra-Service Work: Penetrate the skin with the needle at the identified entry site and inject the contents of the syringe along the course of the supraorbital nerve near the medial border of the eyebrow around the supraorbital notch. Remove the needle, apply pressure to injection site with gauze to stop any bleeding after injection. Clean the injection area and apply a bandage as necessary, observing the site for continued bleeding. Wait for local anesthetic to work, observing for evidence of a successful block: inquire if the patient has numbness in the distribution of the trigeminal nerve and if they have relief of their pain. Monitor the patient for any potential complications from the injection, including syncopal episode, intravascular injection, or evidence of distal particulate steroid injection.

Description of Post-Service Work: Discuss follow-up recommendations with the patient. Dictate or write a procedure note and make medical record entries.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	AAN: Meghan Ward, MD, FAAN and Raissa Villanueva, MD, FAAN ANA: Elisabeth Volpert DNP, APRN, FNP-C, FAANP					
Specialty Society(ies):	American Academy of Neurology (AAN) and American Nurses Association (ANA)					
CPT Code:	64400					
Sample Size:	2448	**Resp N:**	48			
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	10.00	**40.00**	100.00	900.00	
Survey RVW:	0.65	0.80	**1.20**	1.50	5.00	
Pre-Service Evaluation Time:			**10.00**			
Pre-Service Positioning Time:			**2.00**			
Pre-Service Scrub, Dress, Wait Time:			**2.00**			
Intra-Service Time:	1.00	5.00	**6.00**	10.00	20.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	64400	**Recommended Physician Work RVU: 0.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**6.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20553	000	0.75	**RUC Time**

CPT Descriptor Injection(s); single or multiple trigger point(s), 3 or more muscles

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62322	000	1.55	**RUC Time**

CPT Descriptor Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20553	000	0.75	**RUC Time**	354,841

CPT Descriptor 1 Injection(s); single or multiple trigger point(s), 3 or more muscles

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12001	000	0.84	**RUC Time**	148,478

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
20552	000	0.66	**RUC Time**

CPT Descriptor Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 39.5 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 25.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 64400	Top Key Reference CPT Code: 20553	2nd Key Reference CPT Code: **62322**
Median Pre-Service Time	8.00	12.00	18.00
Median Intra-Service Time	6.00	10.00	11.00
Median Immediate Post-service Time	5.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**19.00**	**27.00**	**39.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	21%	58%	21%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	26%	74%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	11%	84%
Physical effort required	5%	52%	43%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	21%	74%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	17%	25%	42%	16%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	58%	34%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	42%	41%
Physical effort required	8%	50%	42%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	50%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT code 64400 *(Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular))* was placed on the agenda for the September 2025 RUC meeting based on a referral by the Relativity Assessment Workgroup (RAW). In April 2025, as part of a larger effort to review all codes in the RUC database with the "Do not use to validate physician work" flag, the RAW recommended and the RUC approved code 64400 for a RUC work survey and practice expense recommendations.

Code History and Background

Code 64400 was surveyed in 2018 for the 2020 CPT cycle by the American Academy of Neurology (AAN) and the American Society of Anesthesiologists. Code 64400 is a 0-day global code.

- In 2018, the RUC recommended a work RVU of 1.00, which was based on the 25th percentile work RVU of the top-performing specialty, Neurology.
- The 2018 RUC recommendation represented a reduction from the then-current work RVU value of 1.11.
- CMS did not accept the RUC recommendation and further reduced the value of 64400 to 0.75 work RVUs.

September 2025 RUC Survey

AAN and the American Nurses Association (ANA) conducted a work survey for 64400 for the September 2025 RUC meeting. Neurology and Nurse Practitioners represent the top two specialties reporting the service for Medicare in 2023.

Specialty	2023 Utilization %
Neurology	46.3%
Nurse Practitioner	15.1%

Source: RUC Database, 2025 v2

Survey Results and Recommendations

AAN and ANA conducted a random survey with a total sample of 2,448. The 2025 survey was a robust survey with 48 responses, exceeding the required response minimum of 30; 83% found the vignette to be typical, and the survey was completed by individuals with experience performing the service (median experience with the service in the last 12 months was 40).

Source	RVW					Time	Pre-Time			Intra-Time					Post-Time
	Min	25th	Med	75th	Max	Total Time	Eval	Pos.	SDW	Min	25th	Med	75th	Max	
Current			**0.75**			**20**	**7**	**1**	**1**			**6**			**5**
Survey	0.65	0.80	1.20	1.50	5.00	25	10	2	2	1	5	6	10	20	5
Sept. 2025 Rec.			**0.75**			**19**	**7**		**1**			**6**			**5**

The specialties are recommending the current work RVU and time for code 64400. The recommended work RVU recommendation is less than the survey 25th percentile.

- Work RVU recommendation = 0.75
- Time recommendation (minutes) = *Pre-time* (7/0/1) (Pre-Service Package 5NF Procedure w/ minimal anes (if no deduct 1 min)); *Intra-time* (6); *Post-time* (5); Total time of 20 minutes.

Rationale for Maintaining Value

The specialties agreed that recommending the current work RVU and time was appropriate.

- No Change in Patient Population and Process of Care: The specialties agreed that since the 2018 survey, there had not been a change in the patient population or how the service was performed.

- Steady Utilization: High utilization growth is used by the RUC as a potential indicator that a code could be potentially misvalued. The specialties noted that the utilization of code 64400 has been exceptionally steady since 2020, when the work RVU was decreased from 1.11 to 0.75.

64400 Utilization: CY 2020-CY 2023

2020	2021	2022	2023
34,519	37,721	37,413	37,602

Source: RUC Database, 2025 v2

Recognizing the robustness of the survey and standard RUC process to recommend a value at the survey 25th percentile, the societies did not believe there was compelling evidence to request an increase in value. We therefore recommend maintaining the existing value of 0.75, which is below the 25th percentile of the survey.

Relativity within the Fee Schedule

The specialties also considered the relativity of the recommendation within the larger fee schedule. When comparing the recommendation to the reference codes and other similar codes in the fee schedule, they concluded that the recommendation of 0.75 work RVUs maintained relativity.

Reference Codes

Specialty advisors found that the recommendation was well aligned with the top two key reference codes: 20553 (*Injection(s); single or multiple trigger point(s), 3 or more muscles*) and 62322 (*Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance*).

Code	Work RVU	Pre-Time	Intra-Time	Post-Time	Total-Time
64400	0.75	9	6	5	20
20553	0.75	12	10	5	27
62322	1.55	18	11	10	39

The work RVU for code 20553 is the same as the surveyed code 64400, but it has higher pre-time and intra-time. After considering the clinical work involved and the survey data, the specialty advisors felt that this was appropriate.

- While 64400 had a slightly lower intra-time, the time is more intense than the intra-time for the reference code, 20553. The longer pre- and intra-time for 20553 may be needed for performing the multiple injections (3 or more as described by the descriptor for code 20553), but the anatomical locations of the injections, in soft tissues, make it less intense than 64400. Further, 64400 requires localizing specific nerves, whereas trigger point injections involve areas of muscle, so identifying the injection sites is more intense for 64400 than for 20553. The relative intensity of the survey code to the reference code is reflected in the responses to the intensity questions in the survey. 58% of the respondents found the surveyed code to have somewhat more intensity, and 21% found the surveyed code to have much more intensity.

Specialty advisors also considered the relativity between the surveyed code 64400 and the second most selected reference code 62322. It seemed generally appropriate. The code work value of 62322 is a little more than double in comparison to the surveyed code, 64400 (1.55 work RVUs vs 0.75 work RVUs); and the total time of the reference code is a little less than double in comparison to the surveyed code (39 minutes to 20 minutes). CPT 62322 requires more pre-service, intra-service, and post-service time due to the setup and location of the injections near the spine as opposed to the injections in the trigeminal nerves of the face.

Crosswalks

To buttress their recommendation, specialty advisors would also like to present direct crosswalks for the RUC's consideration. The direct crosswalks are valued at 0.75 and closely match the intra-time and total time recommended for code 64400.

Code	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total-Time
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	0.75	8	6	5	19
64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve	0.75	10	5	5	20
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	0.75	10	5	5	20

The specialty advisors believe the direct crosswalks provide further evidence of the appropriateness of their recommendations.

Other 0-Day Global Codes

The specialty advisors also compared the recommendations for 64400 to other RUC-surveyed 0-day global codes and found that relativity was maintained.

Code	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total-Time
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	0.50	7	5	5	17
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	0.66	11	5	5	21
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	0.75	8	6	5	19
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	0.84	7	10	5	22
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	0.89	12	10	5	27

In conclusion, the specialty societies recommend maintaining the current **work RVU value of 0.75** for code 64400. For time, the specialties recommend: **Pre-time (7/0/1), Intra-time (6), Post-time (5) for a Total-time of 19 minutes**.

Additional support for this value is two crosswalks 64408 and 64435.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Injections are performed on different anatomical locations.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

	Code	Global	WorkRVU	Pre	Intra	Post
3.	64400	0	0.75	9	6	5
4.	64405	0	0.94	6	5	5

5. Subject to multiple procedure reduction. Total work RVU estimated at 1.32 when billed together. Note 2025 work RVU and time listed.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64400

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Commonly

Specialty Nurse Practitioner How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 112806
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The total national utilization estimate is 3X Medicare utilization from the RUC database.

Specialty Neurology Frequency 52229 Percentage 46.29 %

Specialty Nurse Practitioner Frequency 17034 Percentage 15.10 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 37,602 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database, 2025, Version 2

Specialty Neurology Frequency 17410 Percentage 46.30 %

Specialty Nurse Practitioner Frequency 5678 Percentage 15.10 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64400

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64405 Tracking Number Original Specialty Recommended RVU: **0.94**
Presented Recommended RVU: **0.84**
Global Period: 000 Current Work RVU: **0.94** RUC Recommended RVU: **0.84**

CPT Descriptor: Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female with headaches and a normal neurologic examination with tenderness triggered by palpation over the left occipital notch.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 2% , In the ASC 2%, In the office 96%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review pertinent imaging or lab results. Review the patient's history to ensure they are appropriate for the procedure (e.g., verify if taking anticoagulants or history of allergic reaction to agents being used). Discuss the procedure with the patient, including risks, side effects, benefits and obtain consent. Examine the area of the scalp closely for any breaks in skin, rash or infection at the injection site. Clean the skin overlying the proposed injection area with antiseptic solution and apply drape. Prepare a syringe with a local anesthetic agent. Perform a pre-procedural time out with care team, confirming two patient identifiers, correct procedure and injection site (right, left or bilateral.). Palpate the upper cervical region near the lower extent of the skull dorsal to the mastoid process along the course of the greater occipital nerve to identify the exact needle entry site. Don gloves.

Description of Intra-Service Work: Penetrate the skin with needle at the identified entry site and inject the contents of the syringe along the course of the nerve following negative aspiration. Because of the significant vascularity of the scalp, make the injection with aspirations as the needle is repositioned along the course of the nerve. Remove the needle, apply pressure to injection site with gauze to stop any bleeding after injection. Clean the injection area and apply a bandage as necessary, observing the site for continued bleeding. Wait for the local anesthetic to work, observing for evidence of a successful block; inquire if the patient has numbness in the distribution of the occipital nerve and if they have relief of their pain. Monitor the patient for any potential complications from the injection, including syncopal episode, intravascular injection, or evidence of distal particulate steroid injection.

Description of Post-Service Work: Discuss follow-up recommendations with the patient. Dictate or write a procedure note and make medical record entries.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	AAN: Meghan Ward, MD, FAAN and Raissa Villanueva, MD, FAAN ANA: Elisabeth Volpert DNP, APRN, FNP-C, FAANP					
Specialty Society(ies):	American Academy of Neurology (AAN) and American Nurses Association (ANA)					
CPT Code:	64405					
Sample Size:	2448	**Resp N:**	59			
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	15.00	**50.00**	100.00	1000.00	
Survey RVW:	0.66	0.84	**1.00**	1.41	5.00	
Pre-Service Evaluation Time:			**10.00**			
Pre-Service Positioning Time:			**2.00**			
Pre-Service Scrub, Dress, Wait Time:			**2.00**			
Intra-Service Time:	1.00	5.00	**6.00**	10.00	20.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	64405	**Recommended Physician Work RVU: 0.84**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**6.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20553	000	0.75	**RUC Time**

CPT Descriptor Injection(s); single or multiple trigger point(s), 3 or more muscles

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62322	000	1.55	**RUC Time**

CPT Descriptor Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12001	000	0.84	**RUC Time**	148,478

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11042	000	1.01	**RUC Time**	1,968,984

CPT Descriptor 2 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
64486	000	1.20	**RUC Time**

CPT Descriptor Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 32.2 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 20.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 64405	Top Key Reference CPT Code: 20553	2nd Key Reference CPT Code: **62322**
Median Pre-Service Time	8.00	12.00	18.00
Median Intra-Service Time	6.00	10.00	11.00
Median Immediate Post-service Time	5.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**19.00**	**27.00**	**39.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	42%	42%	16%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	42%	58%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	42%	53%
Physical effort required	5%	68%	27%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	47%	48%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	17%	50%	33%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	67%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	75%	17%
Physical effort required	8%	75%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	67%	16%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT code 64405 (*Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve)* was placed on the agenda for a work survey and practice expense (PE) recommendations for the September 2025 RUC. It was identified as part of the family for CPT code 64400. Code 64400 was placed on the agenda based on a referral by the Relativity Assessment Workgroup (RAW).

Code History and Background

Code 64405 was surveyed in 2017. In the Final Rule for 2017, CMS identified 64405 on the list of 0-day global services reported with an E/M 50% of the time or more, on the same day of service, same patient, by the same physician, that have not been reviewed in the last five years and with Medicare utilization greater than 20,000. CMS accepted the RUC recommendation of 0.94 work RVUs for code 64405.

Based on 2023 billed together data, code 64405 is no longer billed with an E/M 50% of the time or more.

September 2025 RUC Survey

AAN and the American Nurses Association (ANA) conducted a work survey for 64405 for the September 2025 RUC meeting. Neurology and Nurse Practitioners represent the top two specialties reporting the service for Medicare in 2023.

Specialty	2023 Utilization %
Neurology	38.9%
Nurse Practitioner	12.4%

Source: RUC Database, 2025 v2

Survey Results and Recommendations

AAN and ANA conducted a random survey with a total sample of 2,448. It was a robust survey with 59 responses; 92% found the vignette to be typical, and the survey was completed by individuals with experience performing the service (median experience with the service in the last 12 months was 50).

Source	RVW					Time	Pre-Time			Intra-Time					Post-Time
	Min	25th	Med	75th	Max	Total Time	Eval	Pos.	SDW	Min	25th	Med	75th	Max	
Current			**0.94**			**16**	**5**	**1**				**5**			**5**
Survey	0.66	0.84	1.00	1.41	5.00	25	10	2	2	1	5	6	10	20	5
Sept. 2025 Rec.			**0.84**			**19**	**7**	**0**	**1**			**6**			**5**

The specialties are recommending the 25th percentile work RVU of 0.84 for code 64405. The specialty is recommending matching the pre-time with 64400, using the survey median for intra-time, and the survey median for post-time.

- Work RVU recommendation = 0.84
- Time recommendation (minutes) = *Pre-time* (7/0/1) (5NF Proc w/ minimal anes (if no deduct 1 min); *Intra-time* (6); *Post-time* (5); *Total time* of 19 minutes.

Rationale for Work RVU Value

The specialties agreed on recommending the survey 25th percentile work RVU.

- Taking the robust survey response, the societies concluded following the RUC standard of recommending the 25th work RVU was most appropriate based on respondent complexity and intensity ratings.

- Comparison to Code 64400: The specialties are recommending maintaining the slightly higher work RVU value for 64405 in comparison to 64400 (0.84 versus 0.75), which was also surveyed for the September 2025 RUC meeting. The slightly higher complexity of an injection in the greater occipital nerve (64405) versus an injection in the trigeminal nerve (64400) makes this increment appropriate. The location of the injections for the greater occipital nerve for 64405 requires specific anatomic landmarks to identify the nerve, as the injection can be in proximity to the occipital artery, explaining the higher intensity of 64405 compared to 64400.

Rationale for Time Recommendation

For pre-service, the specialties are recommending 7/0/1 in comparison to the current pre-service time of 5/1/0.

- Since 64405 is no longer typically billed with an E/M service, the specialty advisors agreed that "1" minute for scrub/dress/wait was appropriate.
- The specialty advisors also agreed that the work associated with pre-time for both 64400 and 64405 was the same. Making them both 7/0/1 ensures consistency within the family. Since these codes were not surveyed together previously, this discrepancy may not have been clear. Pre-time for code 64400 is based on Pre-Service Package 5NF with a slight modification as outlined above.

Relativity within the Fee Schedule

The specialties also reviewed the recommendation, considering how well it fits within the fee schedule. When reviewing the reference codes and other similar codes in the fee schedule, they concluded that relativity was maintained.

Reference Codes

Specialty advisors found that the recommendation was well aligned with the top two key reference codes: 20553 (*Injection(s); single or multiple trigger point(s), 3 or more muscles*) and 62322 (*Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance*).

Code	Work RVU	Pre-Time	Intra-Time	Post-Time	Total-Time
20553	0.75	12	10	5	27
64405	0.84	8	6	5	19
62322	1.55	18	11	10	39

The work RVU for code 64405 falls between the two reference codes, but it has slightly less total time than either of the reference codes. After considering the clinical work involved and the survey data, the specialty advisors felt that this was appropriate.

- While 64400 had a slightly lower intra-time, the time is more intense than the intra-time for the reference code, 20553. The longer pre- and intra-time for 20553 may be needed for performing the multiple injections (3 or more as described by the descriptor for code 20553), but the anatomical locations of the injections, in soft tissues, make it a less intensive procedure than 64405.
- The relative intensity of the survey code to the reference code is reflected in the responses to the intensity questions in the survey. 42% of the respondents found the surveyed code to have somewhat more intensity, and 16% found the surveyed code to have much more intensity. Because the greater occipital nerve block targets a single nerve with proximity to an artery requiring aspiration and potential adjustment of the needle, the intensity is higher than multiple injections into muscle and/or soft tissue.

Specialty advisors also considered the relativity between the surveyed code 64405 and the second most selected reference code 62322. This was also felt to be appropriate. The nerve block into the epidural region will be more time-intensive and higher risk than the nerve block into the greater occipital nerve region in the head.

Other 0-Day Global Codes

The specialty advisors also compared the recommendations for 64405 to other RUC-surveyed 0-day global codes and found that relativity was maintained. The specialty advisors noted that 64405 and 12001 had the same value, but 64405 had a lower intra-time. They felt that this was appropriate because 64405 was a more intense procedure. CPT code 12001 describes a simple repair of a superficial wound, while 64405 describes an injection in an anatomically complex area. The occipital nerve is near the occipital artery, so the injection requires one to pull back the syringe to make sure the needle is not in the occipital artery and prevent injection of the anesthetic into the occipital artery.

Code	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total-Time
64555	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	0.75	9	5	5	19
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	0.84	7	10	5	22
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	0.84	8	6	5	19

20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	0.89	12	10	5	27
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	1.14	7	15	5	27
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	1.20	17	10	5	32

In conclusion, the specialty societies recommend the survey 25th percentile of 0.84 work RVU for code 64405. For the time, the specialties recommend: Pre-time (7/0/1), Intra-time (6), Post-time (5) for a total of 19 minutes.

Further support of the work RVU recommendation is provided by reference codes, which bracket the recommended value with a work RVU of 0.75 for code 20553 and a work RVU of 1.55 for code 62322.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64405

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Commonly

Specialty Nurse Practitioner How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 365025
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The total national utilization estimate is 3X Medicare utilization from the RUC database.

Specialty Neurology Frequency 141995 Percentage 38.90 %

Specialty Nurse Practitioner Frequency 45263 Percentage 12.39 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 121,675 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database, 2025, Version 2

Specialty Neurology Frequency 47332 Percentage 38.90 %

Specialty Nurse Practitioner Frequency 15088 Percentage 12.40 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64405

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Injection Anesthetic Agent

TAB: 25

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	0	2016	19	0.044	0.028			0.75			27	5	2	5			10			5					
2nd REF	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,	0	2015	12	0.090	0.040			1.55			39	10	3	5			11			10					
CURRENT	64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie,	0	2018		0.075	0.038			0.75			20	7	1	1			6			5					
SVY	64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie,	0		48	0.134	0.048	0.65	0.80	1.20	1.50	5.00	25	10	2	2	1	5	6	10	20	5	0	10	40	100	900
REC	64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	0			0.079	0.039			0.75			19	7		1			6			5					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	0	2016	19	0.044	0.028			0.75			27	5	2	5			10			5					
2nd REF	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,	0	2015	12	0.090	0.040			1.55			39	10	3	5			11			10					
CURRENT	64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	0	2018		0.139	0.059			0.94			16	5	1				5			5					
SVY	64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	0		59	0.101	0.040	0.66	0.84	1.00	1.41	5.00	25	10	2	2	1	5	6	10	20	5	0	15	50	100	1000
REC	64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	0			0.094	0.044			0.84			19	7		1			6			5					

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 64400,64405
SPECIALTY SOCIETY(IES): AAN, ANA
PRESENTER(S): Meghan Ward, MD, FAAN,

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September, 2025

CPT Code	Long Descriptor	Global Period
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	000
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
64400	A 45-year-old female with a normal neurologic examination reports headaches that include pain in one branch of the trigeminal nerve (ophthalmic, maxillary, or mandibular).
64405	A 45-year-old female with headaches and a normal neurologic examination with tenderness triggered by palpation over the left occipital notch.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The American Academy of Neurology and the American Nurses Association convened a panel that included experts familiar with these services to evaluate the direct practice expense inputs for anesthetic agent injection codes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   The societies are providing the current code as the reference code for 64400 and 64405.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   According to the RUC database in the non-facility (Global & 26) the dominant provider of:
   64400 is Neurology at 52.2%. The dominant provider is the same for the global.
   64405 is Neurology at 42.5%. The dominant provider is the same for the global.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

64400 previously had 5 minutes allocated to CA010 64405 previously had 0 minutes allocated to CA010 The specialties are requesting 5 minutes for CA010 for both 64400 and 64405 for obtaining vitals. Heart rate, blood pressure, height and weight are taken to ensure the patient is in a clinically stable condition to receive the injection.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

No clinical labor activities are included in the pre-service period

b. Service period (includes pre, intra and post):

Service period inputs for both 64400 and 64405 are as follows:

Pre-service Clinical Labor Activities (12 minutes total)

- CA009 (greet patient/provide gowning/ensure appropriate medical records are available) Greet patient and escort to room. Ensure pertinent imaging or lab results are available. **3 minutes**
- CA010 (obtain vital signs) - Heart rate, blood pressure, height and weight are taken to ensure the patient is in a clinically stable condition to receive the injection. **5 minutes**
- CA013 (prepare room, equipment and supplies) - Set up Mayo stand with gauze, alcohol swab, syringe, needle, and medication to be drawn up. **2 minutes**
- CA016 (prepare, set-up and initial positioning and monitoring of patient) Instruct patient on importance of correct positioning and assist patient in an appropriate position for the injection. **2 minutes**

Service period Clinical Labor Activities (0 minutes)

- Perform procedure/service-- directly related to physician work time-100% (CA018)

Post-service period Clinical Labor Activities (5 minutes total)

- CA024 (clean room/equipment) Properly dispose of sharps in sharps container. Clean Mayo stand tray, chair and other surfaces used during the visit. **3 minutes**
- CA035 (review home care instructions, coordinate visits/prescriptions) Confirm patient is not experiencing any side effects such as dizziness or lightheadedness from the procedure and is stable to go home. Provide after care instructions including the appropriate use of Tylenol or ice packs for injection site discomfort. **2 minutes**

c. Post-service period:

No clinical labor activities are included in the post-service period

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

No clinical labor activities are included in the intra-service (of service period) as clinical staff is not typically in the room.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
    N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
    N/A

18. Are you recommending a PE supply pack for this recommendation? No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:
    N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).

b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EF023 table, exam - default formula
EF015 mayo stand - default formula

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	I	J	K	L	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**64400**		**64400**		**64405**		**64405**	
3		***RUC Collaboration Website***				Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie,		Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie,		Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve		Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 25 Injection Anesthetic Agent Specialty: AAN, ANA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**											
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 51.04**	**$ 6.48**	**$ 13.80**	**$ -**	**$ 17.73**	**$ -**	**$ 13.80**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**32.0**	**12.0**	**17.0**	**0.0**	**18.0**	**0.0**	**17.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**9.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**26.0**	**0.0**	**17.0**	**0.0**	**18.0**	**0.0**	**17.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 17.28**	**$ 6.48**	**$ 9.18**	**$ -**	**$ 9.72**	**$ -**	**$ 9.18**	**$ -**
13		**PRE-SERVICE PERIOD**											
14		**Start: Following visit when decision for surgery/procedure made**											
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54								
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		3						
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		3						
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54								
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54	3	3						
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54								
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54								
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54								
29		**End: When patient enters office/facility for surgery/procedure**											
30		**SERVICE PERIOD**											
31		**Start: When patient enters office/facility for surgery/procedure:**											
32		**Pre-Service (of service period)**											
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.54	3		3				3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54	5		5				5	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54	2				3			
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54								
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	2		2		2		2	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54								
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54								
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54	2		2		2		2	
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54								
48		**Intra-service (of service period)**											
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.54	6				5			
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.54								
51	CA020	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.54								
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54								
59		**Post-Service (of service period)**											
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54								
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54					3			
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	3		3				3	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54								
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54								
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54								
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54								
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54	1				1			
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54								
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54								

	A	B	D	E	F	I	J	K	L	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**64400**		**64400**		**64405**		**64405**	
3		***RUC Collaboration Website***				Injection(s),		Injection(s),		Injection(s),		Injection(s),	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 25 Injection Anesthetic Agent Specialty: AAN, ANA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie,		anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie,		anesthetic agent(s) and/or steroid; greater occipital nerve		anesthetic agent(s) and/or steroid; greater occipital nerve	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**											
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 51.04**	**$ 6.48**	**$ 13.80**	**$ -**	**$ 17.73**	**$ -**	**$ 13.80**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**32.0**	**12.0**	**17.0**	**0.0**	**18.0**	**0.0**	**17.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**9.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**26.0**	**0.0**	**17.0**	**0.0**	**18.0**	**0.0**	**17.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54								
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54								
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,	L037D	RN/LPN/MTA	0.54								
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54	2		2		2		2	
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**		**n/a**	
81		**End: Patient leaves office/facility**											
82		**POST-SERVICE PERIOD**											
83		**Start: Patient leaves office/facility**											
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54	3	3						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54								
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16										
88		99212 27 minutes	27										
89		99213 36 minutes	36										
90		99214 53 minutes	53										
91		99215 63 minutes	63										
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99		**End: with last office visit before end of global period**											

	A	B	D	E	F	I	J	K	L	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**64400**		**64400**		**64405**		**64405**	
3		***RUC Collaboration Website***				Injection(s),		Injection(s),		Injection(s),		Injection(s),	
4	**Clinical Activity Code**	**Meeting Date: September 2025 Revision Date (if applicable): Tab: 25 Injection Anesthetic Agent Specialty: AAN, ANA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie,		anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie,		anesthetic agent(s) and/or steroid; greater occipital nerve		anesthetic agent(s) and/or steroid; greater occipital nerve	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**											
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 51.04**	**$ 6.48**	**$ 13.80**	**$ -**	**$ 17.73**	**$ -**	**$ 13.80**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**32.0**	**12.0**	**17.0**	**0.0**	**18.0**	**0.0**	**17.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**9.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**26.0**	**0.0**	**17.0**	**0.0**	**18.0**	**0.0**	**17.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 33.48**	**$ -**	**$ 4.45**	**$ -**	**$ 7.84**	**$ -**	**$ 4.45**	**$ -**
102	SA041	pack, basic injection	10.45	pack		1							
103	SA048	pack, minimum multi-specialty visit	5.02	pack		1							
104	SB024	gloves, sterile	0.91	pair						1			
105	SB022	gloves, non-sterile	0.3	pair				2				2	
106	SB036	paper, exam table	0.014	foot				7				7	
107	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.41	item				0				0	
108	SK075	skin marking pen, sterile (Skin Skribe)	1.62	item		1							
109	SH023	chlorhexidine 0.12% (Peridex)	0.7	oz		1							
110	SC028	needle, 18-26g 1.5-3.5in, spinal	9.96	item		1							
111	SC029	needle, 18-27g	0.04	item						2		1	
112	SC031	needle, 30g	0.54	item				1					
113	SH021	bupivacaine 0.25% inj (Marcaine)	0.5	ml		5		5		5		6	
114	SG055	gauze, sterile 4in x 4in	0.19	item				2		1		2	
115	SG056	gauze, sterile 4in x 4in (10 pack uou)	1.2	item		2							
116	SC051	syringe 10-12ml	0.21	item						1		0	
117	SC055	syringe 3ml	0.25	item				1				1	
118	SC053	syringe 20ml	0.83	item		1							
119	SG009	applicator, sponge-tipped	0.15	item						1			
120	SJ041	povidone soln (Betadine)	0.38	ml						10			
121	SJ053	swab-pad, alcohol	0.04	item				2				2	
122													
123	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
124		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.28**	**$ -**	**$ 0.18**	**$ -**	**$ 0.17**	**$ -**	**$ 0.18**	**$ -**
125	EF023	table, exam	4737.727	Default	0.010538571	24	0	15		16		15	
126	EF015	mayo stand	522.804	Default	0.001162922	24		15				15	
127		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*											
128													

PE High Cost Supplies (>$500) Analysis for 2026		
Supply_Code	DESCRIPTION	Sum of Aggregate NF Global & TC Cost
SD253	atherectomy device (Spectronetics laser or Fox Hollow)	$ 224,284,008
SD384	Embolic protection for atherectomy	$ 186,193,134
SD324	Varithena (foam)	$ 125,555,161
SD382	Drug coated balloon	$ 99,262,990
SA127	subcutaneous cardiac rhythm monitor system	$ 93,050,925
SD255	Reentry device (Frontier, Outback, Pioneer)	$ 89,244,350
SD248	human amniotic membrane allograft mounted on a non-absorbable self-retaining ring	$ 80,673,588
SD323	Venaseal (glue)	$ 73,246,030
SD254	covered stent (VIABAHN, Gore)	$ 64,147,378
SA111	Kyphoplasty kit, first fracture	$ 45,103,538
SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	$ 40,601,708
SF056	Detachable coil	$ 40,533,941
SF058	LC Beads (2mL vial)	$ 40,501,337
SH110	Esketamine (84 mg vial)	$ 40,257,145
SD304	IVUS catheter	$ 38,193,110
SA126	Biodegradable Material Kit - PeriProstatic	$ 30,162,672
SD280	Trial lead kit	$ 19,072,358
SD383	Drug eluting stent	$ 17,715,600
SD291	Urolift Implant and implantation device	$ 16,402,750
SD340	venous stent system	$ 14,308,000
SD281	Trial lead array	$ 12,746,263
SA136	TULSA-PRO Disposable Kit	$ 11,391,587
SD357	Radiofrequency Stylus / wand	$ 10,085,400
SD352	VivAer Stylus	$ 9,921,600
SL261	FISH pre-treatment kit	$ 9,072,803
SD256	Embolic Protection Device Spider FX (EV3, documentation available)	$ 8,721,679
SA128	kit, Rezum delivery device	$ 8,191,590
SA134	kit, eustachian tube procedure	$ 7,788,750
SD379	drug eluting stent, tibial	$ 7,353,528
SA015	kit, for percutaneous thrombolytic device (Trerotola)	$ 7,298,654
SD381	FemPop IVL Catheter	$ 6,608,106
SA112	Kyphoplasty kit, additional fracture	$ 6,592,240
SD356	Dorsal SI Joint Arthrodesis Implant	$ 5,853,500
SF059	Hysteroscopic tissue removal device	$ 4,660,738
SD358	Cryoablation handpiece and 2 canisters (one per side)	$ 3,874,802
SD334	implantable interstitial glucose sensor	$ 3,720,000
SH109	Esketamine (56 mg vial)	$ 3,628,770
SA103	stent, vascular, deployment system, Cordis SMART	$ 3,492,158
SA011	kit, CVA catheter, tunneled, with subcut port	$ 3,240,071
SD191	plate, surgical, reconstruction, left, 5 x 16 hole	$ 1,670,892

PE High Cost Supplies (>$500) Analysis for 2026		
Supply_Code	DESCRIPTION	Sum of Aggregate NF Global & TC Cost
SJ090	Voice Augmentation Gel	$ 1,627,118
SC103	catheter, RF ablation, endoscopic	$ 1,504,500
SD351	Ellipsys Vascular Access Catheter	$ 1,409,341
SD366	iTIND device	$ 1,344,700
SD380	Iliac IVL Catheter	$ 1,290,852
SA122	Claravein Kit	$ 1,135,962
SA087	tray, RTS applicator (MammoSite)	$ 1,006,718
SD186	plasma LDL adsorption column (Liposorber)	$ 760,605
SD233	probe, cryoablation, renal	$ 730,217
SD350	Wavelinq EndoAVF catheters	$ 728,000
SD299	stent, balloon, implantable	$ 713,314
SA036	kit, transurethral microwave thermotherapy	$ 611,780
SD343	3C patch system	$ 571,956
SA133	Absorabable nasal implant and delivery device	$ 530,670
SD267	IVC filter	$ 515,153
SD109	probe, radiofrequency, 3 array (StarBurstSDE)	$ 375,396
SD341	EECP compression equipment package	$ 343,771
SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)	$ 324,000
SD359	Optilume DCB, guidewire, and inflation device	$ 258,175
SA039	kit, vertebroplasty (LP2, CDO)	$ 192,155
SD247	human amniotic membrane allograft	$ 135,270
SD177	hysteroscope, ablation device	$ 103,092
SA077	kit, pleural catheter insertion	$ 102,441
SA101	kit, stent, urethral, prostatic, insertion tool and surveyor	$ 99,906
SA140	Kit, UltraguideCTR	$ 82,249
SA100	kit, probe, radiofrequency, XIi-enhanced RF probe	$ 80,633
SA025	kit, PICC with subcut port	$ 79,718
SD342	EECP electrical equipment package	$ 78,172
SA037	kit, transurethral needle ablation (TUNA)	$ 71,100
SD272	SmartPill capsule	$ 65,436
SA097	kit, locatable guide, ext. working channel, w-b-scope adapter	$ 57,624
SD240	strut, replacement, dynamic external fixation	$ 53,360
SD245	Renessa probe	$ 50,757
SD368	RF Electrodes 18 Gauge 70 mm Length	$ 42,533
SA094	kit, capsule, ESO, endoscopy w-application supplies (ESO)	$ 34,528
SD238	stent, GORE VIATORR TIPS Endoprosthesis	$ 22,615
SD232	probe, cryoablation (Visica ICE 30 or 40)	$ 21,954
SA024	kit, photopheresis procedure	$ 17,271
SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite)	$ 14,000
SD313	Viabil covered biliary stent	$ 11,063
SA120	intrastromal corneal ring	$ 8,015
SA138	Optilume BPH Prostatic Dilation Kit	$ 5,900

PE High Cost Supplies (>$500) Analysis for 2026		
Supply_Code	DESCRIPTION	Sum of Aggregate NF Global & TC Cost
SA141	Scalp Cooling Cap/Kit	$ 3,600
SD222	catheter, intradiscal (spineCATH)	$ 2,760
SD220	catheter, balloon, lacrimal	$ 2,712
SD361	RFA Handpiece, sterile (Sonata)	$ 2,500
SD018	catheter, balloon, thermal ablation (Thermachoice)	$ 2,288
SD348	ORBERA Intragastric Balloon System (balloon, placement catheter and connection tube with 3-way valve and saline bag spike)	$ 1,850
SD215	probe, endometrial cryoablation (Her Option)	$ 1,295
SD372	inFlow Activator Kit	$ 1,250
SD346	PillCam COLON capsule	$ 1,250
SA139	IB-Stim device kit	$ 1,195
SA075	kit, hysteroscopic tubal implant for sterilization	$ 1,178
SA091	tray, scoop, fast track system	$ 750
Grand Total		**$ 1,531,657,505**

PE High Cost Supplies (>$500) Source Data for 2026

CPT_Code	Short Descriptor	NPRM Total Utilization (NPRM)	NPRM Non-Facility Global + TC Utilization	2023 Medicare Top Spec: NF Global & TC Only	Top Spec % NF Global & TC Only	Supply_Code	DESCRIPTION	Unit_of_Measure	Purchase_Price	Non_Fac_Quantity	Fac_Quantity	Aggregate NF Global & TC Cost
0446T	Insj impltbl glucose sensor	325	318	#REF!	52%	SD334	implantable interstitial glucose sensor	item	6000	1	0	$ 1,908,000
0448T	Remvl insj impltbl gluc sens	307	302	#REF!	43%	SD334	implantable interstitial glucose sensor	item	6000	1	0	$ 1,812,000
0596T	Temp fml iu vlv-pmp 1st insj	2	1			SD372	inFlow Activator Kit	item	1250	1	0	$ 1,250
19105	Cryosurg ablate fa each	22	16	DIAGNOSTIC RADIOLOC	80%	SD232	probe, cryoablation (Visica ICE 30 or 40)	item	1372.12	1	0	$ 21,954
19296	Place po breast cath for rad	374	356	GENERAL SURGERY	65%	SA087	tray, RTS applicator (MammoSite)	item	2827.86	1	0	$ 1,006,718
20697	App mltpln uni xtrnl fix xch	45	45	ORTHOPEDIC SURGERY	61%	SD240	strut, replacement, dynamic external fixation	item	1185.78	1		$ 53,360
20982	Ablate bone tumor(s) perq	1556	96	DIAGNOSTIC RADIOLOC	36%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	2289	1	0	$ 219,744
20983	Ablate bone tumor(s) perq	224	3	INTERVENTIONAL RADI	58%	SD233	probe, cryoablation, renal	item	1170.22	3	0	$ 10,532
21125	Augmentation mndblr prostc	5	1			SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	846.45	1	0	$ 846
21127	Augmentation mndblr b1 grf	76	74	DENTIST	54%	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	846.45	1	0	$ 62,637
21215	Lower jaw bone graft	2158	1899	ORAL SURGERY	67%	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	846.45	1	0	$ 1,607,409
22510	Perq cervicothoracic inject	1681	50	INTERVENTIONAL RADI	44%	SA039	kit, vertebroplasty (LP2, CDO)	kit	970.48	1	0	$ 48,524
22511	Perq lumbosacral injection	2321	148	DIAGNOSTIC RADIOLOC	30%	SA039	kit, vertebroplasty (LP2, CDO)	kit	970.48	1	0	$ 143,631
22513	Perq vertebral augmentation	18111	5433	ORTHOPEDIC SURGERY	22%	SA111	Kyphoplasty kit, first fracture	kit	3720.8	1	0	$ 20,215,106
22514	Perq vertebral augmentation	21198	6689	ORTHOPEDIC SURGERY	21%	SA111	Kyphoplasty kit, first fracture	kit	3720.8	1	0	$ 24,888,431
22515	Perq vertebral augmentation	12206	3067	ORTHOPEDIC SURGERY	23%	SA112	Kyphoplasty kit, additional fracture	kit	2149.41	1	0	$ 6,592,240
22526	Idet single level	2	1			SD222	catheter, intradiscal (spineCATH)	item	1380	1	0	$ 1,380
22527	Idet 1 or more levels	2	1			SD222	catheter, intradiscal (spineCATH)	item	1380	1	0	$ 1,380
27278	Arthrd si jt prq wo tfxj dev	1612	509			SD356	Dorsal SI Joint Arthrodesis Implant	item	11500	1	0	$ 5,853,500
30468	Rpr nsl vlv collapse w/implt	615	266	OTOLARYNGOLOGY	97%	SA133	Absorabable nasal implant and delivery device	kit	1995	1	0	$ 530,670
30469	Rpr nsl vlv collapse w/rmdlg	5762	5088	OTOLARYNGOLOGY	99%	SD352	VivAer Stylus	item	1950	1	0	$ 9,921,600
31242	Nsl/sinus ndsc rf abltj pnn	5811	5172			SD357	Radiofrequency Stylus / wand	item	1950	1	0	$ 10,085,400
31243	Nsl/sinus ndsc cryoabltj pnn	2758	2058			SD358	Cryoablation handpiece and 2 canisters (one per side)	item	1882.8	1	0	$ 3,874,802
31295	Nsl/sins ndsc surg max sins	13833	13319	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or spher	kit	2338	0.5	0	$ 15,569,911
31296	Nsl/sins ndsc surg frnt sins	4341	3467	OTOLARYNGOLOGY	99%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or spher	kit	2338	0.5	0	$ 4,052,923
31297	Nsl/sins ndsc surg sphn sins	1160	1002	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or spher	kit	2338	0.5	0	$ 1,171,338
31298	Nsl/sins ndsc surg frnt&sphn	8823	8472	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or spher	kit	2338	1	0	$ 19,807,536
31574	Largsc w/njx augmentation	4292	2748	OTOLARYNGOLOGY	100%	SJ090	Voice Augmentation Gel	ml	592.11	1	0	$ 1,627,118
31627	Navigational bronchoscopy	32075	59	PULMONARY DISEASE	79%	SA097	kit, locatable guide, ext. working channel, w-b-scope	kit	976.68	1	0	$ 57,624
31730	Intro windpipe wire/tube	98	1			SA091	tray, scoop, fast track system	tray	750	1	0	$ 750
32550	Insert pleural cath	12981	110	DIAGNOSTIC RADIOLOC	36%	SA077	kit, pleural catheter insertion	kit	550.76	1	0	$ 60,584
32556	Insert cath pleura w/o image	4877	59	PULMONARY DISEASE	46%	SA077	kit, pleural catheter insertion	kit	550.76	1	0	$ 32,495
32994	Ablate pulm tumor perq crybl	355	6	INTERVENTIONAL RADI	100%	SD233	probe, cryoablation, renal	item	1170.22	3	0	$ 21,064
32998	Ablate pulm tumor perq rf	234	4	DIAGNOSTIC RADIOLOC	50%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	2289	1	0	$ 9,156
33285	Insj subq car rhythm mntr	65883	18490	CARDIOLOGY	52%	SA127	subcutaneous cardiac rhythm monitor system	item	5032.5	1	0	$ 93,050,925
36465	Njx noncmpnd sclrsnt 1 vein	100344	99324	VASCULAR SURGERY	23%	SD324	Varithena (foam)	item	3195	0.33	0	$ 104,722,259
36466	Njx noncmpnd sclrsnt mlt vn	20060	19759	VASCULAR SURGERY	26%	SD324	Varithena (foam)	item	3195	0.33	0	$ 20,832,902
36473	Endovenous mchnchem 1st vein	1320	1286	CARDIOLOGY	28%	SA122	Claravein Kit	kit	883.33	1	0	$ 1,135,962
36482	Endoven ther chem adhes 1st	51322	48994	CARDIOLOGY	22%	SD323	Venaseal (glue)	item	1495	1	0	$ 73,246,030
36516	Apheresis immunoads slctv	1122	536	ENDOCRINOLOGY	46%	SD186	plasma LDL adsorption column (Liposorber)	item	1419.04	1	0	$ 760,605
36522	Photopheresis	5458	20	PEDIATRIC MEDICINE	57%	SA024	kit, photopheresis procedure	kit	863.56	1	0	$ 17,271
36560	Insert tunneled cv cath	15	1			SA011	kit, CVA catheter, tunneled, with subcut port	kit	510.73	1	0	$ 511
36561	Insert tunneled cv cath	106252	6269	DIAGNOSTIC RADIOLOC	36%	SA011	kit, CVA catheter, tunneled, with subcut port	kit	510.73	1	0	$ 3,201,766
36563	Insert tunneled cv cath	113	4	VASCULAR SURGERY	33%	SA011	kit, CVA catheter, tunneled, with subcut port	kit	510.73	1	0	$ 2,043
36566	Insert tunneled cv cath	205	4	DIAGNOSTIC RADIOLOC	100%	SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite	item	1750	2	0	$ 14,000
36570	Insert picvad cath	2	1			SA025	kit, PICC with subcut port	kit	718.18	1	0	$ 718
36571	Insert picvad cath	1394	106	GENERAL SURGERY	35%	SA025	kit, PICC with subcut port	kit	718.18	1	0	$ 76,127
36582	Replace tunneled cv cath	1059	67	VASCULAR SURGERY	32%	SA011	kit, CVA catheter, tunneled, with subcut port	kit	510.73	1	0	$ 34,219
36583	Replace tunneled cv cath	19	3	DIAGNOSTIC RADIOLOC	100%	SA011	kit, CVA catheter, tunneled, with subcut port	kit	510.73	1	0	$ 1,532
36585	Replace picvad cath	56	4	VASCULAR SURGERY	100%	SA025	kit, PICC with subcut port	kit	718.18	1	0	$ 2,873

36836	Prq av fstl crtj uxtr 1 acs	713	191	NEPHROLOGY	53%	SD351	Ellipsys Vascular Access Catheter	item	7378.75	1	0	$ 1,409,341
36837	Prq av fstl crt uxtr sep acs	275	104	NEPHROLOGY	39%	SD350	Wavelinq EndoAVF catheters	item	7000	1	0	$ 728,000
36837	Prq av fstl crt uxtr sep acs	275	104	NEPHROLOGY	39%	SF056	Detachable coil	item	1199.3	1	0	$ 124,727
36903	Intro cath dialysis circuit	10650	3976	VASCULAR SURGERY	34%	SD254	covered stent (VIABAHN, Gore)	item	3931.17	1	0	$ 15,630,332
36904	Thrmbc/nfs dialysis circuit	1647	311	NEPHROLOGY	35%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	0	$ 216,571
36905	Thrmbc/nfs dialysis circuit	17465	5405	NEPHROLOGY	43%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	0	$ 3,763,880
36906	Thrmbc/nfs dialysis circuit	6935	2367	NEPHROLOGY	37%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	0	$ 1,648,308
36906	Thrmbc/nfs dialysis circuit	6935	2367	NEPHROLOGY	37%	SD254	covered stent (VIABAHN, Gore)	item	3931.17	1	0	$ 9,305,079
36908	Stent plmt ctr dialysis seg	2603	797	NEPHROLOGY	31%	SA103	stent, vascular, deployment system, Cordis SMART	kit	803.58	1	0	$ 640,453
36909	Dialysis circuit embolj	3101	1455	VASCULAR SURGERY	37%	SF056	Detachable coil	item	1199.3	1	0	$ 1,744,982
37183	Revision tips	767	5	DIAGNOSTIC RADIOLOC	83%	SD238	stent, GORE VIATORR TIPS Endoprosthesis	item	4523	1	0	$ 22,615
37184	Prim art m-thrmbc 1st vsl	13623	1089	INTERVENTIONAL RADI	32%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	0	$ 758,347
37186	Sec art thrombectomy add-on	1735	788	VASCULAR SURGERY	29%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	0	$ 548,740
37187	Venous mech thrombectomy	7821	520	DIAGNOSTIC RADIOLOC	23%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	0	$ 362,112
37188	Ven mechnl thrmbc repeat tx	127	1	GENERAL SURGERY	33%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	0	$ 696
37191	Ins endovas vena cava filtr	18035	431	VASCULAR SURGERY	56%	SD267	IVC filter	item	1195.25	1	0	$ 515,153
37236	Open/perq place stent 1st	10195	813	VASCULAR SURGERY	47%	SD299	stent, balloon, implantable	item	812.43	1	0	$ 660,506
37237	Open/perq place stent ea add	1317	65	VASCULAR SURGERY	51%	SD299	stent, balloon, implantable	item	812.43	1	0	$ 52,808
37238	Open/perq place stent same	9078	4174	CARDIOLOGY	29%	SD340	venous stent system	item	1750	1.5	0	$ 10,956,750
37239	Open/perq place stent ea add	3374	1915	CARDIOLOGY	31%	SD340	venous stent system	item	1750	1	0	$ 3,351,250
37241	Vasc embolize/occlude venous	1456	248	THORACIC SURGERY	21%	SF056	Detachable coil	item	1199.3	1	0	$ 297,426
37242	Vasc embolize/occlude artery	14032	6103	INTERVENTIONAL RADI	50%	SF056	Detachable coil	item	1199.3	5	0	$ 36,596,640
37243	Vasc embolize/occlude organ	18471	5764	INTERVENTIONAL RADI	54%	SF058	LC Beads (2mL vial)	item	2341.93	3	0	$ 40,496,654
37244	Vasc embolize/occlude bleed	14181	369	PERIPERAL VASCULAR I	40%	SF056	Detachable coil	item	1199.3	4	0	$ 1,770,167
37252	Intrvasc us noncoronary 1st	67013	44497	VASCULAR SURGERY	35%	SD304	IVUS catheter	item	858.33	1	0	$ 38,193,110
37X05	Revsc evasc ivt stent sf 1st	15813.37	3149.25			SA103	stent, vascular, deployment system, Cordis SMART	kit	803.58	1	0	$ 2,530,674
37X05	Revsc evasc ivt stent sf 1st	15813.37	3149.25			SD256	Embolic Protection Device Spider FX (EV3, document	item	1142.89	1	0	$ 3,599,246
37X06	Revsc evasc ivt stent sf ea	2642.65	399.5			SA103	stent, vascular, deployment system, Cordis SMART	kit	803.58	1	0	$ 321,030
37X07	Revsc evasc ivt st cplx 1st	2790.63	555.75			SD254	covered stent (VIABAHN, Gore)	item	3931.17	1	0	$ 2,184,748
37X07	Revsc evasc ivt st cplx 1st	2790.63	555.75			SD255	Reentry device (Frontier, Outback, Pioneer)	item	3100	1	0	$ 1,722,825
37X07	Revsc evasc ivt st cplx 1st	2790.63	555.75			SD256	Embolic Protection Device Spider FX (EV3, document	item	1142.89	1	0	$ 635,161
37X08	Revsc evasc ivt st cplx ea	466.35	70.5			SD254	covered stent (VIABAHN, Gore)	item	3931.17	1	0	$ 277,147
37X09	Iv lithotrp ivt w/in sm art	871.63	374.16			SD380	Iliac IVL Catheter	item	3450	1	0	$ 1,290,852
37X10	Revsc evasc fpvt angio sf 1	18320.46	2158.1			SD382	Drug coated balloon	item	2343.33	1	0	$ 5,057,140
37X11	Revsc evasc fpvt angio sf ea	7042.63	829.71			SD382	Drug coated balloon	item	2343.33	1	0	$ 1,944,284
37X12	Revsc evsc fpvt angio cplx 1	7851.54	924.9			SD256	Embolic Protection Device Spider FX (EV3, document	item	1142.89	1	0	$ 1,057,059
37X12	Revsc evsc fpvt angio cplx 1	7851.54	924.9			SD382	Drug coated balloon	item	2343.33	1	0	$ 2,167,346
37X13	Rvsc evsc fpvt angio cplx ea	1231.94	145.23			SD382	Drug coated balloon	item	2343.33	1	0	$ 340,322
37X14	Revsc evsc fpvt stent sf 1st	10993.43	1204			SD382	Drug coated balloon	item	2343.33	1	0	$ 2,821,369
37X14	Revsc evsc fpvt stent sf 1st	10993.43	1204			SD383	Drug eluting stent	item	1900	1	0	$ 2,287,600
37X15	Revsc evasc fpvt stent sf ea	1053.32	115.37			SD254	covered stent (VIABAHN, Gore)	item	3931.17	1	0	$ 453,539
37X16	Revsc evasc fpvt st cplx 1st	4711.57	516			SD254	covered stent (VIABAHN, Gore)	item	3931.17	2	0	$ 4,056,967
37X16	Revsc evasc fpvt st cplx 1st	4711.57	516			SD255	Reentry device (Frontier, Outback, Pioneer)	item	3100	1	0	$ 1,599,600
37X16	Revsc evasc fpvt st cplx 1st	4711.57	516			SD256	Embolic Protection Device Spider FX (EV3, document	item	1142.89	1	0	$ 589,731
37X17	Revsc evasc fpvt st cplx ea	1053.32	115.37			SD254	covered stent (VIABAHN, Gore)	item	3931.17	1	0	$ 453,539
37X18	Revsc evsc fpvt athrc sf 1st	24840.18	16931.6			SD253	atherectomy device (Spectronetics laser or Fox Hollo	kit	3447.5	1	0	$ 58,371,691
37X18	Revsc evsc fpvt athrc sf 1st	24840.18	16931.6			SD382	Drug coated balloon	item	2343.33	1	0	$ 39,676,326
37X18	Revsc evsc fpvt athrc sf 1st	24840.18	16931.6			SD384	Embolic protection for atherectomy	item	2862	1	0	$ 48,458,239
37X19	Revsc evsc fpvt athrc sf ea	3514.43	2394.93			SD382	Drug coated balloon	item	2343.33	1	0	$ 5,612,111
37X20	Revsc evsc fpvt athrc cplx 1	10645.82	7256.4			SD253	atherectomy device (Spectronetics laser or Fox Hollo	kit	3447.5	1	0	$ 25,016,439
37X20	Revsc evsc fpvt athrc cplx 1	10645.82	7256.4			SD255	Reentry device (Frontier, Outback, Pioneer)	item	3100	1	0	$ 22,494,840
37X20	Revsc evsc fpvt athrc cplx 1	10645.82	7256.4			SD382	Drug coated balloon	item	2343.33	1	0	$ 17,004,140
37X20	Revsc evsc fpvt athrc cplx 1	10645.82	7256.4			SD384	Embolic protection for atherectomy	item	2862	1	0	$ 20,767,817
37X21	Rvsc evsc fpvt athrc cplx ea	3514.43	2394.93			SD382	Drug coated balloon	item	2343.33	1	0	$ 5,612,111
37X22	Rvsc evsc fpvt st athrc sf 1	11557	8120			SD253	atherectomy device (Spectronetics laser or Fox Hollo	kit	3447.5	1	0	$ 27,993,700
37X22	Rvsc evsc fpvt st athrc sf 1	11557	8120			SD382	Drug coated balloon	item	2343.33	1	0	$ 19,027,840

37X22	Rvsc evsc fpvt st athrc sf 1	11557	8120			SD383	Drug eluting stent	item	1900	1	0	$	15,428,000
37X22	Rvsc evsc fpvt st athrc sf 1	11557	8120			SD384	Embolic protection for atherectomy	item	2862	1	0	$	23,239,440
37X23	Rvsc evsc fpvt st athr sf ea	480.08	336.76			SD254	covered stent (VIABAHN, Gore)	item	3931.17	1	0	$	1,323,861
37X24	Rvsc evsc fpvt st athr cpx 1	4953	3480			SD253	atherectomy device (Spectronetics laser or Fox Hollo	kit	3447.5	1	0	$	11,997,300
37X24	Rvsc evsc fpvt st athr cpx 1	4953	3480			SD254	covered stent (VIABAHN, Gore)	item	3931.17	2	0	$	27,360,943
37X24	Rvsc evsc fpvt st athr cpx 1	4953	3480			SD255	Reentry device (Frontier, Outback, Pioneer)	item	3100	1	0	$	10,788,000
37X24	Rvsc evsc fpvt st athr cpx 1	4953	3480			SD384	Embolic protection for atherectomy	item	2862	1	0	$	9,959,760
37X25	Rvsc evsc fpvt st ath cpx ea	1123.41	788.88			SD254	covered stent (VIABAHN, Gore)	item	3931.17	1	0	$	3,101,221
37X26	Iv lithotrp fpvt w/in sm art	3278.83	1405.98			SD381	FemPop IVL Catheter	item	4700	1	0	$	6,608,106
37X29	Rvsc evsc tpvt angio cplx 1	11858.39	2206.35			SD255	Reentry device (Frontier, Outback, Pioneer)	item	3100	1	0	$	6,839,685
37X29	Rvsc evsc tpvt angio cplx 1	11858.39	2206.35			SD256	Embolic Protection Device Spider FX (EV3, document	item	1142.89	1	0	$	2,521,615
37X31	Revsc evasc tpvt st sf 1st	966.5	139.5			SD256	Embolic Protection Device Spider FX (EV3, document	item	1142.89	1	0	$	159,433
37X31	Revsc evasc tpvt st sf 1st	966.5	139.5			SD379	drug eluting stent, tibial	item	2750	1	0	$	383,625
37X32	Revsc evasc tpvt st sf ea	66.27	18.28			SD379	drug eluting stent, tibial	item	2750	1	0	$	50,270
37X33	Revsc evasc tpvt st cplx 1st	966.5	139.5			SD255	Reentry device (Frontier, Outback, Pioneer)	item	3100	1	0	$	432,450
37X33	Revsc evasc tpvt st cplx 1st	966.5	139.5			SD256	Embolic Protection Device Spider FX (EV3, document	item	1142.89	1	0	$	159,433
37X33	Revsc evasc tpvt st cplx 1st	966.5	139.5			SD379	drug eluting stent, tibial	item	2750	1	0	$	383,625
37X34	Revsc evasc tpvt st cplx ea	154.75	42.73			SD379	drug eluting stent, tibial	item	2750	1	0	$	117,508
37X35	Revsc evsc tpvt athrc sf 1st	17314.5	13535.5			SD253	atherectomy device (Spectronetics laser or Fox Hollo	kit	3447.5	1	0	$	46,663,636
37X35	Revsc evsc tpvt athrc sf 1st	17314.5	13535.5			SD384	Embolic protection for atherectomy	item	2862	1	0	$	38,738,601
37X37	Revsc evsc tpvt athrc cplx 1	17314.5	13535.5			SD253	atherectomy device (Spectronetics laser or Fox Hollo	kit	3447.5	1	0	$	46,663,636
37X37	Revsc evsc tpvt athrc cplx 1	17314.5	13535.5			SD255	Reentry device (Frontier, Outback, Pioneer)	item	3100	1	0	$	41,960,050
37X37	Revsc evsc tpvt athrc cplx 1	17314.5	13535.5			SD384	Embolic protection for atherectomy	item	2862	1	0	$	38,738,601
37X39	Rvsc evsc tpvt st athrc sf 1	1363	1099			SD253	atherectomy device (Spectronetics laser or Fox Hollo	kit	3447.5	1	0	$	3,788,803
37X39	Rvsc evsc tpvt st athrc sf 1	1363	1099			SD379	drug eluting stent, tibial	item	2750	1	0	$	3,022,250
37X39	Rvsc evsc tpvt st athrc sf 1	1363	1099			SD384	Embolic protection for atherectomy	item	2862	1	0	$	3,145,338
37X40	Rvsc evsc tpvt st athr sf ea	50.6	40.7			SD379	drug eluting stent, tibial	item	2750	1	0	$	111,925
37X41	Rvsc evsc tpvt st athr cpx 1	1363	1099			SD253	atherectomy device (Spectronetics laser or Fox Hollo	kit	3447.5	1	0	$	3,788,803
37X41	Rvsc evsc tpvt st athr cpx 1	1363	1099			SD255	Reentry device (Frontier, Outback, Pioneer)	item	3100	1	0	$	3,406,900
37X41	Rvsc evsc tpvt st athr cpx 1	1363	1099			SD379	drug eluting stent, tibial	item	2750	1	0	$	3,022,250
37X41	Rvsc evsc tpvt st athr cpx 1	1363	1099			SD384	Embolic protection for atherectomy	item	2862	1	0	$	3,145,338
37X42	Rvsc evsc tpvt st ath cpx ea	118.42	95.3			SD379	drug eluting stent, tibial	item	2750	1	0	$	262,075
43290	Egd flx trnsorl dplmnt balo	8	1			SD348	ORBERA Intragastric Balloon System (balloon, placem	item	1850	1	0	$	1,850
44401	Colonoscopy with ablation	32	3			SC103	catheter, RF ablation, endoscopic	item	1500	1	0	$	4,500
45346	Sigmoidoscopy w/ablation	841	43	COLORECTAL SURGERY	76%	SC103	catheter, RF ablation, endoscopic	item	1500	1	0	$	64,500
45388	Colonoscopy w/ablation	16067	957	GASTROENTEROLOGY	57%	SC103	catheter, RF ablation, endoscopic	item	1500	1	0	$	1,435,500
47382	Percut ablate liver rf	2595	41	DIAGNOSTIC RADIOLOC	59%	SA100	kit, probe, radiofrequency, XIi-enhanced RF probe	kit	1966.67	1	0	$	80,633
47383	Perq abltj lvr cryoablation	381	118	GENERAL SURGERY	84%	SD233	probe, cryoablation, renal	item	1170.22	4	0	$	552,344
47538	Perq plmt bile duct stent	673	2	INTERVENTIONAL RADI	86%	SD313	Viabil covered biliary stent	Item	2765.76	1	0	$	5,532
47539	Perq plmt bile duct stent	105	1			SD313	Viabil covered biliary stent	Item	2765.76	1	0	$	2,766
47540	Perq plmt bile duct stent	130	1			SD313	Viabil covered biliary stent	Item	2765.76	1	0	$	2,766
50592	Perc rf ablate renal tumor	1479	64	DIAGNOSTIC RADIOLOC	66%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	2289	1	0	$	146,496
50593	Perc cryo ablate renal tum	3828	50	INTERVENTIONAL RADI	63%	SD233	probe, cryoablation, renal	item	1170.22	2.5	0	$	146,278
52284	Cysto rx balo cath urtl strx	3745	115			SD359	Optilume DCB, guidewire, and inflation device	item	2245	1	0	$	258,175
52441	Cystourethro w/implant	14076	3315	UROLOGY	100%	SD291	Urolift Implant and implantation device	item	875	1	0	$	2,900,625
52442	Cystourethro w/addl implant	56639	15431	UROLOGY	100%	SD291	Urolift Implant and implantation device	item	875	1	0	$	13,502,125
52XX2	Cysto 1st trurl prst8 comis	104	1			SA138	Optilume BPH Prostatic Dilation Kit	item	5900	1	0	$	5,900
53850	Prostatic microwave thermotx	613.74	611.78	UROLOGY	100%	SA036	kit, transurethral microwave thermotherapy	kit	1000	1	0	$	611,780
53852	Prostatic rf thermotx	139	79	UROLOGY	100%	SA037	kit, transurethral needle ablation (TUNA)	kit	900	1	0	$	71,100
53854	Trurl dstrj prst8 tiss rf wv	4658	2651	UROLOGY	100%	SA128	kit, Rezum delivery device	item	3090	1	0	$	8,191,590
53855	Insert prost urethral stent	246	195	UROLOGY	97%	SA101	kit, stent, urethral, prostatic, insertion tool and surve	kit	512.34	1	0	$	99,906
53860	Transurethral rf treatment	24	23	OBSTETRICS/GYNECOL(	100%	SD245	Renessa probe	item	2206.82	1	0	$	50,757
53865	Cysto insj dev ischmc rmdlg	670.52	452.38			SD366	iTIND device	item	2972.5	1	0	$	1,344,700
55873	Cryoablate prostate	1103	81	UROLOGY	95%	SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)	kit	4000	1	0	$	324,000
55874	Tprnl plmt biodegrdabl matrl	22198	7473	UROLOGY	59%	SA126	Biodegradable Material Kit - PeriProstatic	item	4036.22	1	0	$	30,162,672
55881	Ablt trurl prst8 tis thrm us	1937.29	1047.95			SA136	TULSA-PRO Disposable Kit	item	8967	1	0	$	9,396,968

55882	Ablt trurl prst8 tis trnsdcr	305.9	222.44			SA136	TULSA-PRO Disposable Kit	item	8967	1	0	$	1,994,619
58353	Endometr ablate thermal	29	3	OBSTETRICS/GYNECOL(	100%	SD018	catheter, balloon, thermal ablation (Thermachoice)	tray	762.59	1	0	$	2,288
58356	Endometrial cryoablation	5	1	OBSTETRICS/GYNECOL(	100%	SD215	probe, endometrial cryoablation (Her Option)	item	1295	1	0	$	1,295
58558	Hysteroscopy biopsy	43200	6464	OBSTETRICS/GYNECOL(	94%	SF059	Hysteroscopic tissue removal device	item	721.03	1	0	$	4,660,738
58563	Hysteroscopy ablation	1037	53	OBSTETRICS/GYNECOL(	100%	SD177	hysteroscope, ablation device	item	1945.13	1	0	$	103,092
58565	Hysteroscopy sterilization	2	1			SA075	kit, hysteroscopic tubal implant for sterilization	kit	1177.72	1	0	$	1,178
58580	Transcrv abltj utrn fibrd rf	9	1			SD361	RFA Handpiece, sterile (Sonata)	item	2500	1	0	$	2,500
60660	Abltj 1/+thyr ndul 1lobe prq	146.36	21.32			SD368	RF Electrodes 18 Gauge 70 mm Length	item	1995	1	0	$	42,533
61626	Transcath occlusion non-cns	1321	1	INTERVENTIONAL RADI	67%	SF058	LC Beads (2mL vial)	item	2341.93	2	0	$	4,684
63650	Implant neuroelectrodes	79968	16999	PAIN MANAGEMENT	30%	SD280	Trial lead kit	item	958.94	1	0	$	16,301,021
63650	Implant neuroelectrodes	79968	16999	PAIN MANAGEMENT	30%	SD281	Trial lead array	item	640.87	1	0	$	10,894,149
64553	Implant neuroelectrodes	35	7	NEUROSURGERY	50%	SD280	Trial lead kit	item	958.94	1	0	$	6,713
64553	Implant neuroelectrodes	35	7	NEUROSURGERY	50%	SD281	Trial lead array	item	640.87	1	0	$	4,486
64555	Implant neuroelectrodes	16200	2883	INTERVENTIONAL PAIN	19%	SD280	Trial lead kit	item	958.94	1	0	$	2,764,624
64555	Implant neuroelectrodes	16200	2883	INTERVENTIONAL PAIN	19%	SD281	Trial lead array	item	640.87	1	0	$	1,847,628
647XX	Dcmprn median nrv carpl tunl	1627.64	74.84			SA140	Kit, UltraguideCTR	kit	1099	1	0	$	82,249
64X11	Perq elec nrv field stimj cn	2	1			SA139	IB-Stim device kit	item	1195	1	0	$	1,195
65778	Cover eye w/membrane	70888	70212	OPTOMETRY	54%	SD248	human amniotic membrane allograft mounted on a n	item	1149	1	0	$	80,673,588
65779	Cover eye w/membrane suture	581	162	OPHTHALMOLOGY	99%	SD247	human amniotic membrane allograft	item	835	1	0	$	135,270
65785	Impltj ntrstrml crnl rng seg	12	7	OPHTHALMOLOGY	100%	SA120	intrastromal corneal ring	pair	1145	1	0	$	8,015
68816	Probe nl duct w/balloon	145	5	OPHTHALMOLOGY	100%	SD220	catheter, balloon, lacrimal	item	542.39	1	0	$	2,712
69705	Nps surg dilat eust tube uni	1801	1071	OTOLARYNGOLOGY	100%	SA134	kit, eustachian tube procedure	kit	2010	1	0	$	2,152,710
69706	Nps surg dilat eust tube bi	3994	2804	OTOLARYNGOLOGY	100%	SA134	kit, eustachian tube procedure	kit	2010	1	0	$	5,636,040
88120	Cytp urne 3-5 probes ea spec	54207	40049	PATHOLOGY	56%	SL261	FISH pre-treatment kit	kit	579.21	0.3		$	6,959,034
88121	Cytp urine 3-5 probes cmptr	21249	18247	PATHOLOGY	64%	SL261	FISH pre-treatment kit	kit	579.21	0.2		$	2,113,769
91111	Gi trc img intral esophagus	166	49	GASTROENTEROLOGY	90%	SA094	kit, capsule, ESO, endoscopy w-application supplies (	kit	704.65	1		$	34,528
91112	Gi wireless capsule measure	91	52	GASTROENTEROLOGY	98%	SD272	SmartPill capsule	item	1258.39	1		$	65,436
91113	Gi trc img intral colon i&r	11	2	GASTROENTEROLOGY	100%	SD346	PillCam COLON capsule	kit	625	1		$	1,250
96440	Chmotx admn plrl cav thrcnts	40	17	CRITICAL CARE (INTENS	50%	SA077	kit, pleural catheter insertion	kit	550.76	1	0	$	9,363
9XX01	Mchnl sclp cool meas fitg	2	2			SA141	Scalp Cooling Cap/Kit	item	1800	1		$	3,600
G0166	Extrnl counterpulse, per tx	41581	41581	CARDIOLOGY	71%	SD341	EECP compression equipment package	item	826.75	0.01		$	343,771
G0166	Extrnl counterpulse, per tx	41581	41581	CARDIOLOGY	71%	SD342	EECP electrical equipment package	item	752	0.0025		$	78,172
G0465	Autolog prp diab wound ulcer	1450	742	NURSE PRACTITIONER	56%	SD343	3C patch system	item	770.83	1	0	$	571,956
G2082	Visit esketamine 56m or less	4447	4350	PSYCHIATRY	65%	SH109	Esketamine (56 mg vial)	item	834.2	1	0	$	3,628,770
G2083	Visit esketamine, > 56m	33057	32172	PSYCHIATRY	66%	SH110	Esketamine (84 mg vial)	item	1251.31	1	0	$	40,257,145

AMA/Specialty Society RVS Update Committee

Other Relativity Assessment Workgroup Related Recommendations – October 2025

1. Laryngoscopy (31525)

In September 2024, the RAW reviewed *31525 Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn* via the Reported Together 75 Percent or More screen. The 2023 Medicare utilization showed that CPT code 31525 was reported with CPT code 31231 80 percent of the time, and CPT code 31325 was reported with CPT code 69210 75 percent of the time. Therefore, these codes appeared on the screen the RAW reviewed to determine if a code bundling solution was necessary. The specialty societies indicated that although the Medicare utilization shows that these services are billed together, the publicly available CMS 2022 and 2023 Medicare Physician & Other Practitioners - by Provider and Service showed that one Otolaryngology practice located in California is the top physician for all three of these codes.

Therefore, the specialty society indicated to the RUC that, based on the lack of clinical justification to report these services together frequently, they believe it is appropriate to maintain these codes as currently described. There is no clinical justification for combining these codes, and it seems the billed together data is likely being driven by a single practice in the country.

The specialty societies notified CMS of possible misreporting of these services prior to the RUC review of these services under this screen. On October 15, 2024, the RUC submitted recommendations and notified CMS of the possible misreporting of CPT code 31525 based on the 2022 data**.**

In the NPRM for 2026, CMS did not acknowledge that they received the RUC notification of possible misreporting of CPT code 31525. Therefore, in its August 21, 2025, comment letter on the Proposed Rule for 2026, the RUC requested that CMS address the possible misreporting of 31525 in the Final Rule for 2026.

In September 2025, CPT code 31525 also appeared on the Harvard valued with Medicare utilization over 30,000 screen and the high volume growth screen. **The RUC would again like to notify CMS of the possible misreporting of CPT code 31525, as it is being reported by one physician performing 82 percent of these services based on 2023 Medicare Physician & Other Practitioners by Provider and Service data.**

2. *Image-guided robotic linear accelerator-based stereotactic radiosurgery* (G0339 and G0340)

In April 2025, the Relativity Assessment Workgroup identified one code with 2023 Medicare utilization over 10,000 and Medicare status of "C" contractor priced. The Workgroup requested an action plan for G0340 for September 2025. **In September 2025, the Workgroup reviewed the action plan and recommended that the RUC request that CMS delete G0339** ***Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment*** **and G0340** ***Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment.***

Currently only 17 centers in 11 states offer robotic radiosurgery. Reviewing the 234 physicians reporting these codes in 2023, the specialty notes that 68 physicians no longer offer robotic radiosurgery and 20 physicians retired. Additionally, CPT code 77373 *Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions* is available to report in lieu of G0339 and G0340. The Workgroup will review in September 2026 if CMS did not propose to delete for CPT 2027. **The RUC requests that CMS delete G0339 and G0340.**

3. Gastrostomy Tube Replacement (43762 & 43763)

In 2017, CMS identified CPT codes 43762 *Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract* and 43763 *Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract* via the 000-Day Global Typically Reported with an E/M screen. In January 2018, the RUC recommended that these codes be reviewed by the Relativity Assessment Workgroup in two years to examine utilization data to determine if 90% of 43760 are directed toward 43762 and 10% to 43763, as predicted. These data should also indicate if these codes are typically reported with E/M services and if the global period assignment should remain 000. In January 2022, the Workgroup reviewed these services and determined that the utilization split is as was projected. Additionally, these services are not typically reported with office visits, hospital visits or emergency department visits and the 000-day global period assignment is appropriate. The specialty society voiced concern with the utilization by providers that are not expected to perform this surgical procedure. It is possible that, because 2019 was the first year for this new low volume code, that there may be a misunderstanding of this procedure resulting in misreporting. Therefore, the specialty societies indicated they would develop a CPT Assistant article that describes correct reporting of 43763 and contrasts this procedure with 43762 and other codes for g-tube placement (eg, 43246, 49440). The Workgroup recommended that CPT codes 43762 and 43763 be maintained/removed from this screen and referred to CPT Assistant to describe scenarios when each of these services should be reported.

A CPT Assistant article was published in June 2022, to clarify the appropriate reporting of 43763 by surgeons. Code 43763 is typically performed under general anesthesia. However, 43763 is still being reported by nurse practitioners in the nursing facility and office, 42.5% (2023 Medicare utilization data). Data from the Medicare Physician & Other Practitioners shows one nurse practitioner in Florida as the dominant provider of 43763, performing 816 of 1,282 services in 2022 and 844 of 1,262 services in 2023.

The specialty societies submitted an action plan to discuss what action, if any, should occur for these services. In September 2025, the specialty societies indicated that CPT code 43763 is being reported by two providers and that these services should be maintained and CMS notified of possible misreporting. **The RUC would like to notify CMS of the possible misreporting of CPT code 43763.**

Rndrng_NPI	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	HCPCS_Cd	HCPCS_De	HCPCS_Dru	Place_Of_S	Tot_Benes	Tot_Srvcs	Tot_Bene_D	Avg_Sbmtd	Avg_Mdcr_A	Avg_Mdcr_P	Avg_Mdcr_Stdzd_Amt
1225185465	Paley	Harvey	D	M.D.	M	I	9301 Wilshire Blvd Ste !	Beverly Hill:	CA	6	90210	1	Metropolita	US	Otolaryngo	Y	31231	Diagnostic	N	F	17,858	**22,669**	22,669	$410.00	$39.12	$28.25	$26.33
1831211416	Guillory	Erick		P. A.	M	I	9301 Wilsh Suite 404	Beverly Hill:	CA	6	90210	1	Metropolita	US	Physician A	Y	31231	Diagnostic	N	F	2,174	**2,664**	2,664	$410.00	$31.18	$21.92	$20.37
1639602378	Kwan	Jessica			F	I	9301 Wilshire Blvd Ste 4	Beverly Hill:	CA	6	90210	1	Metropolita	US	Physician A	Y	31231	Diagnostic	N	F	978	**1,073**	1,073	$410.00	$35.25	$25.62	$24.22
1497012421	Nguyen	Uyen	B		F	I	9301 Wilshire Blvd Ste 4	Beverly Hill:	CA	6	90210	1	Metropolita	US	Physician A	Y	31231	Diagnostic	N	F	822	**909**	909	$410.00	$29.65	$21.90	$20.71
1417293283	Duarte	Jose	L	PA-C	M	I	9301 Wilshire Blvd Ste 4	Beverly Hill:	CA	6	90210	1	Metropolita	US	Physician A	Y	31231	Diagnostic	N	F	43	**43**	43	$410.00	$28.93	$23.06	$21.56
1225185465	Paley	Harvey	D	M.D.	M	I	9301 Wilshire Blvd Ste !	Beverly Hill:	CA	6	90210	1	Metropolita	US	Otolaryngo	Y	31231	Diagnostic	N	O	23	**25**	25	$410.00	$119.95	$91.74	$76.24
																						27,383					

Rndrng_NPI	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	HCPCS_Cd	HCPCS_De	HCPCS_Dru	Place_Of_S	Tot_Benes	**Tot_Srvcs**	Tot_Bene_D	Avg_Sbmtd	Avg_Mdcr_A	Avg_Mdcr_P	Avg_Mdcr_Stdzd_Amt
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	Q0138	Injection, fe	Y	O	38	43,350	85	$3.88	$0.77	$0.61	$0.61
1528105616	Brandes	Johann	C	MD, PHD	M	I	1840 Medic Suite 300	Murfreesbo	TN	47	37129	1.1	Secondary	US	Medical On	Y	J0881	Injection, d	Y	O	36	31,525	156	$4.83	$3.18	$2.50	$2.48
1568418630	Corsi	Ann	M	MD	F	I	500 West Broadway	Missoula	MT	30	59802	1	Metropolita	US	Rheumatol	Y	J3262	Injection, to	Y	O	11	31,525	66	$8.00	$5.76	$4.56	$4.58
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	A9575	Injection, g	Y	O	146	27,030	161	$1.00	$0.14	$0.11	$0.11
1225185465	Paley	Harvey	D	M.D.	M	I	9301 Wilshire Blvd Ste 4	Beverly Hill	CA	6	90210	1	Metropolita	US	Otolaryngo	Y		31525	Diagnostic	N	F	15,690	**19,314**	19,314	$513.00	$170.93	$126.62	$118.01
1851381156	Glynn County Georgia					O	121 Public Safety Blvd	Brunswick	GA	13	31525	1	Metropolita	US	Ambulance	Y	A0425	Ground mil	N	F	1,415	13,521	2,230	$12.50	$7.94	$6.33	$11.04
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	J0897	Injection, d	Y	O	43	11,820	125	$61.53	$21.61	$17.13	$17.01
1275548547	Bournigal	Erick		MD	M	I	1111 Glync Suite 30	Brunswick	GA	13	31525	1	Metropolita	US	Rheumatol	Y	J3111	Injection, rc	Y	O	17	10,290	49	$12.00	$9.59	$7.64	$7.64
1275548547	Bournigal	Erick		MD	M	I	1111 Glync Suite 30	Brunswick	GA	13	31525	1	Metropolita	US	Rheumatol	Y	J1602	Injection, g	Y	O	14	9,300	47	$24.00	$14.45	$11.52	$11.48
1871844647	Bulugean	Oana	R	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88305	Pathology e	N	O	2,337	6,018	2,938	$275.00	$65.64	$49.84	$53.99
1679731095	Ma	Li		M.D.	M	I	203 Indigo I Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88305	Pathology e	N	O	2,595	5,995	3,099	$275.00	$65.59	$48.45	$52.71
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	J0885	Injection, e	Y	O	27	5,641	173	$24.93	$8.14	$6.40	$6.35
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	Q9967	Low osmola	Y	O	47	4,615	51	$1.40	$0.11	$0.09	$0.09
1831211416	Guillory	Erick		P. A.	M	I	9301 Wilsh Suite 404	Beverly Hill	CA	6	90210	1	Metropolita	US	Physician A	Y		31525	Diagnostic	N	F	2,034	2,478	2,478	$513.00	$145.96	$103.74	$96.13
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 9	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		17003	Destructior	N	O	424	2,409	577	$5.48	$5.26	$3.84	$4.27
1275548547	Bournigal	Erick		MD	M	I	1111 Glync Suite 30	Brunswick	GA	13	31525	1	Metropolita	US	Rheumatol	Y	J0897	Injection, d	Y	O	32	2,040	34	$28.76	$21.31	$17.02	$17.42
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88305	Pathology e	N	O	838	2,001	871	$208.26	$39.92	$28.98	$30.66
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88185	Flow cytom	N	O	71	1,770	87	$137.50	$18.27	$13.99	$16.78
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	85025	Complete b	N	O	441	1,586	1,586	$29.00	$7.64	$7.64	$7.61
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 9	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99213	Establishec	N	O	887	1,511	1,511	$75.76	$72.75	$47.31	$50.96
1053624049	Yennam	Shyamala		MD	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88305	Pathology e	N	O	598	1,345	610	$215.60	$41.47	$30.42	$32.47
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	J1100	Injection, d	Y	O	22	1,270	127	$1.00	$0.12	$0.10	$0.10
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	J1100	Injection, d	Y	O	65	1,170	93	$6.72	$0.12	$0.09	$0.09
1851381156	Glynn County Georgia					O	121 Public Safety Blvd	Brunswick	GA	13	31525	1	Metropolita	US	Ambulance	Y	A0427	Ambulance	N	F	909	1,167	1,167	$550.00	$428.34	$338.72	$350.61
1922025253	Wal-Mart Stores East Lp					O	150 Altama Connector	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	K1034	Provision o	N	O	131	1,110	148	$9.94	$9.77	$9.77	$9.74
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88305	Pathology e	N	F	553	1,081	582	$201.00	$35.63	$25.52	$26.47
1851381156	Glynn County Georgia					O	121 Public Safety Blvd	Brunswick	GA	13	31525	1	Metropolita	US	Ambulance	Y	A0429	Ambulance	N	F	751	1,069	1,069	$450.37	$360.85	$284.79	$300.18
1215945597	Boczar	David	T	D.C.	M	I	92 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Chiropracti	Y	98941	Chiropracti	N	O	169	1,011	1,011	$52.37	$37.85	$26.29	$27.68
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	36415	Insertion of	N	O	373	968	968	$9.00	$2.96	$2.96	$2.94
1962732669	Heller	Jennifer	R	D.C.	F	I	208 Scranton Connecto	Brunswick	GA	13	31525	1	Metropolita	US	Chiropracti	Y	98941	Chiropracti	N	O	57	906	906	$54.77	$37.84	$28.07	$29.39
1396753687	Boczar	Jennifer	L	D.C.	F	I	92 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Chiropracti	Y	98941	Chiropracti	N	O	104	905	905	$52.18	$37.85	$26.17	$27.57
1275548547	Bournigal	Erick		MD	M	I	1111 Glync Suite 30	Brunswick	GA	13	31525	1	Metropolita	US	Rheumatol	Y	99214	Establishec	N	O	579	888	888	$266.77	$120.48	$84.81	$90.88
1497012421	Nguyen	Uyen	B		F	I	9301 Wilshire Blvd Ste 4	Beverly Hill	CA	6	90210	1	Metropolita	US	Physician A	Y		31525	Diagnostic	N	F	791	878	878	$513.00	$143.32	$107.33	$101.30
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	99214	Establishec	N	O	294	846	845	$379.43	$117.37	$89.44	$98.42
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	J2469	Injection, p	Y	O	17	840	84	$41.12	$1.02	$0.81	$0.81
1639602378	Kwan	Jessica			F	I	9301 Wilshire Blvd Ste 4	Beverly Hill	CA	6	90210	1	Metropolita	US	Physician A	Y		31525	Diagnostic	N	F	767	833	833	$513.00	$143.29	$103.52	$97.57
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 9	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		17000	Destructior	N	O	566	821	821	$55.10	$50.07	$34.45	$37.89
1457494130	Holland	Robert	E	M.D.	M	I	106 Shoppers Way Ste	Brunswick	GA	13	31525	1	Metropolita	US	Psychiatry	Y	99213	Establishec	N	O	216	778	778	$130.00	$83.40	$53.11	$59.66
1932175452	Martin	David	E	MD	M	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88305	Pathology e	N	F	298	717	309	$201.00	$35.53	$27.78	$28.77
1174039481	Weaver-Ha	Rachel	R	APRN,FNP-	F	I	209 Prior Ave	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	99308	Follow-up r	N	O	111	692	692	$114.00	$55.54	$38.79	$40.44
1316367113	Jabbar	Seema	B		F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88305	Pathology e	N	F	371	629	398	$201.00	$35.15	$28.04	$29.40
1457494130	Holland	Robert	E	M.D.	M	I	106 Shoppers Way Ste	Brunswick	GA	13	31525	1	Metropolita	US	Psychiatry	Y	90833	Psychother	N	O	202	627	627	$50.00	$48.56	$32.95	$51.01
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	99214	Establishec	N	O	308	616	616	$381.76	$116.39	$86.24	$95.71
1275548547	Bournigal	Erick		MD	M	I	1111 Glync Suite 30	Brunswick	GA	13	31525	1	Metropolita	US	Rheumatol	Y	J3301	Injection, tr	Y	O	141	613	176	$15.00	$1.16	$0.88	$0.88
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88305	Pathology e	N	O	294	572	301	$231.53	$45.36	$33.15	$37.76
1235108325	Nasri-Chen	Sina		MD	M	I	3150 N Tenaya Way Ste	Las Vegas	NV	32	89128	1	Metropolita	US	Otolaryngo	Y		31525	Diagnostic	N	O	382	548	548	$550.00	$255.03	$194.99	$195.31
1003875386	Buchli	Ian		O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92250	Photograph	N	O	436	537	537	$107.00	$33.95	$22.78	$25.18
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	99213	Establishec	N	O	253	535	535	$270.33	$82.63	$60.87	$67.50
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88361	Microscopi	N	F	119	520	122	$156.59	$41.87	$32.87	$33.64
1598771834	Simonian	Simon	K	MD	M	I	7080 Hollywood Blvd St	Los Angeles	CA	6	90028	1	Metropolita	US	Otolaryngo	Y		31525	Diagnostic	N	O	341	511	511	$285.00	$280.94	$217.65	$195.26
1003875386	Buchli	Ian		O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	99214	Establishec	N	O	345	497	497	$147.00	$120.61	$87.92	$93.76
1417240029	Parrent	Tanner	J	M.D.	M	I	227 Burley Ave	Hopkinsvill	KY	21	42240	4	Micropolita	US	Dermatolog	Y	99213	Establishec	N	O	386	480	480	$147.57	$84.28	$54.37	$58.32
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	72148	Mri scan of	N	O	463	476	476	########	$178.19	$138.59	$150.99
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88189	Flow cytom	N	F	394	466	458	$248.47	$81.24	$61.18	$62.50
1124002712	Wall	Carolyn	K	M.D.	F	I	203 Indigo I Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88305	Pathology e	N	O	264	460	269	$225.22	$45.65	$33.23	$35.32
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88313	Special stai	N	F	104	458	105	$223.00	$11.65	$9.29	$9.50
1124002712	Wall	Carolyn	K	M.D.	F	I	203 Indigo I Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88112	Cell examir	N	O	392	457	457	$279.08	$60.77	$45.12	$49.38
1316499437	Sam's East, Inc.					O	10100 Canal Crossing	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	K1034	Provision o	N	O	80	449	89	$10.71	$10.03	$10.03	$10.02
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	96372	Injection of	N	O	91	443	422	$67.00	$13.35	$10.28	$11.04
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88305	Pathology e	N	O	208	426	208	$209.86	$39.01	$28.09	$29.34
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	J2405	Injection, o	Y	O	26	424	53	$2.98	$0.08	$0.07	$0.07
1528145257	Koss	Gerald	W	O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92250	Photograph	N	O	345	414	414	$80.00	$35.86	$21.69	$22.44
1285019018	Delva	Guensley	R	M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Pain Manag	Y	J1100	Injection, d	Y	O	30	406	32	$7.81	$0.12	$0.10	$0.10
1528145257	Koss	Gerald	W	O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	99214	Establishec	N	O	291	401	401	$136.00	$126.74	$86.29	$87.22
1174947907	Samson Merger Sub, Llc					O	341 Venture Dr	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	K1034	Provision o	N	O	45	392	52	$11.99	$11.63	$11.63	$11.63
1316367113	Jabbar	Seema	B		F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88341	Special stai	N	F	91	386	94	$65.00	$26.56	$21.16	$21.98
1154422541	Brunswick Pain Treatment Center, Llc					O	1111 Glync 3rd Floor	Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y	G0260	Injection pr	N	F	165	359	251	########	$245.36	$192.63	$215.77
1528145257	Koss	Gerald	W	O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92014	Establishec	N	O	345	351	351	$126.00	$123.20	$82.15	$84.91
1285019018	Delva	Guensley	R	M.D.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Pain Manag	Y	99214	Establishec	N	O	138	350	350	$357.00	$119.33	$88.65	$95.74
1033573530	Bell	Lindsey	H	NP	F	I	15 Gable Ct	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	J1100	Injection, d	Y	O	31	330	33	$1.00	$0.12	$0.06	$0.06
1871828897	Boothby	Matthew	R		M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	J1100	Injection, d	Y	O	21	320	27	$6.75	$0.12	$0.09	$0.09
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 2	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	80305	Testing for	N	O	187	316	316	$57.66	$12.16	$12.16	$12.35
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	85060	Blood smea	N	F	250	286	286	$56.00	$23.21	$17.21	$18.01
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 9	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99214	Establishec	N	O	238	284	284	$107.11	$102.85	$68.44	$73.29
1528145257	Koss	Gerald	W	O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92134	Imaging of r	N	O	238	283	283	$47.00	$39.43	$27.98	$28.86
1528145257	Koss	Gerald	W	O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	99213	Establishec	N	O	111	282	282	$96.00	$89.96	$65.17	$65.71
1326309121	Shelton	Danielle		M.D.	F	I	3222 Shrine Rd Ste A	Brunswick	GA	13	31520	1	Metropolita	US	Family Prac	Y	83036	Hemoglobi	N	O	172	280	280	$76.00	$9.32	$9.32	$9.52
1174039481	Weaver-Ha	Rachel	R	APRN,FNP-	F	I	209 Prior Ave	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	99309	Follow-up r	N	O	104	268	268	$152.00	$73.08	$48.95	$51.24

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1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	72146	Mri scan of	N	O	106	109	109	########	$142.95	$113.24	$120.59						
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88342	Special stai	N	F	86	108	89	$108.00	$33.08	$25.92	$26.65						
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88341	Special stai	N	F	41	107	41	$65.00	$26.77	$21.17	$21.78						
1003875386	Buchli	Ian		O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92284	Evaluation (	N	O	82	106	106	$103.00	$51.71	$37.21	$42.03						
1033573530	Bell	Lindsey	H	NP	F	I	15 Gable Ct	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	99214	Establishec	N	O	104	106	106	$171.00	$101.73	$67.39	$73.42						
1871844647	Bulugean	Oana	R	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88304	Pathology e	N	O	94	105	96	$139.00	$36.89	$27.41	$31.33						
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88311	Preparatior	N	F	104	105	105	$35.60	$11.96	$9.54	$9.77						
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88189	Flow cytom	N	O	83	102	101	$249.00	$79.67	$63.70	$66.52						
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	J1885	Injection, k	Y	O	16	101	21	$11.24	$0.54	$0.43	$0.48						
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88344	Special stai	N	O	67	97	67	$339.77	$153.28	$121.16	$134.21						
1871844647	Bulugean	Oana	R	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88312	Special stai	N	O	77	97	81	$246.00	$101.92	$79.67	$88.19						
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	J2920	Injection, m	Y	O	40	96	85	$12.90	$4.19	$3.28	$3.25						
1871844647	Bulugean	Oana	R	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88341	Special stai	N	O	59	96	59	$194.97	$79.36	$63.05	$69.33						
1154422541	Brunswick Pain Treatment Center, Llc					O	1111 Glync 3rd Floor	Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y	63650	Insertion of	N	F	31	95	48	########	########	########	########						
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88307	Pathology e	N	F	60	93	61	$300.00	$78.30	$59.49	$61.66						
1114135654	Georgia Cvs Pharmacy Llc					O	200 Glynn Isle	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	90662	Influenza va	Y	O	92	93	93	$69.64	$68.33	$68.33	$68.24						
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88341	Special stai	N	F	27	92	28	$65.00	$26.60	$20.74	$21.52						
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88341	Special stai	N	O	18	92	18	$197.00	$79.54	$63.44	$69.74						
1174039481	Weaver-Ha	Rachel	R	APRN,FNP-	F	I	209 Prior Ave	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	99309	Follow-up r	N	F	63	90	90	$152.00	$73.06	$54.84	$56.97						
1275548547	Bournigal	Erick		MD	M	I	1111 Glync Suite 30	Brunswick	GA	13	31525	1	Metropolita	US	Rheumatol	Y	20610	Aspiration a	N	O	56	90	68	$177.52	$61.76	$45.00	$41.02						
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	96401	Administrat	N	O	19	89	89	$233.58	$68.58	$52.93	$59.33						
1174947907	Samson Merger Sub, Llc					O	341 Venture Dr	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	G0008	Administrat	N	O	88	88	88	$33.03	$26.92	$26.92	$16.62						
1255370219	Publix Super Markets Inc					O	171 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Centralized	Y	0064A	Adm sarscc	N	O	87	88	88	$40.00	$36.29	$36.29	$39.20						
1316367113	Jabbar	Seema	B		F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88307	Pathology e	N	F	62	88	65	$300.00	$77.81	$62.00	$64.57						
1316367113	Jabbar	Seema	B		F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88108	Cell examir	N	F	59	87	66	$65.00	$21.28	$16.96	$17.64						
1952522195	Maghen	Yousef		MD	M	I	6200 Wilsh #1711	Los Angeles	CA	6	90048	1	Metropolita	US	Family Prac	Y	31525	Diagnostic	N	O	70	87	87	$347.41	$282.80	$224.30	$201.51						
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88184	Flow cytom	N	O	71	87	87	$226.00	$60.26	$42.00	$48.48						
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	63650	Insertion of	N	F	27	86	43	########	$297.79	$235.52	$241.68						
1336165547	Southeastern Pharmacy Llc					O	5711 Altam Unit G	Brunswick	GA	13	31525	1	Metropolita	US	Pharmacy	Y	90662	Influenza va	Y	O	85	85	85	$81.76	$68.54	$68.54	$68.54						
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	99204	New patien	N	O	85	85	85	$502.13	$154.36	$109.17	$120.16						
1700331741	Staab	Bridget		O.D.	F	I	150 Altama Connector	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92012	Establishec	N	O	84	85	85	$79.53	$78.88	$46.33	$55.40						
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88300	Pathology e	N	O	77	84	84	$53.75	$12.98	$10.12	$11.28						
1154422541	Brunswick Pain Treatment Center, Llc					O	1111 Glync 3rd Floor	Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y	62321	Injection of	N	F	55	84	84	########	$289.27	$223.66	$250.50						
1447494570	Stevens	Matthew	S	M.D.	M	I	618 Pegram Dr.	Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	58	84	84	$789.01	$227.59	$175.60	$196.82						
1679731095	Ma	Li		M.D.	M	I	203 Indigo I	Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88331	Pathology e	N	O	37	82	38	$291.00	$94.90	$72.58	$78.10						
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1,	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99203	New patien	N	O	81	81	81	$93.57	$90.06	$56.72	$61.21						
1033412358	Hall	Wayne	E	PA-C	M	I	5833 S Goldenrod Rd S	Orlando	FL	12	32822	1	Metropolita	US	Physician A	Y	99211	Office or ot	N	O	63	80	80	$55.00	$19.10	$18.81	$19.32						
1154369130	Waters	Richard	E	M.D.	M	I	415 E Hardi Suite D	Stockton	CA	6	95204	1	Metropolita	US	Cardiology	Y	93280	Programmi	N	O	62	80	80	$95.00	$87.59	$59.81	$55.32						
1326357856	Pham	Bao Lan	D	M.D.	M	I	712 N Wast Suite 101	Dallas	TX	48	75246	1	Metropolita	US	Diagnostic	Y	71250	Ct scan of c	N	O	80	80	80	$208.00	$49.32	$38.00	$37.43						
1376052514	Evans	Shanna			F	I	18303 Perkins Rd E Ste	Baton Roug	LA	22	70810	1	Metropolita	US	Physician A	Y	99214	Establishec	N	O	76	80	80	$355.00	$102.97	$85.43	$90.32						
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	96366	Infusion int	N	O	12	80	48	$66.60	$19.44	$15.32	$16.63						
1588668446	Stern	Jamie		MD	F	I	875 Old Co Suite 200	Plainview	NY	36	11803	1	Metropolita	US	Otolaryngo	Y	G0268	Removal of	N	O	79	80	80	$351.00	$64.72	$47.50	$37.32						
1659464550	Soparkar	Charles	N	M.D., PH.D	M	I	3730 Kirby I	Suite 900	Houston	TX	48	77098	1	Metropolita	US	Ophthalmo	Y	99215	Establishec	N	O	64	80	80	$353.00	$182.49	$133.30	$132.32						
1700295490	Watkins	Shelly		OT, CHT	F	I	2500 E Prospect Rd	Fort Collins	CO	8	80525	1	Metropolita	US	Occupatior	Y	97760	Training in t	N	O	35	80	36	$208.27	$40.32	$32.25	$30.96						
1801009436	Shonka	David	C	MD	M	I	415 Ray C Hunt Dr	Charlottesv	VA	51	22903	1	Metropolita	US	Otolaryngo	Y	99204	New patien	N	F	80	80	80	$454.76	$136.22	$107.19	$105.32						
1861436875	Haughey	Michael	A	D.P.M.	M	I	1010 S Main St	Jonesboro	AR	5	72401	1	Metropolita	US	Podiatry	Y	20605	Aspiration a	N	O	55	80	80	$202.88	$55.13	$40.42	$46.32						
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	62321	Injection of	N	F	48	79	79	$503.67	$102.92	$79.00	$82.14						
1174537575	Berke	Gerald	S		M	I	200 Medica #550	Los Angeles	CA	6	90095	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	35	78	78	########	$284.00	$203.71	$180.08						
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	96523	Irrigation of	N	O	23	77	77	$81.75	$23.86	$17.91	$20.38						
1891184453	Moore	Kayde			F	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	85025	Complete b	N	O	62	77	77	$29.00	$7.62	$7.62	$7.61						
1255370219	Publix Super Markets Inc					O	171 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Centralized	Y	0134A	Fee covid-1	N	O	75	75	75	$40.00	$35.92	$35.92	$39.20						
1336284561	Hopp	Martin	L	MD PHD	M	I	8631 W 3rd Suite 440e	Los Angeles	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	57	75	75	$450.00	$286.73	$225.18	$196.79						
1023029162	St John	Maie	A	MD	F	I	200 Medica #550	Los Angeles	CA	6	90095	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	62	74	74	########	$285.52	$219.99	$194.62						
1407358740	Kohlert	Scott	F	MD	M	I	910 E Houston St Ste 5	Tyler	TX	48	75702	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	72	74	74	$846.41	$87.28	$69.99	$73.51						
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	85097	Bone marrc	N	F	73	74	74	$250.00	$46.17	$36.83	$37.98						
1003875386	Buchli	Ian		O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92134	Imaging of r	N	O	64	73	73	$97.00	$34.78	$25.05	$27.02						
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88311	Preparatior	N	F	71	73	72	$35.00	$11.85	$8.41	$8.75						
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1,	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99202	New patien	N	O	72	72	72	$60.61	$58.18	$35.35	$38.68						
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	64490	Injection of	N	F	45	72	72	$855.00	$127.31	$102.08	$108.34						
1033118880	Lee	James	J	DO	M	I	15 Gable Court	Brunswick	GA	13	31525	1	Metropolita	US	Family Prac	Y	99213	Establishec	N	O	44	71	71	$137.46	$86.69	$45.07	$48.68						
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1,	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	12032	Intermediat	N	O	66	71	71	$250.11	$240.36	$182.29	$168.45						
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	J1200	Injection, d	Y	O	15	71	71	$3.94	$1.13	$0.89	$0.88						
1003875386	Buchli	Ian		O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	99204	New patien	N	O	70	70	70	$207.00	$155.88	$105.41	$115.12						
1053624049	Yennam	Shyamala		MD	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88341	Special stai	N	O	27	70	27	$194.21	$75.73	$59.01	$68.68						
1871844647	Bulugean	Oana	R	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88331	Pathology e	N	O	36	70	40	$291.00	$94.59	$74.32	$80.07						
1114135654	Georgia Cvs Pharmacy Llc					O	200 Glynn Isle	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	0134A	Fee covid-1	N	O	69	69	69	$56.99	$38.89	$38.89	$39.20						
1447926753	Greene	Kathryn	A	PA-C	F	I	1111 Glynco Pkwy Ste 1	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	87426	Detection t	N	O	68	69	69	$100.00	$35.05	$35.05	$34.62						
1124002712	Wall	Carolyn	K	M.D.	F	I	203 Indigo I	Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88121	Cell examir	N	O	66	68	68	$128.00	$46.01	$36.72	$37.71						
1174039481	Weaver-Ha	Rachel	R	APRN,FNP-	F	I	209 Prior Ave	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	99307	Follow-up r	N	F	44	68	68	$75.00	$35.18	$25.63	$26.65						
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	99223	Initial hospi	N	F	54	68	68	$594.12	$188.73	$150.60	$155.46						
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	73221	Mri scan of	N	O	64	68	66	########	$194.59	$153.51	$166.38						
1871828897	Boothby	Matthew	R		M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	80305	Testing for p	N	O	60	68	68	$68.24	$12.32	$12.32	$12.35						
1154422541	Brunswick Pain Treatment Center, Llc					O	1111 Glync 3rd Floor	Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y	64450	Injection of	N	F	27	67	43	########	$24.55	$19.59	$20.41						
1932175452	Martin	David	E	MD	M	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88313	Special stai	N	F	51	67	51	$222.00	$11.47	$8.61	$8.99						
1154422541	Brunswick Pain Treatment Center, Llc					O	1111 Glync 3rd Floor	Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y	64493	Injection of	N	F	23	66	38	########	$295.54	$235.92	$263.11						
1982140075	Pollath	Tracy			F	I	160 Heritage Way	Kalispell	MT	30	59901	4	Micropolita	US	Physician A	Y	31525	Diagnostic	N	O	63	66	66	$550.00	$219.22	$171.66	$169.58						
1154422541	Brunswick Pain Treatment Center, Llc					O	1111 Glync 3rd Floor	Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y	27279	Fusion of pa	N	F	57	65	65	########	########	########	########						
1154422541	Brunswick Pain Treatment Center, Llc					O	1111 Glync 3rd Floor	Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y	64451	Injection of	N	F	26	65	41	########	$236.46	$183.65	$202.96						
1275548547	Bournigal	Erick		MD	M	I	1111 Glync Suite 30	Brunswick	GA	13	31525	1	Metropolita	US	Rheumatol	Y	J3489	Injection, zi	Y	O	13	65	13	$13.00	$6.09	$3.34	$3.29						

1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	72158	Mri scan of	N	O	62	65	65	########	$306.41	$237.64	$257.44								
1922025253	Wal-Mart Stores East Lp					O	150 Altama Connector	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	0064A	Adm sarscc	N	O	62	63	63	$40.00	$36.36	$36.36	$39.20								
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88360	Microscopi	N	F	12	62	12	$143.00	$39.05	$31.12	$32.56								
1225364599	Veal	Laura	H	FNP	F	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	99212	Establishec	N	F	55	62	62	$103.61	$30.43	$21.58	$21.76								
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	99233	Follow-up h	N	F	28	62	62	$307.45	$97.41	$77.71	$80.32								
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	64491	Injection of	N	F	40	62	62	$418.31	$69.32	$55.61	$58.82								
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88331	Pathology e	N	O	43	61	44	$291.00	$94.47	$75.29	$81.13								
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88177	Pap test, ev	N	F	25	61	26	$65.00	$20.69	$16.51	$17.09								
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	27279	Fusion of pa	N	F	54	61	61	########	$799.42	$637.26	$674.16								
1376741538	Bhula	Seema		O.D.	F	I	149 Altama Connector		Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92014	Establishec	N	O	59	60	60	$135.00	$117.74	$73.53	$80.83								
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88344	Special stai	N	O	11	59	11	$252.25	$126.06	$100.49	$113.40								
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, S		Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	11103	Biopsy of re	N	O	42	59	44	$42.02	$40.19	$29.34	$32.44								
1275548547	Bournigal	Erick		MD	M	I	1111 Glync Suite 30		Brunswick	GA	13	31525	1	Metropolita	US	Rheumatol	Y	96365	Infusion int	N	O	26	58	58	$276.47	$61.60	$46.70	$51.84								
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88342	Special stai	N	O	53	57	53	$166.67	$53.80	$42.94	$45.79								
1528145257	Koss	Gerald	W	O.D.	M	I	90 Village At Glynn Pl		Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92004	New patien	N	O	56	56	56	$151.00	$146.01	$82.42	$85.86								
1700331741	Staab	Bridget		O.D.	F	I	150 Altama Connector		Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92002	New patien	N	O	56	56	56	$79.46	$78.79	$44.69	$51.26								
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88342	Special stai	N	O	51	55	51	$201.96	$66.13	$52.86	$58.44								
1033573530	Bell	Lindsey	H	NP	F	I	15 Gable Ct		Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	96372	Injection of	N	O	46	54	49	$40.00	$11.23	$5.76	$6.63								
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, S		Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	12052	Intermediat	N	O	53	54	54	$261.64	$249.56	$190.83	$107.28								
1972835015	Neff	Alicia	M	FNP	F	I	12605 E 16th Ave		Aurora	CO	8	80045	1	Metropolita	US	Nurse Prac	Y	31525	Diagnostic	N	O	54	54	54	$544.50	$219.35	$173.58	$171.17								
1063905990	Capps	Jonathon	W	PA-C	M	I	1111 Glync Ste 10		Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99213	Establishec	N	O	49	53	53	$117.11	$72.53	$60.89	$64.88								
1154422541	Brunswick Pain Treatment Center, Llc					O	1111 Glync 3rd Floor		Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y	62323	Injection of	N	F	51	53	53	########	$288.32	$229.94	$257.60								
1932175452	Martin	David	E	MD	M	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88341	Special stai	N	F	15	53	16	$65.00	$26.72	$21.32	$21.98								
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88342	Special stai	N	F	45	52	46	$108.00	$32.88	$25.69	$26.63								
1033573530	Bell	Lindsey	H	NP	F	I	15 Gable Ct		Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	87428	Detection t	N	O	50	52	52	$128.00	$29.84	$29.84	$30.32								
1316499437	Sam's East, Inc.					O	10100 Canal Crossing		Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	0124A	Fee covid-1	N	O	52	52	52	$40.00	$38.89	$38.89	$39.20								
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	99195	Drawing of	N	O	17	52	52	$307.46	$90.68	$68.15	$77.67								
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	64484	Injection of	N	F	40	52	52	$313.65	$47.52	$38.25	$41.76								
1831182831	Downs	Daniel	H	MD	M	I	1300 N Rim Suite B		Flagstaff	AZ	4	86001	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	50	51	51	$499.00	$245.77	$189.49	$196.32								
1285019018	Delva	Guensley	R	M.D.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Pain Manag	Y	99204	New patien	N	O	50	50	50	$434.80	$153.88	$102.54	$114.27								
1285624411	Shaner	John	E	M.D.	M	I	1692 Glynco Parkway		Brunswick	GA	13	31525	1	Metropolita	US	Hospice an	Y	99233	Follow-up h	N	F	36	49	49	$203.14	$97.52	$78.63	$81.14								
1447926753	Greene	Kathryn	A	PA-C	F	I	1111 Glynco Pkwy Ste 1		Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99203	New patien	N	O	49	49	49	$241.12	$90.15	$61.91	$66.59								
1003875386	Buchli	Ian		O.D.	M	I	90 Village At Glynn Pl		Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92083	Exam of visi	N	O	40	48	48	$127.00	$57.13	$42.98	$47.02								
1063905990	Capps	Jonathon	W	PA-C	M	I	1111 Glync Ste 10		Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	87426	Detection t	N	O	46	48	48	$100.00	$35.01	$35.01	$34.62								
1063905990	Capps	Jonathon	W	PA-C	M	I	1111 Glync Ste 10		Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99203	New patien	N	O	48	48	48	$178.09	$89.94	$71.10	$75.80								
1083700785	May	Bruce	C	M.D.	M	I	5333 Hollis Suite #208		Santa Barb	CA	6	93111	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	37	48	48	$285.28	$279.52	$223.05	$202.67								
1336165547	Southeastern Pharmacy Llc					O	5711 Altam Unit G		Brunswick	GA	13	31525	1	Metropolita	US	Pharmacy	Y	0124A	Fee covid-1	N	O	48	48	48	$237.22	$35.92	$35.92	$39.20								
1154422541	Brunswick Pain Treatment Center, Llc					O	1111 Glync 3rd Floor		Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y	64633	Destructior	N	F	36	47	45	########	$709.98	$562.97	$629.42								
1033573530	Bell	Lindsey	H	NP	F	I	15 Gable Ct		Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	J0696	Injection, c	Y	O	11	46	12	$5.00	$0.42	$0.28	$0.32								
1174947907	Samson Merger Sub, Llc					O	341 Venture Dr		Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	90662	Influenza va	Y	O	46	46	46	$69.94	$68.54	$68.54	$68.54								
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88332	Pathology e	N	O	34	45	35	$140.00	$50.04	$39.88	$43.14								
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88173	Evaluation	N	F	35	45	36	$440.67	$66.87	$53.35	$55.08								
1275548547	Bournigal	Erick		MD	M	I	1111 Glync Suite 30		Brunswick	GA	13	31525	1	Metropolita	US	Rheumatol	Y	96372	Injection of	N	O	17	45	30	$61.87	$13.47	$10.77	$11.39								
1598776338	Mcauley	James	R	M.D.	M	I	618 Pegram Dr		Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	43	45	45	$764.44	$225.39	$157.34	$178.52								
1932356367	Sugumaran	Manikandan		M.D.	M	I	4530 E Shea Blvd Ste 1(		Phoenix	AZ	4	85028	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	26	45	45	$497.00	$216.75	$171.64	$207.51								
1003875386	Buchli	Ian		O.D.	M	I	90 Village At Glynn Pl		Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92020	Exam of the	N	O	35	44	44	$77.00	$26.24	$19.50	$20.85								
1124026422	Charleston Ent Associates, Llc					O	1849 Savage Rd		Charleston	SC	45	29407	1	Metropolita	US	Ambulatory	Y	31525	Diagnostic	N	F	29	44	44	########	$548.06	$437.40	$450.80								
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	80053	Blood test,	N	O	42	44	44	$39.00	$10.47	$10.47	$10.35								
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	64450	Injection of	N	F	25	44	39	$334.32	$27.43	$21.89	$21.22								
1477669083	Hunter	Robert	G	MD	M	I	5169 So Cottonwood S		Murray	UT	49	84107	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	36	44	44	$519.69	$240.89	$182.62	$193.26								
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	72195	Mri scan of	N	O	44	44	44	########	$217.01	$165.61	$183.19								
1679731095	Ma	Li		M.D.	M	I	203 Indigo I Southeaste		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88342	Special stai	N	O	39	44	40	$260.00	$92.06	$73.48	$80.32								
1922025253	Wal-Mart Stores East Lp					O	150 Altama Connector	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	0124A	Fee covid-1	N	O	44	44	44	$40.00	$35.92	$35.92	$39.20								
1255370219	Publix Super Markets Inc					O	171 Village At Glynn Pl		Brunswick	GA	13	31525	1	Metropolita	US	Centralized	Y	0054A	Adm sarscv	N	O	43	43	43	$40.00	$36.33	$36.33	$39.20								
1336165547	Southeastern Pharmacy Llc					O	5711 Altam Unit G		Brunswick	GA	13	31525	1	Metropolita	US	Pharmacy	Y	90694	Influenza va	Y	O	43	43	43	$90.63	$69.98	$69.98	$69.89								
1417293283	Duarte	Jose	L	PA-C	M	I	9301 Wilshire Blvd Ste 4		Beverly Hill	CA	6	90210	1	Metropolita	US	Physician A	Y	31525	Diagnostic	N	F	43	43	43	$513.00	$145.13	$115.67	$108.15								
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	70553	Mri scan of	N	O	41	43	43	########	$296.97	$233.77	$264.28								
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	73718	Mri scan of	N	O	40	43	41	########	$213.97	$161.27	$177.12								
1861460313	Floyd	Jay	W	MD	M	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Family Prac	Y	99203	New patien	N	O	43	43	43	$172.00	$105.73	$74.93	$80.11								
1003875386	Buchli	Ian		O.D.	M	I	90 Village At Glynn Pl		Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92133	Imaging of	N	O	34	42	42	$97.00	$31.50	$24.53	$26.28								
1033573530	Bell	Lindsey	H	NP	F	I	15 Gable Ct		Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	87880	Detection t	N	O	41	42	42	$54.00	$15.96	$15.96	$16.20								
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88342	Special stai	N	O	31	42	32	$151.05	$51.95	$41.48	$44.73								
1285624411	Shaner	John	E	M.D.	M	I	1692 Glynco Parkway		Brunswick	GA	13	31525	1	Metropolita	US	Hospice an	Y	99213	Establishec	N	O	24	42	42	$139.02	$85.56	$54.10	$58.46								
1316499437	Sam's East, Inc.					O	10100 Canal Crossing		Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	0064A	Adm sarscc	N	O	42	42	42	$40.00	$39.39	$39.39	$39.20								
1033573530	Bell	Lindsey	H	NP	F	I	15 Gable Ct		Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	81003	Automated	N	O	38	41	41	$28.00	$2.16	$2.16	$2.21								
1316367113	Jabbar	Seema	B		F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88313	Special stai	N	F	26	41	26	$222.00	$11.48	$9.14	$9.50								
1003259169	Zhou	Hannah	Y	MD	F	I	6847 N Chestnut St Ste		Ravenna	OH	39	44266	1	Metropolita	US	General Sur	Y	99231	Follow-up h	N	F	18	40	40	$85.00	$38.32	$30.67	$30.37								
1003851213	Bedi	Maninder	S	MD	M	I	243 Three Springs Dr St		Weirton	WV	54	26062	1	Metropolita	US	Cardiology	Y	93280	Programmi	N	F	39	40	40	$76.84	$37.32	$27.14	$26.72								
1023250149	Winfeld	Matthew	J	M.D.	M	I	555 N Duke St		Lancaster	PA	42	17602	1	Metropolita	US	Diagnostic	Y	73030	X-ray of sho	N	F	37	40	37	$32.00	$9.06	$6.32	$6.43								
1124002712	Wall	Carolyn	K	M.D.	F	I	203 Indigo I Southeaste		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88173	Evaluation	N	O	30	40	34	$375.00	$144.76	$111.05	$120.66								
1154565752	Prebil	Sarah	E	MD	F	I	1364 Clifton Rd Ne		Atlanta	GA	13	30322	1	Metropolita	US	Internal Me	Y	99232	Follow-up h	N	F	20	40	40	$297.90	$69.32	$55.46	$55.89								
1164864161	Patwardhar	Surabhi	Y	PH.D.	F	I	3550 N Central Ave Ste		Phoenix	AZ	4	85012	1	Metropolita	US	Psychologis	Y	90832	Psychother	N	F	36	40	40	$137.32	$67.54	$53.91	$53.99								
1194092031	Bhandari	Abhishek		M.D.	M	I	1243 Rickert Dr		Naperville	IL	17	60540	1	Metropolita	US	Gastroente	Y	45380	Biopsy of la	N	F	40	40	40	########	$76.32	$61.12	$52.07								
1215012232	Zucconi	Fred		LICSW	M	I	154 Warren Ave Unit 1		East Provid	RI	44	2914	1	Metropolita	US	Licensed C	Y	90834	Psychother	N	O	12	40	40	$233.10	$78.32	$53.22	$51.49								
1225364599	Veal	Laura	H	FNP	F	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	99213	Establishec	N	F	35	40	40	$152.50	$55.97	$43.61	$43.88								
1235134479	Glynn	Nicole		M.D.	F	I	579a Cranbury Rd		East Brunsv	NJ	34	8816	1	Metropolita	US	Diagnostic	Y	71250	Ct scan of c	N	F	40	40	40	$260.00	$55.56	$42.32	$37.85								
1275811200	Ahmed	Ayman	E	MBBS	M	I	1000 N Oak Ave		Marshfield	WI	55	54449	4	Micropolita	US	Vascular Su	Y	99213	Establishec	N	F	34	40	40	$155.78	$63.32	$46.70	$49.19								
1316179195	Grandhi	Ramesh		M.D.	M	I	7940 Floyd Tower Ii, Ste		San Antonic	TX	48	78229	1	Metropolita	US	Neurosurge	Y	75898	Imaging of I	N	F	18	40	20	$703.73	$85.21	$68.32	$63.07								
1376582015	Tack	Marc		DO	M	I	360 Washington Ave		Kingston	NY	36	12401	1	Metropolita	US	Infectious D	Y	99215	Establishec	N	O	34	40	40	$261.00	$199.32	$152.89	$137.27								

1386671766	Hoskins	Michael	H	M.D.	M	I	502 Elm St Ne	Albuquerqu	NM	35	87102	1	Metropolita	US	Clinical Cai	Y	93655	Insertion of	N	F	24	40	26	$998.65	$315.41	$252.32	$248.25						
1407875511	Schlossber	Matthew	L	MD	M	I	600 Gresham Dr	Norfolk	VA	51	23507	1	Metropolita	US	Anesthesio	Y	64447	Injection of	N	F	40	40	40	$371.00	$51.76	$41.32	$21.93						
1417022583	De Leon	David		MD	M	I	2650 Ridge Ave Ste 421	Evanston	IL	17	60201	1	Metropolita	US	Hospitalist	Y	99217	Hospital ob	N	F	40	40	40	$160.00	$75.30	$57.32	$53.36						
1437324480	Harting	Mandy	S	MD	F	I	9303 Pinec Suite 150	The Woodla	TX	48	77380	1.1	Secondary	US	Dermatolo	Y	12042	Intermediat	N	O	38	40	40	$398.58	$207.71	$166.32	$169.77						
1437561867	Schmidtbe	Lindsey	N	M.D.	F	I	6655 Travis St Ste 600	Houston	TX	48	77030	1	Metropolita	US	Dermatolo	Y	17004	Destructior	N	O	34	40	40	$343.00	$173.32	$96.27	$95.76						
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	96372	Injection of	N	O	24	40	31	$48.50	$13.01	$10.38	$11.46						
1467430074	Grady	Christophe	K	MD	M	I	2722 Merril Suite 230	Fairfax	VA	51	22031	1	Metropolita	US	Diagnostic	Y	76770	Complete u	N	F	40	40	40	$203.00	$35.12	$23.32	$22.88						
1467470930	33rd Street	Surgery Center Llc				O	200 E. 33rd Suite 631	Baltimore	MD	24	21218	1	Metropolita	US	Ambulatory	Y	31525	Diagnostic	N	F	37	40	40	########	$634.76	$496.20	$505.09						
1487920823	Ali	Khizar		M.D.	M	I	8111 S Emerson Ave	Indianapoli	IN	18	46237	1	Metropolita	US	Anesthesio	Y	811	Anesthesia	N	F	40	40	40	########	$146.36	$133.32	$122.33						
1528145257	Koss	Gerald	W	O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	66984	Removal of	N	O	22	40	40	$157.00	$105.40	$79.82	$80.16						
1548680366	Pendergras	Thomas	E	M.D.	M	I	3200 Blue Ridge Rd Ste	Raleigh	NC	37	27612	1	Metropolita	US	Diagnostic	Y	73560	X-ray of kne	N	F	40	40	40	$50.63	$8.32	$6.34	$7.01						
1588834410	Comeaux	Jeremy	A	M.D.	M	I	15475 Airlir Bldg C	Baton Roug	LA	22	70817	1	Metropolita	US	Physical Me	Y	64636	Destructior	N	O	22	40	31	$950.00	$228.00	$177.32	$196.65						
1588927065	Currie	Stephen		MD	M	I	615 Valley View Dr Ste 2	Moline	IL	17	61265	1	Metropolita	US	Diagnostic	Y	76770	Complete u	N	F	40	40	40	$124.86	$34.32	$25.29	$25.15						
1588930382	Hummel	Laura	L		F	I	3100 E Fletcher Ave	Tampa	FL	12	33613	1	Metropolita	US	Emergency	Y	99291	Critical car	N	F	40	40	40	########	$222.87	$197.32	$189.98						
1629339510	Morris	Tyler	R	MD	M	I	980 Professional Park D	Clarksville	TN	47	37040	1	Metropolita	US	Orthopedic	Y	73030	X-ray of sho	N	O	30	40	34	$132.89	$31.85	$21.63	$24.32						
1669424966	Gottlieb	Alan	J	MD	M	I	7823 Spivey Station Blv	Jonesboro	GA	13	30236	1	Metropolita	US	Rheumatol	Y	73630	X-ray of foo	N	O	21	40	21	$70.00	$35.50	$26.32	$25.91						
1710107842	Kim	Hose		M.D.	M	I	6712 Friends Ave	Whittier	CA	6	90601	1	Metropolita	US	Orthopedic	Y	20610	Aspiration a	N	O	30	40	37	$141.00	$69.34	$55.32	$48.83						
1720293608	Cortas	Tania	E	MD	F	I	11209 N Tatum Blvd Ste	Phoenix	AZ	4	85028	1	Metropolita	US	Hematolog	Y	99195	Drawing of	N	O	15	40	40	$310.60	$92.32	$72.05	$81.28						
1770071342	Dalessandr	Bethany		AG-ACNP	F	I	2333 Biddle Ave	Wyandotte	MI	26	48192	1	Metropolita	US	Nurse Pract	Y	99223	Initial hospi	N	F	37	40	40	$640.00	$172.35	$137.32	$131.85						
1770542425	Anzalone	Linda	G	OD	F	I	1329 Oliver Rd	Fairfield	CA	6	94534	1	Metropolita	US	Optometry	Y	99212	Establishec	N	O	36	40	40	$70.00	$63.41	$43.06	$38.32						
1780064980	Romesberg	Amanda		D.O.	F	I	800 Rose St	Lexington	KY	21	40536	1	Metropolita	US	Diagnostic	Y	72040	X-ray of upp	N	F	40	40	40	$29.08	$10.50	$7.32	$7.65						
1780900993	Zarghouni	Mehrzad		M.D.	M	I	6565 West Loop S Ste 1	Bellaire	TX	48	77401	1	Metropolita	US	Diagnostic	Y	72131	Ct scan of l	N	F	40	40	40	$193.25	$46.70	$31.87	$31.32						
1821314410	Kater	Marcus	A	M.D.	M	I	3600 E Harry St	Wichita	KS	20	67218	1	Metropolita	US	Diagnostic	Y	70553	Mri scan of	N	F	39	40	40	$338.00	$105.79	$83.32	$84.37						
1962424523	Schue	Richard	M	NP	M	I	2400 32nd Ave S	Fargo	ND	38	58103	1	Metropolita	US	Nurse Pract	Y	17000	Destructior	N	O	26	40	40	$202.96	$50.32	$34.29	$35.04						
1972861532	Dunham Cc	Kathryn	J	PSYD	F	I	11750 W 2nd Pl	Lakewood	CO	8	80228	1	Metropolita	US	Psychologi	Y	96116	Exam of ner	N	O	40	40	40	$255.00	$95.63	$76.32	$75.15						
1053624049	Yennam	Shyamala		MD	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88305	Pathology e	N	F	22	39	22	$201.00	$35.71	$27.20	$28.03						
1154422541	Brunswick	Pain Treatment Center, Llc				O	1111 Glync 3rd Floor	Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y	64635	Destructior	N	F	23	39	39	########	$724.86	$577.33	$645.79						
1225364599	Veal	Laura	H	FNP	F	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y	99282	Emergency	N	F	38	39	39	$91.00	$36.01	$24.28	$24.22						
1316367113	Jabbar	Seema	B		F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88304	Pathology e	N	F	35	39	35	$78.00	$10.78	$8.59	$8.96						
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	99426	Principal cc	N	O	13	39	39	$180.00	$58.94	$46.96	$49.65						
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	64633	Destructior	N	F	30	39	39	########	$188.16	$150.12	$156.32						
1548785330	American	Health Imaging Of Georgia Llc				O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	73700	Ct scan of l	N	O	35	39	36	$956.00	$120.94	$96.14	$103.54						
1962428979	Shikani	Alan	H	M.D.	M	I	200 E 33rd 33rd Street	Baltimore	MD	24	21218	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	36	39	39	$640.00	$172.83	$137.91	$127.25						
1154422541	Brunswick	Pain Treatment Center, Llc				O	1111 Glync 3rd Floor	Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y	64625	Destructior	N	F	24	38	38	########	$727.58	$577.89	$643.68						
1174947907	Samson	Merger Sub, Llc				O	341 Venture Dr	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	90694	Influenza va	Y	O	38	38	38	$71.68	$69.98	$69.98	$69.98						
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	20610	Aspiration a	N	O	28	38	38	$250.79	$65.50	$48.01	$53.92						
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	64634	Destructior	N	F	28	38	36	$580.53	$63.45	$51.61	$55.27						
1548785330	American	Health Imaging Of Georgia Llc				O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	72131	Ct scan of l	N	O	38	38	38	########	$106.11	$78.10	$87.02						
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88172	Evaluation r	N	F	28	37	29	$94.11	$33.53	$26.75	$27.67						
1124002712	Wall	Carolyn	K	M.D.	F	I	203 Indigo I	Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88342	Special stai	N	O	35	37	35	$173.73	$58.71	$45.93	$49.19						
1710038682	Respess	Beth		PA	F	I	208 Scranto	Suite 117	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99214	Establishec	N	O	21	37	37	$298.00	$101.24	$74.37	$80.61						
1861460313	Floyd	Jay	W	MD	M	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Family Prac	Y	82962	Blood gluco	N	O	28	37	37	$24.60	$3.26	$3.26	$3.21						
1932175452	Martin	David	E	MD	M	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88304	Pathology e	N	F	37	37	37	$78.00	$10.87	$8.68	$8.96						
1124091970	Jackson	Keith	A	MD	M	I	8010 Frost Ste 503	San Diego	CA	6	92123	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	31	36	36	$300.00	$278.22	$220.86	$201.61						
1174039481	Weaver-Ha	Rachel	R	APRN,FNP-	F	I	209 Prior Ave	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y	99356	Extended ir	N	F	33	36	36	$259.00	$73.41	$56.20	$57.77						
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 3	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	11602	Removal of	N	O	34	36	36	$202.00	$97.05	$71.72	$78.18						
1316367113	Jabbar	Seema	B		F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88311	Preparation	N	F	30	36	30	$35.00	$11.77	$9.38	$9.77						
1447926753	Greene	Kathryn	A	PA-C	F	I	1111 Glynco Pkwy Ste 1	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	87804	Detection t	N	O	17	36	18	$40.94	$16.22	$16.22	$16.22						
1487948998	Cottrill	Elizabeth	E	MD	F	I	925 Chestn 6th Floor	Philadelhia	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	35	36	36	$695.00	$88.66	$71.00	$65.39						
1679688113	Berry	James	M	M.D.	M	I	618 Pegram Dr	Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	33	36	36	$810.55	$225.88	$167.46	$190.76						
1891184453	Moore	Kayde			F	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	36415	Insertion of	N	O	32	36	36	$9.00	$2.95	$2.95	$2.94						
1033118880	Lee	James	J	DO	M	I	15 Gable Court	Brunswick	GA	13	31525	1	Metropolita	US	Family Prac	Y	90686	Influenza va	Y	O	35	35	35	$42.14	$18.06	$18.06	$18.05						
1043247117	Johnson	Steven	G	M.D.	M	I	1111 Glynco Pkwy	Brunswick	GA	13	31525	1	Metropolita	US	Internal Me	Y	99283	Emergency	N	F	35	35	35	$747.00	$70.07	$55.86	$57.30						
1063905990	Capps	Jonathon	W	PA-C	M	I	1111 Glync Ste 10	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99214	Establishec	N	O	30	35	35	$175.00	$103.29	$71.84	$76.63						
1245238930	Brown	Eugene	G	M.D.	M	I	2295 Henry Tecklenbur	Charleston	SC	45	29414	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	20	35	35	$613.00	$137.30	$108.14	$112.86						
1255495131	Cooper	Douglas	T	M.D.	M	I	107 Drew Cir	Brunswick	GA	13	31525	1	Metropolita	US	Psychiatry	Y	99214	Establishec	N	O	17	35	35	$217.71	$119.98	$72.12	$78.65						
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	81002	Urinalysis, r	N	O	13	35	35	$10.91	$3.43	$3.43	$3.41						
1033118880	Lee	James	J	DO	M	I	15 Gable Court	Brunswick	GA	13	31525	1	Metropolita	US	Family Prac	Y	G0008	Administrat	N	O	33	34	34	$42.00	$27.20	$27.20	$16.62						
1013528728	Wallace	Audra			F	I	1111 Glynco Pkwy Ste 1	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99213	Establishec	N	O	32	33	33	$71.58	$51.03	$40.74	$45.93						
1376741538	Bhula	Seema		O.D.	F	I	149 Altama Connector	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92004	New patien	N	O	33	33	33	$165.00	$139.61	$98.00	$106.18						
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	64493	Injection of	N	F	20	33	33	$871.82	$110.43	$88.16	$91.90						
1528145257	Koss	Gerald	W	O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	67820	Removal of	N	O	21	33	33	$58.33	$19.33	$14.50	$14.52						
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	38222	Biopsy and	N	F	33	33	33	$232.00	$73.16	$58.37	$56.83						
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88307	Pathology e	N	O	27	32	29	$570.00	$259.47	$197.62	$218.64						
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88341	Special stai	N	O	12	32	12	$197.00	$80.18	$63.97	$70.27						
1033573530	Bell	Lindsey	H	NP	F	I	15 Gable Ct	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y	99203	New patien	N	O	32	32	32	$172.00	$88.74	$57.51	$63.33						
1114135654	Georgia Cvs	Pharmacy Llc				O	200 Glynn Isle	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	90694	Influenza va	Y	O	31	32	32	$70.86	$69.65	$69.65	$69.45						
1316996671	Jack	Avanelle	V	MD	F	I	208 Scranton Connecto	Brunswick	GA	13	31525	1	Metropolita	US	Nephrology	Y	99202	New patien	N	O	32	32	32	$138.17	$69.61	$38.39	$41.42						
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	64451	Injection of	N	F	21	32	32	########	$99.40	$76.60	$79.36						
1578542320	Brady	Bridget	M	M.D.	F	I	3107 Oak Creek Dr Ste	Austin	TX	48	78727	1	Metropolita	US	General Sui	Y	31525	Diagnostic	N	F	31	32	32	$497.19	$76.99	$61.54	$64.12						
1003875386	Buchli	Ian		O.D.	M	I	90 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92273	Measureme	N	O	31	31	31	$169.00	$114.51	$86.45	$96.86						
1033573530	Bell	Lindsey	H	NP	F	I	15 Gable Ct	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y	71046	X-ray of che	N	O	30	31	31	$113.00	$25.34	$17.41	$20.36						
1225364599	Veal	Laura	H	FNP	F	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y	99213	Establishec	N	O	26	31	31	$144.00	$73.74	$55.84	$58.53						
1285624411	Shaner	John	E	M.D.	M	I	1692 Glynco Parkway	Brunswick	GA	13	31525	1	Metropolita	US	Hospice an	Y	99222	Initial hospi	N	F	31	31	31	$267.44	$128.54	$98.40	$102.03						
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	62323	Injection of	N	F	30	31	31	$373.55	$94.93	$75.56	$78.82						
1447926753	Greene	Kathryn	A	PA-C	F	I	1111 Glynco Pkwy Ste 1	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99214	Establishec	N	O	31	31	31	$267.65	$102.53	$78.01	$83.87						
1548785330	American	Health Imaging Of Georgia Llc				O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	72192	Ct scan of p	N	O	30	31	31	$995.00	$120.34	$95.92	$103.76						
1679731095	Ma	Li		M.D.	M	I	203 Indigo I	Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88341	Special stai	N	O	16	31	16	$197.00	$80.39	$64.11	$70.21						
1043247117	Johnson	Steven	G	M.D.	M	I	1111 Glynco Pkwy	Brunswick	GA	13	31525	1	Metropolita	US	Internal Me	Y	99284	Emergency	N	F	29	30	30	########	$118.64	$98.64	$100.61						

1144314337	Parker	John	T	MD	M	I	21616 76th	Suite 112	Edmonds	WA	53	98026	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	29	30	30	$510.00	$94.67	$75.56	$69.98
1275548547	Bournigal	Erick		MD	M	I	1111 Glync	Suite 30	Brunswick	GA	13	31525	1	Metropolita	US	Rheumatol	Y	99204	New patien	N	O	30	30	30	$415.00	$160.17	$124.71	$129.56
1316367113	Jabbar	Seema	B		F	I	203 Indigo	Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88173	Evaluation	N	F	14	30	14	$205.83	$64.56	$51.44	$53.46
1326094491	Proliance Surgeons Inc Ps					O	515 Minor A	Ste 130	Seattle	WA	53	98104	1	Metropolita	US	Ambulatory	Y	31525	Diagnostic	N	F	29	30	30	########	$403.02	$321.65	$291.94
1326183583	Pettit	Charles	R	M.D.	M	I	181 Andrieu	St Ste 10(	Sonoma	CA	6	95476	4	Micropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	29	30	30	$385.00	$279.02	$219.90	$200.01
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco	Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	64494	Injection of	N	F	19	30	30	$462.00	$67.63	$53.99	$55.62
1952345811	Butler	David	M	M.D.	M	I	1301 20th S	Ste 300	Santa Moni	CA	6	90404	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	28	30	30	########	$285.04	$227.73	$202.67
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo	Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88307	Pathology e	N	F	20	29	21	$300.00	$78.02	$61.65	$64.03
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo	Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88363	Examinatio	N	O	29	29	29	$90.00	$21.42	$16.57	$17.75
1285624411	Shaner	John	E	M.D.	M	I	1692 Glynco	Parkway	Brunswick	GA	13	31525	1	Metropolita	US	Hospice an	Y	99231	Follow-up h	N	F	24	29	29	$76.98	$36.89	$30.20	$31.18
1447926753	Greene	Kathryn	A	PA-C	F	I	1111 Glynco	Pkwy Ste 1	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	81003	Automated	N	O	25	29	29	$28.42	$2.21	$2.21	$2.21
1932175452	Martin	David	E	MD	M	I	203 Indigo	Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88307	Pathology e	N	F	23	29	24	$300.00	$75.72	$60.46	$65.13
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo	Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88188	Flow cytom	N	F	16	29	19	$230.00	$62.43	$49.84	$49.38
1275548547	Bournigal	Erick		MD	M	I	1111 Glync	Suite 30	Brunswick	GA	13	31525	1	Metropolita	US	Rheumatol	Y	20600	Aspiration a	N	O	23	28	23	$135.21	$40.26	$30.78	$31.89
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fount	ain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independen	Y	70551	Mri scan of	N	O	26	28	28	########	$191.15	$136.58	$148.84
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fount	ain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independen	Y	71250	Ct scan of c	N	O	26	28	28	########	$128.33	$84.59	$91.91
1679226807	Ademola	Monica	R	FNP	F	I	150 Scranto	n Connecto	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	99213	Establishec	N	O	28	28	28	$137.49	$72.57	$51.94	$55.85
1740367713	Yang	See Young	C	M.D.	M	I	311 S 72nd	Ave	Yakima	WA	53	98908	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	28	28	28	$735.00	$282.70	$216.48	$194.14
1922025253	Wal-Mart Stores East Lp					O	150 Altama	Connector	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	0051A	Adm sarscv	N	O	28	28	28	$40.00	$36.40	$36.40	$39.20
1922025253	Wal-Mart Stores East Lp					O	150 Altama	Connector	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	90677	Pneumococ	Y	O	28	28	28	$281.56	$276.43	$276.43	$275.27
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo	Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	84165	Protein me	N	F	27	27	27	$49.00	$17.62	$13.56	$13.87
1124002712	Wall	Carolyn	K	M.D.	F	I	203 Indigo I	Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88112	Cell examir	N	F	22	27	24	$140.00	$26.66	$18.91	$19.40
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco	Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	96374	Injection of	N	O	25	27	27	$123.15	$35.64	$28.44	$31.48
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco	Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	J7050	Infusion, nc	Y	O	21	27	27	$17.00	$0.65	$0.52	$0.52
1659301943	Lavertu	Pierre		MD	M	I	11100 Euclid	Ave	Cleveland	OH	39	44106	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	19	27	27	$678.00	$124.18	$99.52	$101.92
1154422541	Brunswick Pain Treatment Center, Llc					O	1111 Glync	3rd Floor	Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y	64640	Destructior	N	F	18	26	24	########	$82.93	$66.19	$71.22
1225185465	Paley	Harvey	D	M.D.	M	I	9301 Wilshi	re Blvd Ste 5	Beverly Hill	CA	6	90210	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	24	26	26	$513.00	$291.41	$222.76	$192.78
1285624411	Shaner	John	E	M.D.	M	I	1692 Glynco	Parkway	Brunswick	GA	13	31525	1	Metropolita	US	Hospice an	Y	99204	New patien	N	O	26	26	26	$316.36	$158.26	$126.24	$132.94
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco	Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	64625	Destructior	N	F	17	26	26	########	$187.09	$149.41	$155.19
1447926753	Greene	Kathryn	A	PA-C	F	I	1111 Glynco	Pkwy Ste 1	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	G0438	Annual well	N	O	26	26	26	$145.50	$115.10	$115.10	$141.25
1679226807	Ademola	Monica	R	FNP	F	I	150 Scranto	n Connecto	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	99203	New patien	N	O	26	26	26	$202.41	$89.62	$72.85	$77.78
1699891242	Old	Matthew		MD	M	I	460 W 10th	Ave Fl 5	Columbus	OH	39	43210	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	24	26	26	$545.00	$85.71	$66.20	$66.14
1063905990	Capps	Jonathon	W	PA-C	M	I	1111 Glync	Ste 10	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	87428	Detection t	N	O	24	25	25	$150.00	$30.36	$30.36	$30.32
1124002712	Wall	Carolyn	K	M.D.	F	I	203 Indigo I	Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88304	Pathology e	N	O	20	25	20	$139.00	$37.60	$29.99	$33.10
1285019018	Delva	Guensley	R	M.D.	M	I	1111 Glynco	Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Pain Manag	Y	64493	Injection of	N	O	15	25	25	########	$201.72	$161.42	$183.40
1285019018	Delva	Guensley	R	M.D.	M	I	1111 Glynco	Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Pain Manag	Y	64494	Injection of	N	O	15	25	25	$520.80	$103.94	$82.87	$94.86
1497913826	Namiranian	Mandana	R	M.D.	F	I	500 Congre	Suite 2b	Quincy	MA	25	2169	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	21	25	25	########	$270.48	$208.86	$197.39
1689626285	Ozer	Enver		MD	M	I	460 W 10th	Ave Fl 5	Columbus	OH	39	43210	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	24	25	25	$545.00	$82.85	$66.37	$66.17
1013468883	Miller	Kacey		PA-C	F	I	208 Scranto	n Connecto	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	80305	Testing for	N	O	23	24	24	$100.00	$12.59	$12.59	$12.35
1023207016	Meredith	James	R	M.D.	M	I	502 Palmett	o St	New Smyrn	FL	12	32168	2	Metropolita	US	General Pra	Y	31525	Diagnostic	N	O	20	24	24	$300.00	$252.70	$187.83	$189.08
1053624049	Yennam	Shyamala		MD	F	I	203 Indigo	Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88304	Pathology e	N	O	23	24	23	$139.00	$37.67	$27.53	$30.69
1053624049	Yennam	Shyamala		MD	F	I	203 Indigo	Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88331	Pathology e	N	O	19	24	19	$291.00	$94.79	$72.42	$78.06
1063905990	Capps	Jonathon	W	PA-C	M	I	1111 Glync	Ste 10	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	81003	Automated	N	O	24	24	24	$16.50	$2.23	$2.23	$2.21
1063905990	Capps	Jonathon	W	PA-C	M	I	1111 Glync	Ste 10	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99204	New patien	N	O	24	24	24	$274.46	$135.38	$75.94	$82.28
1144474370	Reid	Vincent	J	M.D.	M	I	701 10th St	Se	Cedar Rapi	IA	19	52403	1	Metropolita	US	General Sui	Y	31525	Diagnostic	N	F	24	24	24	$595.25	$147.93	$118.10	$127.25
1225364599	Veal	Laura	H	FNP	F	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	36415	Insertion of	N	O	21	24	24	$21.00	$2.94	$2.94	$2.94
1376741538	Bhula	Seema		O.D.	F	I	149 Altama	Connector	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	92083	Exam of vis	N	O	16	24	24	$94.00	$57.50	$36.22	$40.63
1376741538	Bhula	Seema		O.D.	F	I	149 Altama	Connector	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	99212	Establishec	N	O	16	24	24	$69.58	$50.12	$31.41	$37.41
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco	Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	99205	New patien	N	O	24	24	24	$673.00	$209.40	$163.56	$172.43
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco	Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	64640	Destructior	N	F	17	24	23	$482.08	$60.14	$48.00	$48.19
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fount	ain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independen	Y	72197	Mri scan of	N	O	24	24	24	########	$324.76	$255.09	$279.64
1316499437	Sam's East, Inc.					O	10100 Canal	Crossing	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	G0009	Administrat	N	O	23	23	23	$14.54	$14.28	$14.28	$16.62
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fount	ain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independen	Y	73200	Ct scan of a	N	O	23	23	23	$954.00	$138.44	$108.79	$119.52
1861460313	Floyd	Jay	W	MD	M	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Family Prac	Y	81003	Automated	N	O	20	23	23	$22.50	$2.23	$2.23	$2.21
1871844647	Bulugean	Oana	R	M.D.	F	I	203 Indigo	Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88300	Pathology e	N	O	22	23	23	$20.00	$4.27	$3.11	$3.24
1881670263	Weisman	Randy	S	M.D	M	I	3370 N. Ha	#123-407	Scottsdale	AZ	4	85251	1	Metropolita	US	Critical Car	Y	31525	Diagnostic	N	F	21	23	23	$250.00	$152.32	$118.27	$113.02
1891184453	Moore	Kayde			F	I	1111 Glynco	Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	96372	Injection of	N	O	17	23	21	$67.00	$11.30	$9.01	$9.69
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo	Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88304	Pathology e	N	F	21	22	21	$78.00	$10.80	$8.61	$8.96
1114048659	Cognetti	David		MD	M	I	925 Chestn	6th Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	22	22	22	$695.00	$104.57	$84.27	$76.64
1275548547	Bournigal	Erick		MD	M	I	1111 Glync	Suite 30	Brunswick	GA	13	31525	1	Metropolita	US	Rheumatol	Y	99215	Establishec	N	O	22	22	22	$352.18	$172.71	$105.83	$112.21
1316499437	Sam's East, Inc.					O	10100 Canal	Crossing	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	90677	Pneumococ	Y	O	22	22	22	$283.72	$278.56	$278.56	$278.05
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fount	ain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independen	Y	74177	Ct scan of a	N	O	21	22	22	########	$298.67	$225.20	$246.53
1679226807	Ademola	Monica	R	FNP	F	I	150 Scranto	n Connecto	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Prac	Y	87804	Detection t	N	O	11	22	11	$31.99	$16.23	$16.23	$16.22
1710038682	Respess	Beth		PA	F	I	208 Scranto	Suite 117	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	99213	Establishec	N	O	16	22	22	$202.00	$72.69	$55.33	$58.77
1811106008	Luginbuhl	Adam		M.D.	M	I	925 Chestn	6th Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	20	22	22	$695.00	$97.90	$78.38	$69.40
1861460313	Floyd	Jay	W	MD	M	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Family Prac	Y	85018	Blood coun	N	O	18	22	22	$22.10	$2.34	$2.34	$2.32
1861460313	Floyd	Jay	W	MD	M	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Family Prac	Y	99213	Establishec	N	O	19	22	22	$114.00	$85.36	$68.08	$72.17
1932175452	Martin	David	E	MD	M	I	203 Indigo	Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88342	Special stai	N	F	18	22	19	$108.00	$32.99	$26.32	$27.13
1316499437	Sam's East, Inc.					O	10100 Canal	Crossing	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	0051A	Adm sarscv	N	O	21	21	21	$40.00	$39.39	$39.39	$39.20
1316996671	Jack	Avanelle	V	MD	F	I	208 Scranto	n Connecto	Brunswick	GA	13	31525	1	Metropolita	US	Nephrology	Y	99212	Establishec	N	O	17	21	21	$104.11	$53.70	$39.15	$41.44
1336165547	Southeastern Pharmacy Llc					O	5711 Altam	Unit G	Brunswick	GA	13	31525	1	Metropolita	US	Pharmacy	Y	0134A	Fee covid-1	N	O	21	21	21	$66.03	$35.92	$35.92	$39.20
1376741538	Bhula	Seema		O.D.	F	I	149 Altama	Connector	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	99213	Establishec	N	O	20	21	21	$109.14	$85.51	$55.07	$59.48
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco	Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	99232	Follow-up h	N	F	17	21	21	$211.71	$67.92	$54.21	$55.89
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco	Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	64635	Destructior	N	F	13	21	21	########	$183.80	$146.79	$152.48
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco	Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventio	Y	99212	Establishec	N	O	19	21	21	$150.48	$52.93	$40.03	$42.91
1457494130	Holland	Robert	E	M.D.	M	I	106 Shoppe	rs Way Ste	Brunswick	GA	13	31525	1	Metropolita	US	Psychiatry	Y	90792	Psychiatric	N	O	21	21	21	$250.00	$183.97	$131.40	$143.71
1851381156	Glynn County Georgia					O	121 Public	Safety Blvd	Brunswick	GA	13	31525	1	Metropolita	US	Ambulance	Y	A0433	Advanced li	N	F	21	21	21	$650.00	$619.31	$493.97	$511.34
1992701049	Northwest Florida Surgery Center					O	767 Airport	Rd	Panama Cit	FL	12	32405	1	Metropolita	US	Ambulatory	Y	31525	Diagnostic	N	F	21	21	21	########	$395.39	$315.41	$331.19
1003875386	Buchli	Ian		O.D.	M	I	90 Village	At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y	99203	New patien	N	O	20	20	20	$167.00	$105.89	$80.24	$85.14

1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y		88112	Cell examir	N	O		18	20	20	$280.00	$61.15	$37.91	$42.44
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y		88363	Examinatio	N	O		19	20	20	$90.00	$21.75	$17.36	$18.18
1316367113	Jabbar	Seema	B		F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y		88189	Flow cytom	N	F		20	20	20	$249.00	$75.18	$59.90	$66.20
1336165547	Southeastern Pharmacy Llc					O	5711 Altam Unit G	Brunswick	GA	13	31525	1	Metropolita	US	Pharmacy	Y		0064A	Adm sarscc	N	O		20	20	20	$101.00	$36.35	$36.35	$39.20
1376741538	Bhula	Seema		O.D.	F	I	149 Altama Connector	Brunswick	GA	13	31525	1	Metropolita	US	Optometry	Y		92133	Imaging of (	N	O		15	20	20	$65.00	$31.86	$20.49	$22.47
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventior	Y		64636	Destructior	N	F		12	20	20	$470.00	$57.15	$45.64	$46.94
1518961879	Shukairy	Khaled	M	M.D.	M	I	1501 S Cen Bldg B	Burton	MI	26	48509	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		17	20	20	$245.00	$155.18	$123.80	$127.25
1043247117	Johnson	Steven	G	M.D.	M	I	1111 Glynco Pkwy	Brunswick	GA	13	31525	1	Metropolita	US	Internal Me	Y		99291	Critical car	N	F		19	19	19	########	$209.12	$171.23	$176.26
1083648539	Agrawal	Amit		M.D.	M	I	460 W 10th Ave Fl 5	Columbus	OH	39	43210	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		17	19	19	$545.00	$88.14	$71.45	$75.34
1154422541	Brunswick Pain Treatment Center, Llc					O	1111 Glync 3rd Floor	Brunswick	GA	13	31525	1	Metropolita	US	Ambulatory	Y		63685	Insertion of	N	F		19	19	19	########	########	########	########
1174947907	Samson Merger Sub, Llc					O	341 Venture Dr	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y		0124A	Fee covid-1	N	O		19	19	19	$50.00	$35.92	$35.92	$39.20
1255370219	Publix Super Markets Inc					O	171 Village At Glynn Pl	Brunswick	GA	13	31525	1	Metropolita	US	Centralized	Y		G0009	Administrat	N	O		19	19	19	$31.73	$19.90	$19.90	$16.62
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 3	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		13152	Complicate	N	O		19	19	19	$415.79	$399.33	$287.07	$149.97
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y		99215	Establishec	N	O		17	19	19	$532.11	$158.99	$127.26	$145.41
1922111863	Wang	Marilene	B	MD	F	I	200 Medica #550	Los Angeles	CA	6	90095	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	O		17	19	19	########	$285.03	$220.72	$195.81
1023451663	Kojima	Yumi	A	D.O.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y		88312	Special stai	N	O		11	18	11	$246.00	$84.70	$67.57	$74.43
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 3	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		12041	Intermediat	N	O		18	18	18	$218.73	$210.83	$158.87	$91.44
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 3	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		12051	Intermediat	N	O		18	18	18	$234.70	$213.61	$160.39	$92.57
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 3	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		15260	Full thickne	N	O		18	18	18	$824.66	$793.06	$626.43	$670.24
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventior	Y		63685	Insertion of	N	F		18	18	18	########	$181.76	$144.99	$163.45
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y		70450	Ct scan hea	N	O		17	18	18	$795.00	$92.84	$64.38	$70.19
1558633503	Oberg	Catherine	L	M.D.	F	I	3701 Skypark Dr Ste 20	Torrance	CA	6	90505	1	Metropolita	US	Pulmonary	Y		31525	Diagnostic	N	F		16	18	18	########	$110.81	$87.47	$80.15
1740296235	Klem	Christopher		M.D.	M	I	1380 Lusita Physicians	Honolulu	HI	15	96813	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		17	18	18	$406.00	$88.43	$70.79	$67.16
1013468883	Miller	Kacey		PA-C	F	I	208 Scranton Connecto	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		99204	New patien	N	O		17	17	17	$259.18	$134.48	$88.90	$95.19
1033573530	Bell	Lindsey	H	NP	F	I	15 Gable Ct	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y		87426	Detection t	N	O		17	17	17	$113.00	$35.04	$35.04	$34.62
1225364599	Veal	Laura	H	FNP	F	I	106 Shoppe Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y		80053	Blood test,	N	O		17	17	17	$69.00	$10.35	$10.35	$10.35
1255495131	Cooper	Douglas	T	M.D.	M	I	107 Drew Cir	Brunswick	GA	13	31525	1	Metropolita	US	Psychiatry	Y		90833	Psychother	N	O		14	17	17	$131.29	$67.30	$47.47	$49.79
1285019018	Delva	Guensley	R	M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Pain Manag	Y		27096	Injection of	N	F		17	17	17	########	$95.37	$70.96	$73.74
1285019018	Delva	Guensley	R	M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Pain Manag	Y		99215	Establishec	N	O		17	17	17	$557.65	$170.72	$128.04	$135.67
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y		72125	Ct scan of l	N	O		17	17	17	########	$119.25	$92.50	$99.18
1679226807	Ademola	Monica	R	FNP	F	I	150 Scranton Connecto	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y		87426	Detection t	N	O		16	17	16	$100.00	$34.73	$34.73	$34.62
1750722203	Seim	Nolan	B	MD	M	I	915 Olentangy River Rd	Columbus	OH	39	43212	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		16	17	17	$545.00	$79.62	$63.77	$63.62
1932206521	Lee	Derek	S	MD	M	I	201 S Living Suite 2g	Livingston	NJ	34	7039	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		16	17	17	$970.59	$93.33	$74.52	$67.36
1013468883	Miller	Kacey		PA-C	F	I	208 Scranton Connecto	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		99212	Establishec	N	O		16	16	16	$70.00	$45.42	$29.51	$31.73
1063905990	Capps	Jonathon	W	PA-C	M	I	1111 Glync Ste 10	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		96372	Injection of	N	O		11	16	12	$40.00	$11.39	$6.80	$7.48
1225364599	Veal	Laura	H	FNP	F	I	106 Shoppe Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y		85025	Complete b	N	O		16	16	16	$51.00	$7.61	$7.61	$7.61
1285019018	Delva	Guensley	R	M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Pain Manag	Y		62323	Injection of	N	F		15	16	16	$458.75	$95.29	$76.05	$78.95
1285019018	Delva	Guensley	R	M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Pain Manag	Y		64490	Injection of	N	F		13	16	16	$586.88	$116.82	$85.56	$89.84
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 3	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		13151	Complicate	N	O		16	16	16	$352.63	$328.13	$253.86	$137.82
1316367113	Jabbar	Seema	B		F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y		85060	Blood smea	N	F		16	16	16	$56.00	$23.14	$18.44	$19.27
1316367113	Jabbar	Seema	B		F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y		85097	Bone marrc	N	F		16	16	16	$250.00	$45.83	$36.52	$37.98
1366497976	Rothman	Glenn	B	M.D.	M	I	1520 S. Dol Suite 305	Mesa	AZ	4	85202	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		16	16	16	$497.00	$78.10	$62.35	$63.62
1386609964	South Austin Surgery Center Ltd					O	4307 James Casey St	Austin	TX	48	78745	1	Metropolita	US	Ambulatory	Y		31525	Diagnostic	N	F		16	16	16	########	$337.16	$269.03	$293.83
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y		J2175	Injection, m	Y	O		15	16	16	$18.50	$6.20	$4.95	$4.91
1447926753	Greene	Kathryn	A	PA-C	F	I	1111 Glynco Pkwy Ste 1	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		71046	X-ray of che	N	O		16	16	16	$123.00	$26.42	$14.43	$16.70
1447926753	Greene	Kathryn	A	PA-C	F	I	1111 Glynco Pkwy Ste 1	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		87428	Detection t	N	O		16	16	16	$200.00	$30.32	$30.32	$30.32
1447926753	Greene	Kathryn	A	PA-C	F	I	1111 Glynco Pkwy Ste 1	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		96372	Injection of	N	O		15	16	15	$63.56	$11.39	$7.42	$8.06
1508804667	Shnayder	Yelizaveta		M.D.	F	I	3901 Rainb Ms 3010	Kansas City	KS	20	66160	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		16	16	16	$518.38	$75.03	$60.06	$63.62
1578563474	Dileo	Michael	D	M.D.	M	I	4950 Essen Ln Ste 400	Baton Roug	LA	22	70809	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		16	16	16	$555.00	$98.30	$78.41	$79.53
1750642823	Vankoeveri	Kyle	K	M.D.	M	I	460 W 10th Ave Fl 5	Columbus	OH	39	43210	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		14	16	16	$545.00	$107.89	$86.09	$83.50
1790705184	Annino	Donald	J	MD DMD	M	I	45 Francis S Brigham An	Boston	MA	25	2115	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		15	16	16	$785.88	$98.10	$78.26	$71.57
1861460313	Floyd	Jay	W	MD	M	I	106 Shoppe Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Family Prac	Y		G0008	Administrat	N	O		16	16	16	$34.00	$27.17	$27.17	$16.62
1891003125	Carlson	David	N	D.O.	M	I	3627 Unive Suite 700	Jacksonville	FL	12	32216	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		16	16	16	$571.00	$82.89	$66.42	$63.62
1932175452	Martin	David	E	MD	M	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y		88311	Preparatior	N	F		15	16	15	$35.00	$11.82	$8.83	$9.19
1053553990	Ashford	Clinton	A	M.D.	M	I	1000 Hawthorne Ave St	Athens	GA	13	30606	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	O		15	15	15	$398.33	$235.16	$185.48	$200.72
1053624049	Yennam	Shyamala		MD	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y		88342	Special stai	N	F		13	15	13	$108.00	$33.00	$26.33	$27.13
1093957649	Anfuso	Anthony	J		M	I	13691 Metro Pkwy Ste 3	Fort Myers	FL	12	33912	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		15	15	15	$551.76	$109.04	$87.00	$80.59
1124002712	Wall	Carolyn	K	M.D.	F	I	203 Indigo I Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y		88304	Pathology e	N	F		15	15	15	$78.00	$10.85	$8.65	$8.96
1124002712	Wall	Carolyn	K	M.D.	F	I	203 Indigo I Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y		88342	Special stai	N	F		15	15	15	$108.00	$32.94	$26.27	$27.13
1285019018	Delva	Guensley	R	M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Pain Manag	Y		64491	Injection of	N	F		12	15	15	$326.67	$66.86	$49.09	$50.90
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 3	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		12031	Intermediat	N	O		14	15	15	$217.60	$209.82	$162.72	$128.87
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 3	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		13132	Complicate	N	O		15	15	15	$392.60	$375.86	$299.67	$173.06
1295713055	Gonzalez D	Mariano	E	MD	M	I	Ave Mirama Suite #3	Arecibo	PR	72	612	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	O		14	15	15	$259.55	$257.34	$192.07	$189.58
1417905399	Nechtman	Carl	M	M.D.	M	I	11 Hospital Ste A	Blairsville	GA	13	30512	10	Rural areas	US	Otolaryngol	Y		31525	Diagnostic	N	F		13	15	15	$343.00	$86.78	$69.51	$67.86
1447480918	Almodovar-	Gustavo	J	M.D.	M	I	55 Calle De Diego E Ste	Mayaguez	PR	72	680	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	O		13	15	15	$259.61	$257.62	$175.36	$172.94
1467472175	Spiegel	Joseph	R	M.D.	M	I	925 Chestn 6th Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		15	15	15	$695.00	$141.74	$113.11	$106.04
1497839757	Rathfoot	Christophe	J	M.D.	M	I	7557a Dani Suite 210	Powell	TN	47	37849	1	Metropolita	US	Otolaryngol	Y		31525	Diagnostic	N	F		14	15	15	$475.00	$142.88	$98.12	$107.75
1013468883	Miller	Kacey		PA-C	F	I	208 Scranton Connecto	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		99203	New patien	N	O		14	14	14	$170.71	$90.46	$43.16	$47.74
1124002712	Wall	Carolyn	K	M.D.	F	I	203 Indigo I Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y		88331	Pathology e	N	O		12	14	12	$291.00	$94.65	$75.47	$81.13
1285019018	Delva	Guensley	R	M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Pain Manag	Y		64483	Injection of	N	F		14	14	14	$703.57	$124.88	$99.60	$104.24
1316499437	Sam's East, Inc.					O	10100 Canal Crossing	Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y		0054A	Adm sarscv	N	O		14	14	14	$40.00	$39.03	$39.03	$39.20
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y		99203	New patien	N	O		14	14	14	$338.07	$104.24	$71.03	$77.49
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y		J2060	Injection, lo	Y	O		14	14	14	$2.93	$0.77	$0.61	$0.61
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventior	Y		20552	Injection of	N	O		11	14	14	$172.86	$48.91	$30.27	$33.16
1447490776	Bovinet	Christophe	J	D.O.	M	I	1111 Glynco Pkwy Ste 3	Brunswick	GA	13	31525	1	Metropolita	US	Interventior	Y		77002	Fluoroscop	N	F		11	14	14	$401.43	$24.80	$16.81	$19.14
1447926753	Greene	Kathryn	A	PA-C	F	I	1111 Glynco Pkwy Ste 1	Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y		87880	Detection t	N	O		13	14	14	$68.00	$16.20	$16.20	$16.20
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr	Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y		74183	Mri scan of	N	O		14	14	14	########	$330.54	$263.70	$288.38
1598931735	Kim	Beomjune	B	DMD, MD, F	M	I	600 Celebrate Life Pkw	Newnan	GA	13	30265	1	Metropolita	US	Maxillofacia	Y		31525	Diagnostic	N	F		14	14	14	########	$88.35	$70.75	$72.71
1871844647	Bulugean	Oana	R	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y		88344	Special stai	N	O		12	14	12	$341.00	$153.07	$122.03	$135.65

1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88311	Preparatior	N	O	12	14	12	$56.00	$18.41	$14.70	$15.58
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88365	Genetic sec	N	F	14	14	14	$131.00	$41.78	$33.33	$34.19
1023018546	Krowiak	Edward	J	MD	M	I	12188a Nol	Suite 375	Carmel	IN	18	46032	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	12	13	13	$769.00	$131.83	$98.56	$105.85
1053638577	Bremer	Jennifer	L	P.A.	F	I	1050 W 10th St		Rolla	MO	29	65401	4	Micropolita	US	Physician A	Y	31525	Diagnostic	N	O	11	13	13	$700.00	$198.51	$156.99	$170.46
1225364599	Veal	Laura	H	FNP	F	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y	G0008	Administrat	N	O	13	13	13	$44.00	$27.68	$27.68	$14.13
1336165547	Southeastern Pharmacy Llc					O	5711 Altam	Unit G	Brunswick	GA	13	31525	1	Metropolita	US	Pharmacy	Y	0051A	Adm sarscv	N	O	13	13	13	$101.00	$36.28	$36.28	$39.20
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	38222	Biopsy and	N	O	13	13	13	$535.85	$158.43	$126.42	$132.72
1447261268	Yarber	Robert	H		M	I	618 Pegram Dr		Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	11	13	13	$801.00	$210.37	$167.95	$206.57
1447926753	Greene	Kathryn	A	PA-C	F	I	1111 Glynco Pkwy Ste 1		Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	G0439	Annual well	N	O	13	13	13	$124.72	$104.26	$104.26	$110.41
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr		Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	72156	Mri scan of	N	O	13	13	13	########	$293.74	$236.64	$267.85
1639185234	Weeks	Brian	H	M.D.	M	I	3590 Camii	Suite 102	San Diego	CA	6	92108	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	13	13	13	$274.08	$148.42	$118.38	$112.57
1639188915	Stariwat	Ricky	D	PA-C	M	I	400 E 5th Ave		Spokane	WA	53	99202	1	Metropolita	US	Physician A	Y	31525	Diagnostic	N	O	13	13	13	$709.00	$217.16	$158.41	$157.57
1679226807	Ademola	Monica	R	FNP	F	I	150 Scranton Connecto		Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y	99204	New patien	N	O	13	13	13	$334.85	$133.77	$117.02	$124.48
1699810473	Lasalle Lop	Miguel	A	MD	M	I	55 E De Die Cpr Profess		Mayaguez	PR	72	680	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	12	13	13	$259.55	$256.82	$180.29	$178.54
1821330168	Nelson	Kurt	L	MD	M	I	618 Pegram Dr		Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	13	13	13	$899.22	$215.65	$173.24	$206.57
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	84166	Protein mea	N	F	12	12	12	$128.00	$17.60	$14.06	$14.38
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88302	Pathology e	N	F	12	12	12	$23.00	$6.56	$4.79	$4.99
1114135654	Georgia Cvs Pharmacy Llc					O	200 Glynn Isle		Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	90677	Pneumococ	Y	O	12	12	12	$282.99	$277.22	$277.22	$275.84
1174039481	Weaver-Ha	Rachel	R	APRN,FNP-	F	I	209 Prior Ave		Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y	99315	Nursing fac	N	F	12	12	12	$133.00	$58.30	$46.57	$48.19
1225364599	Veal	Laura	H	FNP	F	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y	99214	Establishec	N	F	12	12	12	$266.00	$82.44	$54.96	$55.23
1285019018	Delva	Guensley	R	M.D.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Pain Manag	Y	20610	Aspiration a	N	O	12	12	12	$202.50	$63.80	$50.93	$54.26
1316367113	Jabbar	Seema	B		F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88189	Flow cytom	N	O	12	12	12	$249.00	$75.94	$61.02	$67.58
1316367113	Jabbar	Seema	B		F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88309	Pathology e	N	F	12	12	12	$508.67	$137.18	$109.36	$113.41
1316499437	Sam's East, Inc.					O	10100 Canal Crossing		Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	0134A	Fee covid-1	N	O	12	12	12	$40.00	$38.89	$38.89	$39.20
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	82728	Ferritin (blo	N	O	12	12	12	$45.50	$13.56	$13.56	$13.36
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	83540	Iron level	N	O	12	12	12	$22.00	$6.44	$6.44	$6.34
1396735908	Moran	Antonio		M.D.	M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Hematolog	Y	83550	Iron binding	N	O	12	12	12	$29.50	$8.70	$8.70	$8.57
1457526501	Holm	Tammy	M		F	I	234 Goodman St		Cincinnati	OH	39	45219	1	Metropolita	US	General Sur	Y	31525	Diagnostic	N	O	12	12	12	$729.67	$244.25	$189.38	$197.19
1518370469	Sethi	Rosh	K	MD	M	I	1500 E Medical Center		Ann Arbor	MI	26	48109	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	11	12	12	$782.50	$108.70	$86.65	$79.53
1679226807	Ademola	Monica	R	FNP	F	I	150 Scranton Connecto		Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y	87428	Detection t	N	O	12	12	12	$158.33	$30.37	$30.37	$30.32
1679226807	Ademola	Monica	R	FNP	F	I	150 Scranton Connecto		Brunswick	GA	13	31525	1	Metropolita	US	Nurse Pract	Y	96372	Injection of	N	O	12	12	12	$62.43	$11.34	$8.29	$8.96
1831297753	Dang	Hoc		PA	F	I	12901 Bruc Mdc 73		Tampa	FL	12	33612	1	Metropolita	US	Physician A	Y	31525	Diagnostic	N	F	11	12	12	$496.08	$140.35	$103.03	$99.15
1871828897	Boothby	Matthew	R		M	I	1111 Glynco Pkwy Ste 3		Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	20610	Aspiration a	N	O	11	12	12	$221.67	$56.42	$45.04	$47.97
1912950874	Oxford	Lance	E	MD	M	I	411 N. Washington Ave		Dallas	TX	48	75246	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	12	12	12	$285.11	$72.49	$57.84	$64.95
1043427636	Chen	Ningxing		D.O.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	86334	Immunolog	N	F	11	11	11	$47.50	$17.62	$12.79	$13.13
1043579303	Feinstein	Aaron	J	M.D., M.H.S	M	I	5525 Etiwanda Ave Ste		Tarzana	CA	6	91356	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	O	11	11	11	$426.00	$274.01	$219.30	$193.46
1285917401	Lancaster	Micah	H	PA-C	M	I	1111 Glync Building 1, 1		Brunswick	GA	13	31525	1	Metropolita	US	Physician A	Y	13121	Complicate	N	O	11	11	11	$353.23	$338.94	$270.35	$146.55
1316107055	Goldman	Richard	A	MD	M	I	925 Chestn	6th Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	11	11	11	$695.00	$118.19	$94.76	$86.76
1427036854	Goguen	Laura	A	M.D.	F	I	111 Cypress St		Brookline	MA	25	2445	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	11	11	11	$788.64	$111.07	$88.63	$75.19
1548785330	American Health Imaging Of Georgia Llc					O	1103 Fountain Lake Dr		Brunswick	GA	13	31525	1	Metropolita	US	Independer	Y	74176	Ct scan of a	N	O	11	11	11	########	$173.02	$134.91	$144.38
1578580205	Vasan	Nilesh	R	MD	M	I	920 Stanto	Wp 1290	Oklahoma (	OK	40	73104	1	Metropolita	US	Surgical On	Y	31525	Diagnostic	N	F	11	11	11	$796.27	$90.33	$72.31	$75.19
1679731095	Ma	Li		M.D.	M	I	203 Indigo I	Southeaste	Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	88300	Pathology e	N	O	11	11	11	$20.00	$4.26	$3.40	$3.53
1699903971	Kang	Stephen		M.D.	M	I	915 Olentangy River Rd		Columbus	OH	39	43212	1	Metropolita	US	Otolaryngol	Y	31525	Diagnostic	N	F	11	11	11	$545.00	$79.81	$63.96	$63.62
1861460313	Floyd	Jay	W	MD	M	I	106 Shoppe	Suite 1	Brunswick	GA	13	31525	1	Metropolita	US	Family Prac	Y	90662	Influenza va	Y	O	11	11	11	$131.00	$68.54	$68.54	$68.54
1922025253	Wal-Mart Stores East Lp					O	150 Altama Connector		Brunswick	GA	13	31525	1	Metropolita	US	Mass Immu	Y	90686	Influenza va	Y	O	11	11	11	$21.52	$21.09	$21.09	$21.09
1982883138	Tate	Olga	F	M.D.	F	I	203 Indigo Dr		Brunswick	GA	13	31525	1	Metropolita	US	Pathology	Y	85097	Bone marrc	N	O	11	11	11	$250.00	$61.45	$49.62	$55.78

Rndrng_NPI	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	HCPCS_Cd	HCPCS_De	HCPCS_Dr	Place_Of_S	Tot_Benes	Tot_Srvcs	Tot_Bene_[	Avg_Sbmtd	Avg_Mdcr_	Avg_Mdcr_	Avg_Mdcr_Stdzd_Amt
1043256886	Quest Diagnostics Incorporated					O	4230 South Burnham A	Las Vegas	NV	32	89119	1	Metropolita	US	Clinical Lat	Y	83036	Hemoglobi	N	O	44,084	69,211	69,210	$74.22	$9.58	$9.58	$9.52
1225185465	Paley	Harvey	D	M.D.	M	I	9301 Wilshire Blvd Ste	Beverly Hill	CA	6	90210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	17,678	22,333	22,333	$97.00	$17.99	$12.98	$12.29
1891724753	Kuson	Tim	R	M.D.	M	I	4910 Van N Suite 201	Sherman O	CA	6	91403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	3,194	4,026	4,026	$102.17	$52.40	$40.87	$36.95
1023394905	Doke	Bryan		DPT	M	I	212 N Main St	Ainsworth	NE	31	69210	10	Rural areas	US	Physical Th	Y	97110	Therapy pr	N	O	106	3,511	1,655	$60.00	$22.42	$16.78	$17.69
1831211416	Guillory	Erick		P. A.	M	I	9301 Wilsh Suite 404	Beverly Hill	CA	6	90210	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	2,177	2,670	2,670	$97.00	$14.96	$10.37	$9.76
1396768883	Wright	Phillip	G	M.D.	M	I	8060 Surrey Ln	Oakland	CA	6	94605	1	Metropolita	US	General Pra	Y	69210	Removal of	N	F	1,942	2,526	2,526	$40.00	$34.55	$26.31	$25.10
1265509004	Dome	Mark	E	PA	M	I	1011 Baldwin Park Blvc	Baldwin Pa	CA	6	91706	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	1,391	2,226	2,226	$50.95	$41.10	$28.95	$27.58
1992994446	Patete	Michael	L	MD, FACS	M	I	213 Palermo Pl	Venice	FL	12	34285	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	1,371	2,172	2,172	$52.08	$47.32	$31.60	$31.47
1508056151	Brown County Ambulance Service					O	142 W 4th St	Ainsworth	NE	31	69210	10	Rural areas	US	Ambulance	Y	A0425	Ground mil	N	F	74	1,957	106	$7.34	$7.05	$5.63	$4.04
1013979350	Bello	Steven	L	MD	M	I	1879 Veter: Suite 1201	Naples	FL	12	34109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	1,184	1,921	1,921	$94.63	$43.82	$31.77	$29.94
1679534127	Magardino	Thomas	M	MD	M	I	1879 Veter: Suite 1201	Naples	FL	12	34109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	1,200	1,776	1,776	$94.63	$46.15	$33.19	$31.28
1821170895	Jungkeit	Michael	C	M.D.	M	I	22180 Olympic Colleg	Poulsbo	WA	53	98370	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	1,158	1,730	1,730	$107.98	$43.45	$29.84	$30.03
1336399435	Mclaughlin	Elizabeth	R	N.P.	F	I	65 Cedar St	Hyannis	MA	25	2601	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	1,019	1,727	1,727	$127.40	$42.23	$28.46	$27.21
1124111844	Mccorkle	Douglas	C	M.D.	M	I	10 Crossro Suite 100	Owings Mil	MD	24	21117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	1,258	1,720	1,720	$142.28	$48.94	$34.61	$33.13
1649250614	Parnes	Todd	I	DO	M	I	13660 Jog F Suite 3	Delray Bea	FL	12	33446	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	978	1,715	1,715	$125.55	$36.71	$29.12	$26.81
1417986613	O'leary	Michael	J	M.D.	M	I	3590 Cami Ste 101	San Diego	CA	6	92108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	529	1,628	1,628	$103.97	$49.42	$36.68	$33.92
1568402311	Miller	Robert	S	MD	M	I	3 San Bartola Dr	St Augustin	FL	12	32086	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	1,195	1,613	1,613	$96.66	$29.06	$21.99	$22.06
1588668016	Wingert	Richard	H	MD	M	I	1003 Del Pi Suite #101	Cape Coral	FL	12	33990	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	840	1,447	1,447	$73.73	$49.06	$35.27	$33.13
1891740973	Mikaelian	Andrew	J	M.D.	M	I	1240 Westl Suite 135	Westlake V	CA	6	91361	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	736	1,419	1,419	$100.00	$49.58	$35.95	$32.83
1336122548	Castellano	Bartolome	V	MD	M	I	2052 Richn 1c	Staten Isla	NY	36	10306	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	930	1,354	1,354	$225.00	$56.78	$41.59	$33.02
1639602378	Kwan	Jessica			F	I	9301 Wilshire Blvd Ste	Beverly Hill	CA	6	90210	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	1,155	1,297	1,297	$97.00	$17.10	$12.37	$11.87
1659394419	Nguyen	Quoc	A	M.D.	M	I	13362 Brookhurst St	Garden Gro	CA	6	92843	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	558	1,297	1,297	$99.95	$52.13	$41.30	$37.36
1891853214	Burres	Steven	A	M.D. INC	M	I	6221 Wilsh Suite 517	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	379	1,293	1,293	$158.52	$29.90	$23.76	$22.20
1619905957	Houle	James	G	M.D.	M	I	5432 Bee Ridge Rd Ste	Sarasota	FL	12	34233	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	899	1,290	1,290	$100.36	$44.64	$33.66	$31.50
1023163706	Winkler	Thomas	P	M.D.	M	I	5530 Wisc Suite #145	Chevy Cha	MD	24	20815	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	966	1,260	1,260	$65.06	$43.33	$32.88	$27.56
1790960888	Armin	Bob	B	M.D.	M	I	7345 Medic Suite 510	West Hills	CA	6	91307	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	932	1,256	1,256	$100.00	$50.85	$37.74	$34.35
1083680839	Nunez	Robert	A	MD	M	I	1400 Nw Federal Hwy	Stuart	FL	12	34994	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	1,009	1,233	1,233	$65.00	$43.75	$31.18	$28.81
1326032285	Parker	Andrew	J	MD	M	I	148 East Av Suite 2-I	Norwalk	CT	9	6851	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	781	1,216	1,216	$150.00	$49.15	$36.55	$33.96
1023394905	Doke	Bryan		DPT	M	I	212 N Main St	Ainsworth	NE	31	69210	10	Rural areas	US	Physical Th	Y	97140	Therapy pr	N	O	90	1,170	1,087	$60.00	$18.62	$13.90	$14.56
1154303881	Maurer	David	E	M.D.	M	I	23 Main St Ste 201	Hilton Hea	SC	45	29926	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	737	1,170	1,170	$128.00	$44.00	$30.76	$32.75
1922029560	Ferguson	Jenniffer	S	PAC	F	I	601 E Dixie Plaza 901	Leesburg	FL	12	34748	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	618	1,153	1,153	$100.00	$39.73	$27.69	$27.52
1720286800	Malik	Hussain	G	M.D., FACS	M	I	296 E Brown St	East Strouc	PA	42	18301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	715	1,148	1,148	$60.00	$44.18	$31.50	$32.72
1922062819	Rothstein	Stephen	G	M.D.	M	I	240 E 38th St	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	936	1,148	1,148	$763.00	$56.36	$40.75	$33.39
1235198250	Branovan	Daniel	I	M.D.	M	I	1810 Voorhies Ave	Brooklyn	NY	36	11235	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	906	1,142	1,142	$172.70	$39.11	$29.54	$23.77
1710441423	Sood	Rajat		APN	M	I	54 Bey Lea Rd	Toms River	NJ	34	8753	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	784	1,137	1,137	$52.66	$43.46	$33.02	$29.63
1245214022	Mirante	Joseph	P	MD	M	I	1050 W Gre Suite 4	Ormond Be	FL	12	32174	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	648	1,102	1,102	$70.00	$39.80	$29.10	$28.61
1710942644	Chaturvedi	Govind	P	M.D.	M	I	33 Grand St Ste 39b	Kingston	NY	36	12401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	601	1,089	1,089	$75.00	$52.12	$38.27	$34.29
1841592888	Taylor	Jennifer	A	ARNP	F	I	906 Windsong Pl	Louisville	KY	21	40207	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	863	1,088	1,088	$53.00	$37.66	$27.13	$29.36
1104890839	Brunk	Jared	L	PA-C	M	I	210 Jupiter Ste. 5105	Jupiter	FL	12	33458	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	669	1,086	1,086	$105.00	$42.19	$29.93	$28.11
1316052699	Foster	Wayne	P	M.D., F.A.C	M	I	500 Lakehurst Rd	Toms River	NJ	34	8755	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	757	1,078	1,078	$85.00	$49.69	$37.29	$34.20
1881721801	Leong	Herman	G	MD	M	I	117 Medic Suite 1	Victoria	TX	48	77904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	618	1,069	1,069	$119.22	$43.09	$31.38	$33.13
1720088610	Matlick	Lonny		DO	M	I	307 Stone Harbor Blvd	Cape May (	NJ	34	8210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	613	1,064	1,064	$85.00	$51.58	$36.19	$32.97
1831260884	Lueg	Edgar	A	MD	M	I	2660 E Main St Ste 201	Ventura	CA	6	93003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	541	1,063	1,063	$158.68	$36.30	$27.57	$25.24
1932180015	Horioglu	Roger	E	MD	M	I	176 N Villa Ste 1a	Rockville C	NY	36	11570	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	733	1,053	1,053	$108.39	$50.88	$35.83	$28.75
1497746671	Zappia	John	J	MD	M	I	30055 Nort Ste 101	Famington	MI	26	48334	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	631	1,043	1,043	$123.52	$48.56	$34.97	$33.27
1346283223	Harris	Anthony	E	M.D.	M	I	410 Univers Suite 2350	Aiken	SC	45	29801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	562	1,005	1,005	$90.00	$44.18	$30.31	$32.75
1255323614	Farrell	Howard	A	MD	M	I	1521 Mclure Ct	Florence	SC	45	29505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	678	999	999	$81.27	$39.64	$28.10	$30.41
1558323162	Falvey	Jaime	P	A.N.P.	F	I	1 Diamond Hill Road	Berkeley He	NJ	34	7922	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	591	996	996	$150.38	$45.81	$32.52	$28.55
1316059025	Parikh	Navin	C	MD	M	I	200 North (#107	Grand Prair	TX	48	75050	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	F	807	985	985	$60.00	$31.95	$25.33	$26.09
1023022712	Scioscia	Kenneth	A	MD	M	I	2800 Marcus Ave	New Hyde I	NY	36	11042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	619	982	982	$202.02	$48.72	$37.07	$29.76
1508998105	Miller	Richard	A	PA-C	M	I	7301 N Knoxville Ave	Peoria	IL	17	61614	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	553	953	953	$170.03	$39.14	$26.95	$27.93
1497012421	Nguyen	Uyen	B		F	I	9301 Wilshire Blvd Ste	Beverly Hill	CA	6	90210	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	854	940	940	$97.00	$15.15	$11.13	$10.69
1619934460	Kakani	Rajesh	S	MD	M	I	877 Stewar Suite 2	Garden Cit	NY	36	11530	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	724	938	938	$100.27	$55.08	$41.46	$33.11
1427016500	Snyder	Gary	M	M.D.	M	I	3629 Bell Blvd Ste 202	Bayside	NY	36	11361	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	647	935	935	$214.47	$53.93	$38.71	$30.70
1770787343	Hauptman	Garrett	A	MD	M	I	7135 Nw 1: Suite A	Gainesville	FL	12	32605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	478	925	925	$154.00	$46.48	$33.64	$33.57
1629035944	Cunning	Devin	M	M.D.	M	I	1760 Mccu Ste. 100	Lake Havas	AZ	4	86403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	583	914	914	$75.00	$45.85	$28.40	$29.55
1346325180	Shohet	Jack	A	M.D.	M	I	446 Old Newport Blvd	Newport Be	CA	6	92663	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	580	912	912	$80.61	$52.58	$38.91	$35.02
1427033984	Munier	Michael	A	MD	M	I	1050 W Gre Suite 4	Ormond Be	FL	12	32174	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	549	912	912	$70.00	$40.60	$29.87	$29.31
1194716290	Kieff	David	A	M.D.	M	I	65 Walnut St Ste 320	Wellesley	MA	25	2481	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	612	908	908	$150.00	$28.75	$22.66	$20.40
1205989514	Walz	Christophe	M	M.D.	M	I	39000 Bob Wright Buil	Rancho Mir	CA	6	92270	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	605	908	908	$50.60	$41.77	$30.92	$29.47
1841656980	Moeller	Kari		FNP	F	I	72047 Dinah Shore Dr S	Rancho Mir	CA	6	92270	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	675	893	893	$51.44	$40.94	$30.71	$29.26
1437158763	Capo	Joseph	M	MD	M	I	2870 Hemp Ste 203	Levittown	NY	36	11756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	629	892	892	$111.00	$55.78	$41.63	$33.21
1831303064	Hood	David	C	MD	M	I	11031 Us H Bldg. I, Suit	Port Richey	FL	12	34668	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	641	891	891	$92.35	$43.66	$32.43	$31.76
1740312487	Coury	Jeffrey	G	DO	M	I	333 Jefferson St	Whiteville	NC	37	28472	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	605	890	890	$75.00	$40.88	$30.10	$31.98
1801894183	Scherl	Michael	P	M.D.	M	I	354 Old Ho Suite 204	Westwood	NJ	34	7675	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	694	885	885	$165.19	$50.16	$37.61	$32.91
1336128362	Kacker	Ashutosh		MD	M	I	520 E 70th Starr 541	New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	691	884	884	$284.02	$54.86	$40.60	$33.69
1194752840	Reidy	Patrick	M	M.D.	M	I	2180 Immokalee Rd St	Naples	FL	12	34110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	625	878	878	$102.30	$49.78	$36.12	$33.94
1184603102	Namazie	Ali	R	MD	M	I	16661 Ventura Blvd Ste	Encino	CA	6	91436	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	716	876	876	$85.00	$42.29	$32.52	$29.59
1295098606	Weiss	Joshua	P	M.D.	M	I	1601 Clint Moore Rd St	Boca Rator	FL	12	33487	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	618	870	870	$105.00	$39.45	$29.17	$27.39
1205925443	Takowsky	Gary	S	M.D.	M	I	8500 Wilsh Suite #630	Beverly Hill	CA	6	90211	1	Metropolita	US	Plastic and	Y	69210	Removal of	N	O	834	869	869	$105.33	$52.21	$41.50	$37.61
1417988783	Harris	Jeffrey		M.D.	M	I	200 W Arbor Dr	San Diego	CA	6	92103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	467	866	866	$238.86	$51.33	$36.22	$33.40
1821046368	Dattolo	Robert	A	M.D.	M	I	1515 N Fla Ste 600	West Palm	FL	12	33401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	563	864	864	$105.00	$45.51	$33.44	$31.45
1386604536	Sherman	Bret	E	M.D., PH.D	M	I	540 E Herndon Ave Ste	Fresno	CA	6	93720	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	430	857	857	$80.00	$49.26	$36.15	$34.79
1205901618	Kufs	Alice	A	CFNP	F	I	3601 Hempstead Tpke	Levittown	NY	36	11756	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	424	855	855	$231.97	$41.76	$30.82	$24.94
1770564296	Sher	William	H	M.D.	M	I	1500 Route Bldg. 4 - 2n	Port Jeffers	NY	36	11776	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	583	849	849	$286.88	$58.88	$41.97	$32.96
1821055161	London	Alexander		M.D.	M	I	400 W Main St Ste 200	Babylon	NY	36	11702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	650	848	848	$225.18	$53.85	$40.91	$32.78

1033260633	Brown	David	R	MD	M	I	435 Saint Michaels Dr	Santa Fe	NM	35	87505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	571	845	845	$56.44	$45.82	$29.64	$30.97
1144390014	Adler	Mayer		MD	M	I	6910 Bay Parkway	Brooklyn	NY	36	11204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	661	844	844	$200.00	$52.48	$40.10	$31.83
1457545949	Gatto	Michael	R	M.D.	M	I	1180 N Indi	Suite E311	Palm Sprin	CA	6	92262	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	458	832	832	$80.23	$47.76	$33.38	$31.68
1720273378	Keni	Sanjay	P	M.D.	M	I	6420 W 127th St		Palos Heig	IL	17	60463	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	492	828	828	$85.00	$36.09	$26.97	$24.80
1912267691	Anwar	Abbas	A	M.D.	M	I	1301 20th St	Ste 300	Santa Moni	CA	6	90404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	599	826	826	$231.00	$51.83	$38.43	$34.40
1457335564	Lee	James	J	M.D.	M	I	354 Old Ho	Suite 204	Westwood	NJ	34	7675	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	721	825	825	$165.20	$52.79	$38.04	$33.50
1871662437	Hall	Winthrop	H	MD	M	I	165 Rowlar	Suite 202	Novato	CA	6	94945	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	445	825	825	$98.00	$55.81	$39.82	$33.89
1245227826	Landsman	Howard	S	D.O.	M	I	1608 Route	Suite 240	Brick	NJ	34	8724	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	546	812	812	$164.63	$49.84	$35.41	$31.99
1841293677	Bassett	Ralph	E	M.D.	M	I	14510 W Shumway Dr		Sun City W	AZ	4	85375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	658	810	810	$69.56	$43.87	$31.75	$32.56
1659535433	Zozzaro	Michael		MD	M	I	47 Orient W	Unit 28	Rutherford	NJ	34	7070	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	565	807	807	$150.00	$37.90	$27.99	$24.91
1891720488	Lieberman	Marc	E	M.D. F.A.C.	M	I	1600 36th St	Ste A	Vero Beach	FL	12	32960	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	439	807	807	$65.07	$49.08	$36.32	$34.17
1962419002	Sotolongo-'	Ramon		P.A.-C	M	I	1221 N Highland Ave		Aurora	IL	17	60506	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	448	798	798	$126.00	$42.28	$27.23	$25.37
1689691115	Wallace	Margaret	A	FNP	F	I	1044 N Ma	Ste L20	Creve Coe	MO	29	63141	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	474	796	796	$155.00	$40.40	$27.42	$27.37
1083810493	Lavasani	Leela	S	M.D.	F	I	6376 Pine Ridge Rd	Uni	Naples	FL	12	34119	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	611	795	795	$102.30	$48.40	$34.86	$32.65
1447365747	Kupferberg	Stephen	B	M.D., F.A.C	M	I	54 Bey Lea	Suite 3	Toms River	NJ	34	8753	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	613	795	795	$53.58	$49.04	$35.89	$32.33
1366466724	Halvorsen	Christine	M	PAC	F	I	601 E Dixie	Plaza 901	Leesburg	FL	12	34748	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	504	794	794	$100.00	$40.20	$27.77	$27.57
1154608057	Hardesty	Cynthia	A	APRN, NP-(	F	I	1036 Cente	Suite A	Richmond	KY	21	40475	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	720	793	793	$53.00	$37.64	$27.46	$29.81
1205884103	Greenfield	Barak		M.D.	M	I	146a Manetto Hill Rd	S	Plainview	NY	36	11803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	564	790	790	$242.98	$45.49	$34.64	$27.84
1558652156	Housden	Cara	G	P.A.	F	I	607 E Jubal Early Dr		Winchester	VA	51	22601	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	538	788	788	$90.11	$39.75	$26.72	$26.84
1780633131	Aroesty	Jeffrey	H	M.D.	M	I	400 Valley I	Suite 105	Mount Arlin	NJ	34	7856	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	535	787	787	$158.58	$49.04	$36.03	$31.73
1588766604	Kang	Thomas	S	MD	M	I	6340 N. Ca	Suite 256	Tucson	AZ	4	85718	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	488	781	781	$99.00	$43.97	$32.47	$33.39
1811924830	Smith	Bradford	D	M.D.	M	I	100 E Lanc	650 Lanker	Wynnewoo	PA	42	19096	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	491	777	777	$69.00	$49.64	$37.19	$34.07
1073941787	Robb	Tanya	R		F	I	1112 W 6th St	Ste 216	Lawrence	KS	20	66044	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	472	770	770	$134.00	$37.36	$24.04	$26.63
1376169516	Lamb	Ashley	D	APRN, CNP	F	I	79 W Central Ave		Camden	OH	39	45311	3	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	635	770	770	$53.00	$39.23	$28.23	$29.30
1205909603	Agbayani	Romeo	C	MD	M	I	1000 S Elis	# 103	Greenbrae	CA	6	94904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	449	767	767	$125.18	$54.68	$36.50	$31.05
1194928069	Srour	Zaher		M.D.	M	I	864 Broadway	Ste 101	Hanover	PA	42	17331	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	316	766	766	$69.84	$30.56	$23.57	$24.24
1194796128	Clark	Perrin	C	M.D.	M	I	1050 W Gr	Suite 4	Ormond Be	FL	12	32174	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	447	764	764	$70.00	$38.34	$28.54	$28.07
1396777900	Liu	Nancy	J	M.D.	F	I	660 Glades Rd	Ste 400	Boca Rator	FL	12	33431	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	592	764	764	$98.84	$46.17	$34.97	$32.73
1659317923	Prasad	Mukesh		MD	M	I	1305 York A	5th Floor	New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	514	761	761	$146.94	$42.48	$31.76	$26.41
1346264215	Otto	Russell	R	P.A.	M	I	201 Boston Post Rd		Waterford	CT	9	6385	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	487	759	759	$134.00	$42.36	$31.59	$29.50
1508218785	King	Jonathan			M	I	151 Parkview Dr		Millersburg	OH	39	44654	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	637	758	758	$53.25	$39.25	$27.61	$28.64
1669452934	Ferguson	Jonathan	L	MD	M	I	698 Featherstone Rd		Rockford	IL	17	61107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	448	756	756	$242.94	$46.32	$29.73	$30.93
1437198678	Kim	Michael	K	M.D.	M	I	3801 Katell	Suite 414	Los Alamit	CA	6	90720	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	422	753	753	$179.00	$53.19	$40.67	$36.11
1558346825	Iannacone	Ronald	J	DO	M	I	2640 Highv	Bldg 6b	Manasquar	NJ	34	8736	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	546	744	744	$176.00	$51.32	$37.35	$33.84
1386729663	Thompson	Jack	H	P.A.	M	I	1901 Floyd St		Sarasota	FL	12	34239	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	399	742	742	$101.00	$40.67	$29.02	$28.36
1033101902	Gnuechtel	Michael	M	D.O.	M	I	310 Wesley Dr		Kerrville	TX	48	78028	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	386	740	740	$119.44	$43.51	$28.73	$30.47
1700048683	Tucker	Anthony	T	MD	M	I	120 Cypres	Suite 202	Palm Coas	FL	12	32164	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	436	737	737	$70.00	$43.78	$31.07	$30.50
1801236468	Leedy	Karilynn	M	CNP	F	I	120 Township Highway		Hammond	OH	39	43930	3	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	583	730	730	$53.00	$39.41	$27.74	$28.65
1750442448	Bellack	Gary	S	MD	M	I	8631 W 3 S	Ste 225	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	478	728	728	$85.00	$50.97	$37.22	$33.74
1912100728	Wood	Aaron	H	MD	M	I	6565 N Cha	The Physici	Baltimore	MD	24	21204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	545	726	726	$110.38	$49.35	$34.82	$32.11
1114928900	Brown	Bert	M	M.D.	M	I	6770 Mayfi	Suite 210	Mayfield Ht	OH	39	44124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	568	719	719	$132.29	$42.60	$29.31	$30.24
1033163217	Delucca	Leopoldo	E	M.D.	M	I	804 Kenyor	Suite 200	Fort Dodge	IA	19	50501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	414	716	716	$118.00	$42.03	$28.00	$30.99
1568484020	Shah	Shefali	I	M.D.	F	I	728 E Park Ave		Long Beach	NY	36	11561	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	593	716	716	$150.00	$37.57	$29.97	$23.79
1841282126	Lygizos	Nicholas	A	M.D.	M	I	8780 W Go	Suite 200	Niles	IL	17	60714	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	454	716	716	$95.66	$51.48	$35.28	$32.57
1891778262	Hertz	Natalia	G	BCFNP	F	I	724 Aubrey Bell Dr		Matthews	NC	37	28105	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	485	706	706	$95.27	$39.22	$25.66	$26.60
1033387931	Miller	Todd	C	M.D.	M	I	1501 Superior Ave	Ste 2	Newport Be	CA	6	92663	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	398	705	705	$84.35	$51.61	$38.42	$34.58
1255372140	Luft	Jay	D	MD	M	I	2300 Pennsylvania Ave		Wilmington	DE	10	19806	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	511	705	705	$77.00	$43.22	$30.32	$29.98
1346448859	Jacobson	Joel	P	MD	M	I	966 Cass S	Suite 250	Monterey	CA	6	93940	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	454	703	703	$186.26	$48.71	$35.52	$32.27
1669008926	Edwards	Kristine		NP-BC	F	I	723 Woodlawn Ave		Jackson	MI	26	49203	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	627	702	702	$53.00	$40.65	$29.90	$29.85
1801881297	Kim	Daniel	H	DO	M	I	1905 Mc D	Suite 104	North Las V	NV	32	89030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	479	701	701	$120.05	$47.21	$34.61	$33.48
1992877427	Lee	Steven	K	M.D.	M	I	300 S Hobe	Suite 301	Los Angele	CA	6	90020	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	510	700	700	$60.20	$44.80	$34.96	$30.46
1508857814	Katz	Harry		MD	M	I	44 Godwin Ave		Midland Pa	NJ	34	7432	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	412	699	698	$158.16	$52.37	$38.60	$33.92
1376575498	Dharia	Amee	K	M.D.	F	I	825 Main St		Weymouth	MA	25	2190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	371	698	698	$197.73	$51.89	$34.51	$31.48
1467455949	Christian	Don	R	MD	M	I	1231 Ribaut Rd		Beaufort	SC	45	29902	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	391	695	695	$128.00	$44.06	$31.19	$33.24
1952451866	Miller	Mitchell	B	M.D.	M	I	1330 S Fort Harrison A		Clearwater	FL	12	33756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	435	693	693	$91.65	$48.24	$35.69	$35.08
1750331179	Djalilian	Hamid	R	M.D.	M	I	101 The Cit	Bldg 56, Su	Orange	CA	6	92868	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	538	692	692	$154.00	$34.51	$25.72	$24.12
1447260633	Van Tuyl	Ronald	A	MD	M	I	215 Riverstone Dr		Canton	GA	13	30114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	550	689	689	$129.89	$43.45	$30.88	$32.64
1043205974	Chong	Cathy	D	M.D., M.P.H	F	I	825 Main St		Weymouth	MA	25	2190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	354	687	687	$197.62	$50.98	$34.15	$31.30
1104807544	Peskind	Steven	P	M.D.	M	I	5957 Dalla	Suite100	Plano	TX	48	75093	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	413	687	687	$115.00	$45.90	$31.16	$32.33
1639127830	Agresti	Carolyn	J	M.D.	F	I	1515 N Fla	Ste 600	West Palm	FL	12	33401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	492	684	684	$114.00	$48.00	$34.96	$32.50
1679784664	Bublik	Michael		M.D.	M	I	800 S Central Ave	Ste 1	Glendale	CA	6	91204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	489	679	679	$122.00	$48.79	$38.69	$35.08
1750583951	Lara	Ray	J	D.O.	M	I	6340 N Car	256	Tucson	AZ	4	85718	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	500	678	678	$99.00	$41.19	$30.88	$31.68
1083672042	Nassiri	Javid		M.D.	M	I	401 Franklin Ave		Franklin Sq	NY	36	11010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	417	672	672	$216.72	$56.67	$40.83	$32.78
1730189366	Foster	Paul	K	M.D.	M	I	4302 Alton	#115	Miami Bea	FL	12	33140	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	486	672	672	$116.00	$50.67	$36.37	$32.04
1740694850	Kelley	Rachel	L	DO	F	I	701 Manatee Ave W	Ste	Bradenton	FL	12	34205	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	483	672	671	$96.66	$47.07	$33.62	$33.03
1346390754	Alidina	Arif	A	M.D.	M	I	1330 S Fort Harrison A		Clearwater	FL	12	33756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	431	670	670	$92.33	$47.21	$35.89	$35.11
1558437566	Sesso	Donald	M	DO	M	I	60 W Germantown Pik		Norristown	PA	42	19401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	443	670	670	$197.46	$31.96	$22.46	$20.98
1871670026	London	Scott	D	M.D.	M	I	23 Crossro	Suite 400	Owings Mil	MD	24	21117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	491	667	667	$115.17	$47.58	$36.41	$33.52
1861539470	Scharf	Joshua	L	M.D.	M	I	100 E Lanc	650 Lanker	Wynnewoo	PA	42	19096	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	440	665	665	$69.00	$50.14	$37.45	$34.38
1972602183	Stone	Rebecca	S	M.D.	F	I	560 Hillside Ave	Ste H	Needham	MA	25	2494	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	428	662	662	$132.75	$48.65	$35.55	$31.78
1124087101	Rosner	Daniel	L	MD	M	I	915 Medical Circle		Myrtle Bea	SC	45	29572	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	480	660	660	$48.46	$41.99	$29.65	$31.96
1114093598	Goldhaber	Neil	G	M.D.	M	I	1395 S Stat	Suite 350	Wellington	FL	12	33414	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	488	657	657	$105.00	$33.75	$25.91	$24.33
1003854803	Mcwilliams	Sean	M	MD	M	I	7720 Us Hi	370	Destin	FL	12	32550	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	371	651	651	$61.61	$22.93	$17.33	$16.95
1871554469	Ovchinsky	Alexander		M.D.	M	I	2560 Ocea	2fl	Brooklyn	NY	36	11229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	564	651	651	$215.00	$43.09	$33.46	$27.31
1982767141	Smullen	Sean	M	MD	M	I	2100 N Broad St		Lansdale	PA	42	19446	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	410	651	651	$105.00	$48.48	$35.22	$32.82
1487701777	Miceli	Peter	J	M.D.	M	I	1 Teleport Dr	Ste 200	Staten Isla	NY	36	10311	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	539	650	650	$278.54	$54.66	$40.39	$31.68
1306009139	Thakkar	Kunal		M.D.	M	I	1560 Roberts Dr		Jacksonvill	FL	12	32250	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	495	649	649	$80.00	$46.03	$35.35	$34.69

1245492735	Mcafee	Jacob	S	MD	M	I	200 Lothro	Suite 500, E	Pittsburgh	PA	42	15213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	490	642	642	$100.00	$51.93	$37.73	$34.01
1750847117	Schuster	Stephanie	D	MSN, APRN	F	I	42 Gruene Park Dr		New Braun	TX	48	78130	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	433	642	642	$105.00	$37.07	$25.26	$26.61
1235127937	Grillo	Denis	W	D.O.	M	I	790 Se 5th Ter		Crystal Riv	FL	12	34429	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	468	641	641	$73.00	$45.61	$32.50	$32.46
1336322874	Nelson	Teri	L	PAC	F	I	1145 Beacon Ave		Manahawk	NJ	34	8050	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	447	639	639	$133.62	$41.96	$30.07	$27.17
1124299904	Rothholtz	Vanessa	S	M.D.	F	I	414 N Camden Dr Ste 5		Beverly Hill	CA	6	90210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	452	635	635	$94.93	$48.43	$36.74	$33.27
1528012655	Montgome	Mark	H	M.D.	M	I	9240 Bonita Beach Rd S		Bonita Spri	FL	12	34135	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	469	635	635	$103.00	$49.44	$35.37	$33.04
1558355628	Caldwell	Edward	F	M.D.	M	I	65 Cedar St		Hyannis	MA	25	2601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	531	634	634	$127.40	$46.09	$33.59	$32.35
1598836801	Day	Katherine	V	M.D.	F	I	520 Upper (	Suite 206	Bel Air	MD	24	21014	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	405	634	634	$115.00	$49.79	$34.48	$31.73
1245292309	Wakstein	Andrew	M	D.O.	M	I	217 Frankli	Suite 5	Palmerton	PA	42	18071	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	487	633	633	$105.00	$44.44	$30.27	$30.87
1447769112	Cole	Heidi	J	PA-C	F	I	6304 Heineman Ct		Rowlett	TX	48	75089	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	160	631	631	$55.83	$40.26	$32.08	$32.05
1396741674	Kane	Patrick	M	M.D.	M	I	860 111th Ave N Ste 3		Naples	FL	12	34108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	403	630	630	$102.30	$50.36	$35.67	$33.65
1164496808	Harris	Kevin	C	M.D.	M	I	1019 24th St Ste B		Anacortes	WA	53	98221	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	449	629	629	$112.00	$46.15	$31.38	$31.61
1285617142	Ho	Steven		MD	M	I	1344 S Apo	Ste 301	Melbourne	FL	12	32901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	344	627	627	$98.16	$46.70	$33.14	$33.28
1417996547	Sacks	Steven	H	M.D.	M	I	605 E 82nd St	Apt 9ab	New York	NY	36	10028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	419	627	627	$284.42	$42.99	$32.59	$26.68
1629128699	Keech	Daniel	R	M.D.	M	I	2200 Nw Myhre Rd		Silverdale	WA	53	98383	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	407	627	627	$136.18	$45.68	$31.09	$31.33
1063516441	Saporito	John	L	MD	M	I	1131 Broac	Ste 102	Shrewsbur	NJ	34	7702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	434	626	626	$100.00	$49.63	$34.87	$31.91
1154395234	Kieserman	Stefan		MD	M	I	61 E 86th St		New York	NY	36	10028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	464	622	622	$85.18	$39.90	$31.43	$26.10
1205990868	Tseng	Jeffrey		M.D.	M	I	2220 Lynn I	Suite 109	Thousand (	CA	6	91360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	352	622	622	$70.00	$49.40	$34.64	$33.39
1730264961	Daugherty	Julie		ARNP	F	I	1901 Floyd St		Sarasota	FL	12	34239	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	515	621	621	$105.00	$41.42	$32.44	$30.57
1013960210	Modlin	Saul	M	MD	M	I	300 Garder	Suite 248	Garden Cit	NY	36	11530	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	273	620	620	$128.77	$59.39	$46.73	$37.23
1689736589	Kay	Scott	L	MD	M	I	7 Schalks (	Suite 324	Plainsboro	NJ	34	8536	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	419	618	618	$54.14	$51.96	$37.09	$32.93
1043283898	Mayer	Marcus	C	MD	M	I	1800 W Wc	Suite 201	Boynton Be	FL	12	33426	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	524	617	617	$105.00	$45.68	$33.14	$31.14
1700845187	Ukrainsky	Gennady		M.D.	M	I	10812 72n	3rd Floor	Forest Hills	NY	36	11375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	546	617	617	$215.00	$38.84	$29.22	$23.28
1518065341	Standage	Christophe	B	MD	M	I	2441 Lake Shore Drive		Woodstock	IL	17	60098	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	456	616	616	$115.24	$46.21	$32.40	$33.47
1376521732	Taitz	Ari		M.D.	M	I	1160 Park A	4 North	Highland P	IL	17	60035	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	369	615	615	$155.76	$49.21	$34.09	$31.82
1184700379	Lucas	Valerie	R	RNC WOMI	F	I	425 Cherry Se		Grand Rapi	MI	26	49305	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	513	613	613	$53.00	$39.10	$26.85	$28.03
1871511600	Szubin	Lisa	B	MD	F	I	3 E 71st St		New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	438	613	613	$175.00	$53.18	$39.14	$31.89
1013081603	Zito	Joseph	R	MD	M	I	1515 N Flagler Dr Ste 9		West Palm	FL	12	33401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	450	612	612	$105.00	$49.86	$35.81	$33.73
1710935911	Byers	Matthew	D	MD	M	I	3333 Cattle	Suite 204	Sarasota	FL	12	34232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	432	609	609	$107.00	$47.21	$34.16	$33.96
1154583573	Wong	Timothy	S	MD	M	I	1601 Clint Moore Rd St		Boca Rator	FL	12	33487	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	437	606	606	$105.00	$41.80	$31.02	$29.16
1669585394	Gold	Scott	D	MD	M	I	36a East 3(	Suite 200	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	438	606	606	$357.00	$49.48	$37.42	$30.83
1841215746	Mittleman	Myles		M.D.	M	I	5847 Francis Lewis Blv		Oakland G	NY	36	11364	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	484	605	605	$100.00	$57.85	$44.65	$35.50
1811937048	Bastianelli	Milo		DO	M	I	13660 S Jog Rd	Ste 3	Delray Bea	FL	12	33446	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	452	604	604	$125.52	$39.27	$30.96	$28.59
1134156771	Klausner	Robert	D	M.D.	M	I	26800 S Tamiami Trl	St	Bonita Spri	FL	12	34134	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	395	602	602	$160.00	$37.63	$28.35	$26.14
1740376250	Mercado	Jose	C	PA-C	M	I	2120 Sw 22nd Pl		Ocala	FL	12	34471	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	398	602	602	$100.00	$39.88	$27.47	$27.42
1679548473	Burgos	Don	S	M.D.	M	I	2038 Classique Lane		Tavares	FL	12	32778	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	312	596	596	$124.96	$43.54	$31.01	$30.82
1669673075	Santos	Daniel	V	MD	M	I	23 Crossro	Suite 400	Owings Mil	MD	24	21117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	452	593	593	$115.15	$46.83	$35.26	$32.37
1447460134	Meslemani	Danny		MD	M	I	115 Broadhollow Rd		Melville	NY	36	11747	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	461	592	592	$219.07	$50.26	$37.31	$29.93
1114992815	Salkinder	Konstantin		MD	M	I	6221 Wilsh	318	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	475	590	590	$80.00	$46.89	$36.41	$33.13
1558520775	Nguyen	Tam	N	MD	F	I	23 Crossro	Suite 400	Owings Mil	MD	24	21117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	432	588	588	$115.20	$48.54	$36.56	$33.63
1083845887	Gerbrandt	Stacey	A	PA-C	F	I	27879 Smyth Dr		Valencia	CA	6	91355	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	319	587	587	$54.60	$44.38	$31.21	$28.47
1700844651	Scarbrough	Eric	T	M.D.	M	I	400 Old Co	Suite 16	Riverhead	NY	36	11901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	486	585	585	$284.45	$57.65	$41.94	$32.91
1558315929	Smith Herr	Erin	M	CNP	F	I	110 Polaris	Suite 220	Westerville	OH	39	43082	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	473	584	584	$53.00	$39.43	$28.60	$29.42
1679512727	Bergstein	Michael	J	M.D.	M	I	200 White Plains Rd St		Tarrytown	NY	36	10591	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	389	584	584	$277.18	$42.02	$31.39	$24.65
1992768543	Holender	Eric	S	D.O.	M	I	217 Frankli	Suite 5	Palmerton	PA	42	18071	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	439	584	584	$105.00	$44.74	$29.72	$30.53
1861425811	Roach	Jeffrey	C	M.D.	M	I	300 Mount	Suite 308	Cambridge	MA	25	2138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	331	582	582	$124.21	$52.70	$39.05	$34.78
1922090646	Kotlarz	Jack	P	MD	M	I	6100 North Davis Hwy		Pensacola	FL	12	32504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	435	582	582	$105.00	$47.09	$35.25	$34.62
1780655738	Nagorsky	Matthew	J	MD	M	I	205 N Broa	Suite 401	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	387	581	581	$75.07	$28.10	$21.91	$20.30
1447804661	Loar	Jenifer	J	APRN	F	I	10201 Kanis Rd		Little Rock	AR	5	72205	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	422	580	580	$190.74	$36.08	$24.75	$28.34
1356793335	Barnes	Elizabeth	M	PA-C	F	I	5 Industrial	Suite 202	Mashpee	MA	25	2649	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	385	578	578	$198.00	$41.61	$28.54	$27.49
1649275751	Lee	Christophe	J	M.D.	M	I	3500 Dulut	Suite 210	Duluth	GA	13	30096	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	227	578	578	$109.79	$23.86	$18.38	$18.35
1962425520	Goldberg	Joshua	E	D.O.	M	I	723 Fitzwatertown Rd		Willow Gro	PA	42	19090	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	339	576	576	$134.35	$49.95	$35.27	$32.81
1609989417	Maw	Jennifer	L	MD	F	I	3071 Payne Ave		San Jose	CA	6	95128	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	428	575	575	$175.00	$57.37	$37.88	$31.31
1205816170	Massengill	Phillip	L	M. D.	M	I	75 Crystal I	Building B,	Middletow	NY	36	10941	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	408	574	574	$293.84	$50.84	$37.94	$33.47
1861867467	Santiso	Cassandra			F	I	1901 Floyd St		Sarasota	FL	12	34239	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	409	574	574	$101.00	$41.14	$28.13	$27.43
1174513386	Mugge	Richard	E		M	I	104 Endico	Suite 100	Danvers	MA	25	1923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	475	572	572	$175.00	$47.74	$33.62	$32.31
1508124348	Norton	Julien		M.D.	M	I	2295 Henry Tecklenbu		Charleston	SC	45	29414	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	421	572	572	$128.00	$44.35	$30.86	$32.80
1649745993	Gutierrez	Christina	M	PA-C	F	I	220 Sw 84th Ave	Ste 10	Plantation	FL	12	33324	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	331	571	571	$105.00	$41.88	$29.98	$28.17
1033316682	Lee	James	J	M.D	M	I	1955 Sunny	Suite 108	Fullerton	CA	6	92835	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	308	569	569	$83.88	$51.63	$37.06	$33.57
1447742390	Seibert	Michelle	L	CNP	F	I	2821 Delavan Dr		Dayton	OH	39	45459	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	467	569	569	$53.00	$39.49	$28.57	$29.26
1427038520	Beningfield	Alec		M.D.	M	I	203 Hospit	Suite 200	Glen Burnie	MD	24	21061	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	446	567	567	$175.00	$51.00	$35.04	$31.92
1205829496	Puzzi	Joseph	V	MD	M	I	100 Schuyl	Suite 205	Pottsville	PA	42	17901	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	357	564	564	$80.00	$44.22	$29.45	$30.91
1336176593	Hill	Samuel	L	M.D.	M	I	2180 Immokalee Rd St		Naples	FL	12	34110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	424	564	564	$102.30	$48.41	$34.40	$32.35
1427137785	Jamal	Habibullah		M.D	M	I	14 Rye Ridge Plz	Ste 24	Rye Brook	NY	36	10573	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	423	564	564	$194.00	$52.76	$39.41	$30.90
1790755262	Makki	Khrosrow		MD	M	I	110 Irving St	Nw	Washingto	DC	11	20010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	386	564	564	$75.00	$30.35	$24.17	$20.87
1841738606	Ward	Ashley	N	APRN, FNP	F	I	27790 W Highway 22 S		Barrington	IL	17	60010	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	351	564	564	$111.21	$43.01	$29.64	$27.58
1225381742	Carrette	Melissa	M	PA-C	F	I	299 Faunce	2nd Floor	North Dartr	MA	25	2747	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	368	561	561	$153.14	$41.40	$29.73	$28.03
1710926803	Vernick	David	M	M.D.	M	I	1244 Boyls	#303	Chestnut H	MA	25	2467	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	387	561	561	$210.00	$52.93	$37.23	$33.37
1861866204	Rosana	Marlene			F	I	1806 W Pleasant Ridge		Arlington	TX	48	76015	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	159	561	561	$55.98	$40.08	$31.94	$32.08
1922026335	Brooker	Charles	R	M.D.	M	I	160 E Lake Howard Dr		Winter Hav	FL	12	33881	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	412	561	561	$116.00	$46.57	$34.93	$34.20
1275534497	Siliunas	Vytas	B	DO	M	I	2106 New F	C9	Linwood	NJ	34	8221	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	453	560	560	$100.36	$46.17	$35.16	$32.35
1689761686	Gittelman	Paul	D	M.D.	M	I	3020 Westc	Suite 303	Purchase	NY	36	10577	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	343	560	560	$294.61	$46.59	$34.63	$27.17
1821029794	Lee-Tall	Nina		MD	F	I	3465 Torrance Blvd Ste		Torrance	CA	6	90503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	351	560	560	$90.00	$49.85	$34.89	$31.59
1194798744	Branch	Matthew	P	MD	M	I	2460 N Ih 3	Suite 270, F	Waxahachi	TX	48	75165	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	334	557	557	$145.38	$45.06	$29.10	$30.91
1861734949	Burgess	Bridget	D	M.D.	F	I	825 Main St	Fl 1	Weymouth	MA	25	2190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	377	557	557	$197.73	$51.16	$35.20	$32.26
1275620379	Watford	Kenneth		APRN	M	I	3601 Tvc		Nashville	TN	47	37232	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	300	556	556	$195.00	$26.15	$17.81	$19.35
1598735284	Marchant	Frances	E	MD	F	I	830 Old Lai	Suite 200	Bryn Mawr	PA	42	19010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	390	556	556	$225.27	$50.43	$34.94	$32.57

1942566211	Sarti	Evan	E	D.O.	M	I	47 Orient Way	Rutherford	NJ	34	7070	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	398	556	556	$150.00	$45.45	$33.40	$29.25
1861480295	Inouye	Masayuki		MD	M	I	20 Prospect Ave	Hackensac	NJ	34	7601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	343	555	555	$100.09	$49.88	$37.36	$32.63
1720189475	Walker	Kenneth	J	MD	M	I	300 S Houston Lake Rd	Warner Rot	GA	13	31088	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	388	554	554	$85.00	$42.21	$28.92	$33.28
1891853214	Burres	Steven	A	M.D. INC	M	I	6221 Wilsh Suite 517	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	483	554	554	$108.09	$51.00	$40.54	$36.87
1831293331	Morrow	William	J	D.O	M	I	715 Bay Ave	Somers Poi	NJ	34	8244	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	374	553	553	$80.00	$46.52	$34.00	$30.64
1700838992	Ham	Jongwook		MD	M	I	2050 Larkir Suite 102	Elgin	IL	17	60123	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	392	552	552	$84.98	$48.79	$33.25	$30.90
1023008414	Douthit	Thomas	F	PA-C	M	I	900 N. Libe Suite 400	Boise	ID	16	83704	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	379	551	551	$247.14	$35.95	$25.01	$28.03
1275639205	Murton	Ian	B	M.D.	M	I	7770 Morro Rd	Atascader	CA	6	93422	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	359	549	549	$102.95	$48.92	$35.02	$33.72
1598769259	Houston	Sean	D	M.D.	M	I	3700 Route Suite 101	Neptune	NJ	34	7753	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	375	548	548	$100.00	$52.02	$35.52	$31.98
1215932553	Downey	Laura	L	M.D.	F	I	741 Northfi Ste 104	West Oran	NJ	34	7052	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	322	544	544	$150.00	$49.84	$36.81	$31.96
1356371041	Kupferman	Todd		MD	M	I	3126 N Federal Hwy	Lighthouse	FL	12	33064	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	328	544	544	$116.00	$26.53	$20.94	$19.51
1821104308	Genack	Sheldon	H	MD	M	I	1728 Broac Suite 5	Hewlett	NY	36	11557	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	402	544	544	$200.00	$56.31	$43.94	$34.97
1992739676	Coker	Joan	F	M.D.	F	I	1401 Foulk Suite 205	Wilmingtor	DE	10	19803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	418	544	544	$102.00	$47.40	$33.75	$33.32
1700853066	Keefe	Stephen	D	MD	M	I	11842 Rock Landing Dr	Newport Ne	VA	51	23606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	341	543	543	$90.17	$47.10	$36.44	$36.66
1457441214	Loos	Benjamin	M	MD	M	I	2700 Grant Suite 104	Concord	CA	6	94520	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	374	541	541	$175.00	$54.31	$40.51	$34.17
1033136916	Bock-Hugh	Jennifer		M.D.	F	I	100 S Ellsworth Ave Ste	San Mateo	CA	6	94401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	400	540	540	$120.00	$55.90	$40.04	$33.58
1063404358	Bussell	Gregory	S	M.D.	M	I	8780 W Go Suite 200	Niles	IL	17	60714	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	346	538	538	$95.35	$50.40	$36.00	$33.14
1285625582	Reddy	Shashidhar	S	MD	M	I	89 Sparta A Suite 220	Sparta	NJ	34	7871	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	437	538	538	$182.00	$46.52	$32.31	$28.60
1396826061	Feehery	John	M	MD	M	I	2112 Providence Ave	Chester	PA	42	19013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	395	538	538	$125.00	$44.94	$33.40	$30.86
1407884703	Martz	Jacqueline	R	RN, CNS	F	I	441 E 8th St	Lima	OH	39	45804	1	Metropolita	US	Certified Cl	Y	69210	Removal of N	O	464	538	538	$53.00	$39.15	$27.95	$29.08
1487802526	Sckolnick	Joshua	S	M.D.	M	I	1501 Trous 3rd Floor	Burlingame	CA	6	94010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	358	538	538	$165.86	$51.80	$37.34	$31.36
1003383621	O'brien	Emily		PA-C	F	I	5145 N California Ave	Chicago	IL	17	60625	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	427	537	537	$233.92	$42.20	$29.70	$27.83
1063549285	Matteucci	Raymond	C	MD	M	I	415 Cedar Se	Albuquerq	NM	35	87106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	304	535	535	$105.00	$46.16	$31.32	$32.35
1083686687	Emmer	Curtis	D	DO	M	I	927 45th St Ste 101	West Palm	FL	12	33407	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	391	535	535	$105.00	$38.76	$29.06	$27.36
1356381628	Setzen	Michael		M.D.	M	I	600 Northe Suite 312	Great Neck	NY	36	11021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	300	535	535	$194.25	$38.06	$28.52	$22.67
1689782229	Marra	Stephen	J	M.D.	M	I	323 E 34th 4th Floor	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	392	535	535	$63.48	$38.10	$29.26	$24.36
1972828713	Voorman	Matthew	S	M.D.	M	I	2101 N Waldron St	Hutchinsor	KS	20	67502	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	318	535	535	$121.00	$44.30	$28.06	$30.56
1336261056	Brunetti	Vito	A	M.D.	M	I	1211 Hamt Suite 205	Wayne	NJ	34	7470	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	387	534	534	$297.19	$49.46	$37.08	$32.20
1538396023	Sherlock	Courtney	P	PA-C	F	I	42 Cape Rc Suite 105	Milford	MA	25	1757	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	289	534	534	$145.00	$41.57	$29.21	$28.15
1023057262	Markowitz	Scott	B	M.D.	M	I	150 E 58th St Fl 34	New York	NY	36	10155	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	341	533	533	$300.30	$49.27	$36.65	$29.84
1528086717	Merritt	Robert	M	M.D.	M	I	160 E Lake Howard Dr	Winter Hav	FL	12	33881	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	417	529	529	$116.00	$46.20	$34.24	$33.26
1821223413	Elder	Justin	L	D.O.	M	I	17005 Old Orchard Rd	Lewes	DE	10	19958	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	433	529	529	$102.61	$46.37	$31.89	$31.42
1831296748	Rankin	Brett	S	M.D.	M	I	35 Walker S Suite 200	Kittery	ME	23	3904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	348	529	529	$96.62	$45.50	$33.17	$33.49
1043273485	Janas	Janice	D	MD	F	I	1300 Crane Street	Menco Par	CA	6	94025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	319	527	527	$185.00	$55.77	$38.26	$32.60
1154361624	Hester	Thomas	O	MD	M	I	2295 Henry Tecklenbur	Charleston	SC	45	29414	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	433	527	527	$128.00	$44.17	$29.44	$31.57
1538146493	Perman	Jennifer	K	P.A.-C	F	I	5950 University Ave Ste	West Des M	IA	19	50266	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	325	527	527	$138.53	$37.68	$24.76	$27.07
1982697223	Reppucci	Angelo	D	M.D.	M	I	600 Northe Suite 100	Great Neck	NY	36	11021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	432	525	525	$357.00	$48.90	$37.13	$29.24
1437113768	Heimbach	Vanessa	K	PAC	F	I	3445 High I Suite 100	Bethlehem	PA	42	18017	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	325	523	523	$120.00	$39.20	$26.73	$27.34
1508805326	Moskowitz	Dan		M.D.	M	I	222 Bloomingdale Rd F	White Plain	NY	36	10605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	275	523	523	$299.69	$42.45	$31.77	$24.91
1407817562	Dodaro	John	P	MD	M	I	1 Teleport Dr Ste 200	Staten Isla	NY	36	10311	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	359	521	521	$286.35	$46.55	$34.63	$28.28
1518066497	Feld	Robert	A	MD	M	I	205 East M Ste 2-4	Huntington	NY	36	11743	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	357	521	521	$357.00	$55.38	$40.87	$32.36
1538259304	Ford	Lloyd	C	MD	M	I	2700 Grant Suite 104	Concord	CA	6	94520	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	393	520	520	$175.00	$54.73	$39.46	$33.19
1538266903	Sabin	Steven	L	M.D.	M	I	557 Cranbury Rd Ste 3	East Brunsv	NJ	34	8816	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	409	520	520	$284.00	$44.49	$32.27	$28.14
1427050467	Simpson	John	R	M.D., D.D.S	M	I	700 Sunset Suite 103	Athens	GA	13	30606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	302	519	519	$225.05	$44.35	$31.33	$33.74
1194718437	Goldofsky	Elliot		M.D.	M	I	600 Northe Suite 100	Great Neck	NY	36	11021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	379	518	518	$357.00	$54.04	$41.17	$32.56
1366474090	Roberts	Katherine	J	PA-C	F	I	39 Barkley Cir	Fort Myers	FL	12	33907	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	323	517	517	$166.30	$43.07	$31.00	$28.52
1194211888	Murphy	Patrick	T		M	I	800 N Westmoreland R	Lake Forest	IL	17	60045	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	423	516	515	$166.00	$44.28	$29.88	$27.03
1508849845	Bui	Hana	T	MD	F	I	1321 N Har Suite 101	Fullerton	CA	6	92835	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	335	516	514	$110.44	$51.14	$35.71	$32.23
1245556653	Peng	Kevin	A	M.D.	M	I	2100 W 3rd St Ste 111	Los Angele	CA	6	90057	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	351	515	515	$175.00	$52.42	$35.41	$32.02
1194870790	Hao	Leslie	F	M.D.	F	I	5530 Wisc Suite #145	Chevy Cha	MD	24	20815	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	401	514	514	$65.00	$47.08	$35.24	$29.55
1720083421	Winicki	Raymond	E	MD	M	I	171 Grand Ste 201	Waterbury	CT	9	6708	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	355	514	514	$125.00	$47.88	$34.88	$32.64
1891742342	Shaari	Jeffrey	M	M.D.	M	I	413 60th St	West New \	NJ	34	7093	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	372	513	513	$100.00	$53.31	$41.52	$36.75
1801282231	Russell	James	S	M.D.	M	I	4301 W Markham St #	Little Rock	AR	5	72205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	402	511	511	$128.00	$43.25	$30.68	$32.56
1598839771	Vetter	Steven	M	MD	M	I	966 Cass S Suite 250	Monterey	CA	6	93940	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	386	510	510	$186.36	$48.98	$34.59	$31.92
1619973922	Flashman	Tommie		M.D.	M	I	8920 Wilsh Ste 301	Beverly Hill	CA	6	90211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	279	510	510	$200.00	$39.26	$29.71	$26.06
1396789335	Reich	Debra	S	MD	F	I	2651 Stran Ground Fl	Yorktown H	NY	36	10598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	337	507	507	$294.85	$53.01	$36.53	$28.64
1437111382	Marrs	Chad	R	MD	M	I	5432 Bee R Suite 150	Sarasota	FL	12	34233	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	366	506	506	$98.16	$45.03	$32.92	$32.79
1295924108	Mantia	Lisa	M	FNP, BC	F	I	226 S Woo Ste 37w	Chesterfiel	MO	29	63017	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	282	505	505	$106.92	$40.31	$27.76	$27.80
1013940717	Schaffer	Scott	R	MD, FACS	M	I	406 Lippincott Dr Ste F	Marlton	NJ	34	8053	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	304	504	504	$158.00	$51.65	$36.34	$32.76
1508026949	Hughes	Timothy	J	M.D.	M	I	7447 W Tal Suite 316	Chicago	IL	17	60631	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	359	504	504	$137.00	$50.43	$35.21	$32.55
1689612145	Nowak	Vicki	G	M.D.	F	I	1303 Mosley Dr	Lynn Haver	FL	12	32444	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	235	502	502	$105.00	$47.23	$35.08	$34.94
1063420958	Kim	Helen	H	MD	F	I	1414 Victory Boulevard	Staten Isla	NY	36	10301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	344	501	501	$75.00	$46.91	$36.87	$29.55
1255317988	Sullivan	Daniel	P	MD	M	I	930 S Harbor City Blvd	Melbourne	FL	12	32901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	332	501	501	$98.95	$45.06	$32.34	$32.25
1639179377	Deblasi	Henry	C	MD	M	I	2870 Hemp Suite 203	Levittown	NY	36	11756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	387	501	501	$111.00	$53.95	$40.19	$32.08
1699873141	Brousse	Robert	G	M.D.	M	I	4228 Houm Suite 110	Metairie	LA	22	70006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	397	501	501	$100.00	$46.86	$35.85	$35.67
1356333637	Casper	Francis	A	M.D.	M	I	8780 W Go Suite 200	Niles	IL	17	60714	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	361	500	500	$96.14	$51.01	$35.97	$33.20
1437309267	Huwe	Matthew	A	PA-C	M	I	780 Swift Blvd Ste 301	Richland	WA	53	99352	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	312	500	500	$162.00	$27.84	$18.69	$18.77
1306952759	Touliatos	John	S	M.D.	M	I	7600 Wolf I Suite 120	Germantov	TN	47	38138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	394	499	499	$135.00	$42.18	$26.69	$30.09
1568463909	Moisa	Idel	I	MD	M	I	3 School St Ste 304	Glen Cove	NY	36	11542	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	373	499	496	$178.34	$54.15	$38.81	$30.88
1649283599	Mester	Andrew		M.D.	M	I	215 Pesetas Ln	Santa Barb	CA	6	93110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	381	499	499	$117.00	$46.43	$31.68	$29.03
1043376064	Gawthrop	Charles	S	MD	M	I	11 Industri Ste 102	Paoli	PA	42	19301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	410	497	497	$68.00	$51.66	$38.66	$35.29
1073775433	Wong	Kenneth		M.D.	M	I	6201 Greenbelt Rd Ste	Berwyn Hei	MD	24	20740	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	487	497	497	$90.00	$55.44	$40.04	$34.10
1346242831	Kelly	Paul	E	M.D.	M	I	400 Old Co Suite 16	Riverhead	NY	36	11901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	389	494	494	$268.68	$56.09	$41.35	$32.56
1194921007	Oliverio	Matthew			M	I	10 Highland Park Dr	Uniontown	PA	42	15401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	325	493	493	$138.00	$45.14	$30.46	$31.23
1821240771	Lipan	Michael	J	MD	M	I	4060 Pga B Suite 204	Palm Beacl	FL	12	33410	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	306	493	493	$104.89	$32.30	$23.72	$22.23
1255348900	Roessler	Mark	L	DO	M	I	55-77 Scha Suite B-9	Freehold	NJ	34	7728	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	285	491	491	$100.00	$50.45	$35.86	$33.01
1760589725	Drezner	Dean	A	MD	M	I	219 N. Broa 10th Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	398	491	491	$100.00	$51.01	$40.43	$37.63

1841364031	Trapp	Terrence	K	MD	M	I	1095 Los Palos Drive	Salinas	CA	6	93901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	340	490	490	$186.00	$49.60	$35.27	$32.29
1336297886	Culang	David		M.D.	M	I	10 Union Sq	4j	New York	NY	36	10003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	439	489	489	$225.00	$37.33	$26.83	$22.11
1932106747	Scott	Shaun	N	M.D.	M	I	1849 Savage Rd		Charleston	SC	45	29407	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	335	488	488	$128.00	$42.30	$30.08	$32.00
1225144462	Soltes	Steven	F	M.D.	M	I	4400 W 95t	Suite 304	Oak Lawn	IL	17	60453	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	352	487	487	$53.53	$51.95	$33.39	$30.59
1326044595	Lee	Edward	C	M.D.	M	I	4906 El Cai	Suite A	Los Altos	CA	6	94022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	371	487	487	$58.16	$54.50	$39.95	$33.15
1073266219	Lucchesi	Gina	M	APRN, FNP	F	I	7600 Wolf River Blvd		Germantov	TN	47	38138	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	403	486	486	$135.00	$37.08	$27.27	$29.98
1073574042	Colden	Daryl	G	M.D.	M	I	1 Wallace I	Ste 3002	Newburypc	MA	25	1950	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	402	486	486	$211.11	$46.21	$33.61	$32.34
1952523128	Schneyer	Mark		MD	M	I	23 Crossroads Dr	Ste 4	Owings Mil	MD	24	21117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	364	486	486	$114.98	$46.87	$35.71	$32.74
1164684643	Vaughan	Andrew	H	MD	M	I	1490 E Fore	Suite 350	St George	UT	49	84790	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	309	484	484	$150.00	$44.84	$30.19	$32.22
1184618803	Byer	Jeffrey		MD	M	I	130 Tarrytown Rd		Mancheste	NH	33	3103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	374	481	481	$140.00	$47.21	$35.05	$34.63
1285672428	Simpson	Thomas	A	M.D.	M	I	2615 Northgate Dr		Iowa City	IA	19	52245	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	347	481	481	$125.00	$43.27	$29.48	$32.61
1558332197	Keenan	Michael	J	MD	M	I	2802 Leonard Dr		Valparaiso	IN	18	46383	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	368	481	481	$132.81	$42.34	$28.57	$31.65
1306886494	Scott	John	C	MD	M	I	90 S Bedfor	Mount Kisc	Mount Kisc	NY	36	10549	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	433	480	480	$65.12	$54.20	$39.45	$31.46
1417389214	Morris	Megan	R	ARNP	F	I	107 N Pine St		Pittsburg	KS	20	66762	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	296	480	480	$75.00	$37.32	$24.22	$26.81
1043560238	Hartman	Elizabeth		NURSE PRA	F	I	8314 Traford Ln	Ste C	Springfield	VA	51	22152	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	355	479	479	$80.00	$45.35	$29.63	$27.01
1063001832	Myers	Lacey			F	I	601 E Dixie Ave		Leesburg	FL	12	34748	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	324	479	479	$100.00	$39.99	$27.59	$27.48
1427019793	Lintzenich	Catherine	R	M.D.	F	I	120 Kings V	Suite 2900	Williamsbu	VA	51	23185	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	319	478	478	$86.18	$33.19	$23.76	$23.50
1427078377	Chipman	Terri		M.D.	F	I	100 S Ellsworth Ave	Ste	San Mateo	CA	6	94401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	341	478	478	$120.00	$56.29	$40.38	$33.67
1598721474	Torabi	Majid		M.D.	M	I	39000 Bob	Probst #20	Rancho Mir	CA	6	92270	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	303	478	478	$80.00	$46.76	$34.93	$33.23
1881162444	Schrieber	Diana	L	CRNP	F	I	802 Landmark Dr	Ste 1	Glen Burnie	MD	24	21061	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	362	478	478	$175.00	$41.97	$28.54	$26.66
1528053956	Marcus	Avron		M.D.	M	I	802 Landmark Dr	Ste 1	Glen Burnie	MD	24	21061	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	309	477	477	$175.00	$49.94	$33.50	$31.47
1851390512	Morrish	Thomas	N	M.D.	M	I	701 Manate	Suite 202	Bradenton	FL	12	34205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	341	477	477	$96.66	$47.15	$34.39	$33.73
1033182399	Brill	Alan	H	MD	M	I	3 Richland	Suite 130	Columbia	SC	45	29203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	325	475	475	$120.00	$44.30	$32.23	$34.05
1215032768	Liu	Edmund	S	M.D.	M	I	207 Pompton Ave		Verona	NJ	34	7044	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	383	475	475	$80.57	$51.39	$36.09	$31.39
1194244269	Hefner	Jessica	L	FNP	F	I	1136 E Grande Blvd		Tyler	TX	48	75703	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	363	474	474	$90.00	$38.57	$27.34	$28.28
1447415773	Haveman	Gregory	A	MD	M	I	320 W Willow St		Walla Wall	WA	53	99362	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	301	474	474	$122.15	$44.56	$32.13	$32.29
1922071281	Thompson	Scott	W	MD	M	I	2016 Sumter St		Columbia	SC	45	29201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	356	474	474	$80.00	$44.06	$30.48	$32.96
1114188182	Wang	Andrea	S	M.D.	F	I	2315 Broac	3rd Fl	New York	NY	36	10024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	403	473	473	$279.65	$54.13	$39.66	$32.95
1639128416	Shea	Roger	M	MD	M	I	5432 Bee R	Ste # 140	Sarasota	FL	12	34233	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	350	472	472	$87.46	$46.09	$31.72	$31.07
1013079441	Delvalle	Diana	M	M.D.	F	I	900 Nw 13t	Suite 206	Boca Rator	FL	12	33486	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	338	471	471	$105.00	$42.61	$30.23	$28.39
1114082146	Hamill	Nicholas	J	M.D.	M	I	1901 S Unic	B-2010	Tacoma	WA	53	98405	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	303	471	471	$159.00	$46.32	$29.71	$30.12
1912128588	Landis	Mark		N.P.	M	I	700 Prides Xing	Ste 200	Newark	DE	10	19713	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	399	471	471	$102.04	$40.73	$30.03	$29.65
1164688529	Shively	Jeannine		PA-C	F	I	6645 Alvarado Rd	# 415	San Diego	CA	6	92120	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	287	469	469	$100.00	$38.81	$29.91	$27.63
1215145040	Fisher	Kyle	W	M.D.	M	I	1650 Huntingdon Pike	S	Meadowbr	PA	42	19046	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	340	469	469	$110.00	$44.11	$32.01	$29.26
1255421673	Horowitz	Jay	B	MD	M	I	557 Cranbury Rd		East Brunsv	NJ	34	8816	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	305	468	468	$256.18	$49.10	$36.17	$31.58
1083722862	Chard	Bonnie	M	PA-C	F	I	510 North S	Suite One	Pittsfield	MA	25	1201	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	309	467	467	$175.00	$41.89	$29.88	$28.48
1326011180	Demetroula	James	L	MD	M	I	104 Endico	Suite 100	Danvers	MA	25	1923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	419	467	467	$172.97	$47.76	$33.73	$32.57
1649286279	Huang	Clark		M.D.	M	I	115 E 57th	Suite 600	New York	NY	36	10022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	341	467	467	$250.00	$41.57	$32.21	$26.67
1982621785	Gwozdz	Christina	S		F	I	4101 Main	Suite F	Hilton Hea	SC	45	29926	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	306	467	467	$130.00	$44.27	$30.75	$32.97
1124020557	Donnelly	Kevin	J	MD	M	I	120 Medical Blvd	Ste 1	Spring Hill	FL	12	34609	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	309	466	466	$91.34	$45.96	$33.83	$33.52
1043363997	Hernandez	John	J	M.D.	M	I	1250 La Venta Drive, St		Westlake V	CA	6	91361	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	306	465	465	$60.00	$51.98	$37.78	$34.48
1134461551	Blythe	Meredith	S	FNP-BC	F	I	1965 1st Ave		Opelika	AL	1	36801	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	292	465	465	$51.00	$38.00	$23.72	$25.53
1447300611	Muller	Christophe	D	MD	M	I	1330 S Fort Harrison Av		Clearwater	FL	12	33756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	320	465	465	$91.95	$44.90	$33.07	$32.37
1801891916	Parks	Robert	R	M.D.	M	I	3680 Hill Bl	Care Moun	Jefferson V	NY	36	10535	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	340	465	465	$67.17	$50.90	$36.69	$31.15
1952404451	Cecilio	Vera	D	MD	F	I	16661 Ventura Blvd	Ste	Encino	CA	6	91436	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	276	464	464	$100.00	$51.92	$38.86	$35.25
1245308147	Imber	Paul	M	D.O.	M	I	1401 Foulk	Suite 205	Wilmington	DE	10	19803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	413	463	463	$102.00	$47.30	$32.90	$32.66
1225214695	Corey	Christina	L	MD	F	I	2316 Dwight Way		Berkeley	CA	6	94704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	350	462	462	$175.00	$54.65	$39.79	$33.58
1396061362	Greene	Scott	M	MD	M	I	1330 S Fort Harrison Av		Clearwater	FL	12	33756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	320	462	462	$91.20	$45.99	$33.10	$32.42
1144692062	Cosby	Carie		APRN	F	I	9200 Shelbyville Rd	Ste	Louisville	KY	21	40222	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	384	461	461	$53.00	$37.65	$26.80	$29.16
1275502114	Galeos	Warren	L	M.D.	M	I	135 Newton Sparta Rd		Newton	NJ	34	7860	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	332	461	460	$261.93	$51.98	$35.78	$31.82
1376542845	Rhee	Edward		MD	M	I	1 Crosfield	Suite 201	West Nyac	NY	36	10994	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	424	461	461	$249.26	$48.05	$35.43	$27.79
1831189810	Davey	Paul	J	MD	M	I	400 Old Co	Suite 16	Riverhead	NY	36	11901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	340	461	461	$257.13	$57.12	$41.39	$32.56
1710986781	Costello	Thomas	H	MD	M	I	100 Tradec	Suite 750	Woburn	MA	25	1801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	360	459	459	$148.54	$50.36	$36.17	$32.47
1184848822	Panigrahi	Dev	D	MD	M	I	77 Pondfield Rd		Bronxville	NY	36	10708	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	360	458	458	$100.00	$57.98	$40.74	$32.68
1417167826	Seymour	Peter	E	MD	M	I	1 Wallace I	Ste 3002	Newburypc	MA	25	1950	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	368	457	457	$246.96	$48.09	$35.00	$33.61
1851390942	Grinberg	Daniel		M.D.	M	I	1 Crosfield	Suite 201	West Nyac	NY	36	10994	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	382	457	457	$268.96	$53.42	$40.22	$31.73
1952329138	Archilla	Alfredo	S	M.D.	M	I	10150 Hag	Suite 100	Boynton Be	FL	12	33437	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	314	457	457	$187.22	$49.78	$35.69	$33.61
1952356651	Conte	Louis	J	DO	M	I	505 Chestnut St		Roselle Par	NJ	34	7204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	355	457	457	$165.43	$51.82	$37.02	$32.96
1285647206	Wiederkehr	Melvin		M.D.	M	I	198 Foster Ave		Brooklyn	NY	36	11230	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	353	456	456	$88.86	$48.04	$32.94	$26.18
1497741292	Lowy	Gina		PA	F	I	1800 W Woolbright Rd		Boynton Be	FL	12	33426	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	402	455	455	$105.00	$40.12	$20.40	$19.02
1568891620	Ahaesy	Erica	M	FNP	F	I	535 Faunce Corner Rd		Dartmouth	MA	25	2747	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	328	455	455	$284.14	$41.27	$29.18	$28.11
1568460244	Anderson	Kurt	M	M.D.	M	I	123 E 3rd S	Suite 201	Ottumwa	IA	19	52501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	318	454	454	$81.91	$43.66	$29.36	$32.43
1821055104	Belser	Robert	B	MD	M	I	2185 Oregon Pike		Lancaster	PA	42	17601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	258	451	451	$132.59	$45.86	$31.41	$32.69
1104028638	Chien	Wade	W	M.D.	M	I	601 N Caro	6th Floor	Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	317	450	450	$177.00	$54.90	$39.35	$33.20
1184638389	Han	Wade	W	M.D.	M	I	3270 Greenwald Way	N	Kissimmee	FL	12	34741	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	296	450	450	$62.00	$46.98	$34.20	$34.03
1205917820	Perloff	Joel	R	MD	M	I	2112 Providence Ave		Chester	PA	42	19013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	333	450	450	$125.00	$48.62	$35.58	$32.62
1780689042	Oh	Charles	K	M.D.	M	I	2552 Walnu	Suite 130	Tustin	CA	6	92780	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	327	450	450	$90.00	$49.46	$36.60	$33.07
1992192033	Kim	Christine	M	M.D.	F	I	5800 Hollis St	Fl 4	Emeryville	CA	6	94608	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	300	450	450	$109.25	$36.92	$26.92	$24.09
1023418522	Lu-Myers	Yemeng		M.D., M.P.H	F	I	23 Crossroads Dr	Ste 4	Owings Mil	MD	24	21117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	369	449	449	$115.43	$47.51	$35.47	$32.70
1184696171	Kopp	John	D	MD	M	I	6 Executive Park Dr		Albany	NY	36	12203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	348	449	449	$145.65	$45.45	$28.79	$29.81
1811916570	Sohn	Han	G	M.D.	M	I	733 W 40th	Suite 20	Baltimore	MD	24	21211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	336	448	448	$125.00	$46.99	$34.13	$30.87
1912914359	Wareham	Martin	E	M.D.	M	I	2876 Sycar	Ste 303	Simi Valley	CA	6	93065	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	386	448	448	$104.92	$49.38	$34.70	$31.74
1083735401	Grimaldi	Salvatore	L	D.O.	M	I	927 45th St	Ste 101	West Palm	FL	12	33407	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	352	447	447	$105.00	$35.39	$26.67	$25.18
1528307667	Twardowsk	Sara	J	APN	F	I	3333 Burnet Ave	Ml 11(	Cincinnati	OH	39	45229	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	359	447	447	$53.00	$39.17	$30.51	$31.53
1295737914	Patel	Kanaiyalal		M.D.	M	I	7231 Hano	Suite B	Greenbelt	MD	24	20770	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	374	446	446	$113.00	$54.81	$40.73	$35.15
1053416222	Figgs	Paula			F	I	301 Monticello Ave		Williamsbu	VA	51	23185	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	306	445	445	$96.04	$39.83	$26.73	$26.51
1740577998	Daigle	Jeffrey	J	P.A.	M	I	1615 Wolf Cir		Lake Charl	LA	22	70605	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	309	444	444	$190.77	$38.84	$28.13	$29.11

1962441022	Cousin	Jeffrey		M.D.	M	I	1086 N Broadway Ste 2	Yonkers	NY	36	10701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	321	444	444	$291.80	$49.30	$36.97	$29.03
1992813174	Russell	Robert	T	M.D.	M	I	1404 Eastland Dr Ste 2	Bloomingtc	IL	17	61701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	256	444	444	$53.44	$44.09	$29.54	$32.47
1003874223	Slomka	William	S	M.D.	M	I	3015 S Con	Suite 6	Palm Sprin	FL	12	33461	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	323	443	443	$105.00	$45.31	$32.65	$30.58
1699736124	Bibliowicz	Michael	M	D.O.	M	I	5830 Lake Underhill Rc		Orlando	FL	12	32807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	350	443	443	$102.81	$27.27	$21.59	$21.49
1124109335	Roscoe	Gregory	J	DMD, MD	M	I	871 Beaver Dr		Du Bois	PA	42	15801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	320	442	442	$80.00	$43.44	$31.16	$31.82
1851390066	Freedman	Michael	A	DO	M	I	14600 King Rd Ste D		Riverview	MI	26	48193	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	285	442	442	$100.00	$44.06	$31.76	$30.54
1326047994	Shelton	John	C	M.D.	M	I	701 Manat	Suite 202	Bradenton	FL	12	34205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	275	441	441	$96.66	$46.18	$33.50	$32.89
1184724171	Zechowy	Stefan	M	M.D.	M	I	1701 4th St Ste 120		Santa Rosa	CA	6	95404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	288	440	440	$261.00	$46.74	$29.45	$28.45
1144793472	Pollard	Jennifer	J	APRN	F	I	601 E Dixie Ave Ste 901		Leesburg	FL	12	34748	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	328	439	439	$100.00	$39.94	$27.50	$27.37
1407185440	Snow	Aja Marie		PA	F	I	90 S Bedford Rd		Mount Kisc	NY	36	10549	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	322	439	439	$63.54	$49.68	$35.06	$27.93
1770522807	Tom	Michael	B	M.D.	M	I	1086 N Broadway Ste 2		Yonkers	NY	36	10701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	348	439	439	$271.04	$50.68	$38.03	$29.79
1023053980	Abbass	Hassan		MD	M	I	5850 Landerbrook Dr S		Mayfield H	OH	39	44124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	345	437	437	$81.76	$46.17	$32.40	$33.40
1801899612	Crawford	Melissa	A	PA	F	I	2265 S 9th St		Salina	KS	20	67401	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	267	437	437	$133.46	$37.22	$23.46	$26.09
1831249861	Barna	James	S	MD	M	I	1330 S Fort Harrison A		Clearwater	FL	12	33756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	330	437	437	$92.55	$46.15	$34.02	$33.35
1558450254	Graham	William	N	D.O.	M	I	625 N Fost	Suite 203	Mitchell	SD	46	57301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	281	435	435	$46.89	$45.65	$30.86	$32.38
1235179995	Ditkoff	Michael		M.D.	M	I	333 E Shor	Suite 102	Manhasset	NY	36	11030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	293	434	434	$274.86	$51.86	$39.33	$30.88
1871585059	Lewis	William	S	MD	M	I	15861 Winchester Blvc		Los Gatos	CA	6	95030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	320	433	433	$185.00	$55.12	$38.92	$32.19
1164429346	Fichera	Jeffrey	S	PA	M	I	133 Benmo	Suite 100	Winter Park	FL	12	32792	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	304	432	432	$138.00	$40.25	$27.31	$27.16
1164750758	Halley	Amber	E	PA-C	F	I	888 S King St		Honolulu	HI	15	96813	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	293	432	432	$66.43	$28.84	$19.56	$18.84
1255966057	Laubert	Matthew	J	CNP	M	I	15299 Bagley Rd Ste 3(		Middleburg	OH	39	44130	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	355	431	431	$158.10	$38.53	$26.42	$27.66
1629179569	Levy	Elena		PA	F	I	16303 Horace Harding		Fresh Meac	NY	36	11365	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	329	431	431	$214.02	$36.16	$27.88	$22.17
1861599193	Sun	Paul	C	M.D.	M	I	24411 Health Center D		Laguna Hill	CA	6	92653	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	333	431	431	$135.00	$46.01	$34.67	$31.39
1841728623	Anderson	Molly	A	PA	F	I	5055 A St Ste 300		Lincoln	NE	31	68510	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	246	430	430	$93.00	$35.95	$25.34	$28.26
1265467310	Rhee	Dukhee		M.D.	F	I	41 Montvale Ave Ste 20		Stoneham	MA	25	2180	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	316	429	429	$197.60	$51.86	$36.45	$32.36
1720059553	Campbell	Todd	W	M.D.	M	I	2929 Expressway Dr N		Islandia	NY	36	11749	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	337	429	429	$263.63	$56.31	$40.98	$32.08
1386690972	Toland	Alain	D	D.O	M	I	1719 Russe	Bldg 300, S	Warner Rot	GA	13	31088	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	282	428	428	$145.00	$44.60	$32.32	$34.80
1992717961	Mason	John	C	M.D.	M	I	916 E High St		Charlottes	VA	51	22902	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	350	428	428	$127.15	$46.91	$34.08	$33.74
1154304632	Saccogna	Phillip	W	MD	M	I	115 Whitmire Rd		Easley	SC	45	29640	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	259	427	427	$90.00	$43.12	$27.86	$30.39
1154591022	Stern	Anna		MD	F	I	2929 Expressway Dr N		Islandia	NY	36	11749	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	297	427	427	$281.49	$56.19	$41.37	$32.37
1801491477	Estupinan	Amanda	M	APRN	F	I	1755 N Florida Ave		Lakeland	FL	12	33805	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	294	425	425	$125.00	$39.08	$28.72	$28.55
1508956699	Walker	Clark	W	M.D.	M	I	10099 Ridg Suite 230		Lone Tree	CO	8	80124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	324	424	424	$72.00	$47.60	$34.49	$34.13
1699790063	Davis	Jeffrey	A	M.D.	M	I	2185 Oregon Pike		Lancaster	PA	42	17601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	249	424	424	$132.93	$46.17	$30.01	$31.21
1548469091	Poulos	George	A	D.O.	M	I	2929 Expressway Dr N		Islandia	NY	36	11749	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	369	423	423	$275.94	$55.50	$40.36	$31.66
1669574059	Wu	Robert	K	M. D.	M	I	13847 E 14 #200		San Leandr	CA	6	94578	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	295	423	423	$84.32	$54.13	$39.26	$32.72
1053396077	Fryburger	Kathleen	M	P.A.	F	I	1308 South Highway 1(		Fredericks	TX	48	78624	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	263	422	422	$139.00	$37.61	$27.68	$28.80
1487687851	Kadkade	Prajoy		M.D.	M	I	4543 43rd St		Sunnyside	NY	36	11104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	326	422	422	$107.63	$53.91	$39.05	$30.74
1649399320	Borress	Ryan	S	M.D.	M	I	21 Reade Pl Ste 3200		Poughkeep	NY	36	12601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	317	422	422	$289.48	$50.48	$37.24	$32.73
1700848801	Rabaja	David	R	D.O.	M	I	5830 Lake Underhill Rc		Orlando	FL	12	32807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	316	422	422	$104.23	$45.53	$34.79	$34.59
1568547008	Lewis	Lawrence	A	M.D.	M	I	344 E Main	Suite 103	Mount Kisc	NY	36	10549	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	201	421	421	$59.78	$59.10	$42.84	$34.38
1487888004	Means	Lindsay	K	RN, MSN, N	F	I	11100 Euclid Ave		Cleveland	OH	39	44106	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	324	419	419	$333.95	$39.46	$28.35	$29.07
1841377405	Guendert	Denise	V	M.D.	F	I	10200 Trinity Pkwy Ste		Stockton	CA	6	95219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	287	419	419	$165.00	$47.48	$33.81	$32.63
1891960597	Colton Hou	Joyce	H	M.D.	F	I	1100 Trancas St Ste 21		Napa	CA	6	94558	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	268	419	419	$129.00	$52.37	$38.58	$34.58
1003989799	Kyer	Matthew	E	PA-C	M	I	200 Herlong Ave S Ste A		Rock Hill	SC	45	29732	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	328	418	418	$95.68	$38.22	$25.49	$27.28
1225009046	Astrachan	David	I	MD	M	I	2200 Whitr	Ste 260	Hamden	CT	9	6518	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	292	418	418	$173.76	$49.46	$34.92	$31.90
1235331141	Phommach	Viengsouk		M.D.	M	I	2401 University Pkwy S		Sarasota	FL	12	34243	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	271	418	418	$133.90	$48.38	$34.12	$33.29
1427058809	Parker	Kristi	M	P. A.	F	I	11000 Hefner Pointe Di		Oklahoma	OK	40	73120	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	300	418	418	$109.00	$38.01	$26.93	$28.94
1063483709	Gargano	Robert	M	M.D.	M	I	2929 Expressway Dr N		Islandia	NY	36	11749	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	327	416	416	$269.33	$53.58	$39.46	$30.93
1497783393	Kleiman	Lee	A	M.D.	M	I	479 Jumpe	Suite 304	Severna Pa	MD	24	21146	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	262	416	416	$78.51	$47.73	$34.23	$31.68
1427056225	Gallivan	Kathleen	H	MD,MPH,F/	F	I	100 Tradec Suite 750		Woburn	MA	25	1801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	245	415	415	$199.14	$49.56	$38.03	$35.70
1659328086	Mcgrath	John	W	D.O.	M	I	1841 S Broad St		Philadelphi	PA	42	19148	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	269	415	415	$75.00	$50.19	$36.27	$33.24
1184624371	Wisdom	Gregory	S	M.D.	M	I	111 Bedfor	Caremount	Katonah	NY	36	10536	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	339	414	414	$65.19	$51.21	$36.47	$32.23
1326033416	Moses	Brett	L	MD	M	I	400 Middle	Suite 100	Langhorne	PA	42	19047	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	331	414	414	$100.00	$48.17	$36.13	$33.39
1457800682	Stone	Rachel	A		F	I	5933 Blakeney Park Dr		Charlotte	NC	37	28277	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	309	414	414	$95.00	$39.13	$25.97	$27.04
1508860859	Salzer	Stephen	J	M.D.	M	I	49 Lake Ave		Greenwich	CT	9	6830	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	327	414	414	$150.00	$44.80	$33.89	$31.37
1952476350	Wayman	Daniel	M	MD	M	I	555 Black (	Suite 210	Medford	OR	41	97504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	218	414	414	$46.40	$44.46	$30.18	$32.03
1609897271	Tseng	Edwin	T	M.D.	M	I	2220 Lynn I	Suite 109	Thousand (	CA	6	91360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	274	413	413	$59.71	$48.03	$34.58	$33.47
1396159661	Sonkarley	Price	S	M.D.	M	I	400 8th St N		Naples	FL	12	34102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	359	411	411	$102.30	$48.65	$31.89	$29.76
1437335973	Duggal	Praveen		MD	M	I	479 Jumpe	Suite 304	Severna Pa	MD	24	21146	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	322	411	411	$115.30	$47.62	$35.38	$32.50
1871557629	Widick	Mark	H	MD	M	I	1601 Clint I	Suite 105	Boca Rator	FL	12	33487	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	272	411	411	$105.00	$43.63	$33.12	$31.13
1174527543	Mazzara	Carl		M.D.	M	I	485 Route :	Suite 350	Iselin	NJ	34	8830	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	302	410	410	$285.06	$50.21	$36.71	$32.08
1386653608	Goldberg	Howard	M	M.D.	M	I	833 Saint V Pob #3 Suit		Birminghan	AL	1	35205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	236	409	409	$61.44	$45.11	$32.45	$34.04
1396159620	Blake	Danielle		M.D.	F	I	741 Northfield Ave Ste		West Oran	NJ	34	7052	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	300	408	408	$150.00	$52.25	$38.72	$33.62
1285782748	Mehta	Nicholas		M.D.	M	I	18111 Prin	Suite 224	Olney	MD	24	20832	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	347	405	405	$200.19	$55.10	$41.38	$35.57
1538160452	Dobrowski	John	M	M.D.	M	I	243 Charles St		Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	321	405	405	$132.87	$34.46	$25.36	$23.45
1801894506	Mcnellis	Edward	L	M.D.	M	I	1849 Savage Rd		Charleston	SC	45	29407	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	339	405	405	$128.00	$42.06	$30.27	$32.17
1922294560	Feldman	Steven	M	M.D.	M	I	4 Dearfield Dr Ste 104		Greenwich	CT	9	6831	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	329	405	405	$157.16	$53.40	$35.94	$31.58
1013985969	Killingswor	Stephen	M	MD	M	I	200 N Quanah Ave		Russellville	AR	5	72801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	266	404	404	$99.00	$41.89	$29.60	$33.82
1245242973	Weinstock	Richard	A	D.O.	M	I	3355 Burns	Suite 104	Palm Beacl	FL	12	33410	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	279	404	404	$105.00	$44.37	$32.33	$30.30
1063499580	Metz	Jennifer	M		F	I	3800 Park I	Park Nicoll	St Louis Pa	MN	27	55416	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	243	403	403	$162.25	$38.84	$25.00	$26.01
1104947175	Guillory	Ryan	M	MD	M	I	912 Walnut Hill Dr		Longview	TX	48	75605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	343	403	403	$94.23	$44.09	$32.29	$33.80
1194883454	Tell	Alan	M	MD	M	I	140 Prospe	Ste 7	Hackensac	NJ	34	7601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	247	403	403	$81.26	$53.32	$35.29	$31.34
1245238930	Brown	Eugene	G	M.D.	M	I	2295 Henry Tecklenbur		Charleston	SC	45	29414	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	310	403	403	$128.00	$41.54	$29.53	$31.41
1386735074	Hofner	Maurya	E	P.A.-C.	F	I	1025 S 6th St		Springfield	IL	17	62703	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	288	403	403	$150.32	$39.79	$26.65	$27.06
1063808004	Villa	Brittany		APRN	F	I	12500 N Dale Mabry Hi		Tampa	FL	12	33618	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	303	402	402	$120.00	$38.62	$27.20	$27.02
1871763508	Litman	Craig	M	M.D.	M	I	1500 Route	Bldg. 4 - 2n	Port Jeffers	NY	36	11776	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	289	402	402	$278.34	$55.65	$40.27	$31.70
1699743773	Robertson	Thomas	C	MD	M	I	161 Wadsworth Drive		Richmond	VA	51	23236	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	323	401	401	$90.00	$47.68	$31.64	$31.22
1184866642	Adam	Stewart	I	MD	M	I	31 S Stanfi	Ste 304	Troy	OH	39	45373	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	277	400	400	$108.00	$46.00	$32.72	$33.51

1457318529	Harper	Charles	E	MD	M	I	231 S Neva Suite A	Montrose	CO	8	81401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	306	400	400	$85.61	$45.13	$30.31	$29.88
1467411835	Covello	Leonard	V	MD	M	I	900 Ridge F Suite E	Munster	IN	18	46321	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	313	400	400	$100.00	$41.70	$29.04	$32.58
1881697019	Ruiter	Barbara	A	CRNP	F	I	3893 E Market St	Warren	OH	39	44484	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	282	400	400	$80.00	$39.27	$26.31	$27.28
1487635801	Gupta	Anil	K	M.D.	M	I	32121 Woc Ste. 203	Royal Oak	MI	26	48073	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	229	399	399	$120.00	$49.26	$33.70	$32.30
1073505384	Zauderer	Jeffrey		MD	M	I	990 Stewar Suite 610	Garden Cit	NY	36	11530	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	298	398	398	$277.72	$53.22	$38.48	$29.96
1619123528	Lee	Brian	G	MD	M	I	7245 E Osb Suite 1	Scottsdale	AZ	4	85251	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	273	398	398	$177.45	$42.65	$30.94	$31.82
1871603993	Newman	Anita	N	MD	F	I	8631 W 3rd Suite 440 E	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	285	398	398	$100.00	$44.28	$33.46	$29.71
1659346427	Sulkow	Jennifer		PA	F	I	6 Executive Park Dr	Albany	NY	36	12203	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	258	397	397	$145.00	$39.26	$28.17	$29.06
1699963231	Huang	Stephanie	S	M.D.	F	I	34 Mark West Springs F	Santa Rosa	CA	6	95403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	282	396	396	$179.00	$48.70	$32.83	$29.94
1417960238	Ho	Bryan	T	MD	M	I	216 Engle S Ste 101	Englewood	NJ	34	7631	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	312	395	395	$132.00	$51.66	$36.64	$32.49
1831163278	Brahmbhat	Sapna	S	M.D.	F	I	55 Schanck Suite A-4	Freehold	NJ	34	7728	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	294	395	395	$175.13	$50.61	$37.14	$33.92
1689712606	Giuliano	Robert	F	DO	M	I	1849 S 15th St	Philadelphi	PA	42	19145	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	325	394	394	$100.00	$50.33	$40.17	$37.93
1265479000	Esselman	Gregory	H	MD	M	I	121 Aurora Suite B	Aiken	SC	45	20596			US	Otolaryngo	Y	69210	Removal of N	O	313	393	393	$125.00	$42.14	$30.10	$32.41
1538241484	Weiss	Robert	L	MD	M	I	40 Cross St Suite 230	Norwalk	CT	9	6851	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	318	393	393	$310.93	$44.53	$34.23	$31.40
1427287531	Patitucci	Lana	B	D.O.	F	I	60 W Germantown Pike	East Norrit	PA	42	19401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	291	391	391	$192.58	$43.66	$30.40	$28.28
1437129186	Johnson	Gary	K	M.D.	M	I	118 S 12th St	Mount Vern	WA	53	98274	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	261	391	391	$112.00	$44.13	$30.32	$30.72
1538157136	Dash	Greg	I	M.D.	M	I	1111 Montauk Hwy	West Islip	NY	36	11795	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	334	391	391	$142.00	$58.07	$43.30	$34.59
1568461333	Brown	Jeffrey	S	M.D.	M	I	100 Sylvan Suite 750	Woburn	MA	25	1801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	308	391	391	$144.41	$51.80	$36.59	$32.50
1851360663	Diaz	Rodolfo		M.D.	M	I	1206 W Sherman Ave S	Vineland	NJ	34	8360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	374	391	391	$80.00	$50.87	$35.83	$32.12
1235387507	Azer	Andrew	E	M.D.	M	I	3663 Route 9 N Ste 102	Old Bridge	NJ	34	8857	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	323	390	390	$277.61	$47.65	$34.19	$29.86
1376819417	Lund	Alexander	D	D.O.	M	I	77 W Forest Ave Ste 10	Flagstaff	AZ	4	86001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	282	389	389	$133.52	$45.17	$33.17	$34.02
1669075172	Willwerth	Megan		CRNP	F	I	11110 Medical Campu	Hagerstow	MD	24	21742	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	285	389	389	$210.54	$41.08	$29.77	$28.96
1790700094	Head	Christian	S	MD	M	I	200 Medica #550	Los Angele	CA	6	90095	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	296	389	389	$95.21	$48.66	$36.46	$35.69
1346276656	Zinger	Eduard		MD	M	I	4656 W Touhy Ave	Lincolnwoc	IL	17	60712	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	208	388	388	$70.00	$51.98	$40.83	$37.23
1346337987	Swanson	Paul	B	M.D.	M	I	826 Main S Suite 201	Phoenixvill	PA	42	19460	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	286	388	388	$170.00	$44.09	$31.72	$28.97
1558457192	Rossi	Anthony	G	MD	M	I	912 Pompt A 1	Cedar Grov	NJ	34	7009	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	231	388	388	$52.60	$52.73	$39.08	$35.09
1730156522	Gayhart	Yvonne	L	PA-C	F	I	1110 W Main Cross St	Findlay	OH	39	45840	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	267	388	388	$109.00	$38.80	$24.84	$25.83
1962426833	Domb	George	H	M.D.	M	I	2125 Court St	Redding	CA	6	96001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	262	388	388	$80.00	$41.25	$28.77	$28.31
1053865782	Lee	Ashley		FNP-C	F	I	11701 San Jose Blvd St	Jacksonvill	FL	12	32223	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	254	387	387	$154.00	$39.15	$27.85	$27.86
1205842473	Kasper	John	F	D.O.	M	I	6725 Ventn Suite A	Ventnor Cit	NJ	34	8406	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	269	387	387	$55.00	$51.86	$36.43	$33.36
1346321510	Yanamadal	Srinivas		MD	M	I	3400 Lomit Suite 104	Torrance	CA	6	90505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	178	387	387	$78.00	$50.39	$35.72	$32.89
1588683635	Silberman	Seth	J	MD	M	I	3700 Route Suite 101	Neptune	NJ	34	7753	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	297	387	387	$100.00	$48.65	$35.01	$31.51
1598777534	Newcomer	Mark		MD	M	I	5323 Harry Hines Blvd	Dallas	TX	48	75390	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	290	387	387	$168.00	$47.64	$32.93	$32.89
1851346282	Capper	Dwayne	T	M.D.	M	I	2615 Northgate Dr	Iowa City	IA	19	52245	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	269	387	387	$125.00	$41.85	$29.34	$32.35
1194967141	Nazarian	Ronen		M.D.	M	I	1901 Floyd St	Sarasota	FL	12	34239	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	287	386	386	$231.72	$50.38	$37.63	$33.79
1427042852	Johnson	Curtis		DO	M	I	220 Sw 84t Suite 101	Plantation	FL	12	33324	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	317	386	386	$105.00	$42.05	$31.59	$29.70
1760923494	Craig	Ethan		P.A.	M	I	1800 W Woolbright Rd	Boynton Be	FL	12	33426	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	357	386	386	$105.00	$40.22	$31.31	$29.21
1952740318	Balamohar	Sanjeev		M.D.	M	I	1875 Dempster St Ste 3	Park Ridge	IL	17	60068	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	272	386	386	$106.35	$50.10	$34.72	$32.04
1083961320	Pham	Chauchau	T	MD	F	I	9711 Comr Suite 101	Fort Myers	FL	12	33908	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	266	385	385	$128.61	$47.52	$35.40	$33.26
1134192248	Zacheis	David	H	M.D.	M	I	395 N Silverbell Rd Ste	Tucson	AZ	4	85745	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	251	385	385	$94.00	$45.48	$29.02	$30.04
1770544009	Lessow	Alexa	S	MD	F	I	1049 5th Av Suite 1a	New York	NY	36	10028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	283	385	385	$250.00	$53.08	$39.94	$32.96
1962836213	Smith	Carla	J	APN	F	I	501 Virginia Suite A	Batesville	AR	5	72501	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	309	385	385	$83.00	$36.28	$25.39	$28.54
1003193806	Ferretti	Andrew	J	PA-C	M	I	1575 Pond Ste 203	Allentown	PA	42	18104	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	248	384	384	$100.00	$39.69	$25.97	$26.52
1639354459	Vanhimber	Daniel	J	M.D.	M	I	161 Wadsv Virginia Ear	Richmond	VA	51	23236	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	301	384	384	$90.47	$47.61	$33.13	$32.71
1669907358	Graham	Viktoria		PA	F	I	39 Barkley Cir	Fort Myers	FL	12	33907	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	312	384	384	$166.30	$42.33	$30.30	$28.35
1922091792	Arenstein	Michael	H	MD	M	I	818 W Diar Ste. 120	Gaithersbu	MD	24	20878	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	297	384	384	$115.00	$53.66	$39.30	$33.98
1477781193	Vandegrien	Zachary		M.D.	M	I	116 S Palisade Dr Ste 2	Santa Mari	CA	6	93454	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	317	383	383	$110.00	$50.97	$33.91	$31.12
1740249408	Lee	Thomas	D	M.D.	M	I	203 Hospit Suite 200	Glen Burnie	MD	24	21061	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	312	383	383	$175.00	$50.25	$35.59	$33.14
1831169127	Kessler	Joshua		M.D.	M	I	560 Hillside Ave Ste H	Needham	MA	25	2494	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	235	382	382	$133.13	$52.42	$38.42	$34.20
1619934668	Mason	Theodore	P	MD	M	I	100 Wason Suite 100	Springfield	MA	25	1107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	325	381	381	$150.79	$48.94	$33.12	$31.37
1700974607	Kim	Sihun	A	MD	M	I	2441 Lake Shore Dr	Woodstock	IL	17	60098	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	289	381	381	$114.65	$43.52	$30.84	$31.88
1174583355	Yun	Paul	T	M.D.	M	I	321 Middlefield Rd	Menlo Park	CA	6	94025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	251	380	380	$185.00	$54.95	$35.76	$30.45
1407899644	Cicco-Brov	Christine	M	DO	F	I	11715 Rangeland Pkwy	Bradenton	FL	12	34211	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	301	380	380	$107.00	$46.79	$33.77	$33.65
1447264338	Taylor	Natasha	L	PA - C	F	I	963 Town C Suite 100	Orange Cit	FL	12	32763	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	273	380	380	$97.00	$41.12	$29.14	$28.37
1467568105	Rubenstein	Ronald	L	M. D.	M	I	13847 E 14 #200	San Leandr	CA	6	94578	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	253	380	380	$84.32	$53.64	$38.01	$31.90
1982701017	Cozzi	Laura	M		F	I	1200 S York St Ste 418	Elmhurst	IL	17	60126	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	273	380	380	$131.00	$51.28	$31.46	$29.31
1437149085	Webb	Renick	P	M.D.	M	I	221 Windermere Blvd	Alexandria	LA	22	71303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	314	379	379	$143.75	$44.61	$30.15	$31.77
1649363334	Reader	Mark	E	D.O.	M	I	390 N. Pearson Drive	Porterville	CA	6	93257	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	277	379	379	$75.00	$48.39	$36.30	$35.61
1013917327	Layland	Michael		MD	M	I	1875 Dempster Ste 301	Park Ridge	IL	17	60068	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	297	378	378	$105.28	$49.66	$34.33	$31.54
1417021627	Engle	Edward	I	DO	M	I	1145 Beacon Avenue	Manahawk	NJ	34	8050	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	318	378	378	$133.35	$45.18	$33.32	$30.00
1326042656	Waizenegg	Lisa	J	M.D.	F	I	5830 Lake Underhill Rd	Orlando	FL	12	32807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	283	377	377	$102.70	$40.63	$31.12	$30.86
1831173889	Becker	Paul	A	PA-C	M	I	3730 Rhon Suite 203	Anchorage	AK	2	99508	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	317	377	377	$266.71	$50.93	$29.61	$23.42
1922033059	Norris	Joel	W	MD	M	I	2516 Broadmoor Blvd	Monroe	LA	22	71201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	265	377	377	$104.41	$45.39	$31.29	$32.80
1326156217	Richards	Michele	L	MD	F	I	4632 S 25th St	Fort Pierce	FL	12	34981	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	298	376	376	$80.00	$49.66	$34.98	$32.64
1679756704	Fattal	Michael	H	M.D,	M	I	54 Baker Av Suite 303	Concord	MA	25	1742	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	298	376	376	$197.81	$52.85	$35.42	$31.69
1104818350	Boole	Jason	R	M.D.	M	I	310 Racetrack Rd Nw S	Fort Walton	FL	12	32547	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	312	375	375	$90.00	$44.13	$32.52	$32.48
1518967827	Goldin	Alexander		MD	M	I	1875 Dempster Ste 301	Park Ridge	IL	17	60068	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	275	375	375	$105.84	$48.34	$35.73	$32.71
1588604664	Perlman	Philip	W	M.D.	M	I	333 E Shore Suite 102	Manhasset	NY	36	11030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	320	375	375	$274.62	$52.86	$39.77	$31.23
1710977145	Hennessee	Jennifer	G	M.D.	F	I	105 Medical	Seguin	TX	48	78155	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	298	375	375	$193.95	$44.54	$29.40	$31.20
1841511565	Wexler	Sonya	J	M.D.	F	I	2100 N Broad St Ste 10	Lansdale	PA	42	19446	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	270	375	375	$105.00	$48.55	$34.49	$32.57
1104880921	Light	Joshua	P	MD	M	I	1800 W Wo Suite 201	Boynton Be	FL	12	33426	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	349	374	374	$105.00	$46.11	$33.02	$30.88
1346247616	Chrosniak	Cynthia	G	M.D.	F	I	18111 Prin Ste 224	Olney	MD	24	20832	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	347	374	374	$210.01	$54.04	$40.22	$34.43
1740231810	Ortega	John	D	MD	M	I	1200 S York St Ste 418	Elmhurst	IL	17	60126	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	261	374	374	$131.00	$51.61	$35.46	$32.45
1760480651	Yao	Shounan		MD	M	I	416 W. Las Tunas, #10	San Gabrie	CA	6	91776	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	246	373	373	$80.00	$50.70	$40.20	$36.46
1942680616	Foley	Kaitlyn		PA-C	F	I	148 East Av Suite 2-I	Norwalk	CT	9	6851	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	267	373	373	$153.00	$43.71	$30.40	$27.97
1023360294	Age	Damaris		PA-C	F	I	963 Town Center Dr Ste	Orange Cit	FL	12	32763	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	255	372	372	$97.00	$39.93	$29.66	$28.98
1225036270	White	Peter	F	MD	M	I	505 Poplar St	Meadville	PA	42	16335	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	255	371	371	$100.00	$45.59	$31.10	$32.39

1457300477	Johnson	Jacob		MD	M	I	450 Sutter S	Ste 933	San Francis	CA	6	94108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	235	370	370	$134.90	$55.03	$38.18	$32.62
1528163730	Finerman	Matthew	L	M.D.	M	I	2080 Centu	Suite 1700	Los Angele	CA	6	90067	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	203	370	370	$125.00	$52.35	$37.64	$34.13
1588037584	Clements	Matthew	J	PA-C	M	I	157 Corley Mill Rd		Lexington	SC	45	29072	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	250	370	370	$181.02	$37.16	$24.03	$25.85
1104057439	Acker	Benjamin	D	D.O.	M	I	1500 Route 112 Bldg. 4		Port Jeffers	NY	36	11776	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	336	369	369	$258.62	$54.67	$39.15	$30.82
1487738050	Miles	Kasey	L	FNP-BC	F	I	5301 Farao	Suite 160	Saint Josep	MO	29	64506	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	273	369	369	$82.89	$26.76	$16.30	$17.25
1932173408	Plautz	Michael		MD	M	I	70 Medical	Suite 104	Fishersville	VA	51	22939	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	263	369	369	$79.21	$46.60	$31.81	$31.64
1952306755	Kampsen	Edward	B	M.D.	M	I	2835 W De	#202	Tampa	FL	12	33609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	252	369	369	$96.66	$46.75	$32.30	$31.80
1982785937	Newlon	James	L	M.D.	M	I	9711 Comr	Ste 101	Fort Myers	FL	12	33908	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	227	369	369	$129.96	$45.25	$32.58	$30.56
1356332480	Manilla	Anthony	C	D.O.	M	I	11110 Med	Sutie 126	Hagerstow	MD	24	21742	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	268	368	368	$210.57	$49.79	$32.91	$31.31
1619264702	Kurkuvelos	Danielle	P	PA-C	F	I	300 Longwood Ave		Boston	MA	25	2115	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	249	368	368	$197.29	$45.39	$31.81	$28.35
1215246152	Titcomb	Kathryn	A	PA-C	F	I	299 Faunce Corner Rd		North Dartr	MA	25	2747	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	223	366	366	$154.67	$41.00	$28.41	$26.82
1265876197	Abramowit	Jason	M		M	I	650 From Rd	Ste 170	Paramus	NJ	34	7652	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	314	366	366	$274.77	$48.10	$34.92	$30.25
1841722832	Schryver	Heather		APRN	F	I	12500 N Dale Mabry H		Tampa	FL	12	33618	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	270	366	366	$120.00	$39.89	$28.23	$28.24
1568558138	Horlbeck	Drew		MD	M	I	9711 Commerce Cente		Fort Myers	FL	12	33908	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	241	365	365	$128.23	$50.20	$36.33	$34.15
1154800308	Kajdic	Yelena		DNP, FNP-I	F	I	14546 Old Saint Augus		Jacksonvill	FL	12	32258	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	260	364	364	$107.45	$40.01	$28.03	$27.77
1801987615	Cameron	David	S	M.D.	M	I	17 Wells St	Ste. 201	Westerly	RI	44	2891	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	248	364	364	$150.00	$48.21	$33.69	$32.12
1003891847	Cevera	John		MD	M	I	6 Executive Entr	C	Albany	NY	36	12203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	230	363	363	$145.52	$43.63	$31.94	$32.01
1043308448	Ghegan	Mark	D	MD	M	I	1849 Savage Rd		Charleston	SC	45	29407	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	272	363	363	$128.00	$43.38	$30.71	$32.71
1124367511	Nguyen	Hoa	V	D.O.	M	I	3510 Mariner Blvd		Spring Hill	FL	12	34609	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	195	363	363	$102.00	$44.48	$33.16	$32.87
1578664025	Sun	John	C	M.D.	M	I	24411 Health Center D		Laguna Hill	CA	6	92653	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	239	363	363	$135.00	$46.79	$35.09	$31.75
1982625109	Kunar	Dario		M.D.	M	I	6565 N Charles St		Baltimore	MD	24	21204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	293	363	363	$110.06	$49.52	$36.26	$33.23
1104820828	Williams	Mark	F	M.D.	M	I	1205 York F	Ste 33	Lutherville	MD	24	21093	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	259	362	362	$123.39	$48.60	$36.59	$33.84
1366789471	Moore	Elizabeth	A	ARNP	F	I	1348 S 18th St	Ste 340	Fernandina	FL	12	32034	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	256	362	362	$109.64	$38.43	$28.21	$27.95
1376535708	Wilson	Mark	D	M.D.	M	I	39000 Bob	Wright Bldg	Rancho Mir	CA	6	92270	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	247	362	362	$51.17	$40.89	$30.15	$28.86
1154371003	Ray	Adam	D	M.D.	M	I	1775 W. St.	211	Tucson	AZ	4	85745	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	236	361	361	$94.00	$44.73	$29.39	$30.22
1619171808	Zizak	Vincent	A	M.D.	M	I	2200 Nw Myhre Rd		Silverdale	WA	53	98383	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	270	361	361	$136.22	$47.04	$30.10	$30.13
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99214	Established	O	82	360	360	$185.39	$103.35	$75.30	$79.34
1427064302	Berman	Peter	D	M.D.	M	I	115 Broadhollow Rd		Melville	NY	36	11747	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	281	360	360	$296.13	$52.93	$39.83	$31.16
1134239445	Payman	Rami	N	M.D.	M	I	21 Reade Pl	Ste 3200	Poughkeep	NY	36	12601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	233	359	359	$256.15	$49.61	$35.75	$31.51
1710173018	New	Fred	R	NP	M	I	140 Gateway Blvd		Mooresville	NC	37	28117	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	240	359	359	$119.66	$39.15	$27.08	$27.86
1972579712	Sabol	Stuart	J	MD	M	I	2221 Se Oc	Suite 300	Stuart	FL	12	34996	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	278	359	359	$105.00	$39.40	$28.64	$26.91
1346777042	Toy	Ramona		FNP-C	F	I	6340 N Campbell Ave	S	Tucson	AZ	4	85718	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	228	358	358	$99.00	$37.74	$27.67	$28.42
1063418549	Morrow	Todd	A	M.D.	M	I	741 Northfi	Ste 104	West Orang	NJ	34	7052	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	259	357	357	$150.00	$50.55	$37.10	$32.09
1285691030	Ihm	Peter	S	MD	M	I	3 Alumni Dr	Ste 202	Exeter	NH	33	3833	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	243	357	357	$260.16	$47.86	$32.75	$32.00
1518056209	Gaul	James	R	MD	M	I	106 Milford	Suite 101	Salisbury	MD	24	21804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	251	357	357	$87.83	$47.54	$33.81	$32.92
1750328092	Dejong	Andrew	L	M.D.	M	I	1730 Birmingham Dr		College Sta	TX	48	77845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	270	357	357	$135.46	$42.81	$31.72	$33.50
1770508988	Ibrahim	Hani		M.D.	M	I	825 Main St		Weymouth	MA	25	2190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	262	357	357	$197.61	$51.79	$35.68	$32.71
1518132943	Ciecko	Shawn	C	M.D.	M	I	1 Teleport Dr	Ste 200	Staten Isla	NY	36	10311	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	252	356	356	$271.04	$54.17	$38.94	$30.61
1598739294	Combs	Denton	W	CNP	M	I	5124 S Wes	Suite 4	Sioux Falls	SD	46	57108	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	205	356	356	$84.00	$39.06	$26.98	$28.22
1649638800	Robinson	Laura		PA-C	F	I	2 Pillsbury St	Ste 401	Concord	NH	33	3301	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	276	356	356	$262.18	$41.23	$26.78	$26.13
1972672509	Landes	Daniel	A		M	I	652 Peter Jefferson Pkv		Charlottes	VA	51	22911	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	287	356	356	$127.00	$46.58	$32.30	$32.03
1427276849	Merchant	Faisal		M.D.	M	I	1330 S Fort Harrison Av		Clearwater	FL	12	33756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	277	355	355	$91.89	$46.30	$35.67	$34.86
1487802823	Shiman	Marc			M	I	6056 Boynt	Suite 145	Boynton Be	FL	12	33437	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	250	355	355	$102.00	$50.52	$37.54	$35.21
1568460087	Brager	Robert	J	MD	M	I	7485 Right	Suite 210	Mechanics	VA	51	23116	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	324	355	355	$90.00	$47.44	$32.74	$32.33
1811420755	Kluge	William	L	FNP-C, CW	M	I	6340 N Campbell Ave	S	Tucson	AZ	4	85718	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	252	355	355	$99.00	$38.56	$27.76	$28.59
1962428979	Shikani	Alan	H	M.D.	M	I	200 E 33rd	33rd Street	Baltimore	MD	24	21218	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	289	355	355	$116.93	$47.27	$35.63	$33.22
1366443384	Kronberg	Frank	G	M.D.	M	I	8940 N Ken	# 504e	Miami	FL	12	33176	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	241	354	354	$116.00	$49.89	$36.71	$32.46
1457351983	Phillips	Jesse	E	MD	M	I	1801 Se Hil	Suite B105	Port St Luci	FL	12	34952	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	290	354	354	$80.00	$49.32	$35.56	$32.89
1649421579	Voishnis	Jodie-Marie		PA-C	F	I	361 High St		Somerswor	NH	33	3878	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	183	354	354	$154.00	$41.36	$26.73	$26.16
1689675118	Hauslein	Peter	D	MD	M	I	582 N Seminary St		Galesburg	IL	17	61401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	268	354	354	$164.00	$46.23	$31.27	$32.36
1215985247	Marlowe	Andrew	M	M.D.	M	I	5432 Bee Ridge Rd	St 1	Sarasota	FL	12	34233	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	245	353	353	$98.16	$46.79	$33.08	$32.85
1801932009	Keller	Nicole	W	PA	F	I	39 Barkley Cir		Fort Myers	FL	12	33907	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	291	353	353	$166.30	$40.25	$29.11	$26.83
1811972946	Huchton	David	M	MD	M	I	4450 Sunset Drive		San Angelo	TX	48	76904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	238	353	353	$120.00	$43.76	$30.49	$31.72
1417046004	Kelleher	Michael	J	MD	M	I	106 Milford	Suite 101	Salisbury	MD	24	21804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	265	352	352	$92.24	$48.66	$35.42	$34.53
1790891117	Zalvan	Craig		MD	M	I	200 White Plains Rd	St	Tarrytown	NY	36	10591	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	277	352	352	$280.12	$56.27	$42.02	$33.12
1063741056	Condermar	Christian	P	M.D.	M	I	77 Moraga Way	Ste G	Orinda	CA	6	94563	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	260	351	350	$123.89	$51.24	$35.64	$31.51
1760643514	Wong	Yu-Tung		MD	M	I	200 W Arbc	Division Of	San Diego	CA	6	92103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	272	351	351	$164.91	$47.98	$33.70	$30.25
1023662392	Marsh	Ashley		FNP	F	I	7600 Wolf River Blvd		Germantov	TN	47	38138	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	290	350	350	$135.00	$36.76	$25.83	$28.54
1134747199	Miller	Michelle	E	PA-C	F	I	13400 E Shea Blvd		Scottsdale	AZ	4	85259	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	305	349	349	$160.26	$39.11	$25.64	$26.50
1770577090	Scotch	Brett	M	D.O.	M	I	27406 Cashford Cir		Wesley Cha	FL	12	33544	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	281	349	349	$105.00	$34.91	$26.58	$26.46
1124233739	Purcell	Ian	M	MD	M	I	6645 Alvarado Rd	Ste 4	San Diego	CA	6	92120	1	Metropolita	US	Neurology	Y	69210	Removal of N	O	280	348	348	$60.00	$50.48	$39.21	$36.22
1740486406	Gee	Annie		PA-C	F	I	500 Congre	Suite 2b	Quincy	MA	25	2169	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	271	348	348	$132.38	$40.06	$29.03	$25.88
1063442606	Marmol	Luis	G	M.D.	M	I	2525 Harbo	Suite # 303	Port Charlo	FL	12	33952	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	281	347	347	$230.00	$44.62	$33.11	$32.81
1063866705	Stanford	James	K	MD	M	I	2200 Highway 61 N	Ste	Vicksburg	MS	28	39183	5	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	250	347	347	$124.96	$42.72	$29.62	$33.54
1356737449	Opoku	Jessica	D		F	I	1212 Corporate Dr	Ste	Irving	TX	48	75038	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	116	346	346	$56.11	$38.33	$30.21	$32.05
1518058338	Cramer	Laurence	V	D.O.	M	I	826 Main S	Suite 201	Phoenixvill	PA	42	19460	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	260	346	346	$170.00	$46.87	$34.36	$31.30
1609894930	Bell	Paul	A	M.D.	M	I	990 Stewar	Suite 610	Garden Cit	NY	36	11530	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	283	346	346	$241.34	$54.92	$40.45	$31.72
1063590826	Yu	Irene		MD	F	I	3020 Westchester Ave		Purchase	NY	36	10577	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	236	345	345	$298.06	$50.26	$37.13	$29.08
1821089921	Lazor	John	B	M.D.	M	I	500 Congre	Suite 2b	Quincy	MA	25	2169	1	Metropolita	US	General Su	Y	69210	Removal of N	O	301	345	345	$132.38	$40.06	$29.74	$26.55
1063656882	Chowdhury	Farhad	R	D.O.	M	I	3663 Route 9 N	Ste 102	Old Bridge	NJ	34	8857	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	275	344	344	$292.34	$37.39	$27.84	$24.27
1174754139	Leitzen	Keith		M.D.	M	I	800 N Westmoreland R		Lake Forest	IL	17	60045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	253	344	344	$166.00	$51.23	$36.49	$33.37
1306211677	Owens	Ryan		CNP	M	I	1025 Maine St		Quincy	IL	17	62301	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	252	344	344	$185.66	$38.38	$27.52	$28.33
1053366070	Pazos	George	A	M.D.	M	I	2651 Strang Blvd		Yorktown H	NY	36	10598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	251	343	343	$270.74	$51.95	$36.67	$28.74
1255569570	Mallon	Andrew	S	D.O.	M	I	1330 S Fort Harrison Av		Clearwater	FL	12	33756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	211	343	343	$91.30	$45.88	$34.32	$33.54
1356305940	Mcleod	Fred	A	M. D.	M	I	3368 Highv	Ste G-15	Alexander C	AL	1	35010	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	238	343	343	$75.00	$43.46	$31.01	$33.33
1386680635	Youssef	Jan	S	M.D.	M	I	115 Franklin Ave		Nutley	NJ	34	7110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	250	343	343	$86.98	$49.11	$34.58	$30.61
1437131026	Holt	Thomas	S		M	I	1099 Florida Ave S		Rockledge	FL	12	32955	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	228	343	343	$70.00	$48.42	$34.37	$33.62

1518224153	Mignone	Robert		D.O.	M	I	1 Union St Ste 203	Robbinsvill	NJ	34	8691	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	309	343	343	$168.36	$42.00	$31.85	$28.31
1518959980	Dash	Nariman		M.D.	M	I	1708 Fall H Suite100	Frederickst	VA	51	22401	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	220	343	343	$150.32	$43.34	$31.27	$32.12
1821258583	Campbell	Megan	E	PA-C	F	I	6035 Fairview Rd	Charlotte	NC	37	28210	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	268	343	343	$95.28	$39.21	$26.96	$27.91
1245597251	Goodstein	Lindsay	A		F	I	909 Sumneytown Pike	Spring Hou	PA	42	19477	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	256	342	342	$179.24	$45.20	$31.24	$29.33
1912946583	Scher	Daniel	A	M.C.	M	I	1211 Hamt Suite 205	Wayne	NJ	34	7470	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	282	342	342	$281.25	$47.84	$34.41	$29.99
1174571509	Daube	Daniel	C	M.D.	M	I	200 Doctors Dr	Panama Ci	FL	12	32405	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	245	340	340	$105.00	$46.89	$33.19	$32.90
1386664902	Porter	Laurie	B	D.O.	F	I	10 Prospec Suite 401	Nashua	NH	33	3060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	244	340	340	$157.07	$48.83	$34.48	$33.01
1992730493	Heaberlin	Brian	K	MD	M	I	146 E Hospital Dr Ste 2	West Colur	SC	45	29169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	271	340	340	$146.00	$41.76	$31.50	$34.21
1053547646	Eppsteiner	Robert	W	MD	M	I	100 Wason Suite 100	Spingfield	MA	25	1107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	284	339	339	$152.65	$49.12	$33.43	$31.54
1255310462	Syms	Mark	J	M.D.	M	I	2627 N 3rd Suite 201	Phoenix	AZ	4	85004	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	214	339	339	$71.00	$46.25	$32.40	$33.56
1336463272	Jacob	Sarah	B	M.D.	F	I	520 S 7th St	Vincennes	IN	18	47591	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	215	339	339	$104.44	$42.84	$30.85	$33.89
1669492849	Mann	Douglas	G	M.D.	M	I	200 Jones Rd # A	Falmouth	MA	25	2540	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	285	339	339	$127.40	$48.59	$31.09	$29.80
1780684399	Madonna	Dino		M.D	M	I	601 E Dixie Medical Pla	Leesburg	FL	12	34748	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	239	339	339	$100.00	$44.45	$32.52	$32.29
1801301338	Hinkston	Lauren	E	APRN, FNP	F	I	19465 Shoreland Ave	Rocky Rive	OH	39	44116	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	286	339	339	$53.00	$39.05	$30.97	$32.09
1841388436	Verdugo	Gonzalo	H	MD	M	I	104 Endico Suite 100	Danvers	MA	25	1923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	297	339	339	$175.00	$48.89	$35.55	$34.24
1881706588	Nelson	Erik	G	MD	M	I	222 S Gree	Ste 106	Gurnee	IL	17	60031	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	289	339	339	$120.00	$45.61	$30.88	$28.50
1972846491	Muelleman	Thomas	J	MD	M	I	3100 Broadway Blvd St	Kansas Cit	MO	29	64111	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	262	339	339	$89.00	$45.25	$33.07	$34.90
1982613717	Slack	Christophe	L	M.D.	M	I	4632 S 25th St	Fort Pierce	FL	12	34981	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	257	339	339	$80.00	$48.10	$35.89	$33.40
1053853929	Hershfield	Chelsey			F	I	310 Eisenhower Dr Ste	Savannah	GA	13	31406	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	306	338	338	$53.00	$39.28	$29.41	$30.40
1417016890	Papageorg	Ariadna		M.D.	F	I	1421 3rd A	4th Flr	New York	NY	36	10028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	245	338	338	$62.81	$54.77	$39.35	$32.05
1588664304	Farrell	Kenneth	H	MD	M	I	6405 N Fed Suite 104	Fort Lauder	FL	12	33308	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	259	338	338	$100.00	$50.28	$35.02	$32.85
1538103189	Roebuck	Jeremy	C	MD	M	I	740 Hospit Suite 300	Beaumont	TX	48	77701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	223	337	337	$125.37	$44.28	$32.70	$34.65
1548284623	Cullen	Robert	D	M.D.	M	I	3100 Broac Suite 509	Kansas Cit	MO	29	64111	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	230	337	337	$89.00	$44.37	$32.04	$33.61
1659478824	Mcgee	Michael		M.D.	M	I	3400 Nw 56th St	Oklahoma	OK	40	73112	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	237	337	337	$109.00	$44.33	$31.28	$33.88
1699885483	Hersh	Sheldon	P	MD	M	I	11011 72n	Suite 1b	Forest Hills	NY	36	11375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	249	337	337	$200.00	$57.74	$44.21	$35.13
1740415124	Goff	Christopher		MD	M	I	809 S Walnut St	Stillwater	OK	40	74074	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	246	337	337	$170.82	$42.70	$29.27	$31.64
1851315147	Voigt	Erich		MD	M	I	240 E 38th	14th Floor	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	201	337	337	$763.00	$56.08	$40.43	$32.29
1669452603	Epp	Robert		MD	M	I	2101 N Waldron St	Hutchinsor	KS	20	67502	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	211	336	336	$121.00	$44.27	$30.28	$32.69
1932125044	Ishiyama	Akira		MD	M	I	10833 Le Conte Ave	Los Angele	CA	6	90095	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	255	336	335	$330.00	$51.86	$39.13	$35.14
1356335558	Levine	Jonathan	M	M.D.	M	I	51 State Rt 23	Riverdale	NJ	34	7457	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	218	335	335	$150.00	$51.53	$38.33	$33.74
1134318439	Alavi	Armin		M.D.	M	I	3003 Loma Ste A	Ventura	CA	6	93003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	260	334	334	$165.03	$50.60	$37.98	$34.62
1194796862	Farber	David	L	MD	M	I	1003 Mulholland	Bay City	MI	26	48708	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	201	334	334	$80.00	$39.83	$27.81	$29.18
1467553081	Becker	Marta	T	MD	F	I	60 W Germantown Pike	Norristown	PA	42	19401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	245	334	334	$181.14	$43.66	$28.46	$26.58
1508840869	Gallagher-E	Judith	E		F	I	3 Cornerstone Dr Ste 7	Langhorne	PA	42	19047	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	223	334	334	$100.00	$50.68	$36.70	$34.13
1871570127	Koch	Thomas	J	MD	M	I	1728 W Jon Ste 100	Allentown	PA	42	18104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	244	334	334	$120.01	$43.74	$31.50	$32.06
1043259666	Kolker	Mitchell		M.D.	M	I	4 Crotty Ln	New Winds	NY	36	12553	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	248	333	333	$282.95	$47.31	$32.18	$28.28
1285248963	Chapman	Jennifer	A	APRN	F	I	724 W 19th St	Panama Ci	FL	12	32405	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	255	333	333	$154.00	$40.38	$30.35	$30.21
1649261579	Hoang	Joseph	T	M.D.	M	I	117 Medica	Suite 1	Victoria	TX	48	77904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	256	333	333	$119.00	$44.04	$31.89	$33.52
1417232729	Curley	Jessica	E	PA	F	I	133 Benmo	Suite 100	Winter Park	FL	12	32792	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	219	332	332	$138.00	$40.15	$27.25	$27.10
1467446799	Duff	Wallace	E	M.D.	M	I	11704 W Center Rd Ste	Omaha	NE	31	68144	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	235	332	332	$122.00	$43.21	$29.19	$32.51
1467646984	Hu	David		M.D.	M	I	2121 N Craycroft Rd Bl	Tucson	AZ	4	85712	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	251	332	332	$94.00	$41.86	$28.59	$28.96
1508817636	Prager	David	A	MD	M	I	2851 Baglyos Cir	Bethlehem	PA	42	18020	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	223	332	332	$120.00	$44.87	$30.23	$31.13
1720178775	Olson	Terry	S	M.D.	M	I	1515 N Flagler Dr Ste 9	West Palm	FL	12	33401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	236	332	332	$105.00	$45.68	$34.36	$32.20
1750894820	Sutliff	Suzanne	A	CNP	F	I	8701 Darrow Rd	Twinsburg	OH	39	44087	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	261	332	332	$343.27	$27.40	$17.77	$17.84
1902927312	Gold	Daniel	R	M.D.	M	I	222 Bloomingdale Rd F	White Plain	NY	36	10605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	243	332	332	$261.98	$50.89	$37.26	$29.24
1922204429	Immerman	Sara		M.D.	F	I	95 Madisor Suite 105	Morristown	NJ	34	7960	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	241	332	332	$159.37	$50.07	$36.46	$32.18
1962903351	Wilson	Heather	M	APRN	F	I	1755 N Florida Ave	Lakeland	FL	12	33805	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	226	332	332	$125.00	$36.09	$26.19	$25.66
1982962973	Moore	Elizabeth	E	NP	F	I	730 W Market St	Lima	OH	39	45801	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	311	332	332	$52.96	$39.43	$25.00	$25.96
1104019264	Hissong	Rebecca	L	PA-C	F	I	22 St Paul I	Suite 202	Chambersk	PA	42	17201	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	227	331	331	$130.00	$38.53	$25.46	$26.32
1326017443	Peters	Bruce	W	D.O.	M	I	54 Bey Lea	Suite 3	Toms River	NJ	34	8753	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	292	331	331	$54.51	$48.26	$36.07	$32.31
1538318308	Lertsburap	Keith	M	M.D.	M	I	11 Salt Creek Ln Ste 10	Hinsdale	IL	17	60521	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	257	331	331	$133.80	$47.24	$34.05	$31.74
1073094959	Fisher	Madelaine	M	PA	F	I	395 N Silverbell Rd Ste	Tucson	AZ	4	85745	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	199	330	330	$94.00	$38.04	$25.89	$27.12
1144206129	Mokarry	Victor	P	M.D.	M	I	7447 W Tal Suite 316	Chicago	IL	17	60631	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	263	330	330	$137.00	$49.34	$35.52	$32.53
1174614655	Nathan	Michael	J	M.D.	M	I	2616 Sherv	Suite 411	Alexandria	VA	51	22306	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	265	330	330	$158.33	$54.19	$39.94	$34.14
1366833840	Eldridge	Craig	M	PA-C	M	I	5 Industrial	Suite 202	Mashpee	MA	25	2649	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	268	330	330	$293.70	$40.88	$29.76	$28.87
1376020438	Cox	Shannon	E	MSN, APRN	F	I	131 Main St Ste 202	Prince Fred	MD	24	20678	2	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	255	330	330	$115.00	$42.48	$31.27	$29.12
1376500884	Samuel	Martin	E	MD	M	I	2741 W Lay	Suite 206	Milwaukee	WI	55	53221	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	227	330	330	$100.00	$43.99	$31.35	$33.97
1457315236	Aronsohn	Michael	S	MD	M	I	1601 Clint I	Suite 105	Boca Rator	FL	12	33487	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	217	330	330	$105.00	$43.31	$31.30	$29.34
1508866849	Parnes	Steven		MD	M	I	35 Hackett Blvd		Albany	NY	36	12208	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	227	330	330	$145.00	$40.70	$29.34	$28.95
1750373148	Franz	David	A	M.D.	M	I	1708 Fall H Suite 100	Fredericksk	VA	51	22401	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	245	330	330	$150.00	$46.28	$31.78	$31.86
1801826219	Youssef	Oliver	S	M.D.	M	I	925 Clifton Suite 203	Clifton	NJ	34	7013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	232	330	330	$97.97	$51.06	$34.89	$30.92
1861503872	Seitz	Curtis		MD	M	I	1429 N 6th St		Terre Haute	IN	18	47807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	210	329	329	$125.81	$42.69	$30.66	$33.84
1932451283	Durrell	Dawn	A	PA	F	I	1755 N Florida Ave		Lakeland	FL	12	33805	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	240	329	329	$125.00	$36.30	$27.22	$26.48
1083676183	Harrington	Dale	C	D.O.	M	I	5830 Lake Underhill Rd		Orlando	FL	12	32807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	261	328	328	$103.80	$41.76	$31.66	$31.63
1124146626	Patterson	Beverly	M	D.N.P.	F	I	901 Enterp	Suite 300	Hampton	VA	51	23666	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	238	328	328	$96.02	$40.00	$27.13	$26.90
1164422507	Queen	Timothy	A	M.D.	M	I	11842 Rock Landing Dr		Newport Ne	VA	51	23606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	234	328	328	$134.61	$43.67	$32.29	$32.27
1548318017	Tan-Geller	Melin		M.D.	F	I	222 Bloomingdale Rd F		White Plain	NY	36	10605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	240	328	328	$287.27	$39.55	$29.85	$23.69
1770519936	Girgis	Samuel	J	M.D.	M	I	908 N Elm S	Suite 306	Hinsdale	IL	17	60521	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	291	327	327	$237.93	$42.27	$31.30	$28.96
1841218153	Bradfield	Joseph	J	M.D.	M	I	160 E Lake Howard Dr		Winter Hav	FL	12	33881	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	235	327	327	$116.00	$47.76	$33.88	$33.02
1295706752	Brown	Gary	L	M.D.	M	I	118 S 12th St		Mount Vern	WA	53	98274	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	202	326	326	$112.00	$42.04	$30.02	$30.16
1437150471	Parks	Andrea		PA-C	F	I	2650 Ridge Division Of		Evanston	IL	17	60201	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	254	326	326	$88.55	$31.11	$23.23	$20.83
1043552508	Kim	David	S	MD	M	I	23550 Hawthorne Blvd		Torrance	CA	6	90505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	239	325	325	$78.00	$50.87	$36.68	$33.05
1104053420	Costello	David		C.R.N.P.	M	I	4300 15th St		Gulfport	MS	28	39501	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	213	325	325	$109.00	$35.94	$26.28	$30.00
1548391667	Cheng	Van	L	MD	F	I	336 Encinit	Suite 130	Encinitas	CA	6	92024	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	52	325	325	$103.34	$26.34	$20.15	$18.62
1700863743	Gabay	Raphael		DO	M	I	9500 Roosevelt Blvd		Philadelphi	PA	42	19115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	219	325	325	$119.89	$50.58	$37.26	$34.76
1043506900	Compton	Maria	G	DO	F	I	2300 Loveland Blvd Un		Port Charlo	FL	12	33980	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	242	324	324	$96.77	$46.65	$32.89	$32.49
1114572153	Cordeiro	Jaimie			F	I	531 Faunce Corner Rd		Dartmouth	MA	25	2747	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	217	324	324	$265.85	$41.22	$27.54	$26.62

1144202524	Pestcoe	Andrew		D.O.	M	I	2597 Schoenersville Rc	Bethlehem	PA	42	18017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	234	324	324	$75.00	$46.18	$31.80	$32.94
1437256880	Wirkus	Jaclyn	B	APNP	F	I	1821 S Wel Prevea Hea	Green Bay	WI	55	54307	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	209	324	324	$174.68	$37.99	$24.91	$26.82
1477627669	Block	Robert	M	MD	M	I	1095 Los Palos Drive	Salinas	CA	6	93901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	240	324	324	$186.57	$48.94	$35.02	$32.28
1952370033	Baker	Sheryl			F	I	1705 Warre Suite 205	Williamspc	PA	42	17701	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	192	324	324	$109.00	$39.21	$26.13	$26.79
1184717142	Wirtshafter	Karen	A	MD	F	I	900 Lanidex Plz Ste 30(	Parsippany	NJ	34	7054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	257	323	323	$279.56	$50.60	$35.11	$30.64
1215989942	Hutchison	Joseph	L	M.D.	M	I	2321 Atherholt Rd	Lynchburg	VA	51	24501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	222	323	323	$75.00	$47.14	$34.44	$34.02
1326080441	Golde	Andrew	R	MD	M	I	960 Johnso Suite 200	Atlanta	GA	13	30342	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	205	323	323	$167.26	$44.39	$32.52	$32.49
1427092501	Sheppard	William	M	MD	M	I	700 Prides Xing Ste 20(	Newark	DE	10	19713	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	273	323	323	$102.00	$43.85	$31.14	$30.72
1639320724	Bannen	Daniel	J	RPA-C	M	I	2589 Ramona St	East Meadc	NY	36	11554	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	260	323	323	$763.00	$46.86	$34.25	$26.96
1851666432	Robinson	Aaron	D	M.D.	M	I	575 S 70th Suite 440	Lincoln	NE	31	68510	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	215	323	323	$100.00	$42.99	$28.42	$31.37
1164619169	Keele	Kent		DO	M	I	160 Heritage Way	Kalispell	MT	30	59901	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	223	322	322	$106.00	$46.28	$30.97	$30.73
1205953908	May	Brent	M	PA	M	I	152 Dawkins Dr	Lewisburg	WV	54	24901	7	Small town	US	Physician A	Y	69210	Removal of	N	O	239	322	322	$171.00	$40.67	$27.11	$26.83
1609875350	Kalathia	Axay	S	M.D.	M	I	701 Manate Suite 202	Bradenton	FL	12	34205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	207	322	322	$96.66	$45.41	$34.55	$34.10
1902804917	Pacheco	Jeffrey	T	M.D.	M	I	203 Hospit Suite 200	Glen Burnie	MD	24	21061	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	221	322	322	$175.00	$51.49	$36.37	$33.37
1972824555	Yen	Kaicheng	L	M.D.	M	I	2521 Stock Suite 7200	Sacrament	CA	6	95817	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	241	322	322	$198.89	$48.77	$34.50	$32.90
1457640054	Gerring	Robert	C	M.D.	M	I	4060 Pga Blvd Ste 204	Palm Beacl	FL	12	33410	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	253	321	321	$105.00	$39.00	$28.33	$26.63
1780683441	Nall	Agnes	V	M.D.	F	I	701 Manate Suite 202	Bradenton	FL	12	34205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	248	321	321	$96.66	$43.66	$30.74	$30.51
1871133835	Wyrick	Jeannie	M	DNP, APRN	F	I	4303 Pitman St	Fort Sill	OK	40	73503	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	198	321	321	$109.00	$34.36	$23.27	$25.39
1922008812	Delorio	Nicola			F	I	307 Stone Harbor Blvd	Cape May (	NJ	34	8210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	213	321	321	$105.00	$51.31	$38.89	$35.48
1245248855	Ansley	Clay	H	R.N., C.N.P	M	I	7400 France Ave S Ste :	Edina	MN	27	55435	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	224	320	320	$152.81	$39.29	$27.97	$28.95
1568551166	Kelley	Daniel	J	MD	M	I	106 Milford Suite 101	Salisbury	MD	24	21804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	246	320	320	$92.25	$47.99	$33.35	$32.39
1902887730	Shangold	Lee	M	M.D.	M	I	1500 Route Bldg. 4 - 2n	Port Jeffers	NY	36	11776	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	215	320	320	$262.83	$58.32	$42.64	$33.47
1073523528	Price	Midge	M	P.A.-C	F	I	1608 S J St Fl 5	Tacoma	WA	53	98405	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	150	319	319	$135.49	$40.22	$25.75	$26.11
1265403018	Melnik	George	A	MD	M	I	2802 Leonard Drive	Valparaiso	IN	18	46383	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	251	319	319	$170.00	$49.70	$36.79	$33.62
1295150217	Rethy	Kimberly		DO	F	I	557 Cranbury Rd Ste 3	East Brunsv	NJ	34	8816	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	245	319	319	$271.71	$51.56	$36.67	$31.95
1295705283	Dillon	Jane	T	MD	F	I	1050 W Granada Blvd S	Ormond Be	FL	12	32174	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	189	319	319	$70.00	$44.42	$32.18	$32.06
1336118017	Gorup	Alexander	M	MD	M	I	1601 Clint Moore Rd St	Boca Rator	FL	12	33487	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	208	319	319	$105.00	$44.87	$33.38	$31.19
1376781328	Honeycutt	Sandra		PA	F	I	301 W Che: Suite 101	Havertown	PA	42	19083	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	218	319	319	$105.00	$42.43	$28.48	$26.61
1396847232	Kallembacl	Brent		PA C	M	I	1000 N Oak Ave	Marshfield	WI	55	54449	4	Micropolita	US	Physician A	Y	69210	Removal of	N	F	210	319	319	$245.55	$26.28	$16.79	$18.19
1821069469	O'donnell	Thomas	R	M.D.	M	I	2929 Expressway Dr N	Islandia	NY	36	11749	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	237	319	319	$298.21	$45.11	$32.92	$25.80
1538273123	Morgan	Matthew	B	MD	M	I	1601 Nw 1: Suite 230	Clive	IA	19	50325	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	203	318	318	$112.12	$43.02	$31.49	$34.57
1598710899	Bough	Irvin	D	M.D.	M	I	650 From Rd Ste 170	Paramus	NJ	34	7652	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	268	318	318	$280.63	$50.10	$36.72	$31.33
1104810811	Contrucci	Robert	B	DO	M	I	10071 Pine Suite C	Pembroke I	FL	12	33024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	209	317	317	$75.00	$42.30	$31.32	$29.19
1336697986	Amin	Dipti	M	NP	F	I	10666 N Torrey Pines R	La Jolla	CA	6	92037	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	265	317	317	$183.44	$43.34	$33.31	$31.06
1780642371	Warman	Stephen		M.D.	M	I	10721 Queens Blvd	Forest Hills	NY	36	11375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	253	317	317	$150.00	$43.14	$32.94	$26.62
1942676697	Mathis	Tracy	S	APRN	F	I	9510 Ormsby Station R	Louisville	KY	21	40223	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	275	317	317	$100.00	$38.03	$29.13	$31.04
1497913826	Namiranian	Mandana	R	M.D.	F	I	500 Congre Suite 2b	Quincy	MA	25	2169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	277	316	316	$198.08	$46.98	$36.09	$33.53
1669449278	Finch	Kerry	B	P.A.-C	F	I	69 Allen St Suite 1	Rutland	VT	50	5701	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	184	316	316	$132.30	$27.34	$18.92	$19.35
1871679753	Mcnabb	Gregory	S	M.D.	M	I	3110 Wellons Blvd	New Bern	NC	37	28562	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	201	316	316	$90.85	$44.54	$31.62	$33.00
1376597427	Haj-Darwis	Yusef		MD	M	I	1210 Boston Providenc	Norwood	MA	25	2062	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	270	315	315	$50.00	$49.48	$34.26	$32.86
1376632968	King	Laura	M	PA	F	I	106 Milford Suite 101	Salisbury	MD	24	21804	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	232	315	315	$93.67	$41.24	$27.96	$26.99
1730158320	Foreman	David	J	M.D.	M	I	1039 Camellia Blvd	Lafayette	LA	22	70508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	256	315	315	$92.60	$44.74	$31.54	$33.14
1851397855	Thornton	Robert	S	M.D.	M	I	2121 Line Ave	Shreveport	LA	22	71104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	268	315	315	$81.02	$45.18	$32.14	$33.59
1982704607	Rizzo	Karen	A	MD	F	I	930 Red Ro Suite 301	Lancaster	PA	42	17601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	243	315	315	$150.00	$41.31	$29.80	$30.86
1184624561	Kleidermac	Paul		M.D.	M	I	1330 Coral Way Ste 40	Miami	FL	12	33145	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	234	314	314	$116.00	$46.86	$33.70	$29.72
1407959463	Stacey	Christophe	J	P.A.-C	M	I	2940 Squal #203	Bellingham	WA	53	98225	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	248	314	314	$151.84	$40.20	$26.30	$26.62
1508285693	Varadaraja	Varun		MD	M	I	1111 Exposition Blvd B	Sacrament	CA	6	95815	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	230	314	314	$138.00	$44.12	$33.73	$33.34
1336126598	Franklin	Daniel	J	M.D.	M	I	10740 N Ge Ste 310	Houston	TX	48	77064	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	231	313	313	$108.50	$47.04	$33.53	$32.69
1750799839	Greening	Heather		CRNP	F	I	2000 Oxfor Suite 201	Bethel Park	PA	42	15102	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	199	313	313	$96.10	$39.21	$26.45	$27.53
1770664419	Briskin	Kenneth	B	MD	M	I	2112 Providence Avenu	Chester	PA	42	19013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	233	313	313	$125.00	$48.91	$34.55	$31.82
1770971202	Mason	Kaley		FNP-C	F	I	101 Oxbow Dr	Alpena	MI	26	49707	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	217	313	313	$251.19	$37.38	$25.22	$26.91
1821069048	Sadrazodi	Kamran		M.D.	M	I	16303 Horace Harding	Fresh Meac	NY	36	11365	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	226	313	313	$217.07	$36.98	$29.17	$23.21
1316265622	Busekroos	Lauren			F	I	100 Wason Suite 100	Springfield	MA	25	1107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	254	312	312	$151.44	$49.44	$31.59	$29.83
1407207319	Schmid	Jesse		M.D.	M	I	One Hosital Dr Ma314	Columbia	MO	29	65212	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	208	312	312	$100.00	$41.77	$27.64	$31.01
1558538454	Kang	Barry	S	M.D.	M	I	133 Benmo Suite 100	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	205	312	312	$138.44	$45.12	$31.62	$31.49
1669633509	Sambur	Ian	M	M.D.	M	I	2800 Marc Suite 207	Lake Succe	NY	36	10042			US	Otolaryngo	Y	69210	Removal of	N	O	233	312	312	$200.26	$50.95	$38.74	$31.24
1760439160	Scott	Timothy	A	M.D.	M	I	2623 Shadelands Dr St	Walnut Cre	CA	6	94598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	241	312	312	$185.00	$55.54	$40.15	$34.26
1770816464	Mehdizade	Omid	B		M	I	2125 Arizona Ave	Santa Moni	CA	6	90404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	233	312	312	$231.00	$50.54	$38.13	$34.25
1043711435	Song	Stephanie	E	NP	F	I	8644 Sudley Rd Ste 11(	Manassas	VA	51	20110	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	203	311	311	$80.00	$38.66	$25.21	$27.00
1427376698	Burachinsk	Dennis	A	D.O.	M	I	245 Us Higl Suite 300 -	Bridgewate	NJ	34	8807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	241	311	311	$280.15	$50.65	$35.65	$31.01
1467410613	Burgoyne	John	D	MD	M	I	12201 Renfert Way	Austin	TX	48	78758	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	225	311	311	$168.00	$52.10	$35.48	$32.24
1508117763	Dalton	Marlee	C	P.A.	F	I	80 Doctors Dr Ste 2	Henderson	NC	37	28792	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	236	311	311	$149.45	$27.42	$18.13	$18.65
1629216882	Person	Amanda	D	APN	F	I	7600 Wolf River Blvd	Germantov	TN	47	38138	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	267	311	311	$135.00	$36.13	$23.23	$26.02
1952680266	Mcbride	Gail	A	APRN	F	I	1301 Pleas Suite 201	Owensborc	KY	21	42303	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	247	311	311	$53.00	$37.67	$26.67	$29.01
1023246089	Kushnaryo	Anton		M.D.	M	I	1701 4th St Ste 120	Santa Rosa	CA	6	95404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	233	310	310	$103.00	$46.52	$34.27	$31.55
1033127022	Biediger	Charles	P	MD	M	I	19026 Ston Suite 110	San Antoni	TX	48	78258	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	257	310	310	$132.30	$43.05	$29.53	$31.11
1326183583	Pettit	Charles	R	M.D.	M	I	181 Andrieux St Ste 10(	Sonoma	CA	6	95476	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	244	310	310	$75.00	$50.37	$37.68	$34.73
1649219700	Hill	Lori	A	PA-C	F	I	1231 116th Suite 915	Bellevue	WA	53	98004	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	212	310	310	$144.90	$39.20	$25.36	$26.43
1912980574	Chung	Sung	J	MD	M	I	2201 Glenwood Ave	Joliet	IL	17	60435	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	231	310	310	$99.00	$51.05	$32.82	$30.39
1124319470	Pfisterer	Michael	J	M.D.	M	I	2702 Low Ct	Fairfield	CA	6	94534	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	240	309	309	$174.95	$50.69	$36.68	$33.11
1154641751	Voigt	Stanley		M.D.	M	I	6355 Walkr #411	Alexandria	VA	51	22310	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	246	309	309	$158.00	$54.16	$38.90	$32.96
1396969598	Park	Brian	J	MD	M	I	2000 Wash Green Builc	Newton	MA	25	2462	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	252	309	309	$197.72	$52.48	$36.78	$32.83
1629561436	Dillard	Mary	L	FNP-BC	F	I	107 John Maddox Dr N	Rome	GA	13	30165	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	203	309	309	$160.63	$38.31	$26.74	$28.31
1700206869	Park	Joseph	C	MD	M	I	601 N Caroline St # Str	Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	238	309	309	$175.00	$49.71	$35.57	$33.24
1790178200	Dantzler	Valerie	B	FNP-BC	F	I	157 Corley Mill Rd	Lexington	SC	45	29072	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	220	309	309	$174.91	$38.31	$24.88	$26.50
1861492340	Jassir	David		M.D.	M	I	4700 Sheric Suite K	Hollywood	FL	12	33021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	187	309	309	$116.00	$46.34	$32.04	$29.82
1184175796	Parsons	Matthew	C	PA-C	M	I	30 Canton : Otolaryngo	Mancheste	NH	33	3103	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	208	308	308	$360.24	$40.88	$27.00	$26.16

1184395436	Simons	Danielle		PA-C	F	I	875 Poplar Church Rd	Camp Hill	PA	42	17011	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	220	308	308	$97.16	$39.00	$28.72	$29.76
1942278908	Doolittle	Andrew	M	M.D.	M	I	100 Tradec Suite 750	Woburn	MA	25	1801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	251	308	308	$145.45	$52.90	$35.31	$31.32
1093743957	Frederick	Jeffrey	A	PA-C	M	I	3650 W Ro	110a	Norman	OK	40	73072	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	204	307	307	$119.37	$37.62	$26.06	$28.33
1093781841	Deutsch	Mark		MD	M	I	11135 Montgomery Rd	Cincinnati	OH	39	45249	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	245	307	307	$132.00	$45.00	$33.75	$34.35
1124014642	Kim	Sue		MD	F	I	3633 W Lak	Suite 300	Glenview	IL	17	60026	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	227	307	307	$89.45	$35.84	$24.31	$21.53
1447446679	Hsu	Shin-Fu		M.D.	M	I	1850 S Azu	# 207	Hacienda H	CA	6	91745	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	209	307	307	$60.20	$52.41	$35.79	$32.29
1639286347	Zuckerman	Kenneth	P	M.D.	M	I	16300 San	Suite 704	Irvine	CA	6	92618	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	220	307	307	$80.26	$50.45	$38.48	$34.78
1699752857	Craddock	John	W	M.D.	M	I	8731 Katy Fwy	Ste 200	Houston	TX	48	77024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	219	307	307	$112.57	$48.16	$34.59	$33.48
1194764712	Scheibelho	John	J	M.D.	M	I	1211 Hamt	Suite 205	Wayne	NJ	34	7470	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	231	306	306	$278.81	$52.20	$36.84	$31.88
1306900584	Ursick	Joseph	A	M.D.	M	I	6815 Frontage Rd		Merriam	KS	20	66204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	213	306	306	$90.31	$45.68	$32.73	$33.93
1346251394	Parker	Michael	Y	MD	M	I	2421 Silver Stream Ln		Wilmington	NC	37	28401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	236	306	306	$114.00	$45.58	$32.23	$33.32
1649245549	Dye	Bradford	J	M.D.	M	I	497 Azalea	Suite 101	Oxford	MS	28	38655	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	265	306	306	$176.00	$40.95	$29.10	$32.81
1851489561	Hampson	Christophe	M	M.D.	M	I	3310 W Main St	Ste 10(	Saint Charl	IL	17	60175	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	213	306	306	$116.00	$49.33	$32.60	$30.60
1104814375	Lauretano	Arthur	M	MD	M	I	3 Meeting H	Suite 24	Chelmsfor	MA	25	1824	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	305	305	$204.46	$49.51	$37.79	$34.05
1710963160	Devito	Michael		MD	M	I	6 Executive Park Dr		Albany	NY	36	12203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	218	305	305	$145.48	$45.34	$29.65	$30.79
1881955011	Tarasidis	George	S	MD	M	I	169 Ashley	Room 202	Charleston	SC	45	29425	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	256	305	305	$90.30	$47.12	$31.87	$31.61
1952380529	Rho	Michael	B	M.D.	M	I	243 Charles St		Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	254	305	305	$197.24	$53.24	$37.23	$33.06
1194773614	Lehman	David	A	M.D.	M	I	1515 N Flagler Dr	Ste 9	West Palm	FL	12	33401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	234	304	304	$105.00	$46.01	$32.48	$30.68
1508836123	Wagner	David	V	MD	M	I	2730 Pierc	Suite 204	Sioux City	IA	19	51104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	187	304	304	$139.02	$43.67	$29.09	$32.38
1932305075	Mcgettigan	Brian		M.D.	M	I	3300 Tillma	1st Floor	Bensalem	PA	42	19020	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	227	304	304	$110.00	$42.55	$31.91	$29.47
1518374784	Teitelbaum	Jordan		D.O.	M	I	8780 W Golf Rd	Ste 20(	Niles	IL	17	60714	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	246	303	303	$97.19	$50.61	$36.06	$33.26
1629522941	Sellix	Meredith			F	I	1575 Pond	Suite 204	Allentown	PA	42	18104	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	180	303	303	$100.00	$39.41	$25.88	$26.51
1639142078	Spingarn	Aaron		MD	M	I	141 S Cent	Suite 100	Hartsdale	NY	36	10530	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	252	303	303	$318.81	$55.61	$37.82	$30.17
1851393474	Touma	B	J	MD	M	I	5170 Us Rt	Suite 100	Huntington	WV	54	25705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	250	303	303	$112.45	$44.08	$30.39	$33.39
1073679916	Hekiert	Adrianna	M	MD	F	I	245 Us Highway 22 Fl	3	Bridgewate	NJ	34	8807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	187	302	302	$276.00	$42.66	$30.73	$26.80
1427014067	Butehorn	Henry	F	M.D.	M	I	1095 Iron Ore Road		Spartanbur	SC	45	29303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	238	302	302	$109.39	$40.55	$28.94	$31.17
1508073321	Leventhal	Douglas	D	M.D.	M	I	650 From Rd	Ste 170	Paramus	NJ	34	7652	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	259	302	302	$278.00	$48.64	$35.56	$31.04
1598835282	Alunni	Rebecca		PA-C	F	I	5 South Washinton Ave		Jermyn	PA	42	18433	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	197	302	302	$101.32	$39.09	$29.86	$30.45
1639638570	Mariano	Kevin Larry	G	DNP	M	I	757 Westwood Plz		Los Angele	CA	6	90095	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	214	302	302	$330.00	$44.63	$31.70	$28.62
1679520076	Hsieh	Abraham	G	MD	M	I	2623 Shadelands Dr	St	Walnut Cre	CA	6	94598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	249	302	302	$185.00	$53.65	$39.87	$33.98
1073521035	Salama	Dhafer	S	MD	M	I	11446 13 M	Suite A	Warren	MI	26	48093	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	245	301	301	$75.00	$49.50	$35.08	$33.48
1265456461	Morrow	John	S	MD P A	M	I	1201 5th A	Ste 304	St Petersbu	FL	12	33705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	241	301	301	$154.24	$45.61	$32.34	$32.18
1184884298	Mariotti	Adam	J	MD	M	I	111 Arrandale Blvd		Exton	PA	42	19341	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	198	300	300	$80.00	$49.25	$35.80	$33.41
1205305778	Saiovici	Debbie	A	APRN	F	I	21097 Ne 27th Ct	Ste 4	Aventura	FL	12	33180	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	241	300	300	$105.00	$38.95	$25.84	$24.33
1225296924	Joorabchi	Sina		DO	M	I	500 N Hiat	Suite 101	Pembroke I	FL	12	33026	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	206	300	300	$116.00	$50.14	$36.92	$34.56
1306819610	Galin	Michael	A	DO	M	I	927 45th St	Ste 101	West Palm	FL	12	33407	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	221	300	300	$105.00	$41.82	$30.93	$29.12
1407848435	Spitzer	Mark	S		M	I	410 E Yose	Ste B	Merced	CA	6	95340	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	231	300	300	$155.79	$48.38	$33.95	$32.63
1679688113	Berry	James	M	M.D.	M	I	618 Pegram Dr		Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	260	300	300	$169.85	$40.98	$31.88	$35.40
1003913336	Yian	Christophe	H	M.D.	M	I	24411 Health Center D		Laguna Hill	CA	6	92653	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	185	299	299	$135.00	$47.73	$36.21	$32.63
1023394905	Doke	Bryan		DPT	M	I	212 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Physical Th	Y	G0283	Electrical s	N	O	35	299	299	$40.00	$8.54	$6.35	$6.69
1053461152	Cohen	Lance	M		M	I	1330 S Fort Harrison Av		Clearwater	FL	12	33756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	239	299	299	$91.96	$47.00	$34.80	$33.96
1497746507	Friedensoh	Peter	N	M.D.	M	I	500 Congr	Suite 2b	Quincy	MA	25	2169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	233	299	299	$198.41	$52.65	$37.58	$33.70
1699724666	Berry	Julie	A	M.D.	F	I	2023 W Vis	Suite J	Vista	CA	6	92083	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	212	299	299	$103.00	$47.09	$35.78	$33.15
1790149862	Kennedy	Patrick			M	I	8780 W Golf Rd	Ste 20(	Niles	IL	17	60714	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	245	299	299	$95.64	$50.60	$36.32	$33.30
1922606201	Taccona	Ryan	J	MSN, APRN	M	I	2127 Midlands Ct	Unit	Sycamore	IL	17	60178	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	223	299	299	$149.00	$39.14	$26.20	$27.17
1063499937	Koutnouyar	Hrair	A	MD	M	I	1505 Wilso	#270	Glendale	CA	6	91206	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	289	298	298	$95.64	$48.18	$37.13	$33.73
1528069242	Sukenik	Mark	A	M.D.	M	I	4700 Sheri	Suite K	Hollywood	FL	12	33021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	213	298	298	$116.00	$50.38	$35.20	$32.84
1568441988	Lazar	Amy	D	M.D.	F	I	245 Us Highway 22 Fl	3	Bridgewate	NJ	34	8807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	228	298	298	$290.85	$43.88	$31.03	$26.89
1760574289	Li	Ronald	W	MD	M	I	2650 Cons	Suite B	Cranbury	NJ	34	8512	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	212	298	298	$54.18	$51.88	$37.37	$32.59
1356340004	Hoban	Brian	K	M.D.	M	I	701 Manat	Suite 202	Bradenton	FL	12	34205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	213	297	297	$96.66	$43.77	$33.15	$32.98
1053638577	Bremer	Jennifer	L	P.A.	F	I	1050 W 10th St		Rolla	MO	29	65401	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	199	296	296	$135.00	$36.10	$23.18	$25.52
1083673909	Manoukian	Paul	D	M.D., M.P.H	M	I	1493 Medical Pkwy		Carson Cit	NV	32	89703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	232	296	296	$118.21	$48.28	$33.89	$32.65
1265648919	Tierney	Hien	T	MD	F	I	230 Worcester St		Wellesley	MA	25	2481	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	247	296	296	$132.00	$51.46	$35.93	$32.11
1326038571	Kammer	Darrell	A	MD	M	I	1615 12th A	Ste C	Nampa	ID	16	83686	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	188	296	296	$44.22	$41.55	$29.83	$33.33
1669421814	Corbin	Shaun	C	MD	M	I	927 N Jame	Ste 101	Columbia	TN	47	38401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	231	296	296	$77.00	$43.79	$31.00	$33.74
1730146994	Salmeron	Jesse		MD	M	I	16401 Nw 2	Suite 204	North Mian	FL	12	33169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	242	296	296	$82.00	$44.94	$34.24	$30.41
1134120025	Pollock	Thomas		DO	M	I	50 Moisey Dr	Ste 202	Hazle Town	PA	42	18202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	170	295	295	$100.00	$45.90	$31.31	$32.62
1265411516	Schwartz	Susan	E	D.O.	F	I	8985 S Pecos Rd	Ste 3t	Henderson	NV	32	89074	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	214	295	295	$94.10	$48.64	$35.35	$34.31
1376570440	Miller	Jonathan	B	PA-C	M	I	14877 W Bell Rd	Ste 10	Surprise	AZ	4	85374	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	236	295	295	$121.47	$38.37	$22.30	$23.64
1679541445	Madasu	Ram	K	M.D.	M	I	5511 N Uni	Suite 101b	Coral Sprin	FL	12	33067	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	226	295	295	$129.60	$49.69	$35.43	$33.29
1740260611	Jackson-Cr	Robin	D	PA	F	I	110 Charlois Blvd		Winston Sa	NC	37	27103	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	175	295	295	$136.82	$38.66	$25.64	$26.85
1942243357	Mehta	Vishvesh		MD	M	I	485 Route 1	Bldg. B, Sui	Iselin	NJ	34	8830	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	219	295	295	$271.80	$48.49	$35.83	$31.23
1295766137	Pinnock	Lascelles		M.D	M	I	14575 Southfield Rd		Allen Park	MI	26	48101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	240	294	294	$150.00	$46.94	$33.95	$32.63
1376518290	Stalford	Michael	D	M.D.	M	I	80 Doctors	Suite 2	Henderson	NC	37	28792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	204	294	294	$145.48	$31.19	$22.29	$22.84
1417948563	Smith	Joshua	F	PA-C	M	I	Duke Soutl	Purple Zon	Durham	NC	37	27713	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	212	294	294	$119.00	$38.42	$25.81	$27.21
1649584855	Humphrey	Lea	S	D.O.	F	I	1203 E Ross	Byp	Tahlequah	OK	40	74464	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	166	294	294	$90.92	$44.40	$28.54	$30.66
1710945373	Stauss	Lindsay	A	PA C	F	I	2222 E Highland Ave	St	Phoenix	AZ	4	85016	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	280	294	294	$93.97	$39.09	$23.73	$24.82
1790733590	Ansley	John	F	MD	M	I	832 Cook Rd		Orangebur	SC	45	29118	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	259	294	294	$128.00	$43.77	$30.80	$32.85
1023012374	Rastani	Kasra		M.D., PH.D	M	I	490 Post St	Ste 848	San Francis	CA	6	94102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	211	293	293	$189.00	$53.31	$37.99	$32.37
1053844878	Rice	Crystal		NP	F	I	215 Riverstone Dr		Canton	GA	13	30114	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	212	293	293	$130.00	$37.24	$25.94	$28.15
1104923119	Rogers	Shawn	E	M.D.	F	I	21616 76th	Suite 112	Edmonds	WA	53	98026	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	183	293	293	$171.95	$47.08	$31.88	$32.26
1124005046	Schwartz	Melissa	N	DO	F	I	375 Township Line Rd		Elkins Park	PA	42	19027	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	232	293	293	$100.00	$46.02	$31.80	$29.74
1619923711	Spilman	Daniel	A	MD	M	I	550 Water St	Ste A	Santa Cruz	CA	6	95060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	235	293	293	$175.00	$49.94	$36.39	$32.80
1730112640	Hadley	James	A	MD	M	I	6101 Pine Ridge Rd		Naples	FL	12	34119	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	236	293	293	$103.00	$48.93	$35.68	$33.41
1871576033	Whitley	David			M	I	1099 Florida Ave	S	Rockledge	FL	12	32955	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	189	293	293	$70.00	$47.99	$32.22	$31.84
1104824101	Goufman	Dimitry	B	M.D.	M	I	302 West L	Suite 201	Orange	CA	6	92866	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	172	292	292	$85.15	$52.21	$39.25	$35.61
1558710707	Cusumano	Cristen	M	M.D.	F	I	650 From Rd	Ste 170	Paramus	NJ	34	7652	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	252	292	292	$253.91	$52.25	$38.14	$33.78

1902823925	Goforth	Gary	A	MD	M	I	13880 Shel	Suite 110	Fort Myers	FL	12	33908	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	211	292	292	$51.15	$50.58	$36.14	$34.00
1952488512	Limb	Andrew	J	M.D.	M	I	10200 Trinity Pkwy	Ste	Stockton	CA	6	95219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	216	292	292	$165.00	$46.47	$33.44	$32.52
1063584092	Putnam	Michelle	A	M.D.	F	I	3831 Hugh	Suite 504	Culver City	CA	6	90232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	209	291	291	$65.00	$45.96	$34.17	$31.10
1144545096	Kimbrell	Blake	S	M.D.	M	I	150 Nacoochee Ave		Athens	GA	13	30601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	229	291	291	$150.00	$43.95	$31.00	$32.94
1194725143	Hall	Patrick		M.D.	M	I	620 N Broad St		Woodbury	NJ	34	8096	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	176	291	291	$154.00	$51.74	$35.02	$32.10
1538164298	Phillips	Charles	T	PA	M	I	250 Nash I	Suite D	Rocky Mou	NC	37	27804	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	229	291	291	$92.28	$38.97	$25.81	$26.80
1639585417	Zuniga	Steven	A	M.D.	M	I	2201 Pennsylvania Ave		Philadelphi	PA	42	19130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	224	291	291	$80.27	$50.10	$38.39	$35.01
1710304753	Dilger	Amanda		MD	F	I	5 Medical Plaza Dr	Ste	Roseville	CA	6	95661	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	248	291	291	$198.00	$47.74	$34.46	$33.13
1831177500	Gambino	Dean	R	M.D.	M	I	726 N Gree	Suite 101	Gilbert	AZ	4	85234	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	198	291	291	$94.00	$46.18	$33.90	$34.97
1023046349	Luzzi	Frank	A	M.D.	M	I	16 Bird St		Torrington	CT	9	6790	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	244	290	290	$110.95	$34.66	$24.35	$22.80
1376629147	Kaplan	Kenneth	A	MD	M	I	557 Cranbury Rd		East Brunsv	NJ	34	8816	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	226	290	290	$275.97	$50.50	$36.07	$31.40
1417514035	Smith	Jennifer	L	APRN	F	I	1801 Se Hillmoor Dr	St	Port St Luci	FL	12	34952	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	225	290	290	$106.09	$42.72	$27.30	$25.62
1801936539	Kates	Matthew	J	MD	M	I	145 Huguenot St	Ste 61	New Roche	NY	36	10801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	256	290	290	$260.88	$52.71	$37.58	$29.42
1851976112	Harrell	Mary	K	PA-C	F	I	3110 Wellons Blvd		New Bern	NC	37	28562	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	236	290	290	$90.62	$38.12	$26.85	$28.22
1134446891	Jacob	Joseph	R	M.D.	M	I	1490 E Fore	Ste 350	Saint Georg	UT	49	84790	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	231	289	289	$150.00	$44.88	$31.49	$33.43
1265425912	Lockhart	Rick		M.D.	M	I	111 Fieldst	Suite 102	Milledgevill	GA	13	31061	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	235	289	289	$150.00	$43.74	$30.56	$33.26
1497780928	Imbriglio	Armon		PA	M	I	30 Columbia St		Poughkeep	NY	36	12601	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	254	289	289	$102.11	$44.49	$33.39	$29.96
1790755072	Youngerma	Jay	S	M.D.	M	I	875 Old Co	Suite 200	Plainview	NY	36	11803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	225	289	289	$357.00	$53.26	$41.01	$32.38
1881798148	Van Metre	Ray	M	MD	M	I	1720 Nichc	Suite 500	Lexington	KY	21	40503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	191	289	289	$131.83	$43.42	$30.70	$33.41
1851552376	Stalzer	Parawan	T	CFNP	F	I	150 Elden St		Herndon	VA	51	20170	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	191	288	288	$80.00	$45.29	$30.57	$27.89
1982675534	Bassler	Stephanie	K	APRN	F	I	1755 N Florida Ave		Lakeland	FL	12	33805	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	188	288	288	$125.00	$39.62	$28.58	$28.34
1093728446	Bry	Sharon		APRN	F	I	1 Medical C	Otolaryngo	Lebanon	NH	33	3756	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	176	287	287	$203.51	$28.38	$19.16	$18.83
1316063936	Paul	Supriti		MD	F	I	6010 Hidden Valley Rd		Carlsbad	CA	6	92011	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	197	287	287	$150.00	$48.58	$34.22	$33.76
1861458960	Soltany	Mark	A	M.D.	M	I	8316 Arling	Suite 300	Fairfax	VA	51	22031	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	230	287	287	$205.44	$45.27	$33.38	$33.61
1891884359	Tylor	Dale	A	M.D.	F	I	1819 State St	Ste A	Santa Barb	CA	6	93101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	133	287	287	$171.41	$49.79	$37.13	$33.90
1932193117	Taylor	Howard		M.D.	M	I	51 State Rt	Floor 2	Riverdale	NJ	34	7457	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	232	287	287	$150.00	$52.29	$38.75	$34.02
1053335919	Mcguirt	Wyman	T	M.D	M	I	5 First Village Drive		Pinehurst	NC	37	28374	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	214	286	286	$181.42	$45.99	$34.02	$34.95
1164402046	Mcintire	Larry	D	DO	M	I	1331 W 32nd St		Joplin	MO	29	64804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	212	286	286	$93.99	$31.28	$21.52	$22.86
1194952705	Lee	Jessica	G	M.D.	F	I	2295 Henry Tecklenbur		Charleston	SC	45	29414	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	251	286	286	$128.00	$43.35	$29.17	$31.39
1497190383	Pelt	Robleda	C	MLP-NP	F	I	27406 Cashford Cir		Wesley Cha	FL	12	33544	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	221	286	286	$105.00	$33.12	$26.03	$25.80
1972873388	Eduardo	Leanna	S	P.A.	F	I	2365 Clinton Ave S	Ste	Rochester	NY	36	14618	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	195	286	286	$180.00	$39.45	$25.75	$26.52
1063533404	Munzer	Eric	A	D.O.	M	I	4 Crotty Ln		New Winds	NY	36	12553	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	221	285	285	$262.79	$47.68	$33.13	$29.22
1205844297	Gordon	William	W	MD	M	I	7940 Floyd	#400	San Antonio	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	208	285	285	$132.30	$42.34	$30.75	$32.29
1265425060	Barat	Michael		MD	M	I	715 Richland Mall		Ontario	OH	39	44906	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	214	285	285	$63.50	$31.39	$23.27	$23.25
1356575559	Robinson	Derek	J	MD	M	I	2062 Pro Pointe Ln		Harrisonbu	VA	51	22801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	227	285	285	$86.06	$46.37	$31.16	$31.60
1366447047	Tyson	James	C	MD	M	I	161 Wadsworth Dr		Richmond	VA	51	23236	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	239	285	285	$91.58	$47.54	$29.70	$29.67
1619067949	Dozier	Thomas	S	M.D.	M	I	1849 Savage Rd		Charleston	SC	45	29407	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	265	285	285	$128.00	$43.25	$31.89	$33.71
1629527247	Cadorette	Caisie	M	PA	F	I	299 Faunce Corner Rd		North Dartr	MA	25	2747	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	223	285	285	$153.27	$41.42	$28.53	$26.97
1669562427	Wenokur	Randall	K	MD	M	I	2700 Grant	Ste 104	Concord	CA	6	94520	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	212	285	285	$168.25	$54.68	$39.65	$33.47
1689229809	Shaw	Carly		APRN	F	I	4880 Ne Goodview Cir		Lees Summ	MO	29	64064	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	234	285	285	$89.00	$39.02	$28.37	$29.45
1699721977	Mcgath	John		MD	M	I	1401 Duncan Regional		Duncan	OK	40	73533	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	218	285	285	$101.00	$42.90	$31.25	$33.29
1790742344	Malladi	Ram	G	M.D.	M	I	75 Springfi	Suite 6	Westfield	MA	25	1085	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	217	285	285	$100.00	$49.54	$32.00	$30.64
1831183581	Rosenthal	Jon	N	DO	M	I	220 Sw 84t	Suite 101	Plantation	FL	12	33324	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	254	285	285	$105.00	$47.24	$35.24	$33.17
1295737955	Cecil	Michael	T	M.D.	M	I	1221 S Broadway		Lexington	KY	21	40504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	222	284	284	$131.56	$42.84	$30.08	$32.56
1376500504	Noone	Michael	C		M	I	2295 Henry Tecklenbur		Charleston	SC	45	29414	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	199	284	284	$128.00	$43.16	$31.23	$33.30
1548255813	Moser	Josh	B	PAC	M	I	700 W Kent Ave		Missoula	MT	30	59801	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	204	284	284	$106.00	$39.92	$26.55	$26.56
1598804825	Brawner	James	T	M.D.	M	I	186 S Payne Stewart Dr		Branson	MO	29	65616	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	284	284	$123.00	$43.61	$27.51	$30.23
1629368873	Lee	Yvonne	T	MD	F	I	1615 Hospital Pkwy	Ste	Bedford	TX	48	76022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	187	284	284	$47.76	$46.97	$31.38	$31.68
1649462342	Tiffany	Rachelle		PA	F	I	1947 N Founders Cir		Wichita	KS	20	67206	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	168	284	284	$150.93	$36.25	$24.69	$27.26
1831160688	Bergson	Eric	J	M.D.	M	I	2929 Expressway Dr N		Islandia	NY	36	11749	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	216	284	284	$301.47	$58.60	$41.44	$32.41
1043453350	Clavenna	Matthew		MD	M	I	1330 S Fort Harrison Av		Clearwater	FL	12	33756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	213	283	283	$90.24	$44.42	$32.28	$31.57
1063557726	Kantu	Kanhaiyalal		M.D.	M	I	2204 Voorhies Ave		Brooklyn	NY	36	11235	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	232	283	283	$200.00	$34.68	$26.95	$21.58
1144284902	Brodner	David	C	MD	M	I	10151 Ente	Suite 101	Boynton Be	FL	12	33437	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	219	283	283	$105.00	$48.61	$36.60	$34.35
1598001612	Raczynski	Daniel	M	PA-C	M	I	2414 Kohler Memorial I		Sheboygan	WI	55	53081	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	178	283	283	$300.00	$38.06	$23.60	$25.58
1134109879	Ephrat	Moshe		MD	M	I	6 Ohio Dr	Ste 202	New Hyde I	NY	36	11042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	242	282	282	$273.09	$49.82	$37.33	$29.38
1134496466	Dooley	Kellye	R	APRN	F	I	421 Us 31w	Byp	Bowling Gr	KY	21	42101	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	165	282	282	$90.72	$37.79	$24.93	$26.96
1215036066	Chew	Clifford		MD	M	I	929 Clay St	Suite 501	San Francis	CA	6	94108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	210	282	282	$110.00	$55.65	$42.34	$35.42
1831404599	Jiron	Jose	L	MD	M	I	2120 Sw 22nd Pl		Ocala	FL	12	34471	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	200	282	282	$100.00	$46.25	$31.16	$31.33
1902887102	Danziger	Iris	R	M.D.	F	I	1026 Union Rd		West Senec	NY	36	14224	1	Metropolita	US	Endocrinol	Y	69210	Removal of N	O	199	282	282	$90.00	$42.69	$30.98	$32.15
1972579506	Dickinson	Belinda	E	M.D.	F	I	1325 S Apollo Blvd		Melbourne	FL	12	32901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	177	282	282	$75.00	$46.73	$32.72	$32.57
1194265827	Kuhl	Matthew		APRN	M	I	1720 Nichc	Suite 500	Lexington	KY	21	40503	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	204	281	281	$132.42	$37.68	$25.94	$28.24
1336129550	Schaeffer	B	T	MD	M	I	6 Ohio Dr	Ste 202	New Hyde I	NY	36	11042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	204	281	281	$279.43	$51.35	$38.86	$30.44
1508826744	Berinstein	Todd	H	M.D.	M	I	2121 Ne 139th St	#245	Vancouver	WA	53	98686	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	177	281	281	$138.00	$45.37	$33.07	$33.57
1528279320	Hassan	Sherif	A	MD	M	I	47 Orient W	Lower Leve	Rutherford	NJ	34	7070	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	193	281	281	$150.00	$47.53	$34.08	$29.82
1982791562	Gevorkian	Rafayel		M.D.	M	I	5129 W Sunset Blvd		Los Angeles	CA	6	90027	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	267	281	281	$104.48	$52.39	$40.03	$36.32
1992722797	Ventraprag	Shridhar		M.D.	M	I	2211 Main St	Ste 1a	Highland	IN	18	46322	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	244	281	281	$135.00	$39.80	$30.56	$33.41
1386768992	Owens	Kelly	A	P.A.	F	I	1247 Ricke	#200	Naperville	IL	17	60540	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	206	280	280	$116.00	$43.49	$29.11	$27.13
1386892172	Schinkel	Mary	L	D.O.	F	I	4 Memorial Dr	Ste 230b	Alton	IL	17	62002	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	239	280	280	$156.00	$45.49	$33.07	$32.63
1538272273	Apicella	Sheila	A	MD	F	I	36a East 3(	Suite 200	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	239	280	280	$357.00	$53.12	$39.12	$32.20
1730245606	Wolfe	Stephen	G	MD	M	I	4 Northwes	Suite 300	Bloomfield	CT	9	6002	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	188	280	280	$153.00	$50.62	$36.68	$33.75
1881165652	Byrd	Jessica	C	APRN	F	I	8333 N Davis Hwy		Pensacola	FL	12	32514	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	225	280	280	$98.00	$40.87	$28.72	$28.37
1902824782	Ganjian	Emil		MD	M	I	134 Mineola Blvd		Mineola	NY	36	11501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	260	280	280	$763.00	$37.42	$28.61	$22.96
1982608436	Turk	James	E	D.O.	M	I	2802 Leonard Dr		Valparaiso	IN	18	46383	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	222	280	280	$132.25	$43.70	$28.19	$31.30
1033195144	Kenyon	Erik	L	DO	M	I	333 Jefferson St		Whiteville	NC	37	28472	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	215	279	279	$75.00	$44.72	$33.12	$34.61
1558355263	Mcclinton	Mark	E	MD	M	I	2301 Newnan Crossing		Newnan	GA	13	30265	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	211	279	279	$146.00	$42.25	$29.13	$30.80
1770509879	Rigby	Peter	L	MD	M	I	161 Wadsworth Dr		Richmond	VA	51	23236	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	215	279	279	$90.65	$47.99	$35.55	$35.06
1063483642	Maddox	Christine	M	F.N.P.	F	I	8865 W 400 N	Ste 120	Michigan C	IN	18	46360	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	216	278	278	$90.47	$37.80	$25.15	$27.21

1073824744	Pierce Sr	Sennett	A	D.O.	M	I	330 Warner Dr	Lewiston	ID	16	83501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	209	278	278	$100.31	$41.67	$27.80	$31.33
1114383981	Carrico	Jennifer	L	APRN	F	I	1111 Medical Center C	Mayfield	KY	21	42066	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	213	278	278	$53.00	$37.67	$26.73	$29.08
1124034053	Husseman	Jacob		MD	M	I	1809 National Ave	San Diego	CA	6	92113	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	183	278	278	$104.00	$49.48	$35.29	$32.56
1295089266	Katavich	Cheryl	L	PA-C	F	I	9500 Euclic Crile Buildi	Cleveland	OH	39	44195	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	200	278	278	$86.99	$27.79	$17.58	$17.83
1417079674	Roffman	Eric	J	MD	M	I	1 Crosfield Suite 201	West Nyacl	NY	36	10994	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	223	278	278	$255.29	$56.52	$41.01	$32.12
1619173267	Voelker	Courtney	C	M.D., P.H.D	F	I	11645 Wilshire Blvd Sti	Los Angele	CA	6	90025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	194	278	278	$231.00	$51.99	$40.69	$36.55
1790118453	Ray	Amanda	L	PA-C	F	I	2312 E Main St Ste A	New Iberia	LA	22	70560	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	195	278	278	$98.00	$38.86	$25.54	$26.80
1114955788	Gopen	Quinton		M.D.	M	I	200 Medica Suite 550	Los Angele	CA	6	90095	1	Metropolita	US	Maxillofaci	Y	69210	Removal of N	O	146	277	277	$330.00	$51.33	$39.36	$35.89
1205147659	Roos	Jason	D	D.O.	M	I	801 W 5th A Suite 205	Spokane	WA	53	99204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	161	277	277	$123.35	$46.98	$34.35	$33.52
1952703258	Rezendes	Stephanie	P	PA-S	F	I	904 7th Ave	Seattle	WA	53	98104	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	209	277	277	$131.00	$44.58	$32.04	$28.94
1427044262	Hughes	Richard	A	MD	M	I	2 Broad Str Adirondack	Glens Falls	NY	36	12801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	161	276	276	$96.41	$30.36	$20.75	$21.21
1639179278	Goldberg	Scott		M.D.	M	I	1190 Nw 9t # 200	Miami	FL	12	33150	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	196	276	276	$116.00	$50.51	$36.57	$32.79
1689613747	Huang	John	J	M.D.	M	I	1 Crosfield Suite 201	West Nyacl	NY	36	10994	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	247	276	276	$269.72	$57.04	$41.19	$32.34
1942203617	Mcgrady	Murray	D	MD	M	I	19 Wolf Cre Dept Otola	Swansea	IL	17	62226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	197	276	276	$155.00	$46.10	$33.20	$32.18
1376549329	Leavitt	Eric	B	M.D.	M	I	1424 N. Mc Ste 101	Spokane Va	WA	53	99216	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	275	275	$86.55	$45.96	$32.40	$32.56
1649582883	Salvador	Ryan	J	MD	M	I	Desert Citi 39000 Bob	Rancho Mir	CA	6	92270	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	188	275	275	$80.00	$37.06	$28.29	$26.90
1376550715	Lee	Jaesung		M.D.	M	I	301 S Moorpark Rd	Thousand (	CA	6	91361	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	223	274	274	$105.34	$48.67	$34.73	$31.72
1427026210	Clyne	Stephen	B	M.D.	M	I	10512 Park Suite 200	Charlotte	NC	37	28210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	165	274	274	$95.35	$45.39	$30.64	$31.88
1689746257	Lerch	Robert		MD	M	I	934 Manhattan Ave	Brooklyn	NY	36	11222	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	227	274	274	$763.00	$46.63	$34.26	$27.20
1942250089	Scheurer	Mark	M	M.D.	M	I	1222 1st St Ste 3	Coronado	CA	6	92118	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	199	274	274	$105.00	$38.19	$29.27	$27.03
1073094843	Kilcollins	Kelly-Ann			F	I	2999 Princeton Pike St	Lawrencevi	NJ	34	8648	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	183	273	273	$157.58	$41.91	$31.29	$28.61
1124269162	Likness	Micah	M	M.D.	M	I	2525 Fox R Suite 101	Yankton	SD	46	57078	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	202	273	273	$136.50	$37.06	$27.74	$29.74
1326305905	Russell	Kimberly		MD	F	I	35 Pearl St Ste 100	Brockton	MA	25	2301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	184	273	273	$149.96	$46.26	$32.41	$30.62
1447292800	Vos	Jeremy	D	MD	M	I	2615 Northgate Dr	Iowa City	IA	19	52245	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	178	273	273	$125.00	$37.79	$25.05	$27.91
1598759169	Coonce	Don	C	MD	M	I	150 S Mour Suite 420	Cape Girar	MO	29	63703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	165	273	273	$139.00	$42.74	$29.52	$32.71
1831394709	Parekh	Anish		MD	M	I	15955 Sw S Suite 303	Miami	FL	12	33196	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	217	273	273	$116.00	$51.54	$36.03	$31.74
1952532343	Khan	Sabbir		D.O.	M	I	115 Broadhollow Rd	Melville	NY	36	11747	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	217	273	273	$282.64	$55.90	$40.98	$32.03
1982799615	Jackson	Robert	M	M.D.	M	I	43860 10th St W Ste 20	Lancaster	CA	6	93534	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	214	273	273	$75.00	$50.90	$35.84	$32.33
1013993005	Vukas	Daniel	D	M.D.	M	I	900 Ridge Rd Ste E	Munster	IN	18	46321	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	213	272	272	$137.00	$51.41	$35.91	$33.41
1104837707	Mckay	Shawn	P	MD	M	I	1521 Mclure Ct	Florence	SC	45	29505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	209	272	272	$81.27	$43.32	$30.36	$32.57
1114005600	Han	Sehjin		MD	F	I	980 N Michigan Ave Ste	Chicago	IL	17	60611	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	188	272	272	$82.65	$46.49	$33.20	$30.53
1174577928	Grilli	Alex		M.D.	M	I	500 Congress St	Quincy	MA	25	2169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	197	272	272	$197.85	$48.42	$34.66	$31.52
1295270288	Lugo	Jennifer	L	FNP-C	F	I	3101 Fields South Dr.	Champaign	IL	17	61822	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	189	272	272	$150.00	$39.26	$26.18	$27.17
1306924220	Nabity	Thomas	S	M.D.	M	I	704 N Alpha St	Grand Islar	NE	31	68803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	185	272	272	$93.00	$41.34	$29.29	$32.56
1326452855	Patsias	Alexis		M.D.	M	I	5565 Grossmont Cente	La Mesa	CA	6	91942	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	179	272	272	$95.00	$35.56	$25.84	$23.93
1609194695	Lewis	Cameron	P	MD	M	I	70 Medical Center Cir S	Fishersville	VA	51	22939	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	242	272	272	$79.72	$46.66	$32.71	$32.79
1619991015	Chen	Eaton		MD	M	I	1 Long Wha Suite 302	New Haven	CT	9	6511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	214	272	272	$57.37	$51.34	$37.22	$34.07
1669582581	Kennedy	Rebecca	J	MD	F	I	755 S Milwa #181	Libertyville	IL	17	60048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	193	272	272	$95.70	$50.44	$35.36	$32.84
1780637140	Blome	Mary		M.D.	F	I	516 Knickerbocker Rd	Cresskill	NJ	34	7626	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	198	272	272	$59.30	$50.07	$37.77	$33.72
1881695682	Montgome	Rosemarie	A	FNP-C	F	I	985 Berksh Suite 101	Wyomissin	PA	42	19610	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	185	272	272	$162.79	$39.22	$25.86	$26.49
1972590511	Blum	Daniel	N	MD	M	I	13806 Jewel Ave	Flushing	NY	36	11367	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	171	272	272	$64.17	$59.29	$46.85	$37.16
1023273810	Palmer	Ryan	C	D.O.	M	I	1401 Professional Blvd	Evansville	IN	18	47714	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	271	271	$105.01	$42.96	$31.86	$35.44
1053803387	Kanuck	Samantha	M	PA-C	F	I	927 45th St Ste 101	Mangonia F	FL	12	33407	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	214	271	271	$105.00	$39.91	$28.94	$27.22
1124014642	Kim	Sue		MD	F	I	3633 W Lak Suite 300	Glenview	IL	17	60026	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	210	271	271	$88.76	$35.48	$24.49	$21.69
1154369288	Very	Mark	D	MD	M	I	21 Reade P 3rd Floor - S	Poughkeep	NY	36	12601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	217	271	271	$268.57	$51.01	$37.33	$32.90
1366698730	Sequeira	Sunitha		M.D.	F	I	3009 N Ball Ste 351c	Saint Louis	MO	29	63131	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	271	271	$156.00	$45.45	$33.17	$33.78
1417555996	Book	Kathleen	M	PA-C	F	I	108 W Daisy Ln	New Albany	IN	18	47150	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	205	271	271	$91.00	$37.12	$25.78	$28.31
1528269677	Rogers	Gamwell	A	M.D.	M	I	960 Johnso Suite 200	Atlanta	GA	13	30342	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	195	271	271	$166.35	$41.40	$29.99	$30.04
1598756280	Hartman	James	M	M.D.	M	I	607 S New Ste 2300	Saint Louis	MO	29	63141	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	180	271	271	$107.00	$45.44	$31.89	$32.03
1730738592	Baker	Jenaye	K	PA-C	F	I	5001 Rockside Rd	Independer	OH	39	44131	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	232	271	271	$330.06	$27.85	$19.96	$19.72
1871507251	Davis	Jeffrey	R	MD	M	I	1801 1st Av Suite 3a	Longview	WA	53	98632	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	207	271	271	$128.58	$47.15	$33.05	$32.57
1952494767	Bundy	Jeffrey	R	P.A.	M	I	3519 Richmond Dr	Fort Collins	CO	8	80526	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	211	271	271	$109.00	$40.71	$26.77	$26.36
1255371720	Hodges	Sarah	H	M.D.	F	I	4102 N Roxboro St	Durham	NC	37	27704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	221	270	270	$119.00	$45.26	$30.00	$31.70
1598723173	Prater	Michael	E	M.D.	M	I	1760 Mccu Ste. 100	Lake Havas	AZ	4	86403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	232	270	270	$50.44	$43.64	$30.63	$31.13
1750726774	Vuong	Christopher		M.D.	M	I	39000 Bob Hope Dr Blc	Rancho Mir	CA	6	92270	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	231	270	270	$54.06	$46.93	$34.46	$32.93
1972969970	Dewolf	Jeremy		PA-C	M	I	645 Amalia St Ne	Concord	NC	37	28025	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	208	270	270	$95.70	$38.66	$27.18	$28.10
1043508872	Montague	Glenda	L	M.D.	F	I	1100 Trancas St Ste 21	Napa	CA	6	94558	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	188	269	269	$129.00	$52.26	$38.78	$34.44
1124005350	Brauchle	Randall	W	M.D.	M	I	10740 N Ge Ste 310	Houston	TX	48	77064	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	228	269	269	$101.49	$48.58	$35.56	$34.40
1457578791	Ondik	Michael		M.D.	M	I	402 Middle Suite 210	Langhorne	PA	42	19047	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	201	269	269	$158.30	$47.61	$36.58	$33.30
1558381129	Pullen	Russell	D	PA	M	I	341 Wallace Rd Ste D	Nashville	TN	47	37211	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	181	269	269	$99.00	$38.36	$26.60	$28.00
1639186075	Vaidya	Abhay	M	M.D.	M	I	301 S Moorpark Rd	Thousand (	CA	6	91361	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	215	269	269	$104.58	$47.85	$34.33	$31.43
1649238338	Shen	Katherine	J	MD	F	I	210 Westchester Ave	White Plain	NY	36	10604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	247	269	269	$157.16	$56.56	$39.66	$32.16
1942466339	Weissman	Joshua	D	M.D.	M	I	1086 N Broadway Ste 2	Yonkers	NY	36	10701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	229	269	269	$249.23	$45.28	$33.53	$26.30
1134117757	Mcelwain	Mariann	C	MD	F	I	300 Northpointe Cir	Seven Field	PA	42	16046	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	159	268	268	$75.00	$41.58	$27.84	$28.52
1194800284	Luk	Lesley	J	MD	M	I	4201 Torra Suite 390	Torrance	CA	6	90503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	207	268	268	$70.00	$52.19	$37.94	$34.22
1841212115	Liu	Terry	C	M.D.	M	I	1020 35th St	Kenosha	WI	55	53140	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	174	268	268	$300.00	$43.04	$29.01	$31.31
1881677714	Divenere	Scott	W	MD	M	I	2201 Glenwood Ave	Joliet	IL	17	60435	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	181	268	268	$99.00	$48.19	$32.46	$32.07
1902969157	Mass	Stephen	C	MD	M	I	2100 N Broad St	Lansdale	PA	42	19446	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	203	268	268	$105.00	$49.79	$35.40	$32.84
1053336974	Kalpari	Kamran		M.D.	M	I	8797 Beverly Blvd Ste S	West Holly	CA	6	90048	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	181	267	267	$70.00	$52.96	$42.07	$37.15
1275527111	Dettmer	Timothy		M.D.	M	I	250 S Crescent Dr	Mason City	IA	19	50401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	195	267	267	$122.17	$29.23	$19.87	$21.82
1124307244	Wencil	Elizabeth	A	FNP-C	F	I	30791 Detroit Rd	Westlake	OH	39	44145	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	188	266	266	$380.84	$27.60	$18.55	$18.77
1144301698	Cottrill	Glen	D	P.A.	M	I	1324 N Harville Rd	Duncan	OK	40	73533	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	184	266	266	$101.00	$37.89	$28.08	$29.75
1194724427	Rechtweg	Jay	S	MD	M	I	990 Stewar Suite 610	Garden Cit	NY	36	11530	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	200	266	266	$279.29	$51.06	$36.57	$28.93
1295745305	Silverstein	Herbert		MD	M	I	1901 Floyd St	Sarasota	FL	12	34239	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	205	266	266	$101.00	$47.58	$34.44	$33.30
1336284561	Hopp	Martin	L	MD PHD	M	I	8631 W 3rd Suite 440e	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	202	266	266	$100.00	$48.81	$36.37	$32.27
1346443694	Moffatt	Nancy	A	FNP	F	I	7600 Wolf I Suite 120	Germantov	TN	47	38138	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	203	266	266	$135.00	$36.49	$24.62	$27.19
1386652378	Rosenbloo	Jeffery	S	MD	M	I	19026 Ston #110	San Antoni	TX	48	75258			US	Otolaryngo	Y	69210	Removal of N	O	228	266	266	$132.30	$45.53	$31.78	$33.28

1467470955	Seibert	John	W	MD	M	I	3601 Tvc	Nashville	TN	47	37232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	187	266	266	$195.00	$41.23	$29.72	$32.59
1679617971	Kantu	Manoj		M.D.	M	I	2204 Voorhies Ave	Brooklyn	NY	36	11235	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	230	266	266	$200.00	$32.77	$25.21	$20.16
1922071406	Pollice	Philip			M	I	Upmc Pass	9104 Babc	Pittsburgh	PA	42	15237	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	194	266	266	$138.00	$46.37	$30.11	$30.82
1942624077	Portell	Melissa	L	PA	F	I	4921 Parkv	Dept Otola	Saint Louis	MO	29	63110	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	214	266	266	$155.00	$39.49	$26.58	$26.53
1861439481	Scharf	Richard	C	DO	M	I	505 Chestnut St		Roselle Par	NJ	34	7204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	189	265	265	$150.00	$50.96	$36.00	$31.80
1952700783	Mullings	Elizabeth	A	FNP	F	I	1150 Us Highway 60 Ea		Republic	MO	29	65738	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	178	265	265	$127.00	$37.45	$23.39	$25.67
1992753438	Robinson	Lindsay	J	PA-C	F	I	1313 Fish Hatchery Rd		Madison	WI	55	53715	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	184	265	265	$369.00	$38.01	$22.67	$24.72
1033463872	Davis	Carrie	L	NP	F	I	4646 John R St		Detroit	MI	26	48201	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	238	264	264	$53.00	$42.22	$30.87	$29.59
1144268012	Sheth	Shishir	N		M	I	3003 W Good Hope Rd		Milwaukee	WI	55	53209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	203	264	264	$300.00	$41.84	$30.76	$33.23
1215361639	Sechrist	Megan			F	I	1705 Warre	Suite 2042(	Williamspo	PA	42	17701	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	162	264	264	$109.00	$39.42	$25.74	$26.39
1306845995	Lutz	Charles	K	M.D.	M	I	985 Berksh	Ste 101	Wyomissin	PA	42	19610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	184	264	264	$152.73	$46.19	$31.22	$31.96
1366490724	Anderson	William	D	MD	M	I	1801 Color	Suite 160	Turlock	CA	6	95382	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	174	264	264	$149.29	$46.90	$32.80	$32.01
1508846957	Gallagher	John	T	M.D.	M	I	1205 Langf	Suite102	Langhorne	PA	42	19047	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	176	264	264	$100.00	$48.81	$34.22	$32.31
1649273319	Lee	Carl	W	MD	M	I	19 Wolf Cre	Dept Otola	Swansea	IL	17	62226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	196	264	264	$155.00	$48.47	$34.16	$32.92
1649647975	Miller	Hilary	L	PA-C	F	I	30 Medical Tower 3 Sui		Wheeling	WV	54	26003	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	179	264	264	$185.00	$37.75	$27.51	$29.37
1730128877	Shechtmar	Frank	G	M.D.	M	I	222 Bloomingdale Rd F		White Plain	NY	36	10605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	166	264	264	$299.71	$49.72	$37.21	$29.17
1821442476	Varughese	Denny		M.D.	M	I	1211 Hamburg Tpke St		Wayne	NJ	34	7470	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	222	264	264	$260.25	$44.14	$32.22	$28.57
1982947404	Cedars	Elizabeth	D	M.D.	F	I	1701 4th St Ste 120		Santa Rosa	CA	6	95404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	185	264	264	$261.00	$47.23	$30.35	$29.33
1093746778	Darden	Pamela	R	NP	F	I	503 N 21st St		Camp Hill	PA	42	17011	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	190	263	263	$80.00	$39.29	$25.01	$26.06
1154386860	Knox	Kristen	L	PA	F	I	1 S Park St		Madison	WI	55	53715	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	151	263	263	$198.00	$37.85	$21.12	$23.46
1619977220	Vaught	Sammy	D	M.D.	M	I	601 E Dixie	Medical Pla	Leesburg	FL	12	34748	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	213	263	263	$100.00	$46.51	$32.68	$32.65
1104341973	Rodgers	Sara		FNP	F	I	1161 E Dayton Yellow S		Fairborn	OH	39	45324	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	198	262	262	$94.00	$39.28	$25.38	$26.36
1205825890	Oshinsky	Alan	E	M.D.	M	I	301 Saint P	Suite 612	Baltimore	MD	24	21202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	253	262	262	$77.16	$51.02	$39.98	$36.19
1306850334	Goldstone	Andrew		M.D.	M	I	6565 N Charles St Ste 2		Baltimore	MD	24	21204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	233	262	262	$131.10	$50.15	$34.05	$31.33
1588634414	Henrich	Douglas	E	M.D.	M	I	1225 S Gea	Ste 255	West Burlir	IA	19	52655	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	231	262	262	$160.00	$40.88	$28.41	$31.10
1598765240	Groisman	Horacio	P	M.D.	M	I	1321 Nw 14	#204	Miami	FL	12	33125	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	214	262	262	$116.00	$53.14	$35.37	$31.16
1760574982	Mehle	Mark	E	MD	M	I	15299 Bagley Rd Ste 3(		Cleveland	OH	39	44130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	210	262	262	$152.29	$43.82	$28.20	$29.09
1023096427	Callahan	Scot	C	MD	M	I	101 E Brun	Ste 100	Enterprise	AL	1	36330	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	154	261	261	$156.00	$37.72	$25.40	$27.35
1184745150	Putman	Chad	W	MD	M	I	5204 W Redbud St		Rogers	AR	5	72758	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	199	261	261	$106.00	$41.40	$28.97	$32.53
1255303244	Scheid	Sara	C	MD	F	I	1220 New S	Suite 103	Slingerland	NY	36	12159	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	169	261	261	$150.00	$49.40	$36.69	$31.99
1255420485	Berghash	Leslie	R	MD	M	I	1801 Se Hil	Suite B105	Port St Luci	FL	12	34952	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	199	261	261	$106.61	$48.44	$31.54	$29.89
1265463921	Haunss-Sa	Karen	A	M.D.	F	I	833 Northe	Suite 260	Great Neck	NY	36	11021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	191	261	261	$210.42	$57.93	$43.00	$33.66
1326281106	Elkins	Nicole		PA-C	F	I	2002 12th A	Suite D	Ardmore	OK	40	73401	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	200	261	261	$112.97	$37.77	$25.09	$27.43
1346849064	Jennings	Andrew			M	I	221 Broad St		Oneida	NY	36	13421	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	176	261	261	$100.00	$39.13	$26.66	$27.79
1568414217	Yu	Kathy	K	M.D.	F	I	55 Vilcom (	Suite 140	Chapel Hill	NC	37	27514	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	206	261	261	$119.00	$44.92	$29.20	$30.88
1720077407	Logan	Mark		M.D.	M	I	1401 Professional Blvd		Evansville	IN	18	47714	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	201	261	261	$104.88	$43.94	$31.73	$34.79
1790774784	Gill	Baljinder	S	MD	M	I	151 N Sunr	#613	Roseville	CA	6	95661	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	180	261	261	$74.00	$49.35	$35.29	$33.85
1003865304	Brown	Michael	J	MD	M	I	3999 Dutch	Suburban F	Louisville	KY	21	40207	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	166	260	260	$85.55	$42.83	$30.38	$33.01
1154581486	Nottinghan	Liesl	K	M.D.	F	I	2415 Musg	Suite 203	Silver Sprin	MD	24	20904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	199	260	260	$161.81	$54.68	$38.43	$33.04
1295832483	Moore	Dennis	M	MD	M	I	1875 Dem	Suite 625	Park Ridge	IL	17	60068	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	196	260	260	$199.58	$34.16	$23.70	$22.14
1336691914	Ford	Patrick	C	PHYSICIAN	M	I	6500 29th St Ste 106		Greeley	CO	8	80634	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	172	260	260	$50.00	$27.81	$18.30	$18.52
1497975106	Windham	Byron	P	MD	M	I	497 Azalea #101		Oxford	MS	28	38655	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	207	260	260	$176.00	$41.96	$30.12	$33.78
1649234824	Chang	Christophe	Y	MD	M	I	550 Hospital Drive		Warrenton	VA	51	20186	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	177	260	260	$252.00	$47.46	$30.08	$30.30
1669775490	Dunn	Alison	E	NP	F	I	2350 Buhn	Suite C	Eureka	CA	6	95501	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	159	260	260	$129.00	$41.90	$26.33	$25.29
1720376247	Tudor	Timothy	S	D.O.	M	I	12920 Us H	Suite 2	Sebastian	FL	12	32958	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	194	260	260	$261.32	$48.41	$33.70	$31.63
1730377581	Marban	Alex	J	M.D.	M	I	290 W 49th St		Hialeah	FL	12	33012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	260	260	$100.00	$46.44	$36.20	$32.18
1770735607	Guchinskiy	Aleksandr		D.O.	M	I	95 Crystal Run Rd		Middletown	NY	36	10941	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	215	260	260	$146.08	$52.11	$37.65	$33.02
1780963975	Cooper	Joanne	L	RPA-C	F	I	14 Hudson Ave		Glens Falls	NY	36	12801	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	167	260	260	$97.29	$26.75	$17.67	$18.05
1861701161	Leger	Noelle	R	PAC	F	I	4150 Nelson Rd Ste C1		Lake Charle	LA	22	70605	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	204	260	260	$218.38	$38.52	$27.23	$27.90
1972512382	Braganza	Rabindra	A	M.D.	M	I	4151 Foothill Rd		Santa Barb	CA	6	93110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	233	260	260	$117.00	$46.40	$32.68	$29.98
1033170808	Sakellaride	Michael	J	MD	M	I	5341 Gran	Ste 104	New Port Ri	FL	12	34652	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	124	259	259	$48.80	$47.90	$34.47	$34.15
1396783528	King	Susan	M	M.D.	F	I	21 Spurs Lr	Suite 100	San Antonio	TX	48	78240	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	226	259	259	$90.00	$45.10	$31.65	$33.54
1437474731	Varga-Huet	Victoria	E	MD	F	I	624 Mcclel	Suite G01	Schenecta	NY	36	12304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	157	259	259	$145.56	$45.10	$32.77	$33.61
1609431147	Coutts	Alycia	N	FNP	F	I	101 3rd Ave Sw		Minot	ND	38	58701	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	163	259	259	$177.00	$27.05	$18.36	$19.10
1699933044	Lin	Giant	C	M.D.	M	I	140 Park Ave		Florham Pa	NJ	34	7932	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	211	259	259	$150.00	$30.72	$24.28	$21.57
1942245196	Briggs	Russell	D	M.D.	M	I	2765 Bee C	Suite 205	Austin	TX	48	78746	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	169	259	259	$150.00	$45.36	$32.74	$33.88
1144417007	Leung	Man-Kit		M.D.	M	I	1199 Bush St	Ste 290	San Francis	CA	6	94109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	211	258	258	$175.00	$53.52	$38.37	$32.73
1265499370	Schreibstei	Jerry	M	MD.	M	I	100 Wason	Suite 100	Springfield	MA	25	1107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	221	258	258	$152.33	$48.91	$32.64	$31.01
1306876651	Greene	Charles	C	MD	M	I	11512 Lake	Suite 531	Jacksonvill	FL	12	32256	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	183	258	258	$100.41	$42.31	$31.72	$31.20
1316370620	Murdock	Lorna Kay		APRN	F	I	111 Westcott Rd		Danielson	CT	9	6239	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	179	258	258	$130.00	$42.71	$28.18	$26.05
1326389495	Lawrence	Sara	A	NP-C	F	I	1825 Martha Berry Blvc		Rome	GA	13	30165	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	187	258	258	$130.35	$38.03	$26.88	$28.64
1396912911	Bailey	Samuel	S	M.D.	M	I	20201 N Sc	Ste 230	Scottsdale	AZ	4	85255	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	230	258	258	$94.00	$44.73	$32.15	$33.32
1487857272	Angelos	Patrick	C	M.D.	M	I	2295 Henry Tecklenbur		Charleston	SC	45	29414	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	226	258	258	$128.00	$44.53	$32.41	$34.33
1588738868	Soohoo	Derek	K	MD	M	I	145 Huguenot St Ste 61		New Roche	NY	36	10801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	210	258	258	$269.22	$46.20	$34.88	$27.32
1659376036	Siglock	Timothy	J	M.D.	M	I	3680 Hill B	Caremount	Jefferson V	NY	36	10535	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	203	258	258	$67.56	$53.29	$36.77	$30.66
1730295064	Peery	Michael	L	M.D.	M	I	611 Alcorn	Suite 110	Corinth	MS	28	38834	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	197	258	258	$186.00	$43.47	$31.24	$34.19
1831162049	Allen	Ronald	V	MD	M	I	2910 N Patterson St		Valdosta	GA	13	31602	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	204	258	258	$135.52	$45.18	$30.42	$32.37
1841404613	Van Ess	Mark	J	D.O.	M	I	1229 E Seminole St Ste		Springfield	MO	29	65804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	180	258	258	$127.00	$42.75	$30.77	$33.23
1902888720	Harris	John	E	M.D.	M	I	7500 Dolla	Suite 104	White Hall	AR	5	71602	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	199	258	258	$116.76	$42.26	$29.52	$33.79
1932150596	Mcfarlane	Jeffrey	M	ARNP	M	I	1801 Se Hil	Suite B-105	Port St Luci	FL	12	34952	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	199	258	258	$105.00	$40.28	$27.72	$26.92
1932670510	Beattie	Susan	L	APRN	F	I	1223 Gateway Dr # 1e		Melbourne	FL	12	32901	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	189	258	258	$113.95	$39.68	$29.52	$29.44
1033192216	Driver	Mark	S	MD	M	I	75 Crystal I	Building B,	Middletown	NY	36	10941	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	192	257	257	$270.27	$47.79	$34.58	$30.48
1275927154	Amato	Michael			M	I	1 Teleport Dr Ste 200		Staten Islar	NY	36	10311	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	199	257	257	$262.63	$50.04	$37.30	$29.35
1336124361	Crabtree	Gary	M	MD	M	I	1125 S 2nd Ave Ste B		Walla Wall	WA	53	99362	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	147	257	257	$145.00	$45.71	$32.12	$32.24
1407057813	Salley	David	R	MD	M	I	161 Wadsworth Dr		Richmond	VA	51	23236	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	187	257	257	$90.70	$46.41	$31.49	$31.23
1528038288	Gerber	Matthew	J	MD	M	I	3010 Anderson Dr		Raleigh	NC	37	27609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	179	257	257	$103.00	$45.33	$30.77	$32.45
1598279739	Hamilton	Rachel	M	CNP	F	I	335 Glessner Ave Fl 5		Mansfield	OH	39	44903	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	160	257	257	$148.00	$39.09	$24.56	$25.64

1780961631	Ruivivar	Richel		RN, FNP-BC	F	I	27 Emmett	New Hyde I	NY	36	11040	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	203	257	257	$196.46	$48.05	$33.58	$26.69
1215943139	Dent	Stephen	M	MD	M	I	477 N El Ca	A-202	Encinitas	CA	6	92024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	199	256	256	$104.00	$48.77	$34.88	$31.98
1326056003	Mucha	Samantha	M	MD	F	I	777 Kimole	Suite 240	Adrian	MI	26	49221	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	206	256	256	$98.00	$44.82	$30.56	$31.57
1629076252	Grayson	Charles	W	DO	M	I	2120 Sw 22nd Pl		Ocala	FL	12	34471	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	170	256	256	$100.00	$46.91	$33.28	$33.17
1710074562	Rossos	Apostolos	A	M.D.	M	I	1542 Kuser Road	Suite	Hamilton	NJ	34	8619	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	172	256	256	$200.00	$51.16	$38.91	$35.41
1750339743	Bosworth	John	M	M.D.	M	I	15204 Omega	Dr Ste 3:	Rockville	MD	24	20850	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	207	256	256	$115.00	$52.20	$37.72	$32.22
1922073766	Jacobson	Lisa	W	D.O.	F	I	8872 Professional	Dr	Cadillac	MI	26	49601	5	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	164	256	256	$112.76	$43.15	$29.54	$31.10
1932186459	Yun	David	K	MD	M	I	1505 Wilso	#270	Glendale	CA	6	91206	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	233	256	256	$95.00	$51.45	$38.85	$35.08
1083676852	Gannon	Timothy	H	MD	M	I	4300 W Ma	Suite 403	Dothan	AL	1	36305	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	195	255	255	$68.88	$44.11	$31.89	$33.61
1275735383	Ghadiali	Murtaza	T	MD	M	I	20207 Cha	Suite 100	Houston	TX	48	77070	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	173	255	255	$121.80	$47.69	$34.10	$33.06
1295860286	Pearlman	Aaron		MD	M	I	1305 York A	5th Floor	New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	214	255	255	$276.08	$54.14	$38.47	$31.99
1770785289	Samara	Mariah	S	MD	F	I	560 Hillside	Boston Ent	Needham	MA	25	2494	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	204	255	255	$132.82	$49.54	$36.92	$33.19
1831186840	Charon	Christophe	C	M.D.	M	I	145 Pomfret	St	Putnam	CT	9	6260	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	218	255	255	$130.51	$43.98	$30.55	$28.98
1932136173	Abbott	David	J	MD	M	I	2525 Fox R	Suite 101	Yankton	SD	46	57078	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	181	255	255	$136.19	$41.77	$28.59	$30.88
1932173051	Otto	Russell	J	MD	M	I	1209 Bent Oaks	Ct	Denton	TX	48	76210	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	173	255	255	$102.00	$44.62	$32.25	$33.76
1073172805	Callen	Constance	D	CRNP	F	I	1965 1st	Ave	Opelika	AL	1	36801	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	165	254	254	$51.00	$36.94	$23.72	$25.58
1134160385	Kortbus	Michael	J	M.D.	M	I	7385 S Broadway	# 2	Red Hook	NY	36	12571	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	212	254	254	$145.57	$52.81	$33.82	$30.31
1265451140	Kelanic	Stephen	M	M.D., F.A.C	M	I	2040 Ogden Ave	Ste 30	Aurora	IL	17	60504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	169	254	254	$219.37	$50.20	$36.59	$33.31
1285632679	Price	Kellous	A	M.D.	M	I	1730 Birmingham	Dr	College Sta	TX	48	77845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	207	254	254	$137.68	$43.47	$32.01	$33.88
1336198449	Homicz	Mark	R	M.D.	M	I	1701 4th St	Ste 120	Santa Rosa	CA	6	95404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	169	254	254	$261.00	$44.77	$29.72	$28.72
1467083063	Weaver	Tara	L	CRNP	F	I	800 Walnut St	Fl 18	Philadelphi	PA	42	19107	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	206	254	254	$95.00	$29.33	$21.95	$20.63
1568417939	Katzan	Cynthia	M	MD	F	I	20000 Harvard	Ave	Warrensvill	OH	39	44122	1	Metropolita	US	Emergency	Y	69210	Removal of	N	O	229	254	254	$53.00	$46.36	$34.20	$34.99
1649387622	Monte	Eric	D	MD	M	I	307 Carpenter Dam	Rd	Hot Springs	AR	5	71901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	187	254	254	$110.00	$42.65	$28.96	$33.16
1750370342	Showalter	Ileana		M.D.	F	I	301 Saint P	Suite 612	Baltimore	MD	24	21202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	200	254	254	$76.65	$51.76	$36.01	$32.57
1427098839	Green	Robert	P	M.D.	M	I	150 E 58th St	Fl 34	New York	NY	36	10155	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	209	253	253	$285.89	$44.84	$34.36	$28.16
1730687393	Wong	Dawn		AGNP-C	F	I	1 Diamond Hill	Rd	Berkeley He	NJ	34	7922	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	216	253	253	$150.30	$45.54	$34.00	$30.13
1770192536	Dao	Quy Alan	D	PA	M	I	11370 Anderson St	Ste	Loma Linda	CA	6	92354	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	219	253	253	$310.00	$42.26	$29.16	$27.86
1891758488	Chrzanows	David	S	M.D.	M	I	104 Endico	Suite 100	Danvers	MA	25	1923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	231	253	253	$175.00	$49.41	$34.29	$33.11
1124081112	Lewis	William	B	M.D.	M	I	2961 Sumn	Suite 1	Oakland	CA	6	94609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	197	252	252	$109.08	$38.47	$28.49	$25.65
1205931466	Behin	Babak		MD	M	I	142 Palisac	Suite # 207	Jersey City	NJ	34	7306	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	196	252	252	$200.00	$53.67	$39.62	$35.10
1386661288	Laane	Christina		M.D.	F	I	100 S Ellsworth Ave	Ste	San Mateo	CA	6	94401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	164	252	252	$120.00	$55.45	$38.09	$31.89
1568459246	Li	John	C	M.D.	M	I	210 Jupiter	Ste. 5105	Jupiter	FL	12	33458	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	180	252	252	$105.00	$48.56	$33.97	$31.95
1730134834	Lin	Karen		M.D.	F	I	10330 Meri	Suite 190	Seattle	WA	53	98133	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	191	252	252	$155.52	$51.98	$36.69	$33.07
1841335163	Brauer	Richard	J	M.D.	M	I	49 Lake Ave	Suite 205	Greenwich	CT	9	6830	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	189	252	252	$238.00	$49.25	$34.45	$32.22
1881806511	Hurtuk	Agnes	M	M.D.	F	I	2160 S 1st	Ave	Maywood	IL	17	60153	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	182	252	252	$252.87	$36.03	$25.39	$23.50
1992141808	Otremba	Michael		MD	M	I	2000 Washington St	St	Newton	MA	25	2462	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	222	252	252	$197.92	$51.87	$36.50	$32.55
1033184304	Lindstrom	Dean	R	MD	M	I	1314 Pine	St	Melbourne	FL	12	32901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	177	251	251	$98.65	$46.47	$34.22	$33.50
1134225394	Dupuis	Jessica	L	MPAS PAC	F	I	104 Endico	Suite 100	Danvers	MA	25	1923	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	231	251	251	$169.18	$42.07	$28.39	$27.36
1174555767	Rankin	Deane	E	MD	M	I	580 St. Johnsbury	Rd.	Littleton	NH	33	3561	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	192	251	250	$133.14	$46.69	$34.48	$34.82
1326080185	Wilmoth	Jason	G	M.D.	M	I	1245 Highl	Suite 502	Abington	PA	42	19001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	195	251	251	$105.00	$43.69	$32.69	$30.53
1366442600	Jacobson	Michael		M.D.	M	I	5408 Disco	Suite 300	Williamsbu	VA	51	23188	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	217	251	251	$96.02	$40.12	$29.31	$29.35
1578533212	Feiner	Larry	A	MD	M	I	542 N Lewis	Rd Ste 101	Limerick	PA	42	19468	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	168	251	251	$105.00	$51.00	$34.03	$31.69
1760470686	Packer	Mark	D	MD	M	I	607 S New	Suite 2300	St Louis	MO	29	63141	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	178	251	251	$114.00	$47.57	$33.72	$33.42
1487654174	Hanft	Kendall	L	M.D.	F	I	3471 N Federal	Hwy St	Fort Lauder	FL	12	33306	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	188	250	250	$116.00	$50.92	$35.40	$32.98
1023061629	Lindbeck	Eric	O	MD	M	I	850 Johns Hopkins	Dr	Greenville	NC	37	27834	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	175	249	249	$141.87	$43.80	$32.25	$33.57
1114190055	Lagaly	Rachel	L	PA-C	F	I	9301 Pinec	Ste 150	Shenandoa	TX	48	77380	1.1	Secondary	US	Physician A	Y	69210	Removal of	N	O	167	249	249	$106.51	$40.34	$27.62	$26.91
1265768253	Marcinow	Anna	M	MD	F	I	915 Olenta	Suite 4000	Columbus	OH	39	43212	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	167	249	249	$132.00	$45.45	$31.49	$32.09
1396701652	Yu	Larry		M.D.	M	I	3195 Saint	Suite 210	Henderson	NV	32	89052	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	154	249	249	$99.35	$46.57	$34.32	$33.27
1396757910	Hammett	Michael	J	MD	M	I	1605 S 28th	Ave	Hattiesburg	MS	28	39402	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	172	249	249	$314.16	$42.96	$29.07	$32.31
1447250311	Montelaro	James	S	MD	M	I	710 Colonial	Dr	Baton Roug	LA	22	70806	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	144	249	249	$162.75	$43.96	$31.79	$33.88
1508151481	Moore	Michael	W	M.D.	M	I	10740 N Ge	Ste 310	Houston	TX	48	77064	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	201	249	249	$105.30	$44.74	$30.06	$29.11
1053377754	Berrios	Jose	A	M.D.	M	I	800 Tarpon	Suite D	Palm Harbo	FL	12	34685	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	135	248	248	$75.00	$38.96	$27.41	$27.24
1073991246	Dixit	Ronak			M	I	106 Irving St	Nw Ste 27	Washington	DC	11	20010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	193	248	248	$123.00	$50.55	$34.82	$32.35
1114344025	Casserly	Ryan	M	MD	M	I	966 Cass	St Ste 250	Monterey	CA	6	93940	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	186	248	248	$186.00	$52.06	$38.15	$34.75
1225260862	Reinstadler	David	R	MD	M	I	351 Hospital	Rd 305	Newport Be	CA	6	92663	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	176	248	248	$110.00	$52.21	$39.49	$35.30
1407922669	Mcmenami	Patrick	G	M.D.	M	I	170 University	Pkwy	Aiken	SC	45	29801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	197	248	248	$141.63	$41.60	$30.23	$32.45
1467418293	Johnson	Philip	E	M. D.	M	I	127 Linden	Ave	Rutledge	PA	42	19070	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	142	248	248	$70.00	$48.86	$34.96	$32.66
1679557367	Bergstrom	Richard	T	M.D.	M	I	3305 Place	Ste A	Redding	CA	6	96001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	192	248	248	$139.63	$48.47	$32.23	$30.90
1699798421	Hartman	Daniel	F	M.D.	M	I	3838 Califc	Suite 505	San Francis	CA	6	94118	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	198	248	248	$175.00	$52.93	$35.65	$30.30
1740619188	Dawkins	Danielle	M	PA-C	F	I	4500 San Pablo	Rd S	Jacksonvill	FL	12	32224	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	200	248	248	$216.44	$40.77	$28.80	$28.11
1902236953	Ernst	Stephanie		FNP	F	I	101 E Miller	Rd	Sterling	IL	17	61081	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	F	164	248	248	$114.77	$28.29	$18.50	$18.25
1033101878	Kuo	Timothy	C	M.D.	M	I	1550 E 23rd	St	Fremont	NE	31	68025	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	152	247	247	$109.96	$41.08	$26.95	$29.96
1245211085	Sugrue	John	P	M.D.	M	I	1500 Route	Bldg. 4 - 2n	Port Jeffers	NY	36	11776	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	171	247	247	$252.48	$39.59	$30.64	$24.07
1427082346	Pettis	Robert	M	MD, MSPH,	M	I	16100 Sand Canyon	Av	Irvine	CA	6	92618	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	167	247	247	$173.10	$42.93	$31.99	$29.01
1457390916	Demaio	Richard	R	M.D.	M	I	4 Crotty	Ln	New Winds	NY	36	12553	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	210	247	247	$284.88	$46.46	$32.78	$28.90
1619960994	Ahuja	Anoop	S	M.D.	M	I	4101 Greer	Suite #320	Houston	TX	48	77098	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	162	247	247	$150.00	$47.94	$33.04	$31.96
1730161381	Burson	James	G	M.D.	M	I	225 Millard	Bldg B200	Newnan	GA	13	30263	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	199	247	247	$150.33	$43.54	$30.19	$33.34
1821069568	Bonafede	Joseph	P	M.D.	M	I	2929 Expressway	Dr N	Islandia	NY	36	11749	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	225	247	247	$264.71	$52.73	$38.98	$30.66
1922068626	Sorin	Alexander		M.D.	M	I	2001 Marc	Suite S-10	New Hyde I	NY	36	11042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	223	247	247	$145.00	$47.92	$37.40	$29.93
1033156179	Hall	Roxanne	E	PAC	F	I	1849 Savage	Rd	Charleston	SC	45	29407	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	208	246	246	$128.00	$37.54	$27.06	$28.71
1063460657	Peiffer	Kim	A	PA-C	F	I	600 Highland	Ave	Madison	WI	55	53792	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	173	246	246	$369.00	$37.91	$22.80	$25.01
1174577142	Bailey	Luna		MD	F	I	2520 Aberdeen	Blvd	Gastonia	NC	37	28054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	183	246	246	$138.31	$45.15	$30.15	$31.17
1679895155	Li	Li		FNP	F	I	3420 S Mer	Suite 107	Gilbert	AZ	4	85297	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	193	246	246	$110.33	$38.82	$26.13	$27.03
1750744108	Hollett	Yvette	R	MD	F	I	1017 S 2nd	Ave Ste 4	Walla Wall	WA	53	99362	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	177	246	246	$127.00	$45.71	$31.20	$31.35
1922047299	Bennett	Kristin	M	M.D.	F	I	10200 Trinity Pkwy	Ste	Stockton	CA	6	95219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	161	246	246	$165.00	$44.45	$32.41	$31.45
1962490573	Lipin	Thomas	E	MD	M	I	210 Jupiter	Suite 3202	Jupiter	FL	12	33458	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	231	246	246	$75.30	$27.55	$17.29	$16.03
1073894580	Pinto	Wesley		MMS, PA	M	I	3368 Highv	Suite G15	Alexander C	AL	1	35010	7	Small town	US	Physician A	Y	69210	Removal of	N	O	196	245	245	$75.00	$36.99	$24.72	$26.96

1114080280	Herman	Richard	M	MD	M	I	2100 N Broad St	Lansdale	PA	42	19446	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	196	245	245	$105.00	$46.13	$33.35	$31.13
1114239407	Romak	Jonathan	J	MD	M	I	700 Prides Xing Ste 200	Newark	DE	10	19713	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	215	245	245	$102.00	$47.20	$31.52	$30.97
1326306317	O'brien	Priyanka	S	M.D.	F	I	1801 1st Ave Ste 3a	Longview	WA	53	98632	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	206	245	245	$124.85	$45.85	$32.58	$32.17
1346570322	Revzin	Gina		P.A,	F	I	627 Broadway Ste 1	Massapequ	NY	36	11758	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	221	245	245	$179.15	$48.92	$30.04	$23.69
1477640357	Ratcliff	Daniel	J	MD	M	I	3705 Medic Suite 310	Austin	TX	48	78705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	163	245	245	$100.00	$45.09	$29.98	$31.89
1558944868	Ferrer	Taylor		PA-C	M	I	601 University Blvd Ste	Jupiter	FL	12	33458	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	171	245	245	$105.00	$36.70	$26.88	$25.29
1598083024	Toma	Mark	S	M.D.	M	I	2421 Monr Suite 201	Dearborn	MI	26	48124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	191	245	245	$70.00	$47.08	$35.83	$34.26
1619370624	Williams	Michelle	D	P.A.	F	I	1747 Baptist Clay Dr St	Fleming Isl	FL	12	32003	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	170	245	245	$106.21	$40.22	$28.14	$28.09
1700856069	Tennyson	Heath	C	M.D.	M	I	395 N Silverbell Rd Ste	Tucson	AZ	4	85745	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	167	245	245	$94.00	$43.26	$29.29	$30.23
1760460414	Cohen	Randall	S	M.D.	M	I	3288 Bell Rd	Auburn	CA	6	95603	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	167	245	245	$161.00	$41.49	$31.53	$29.89
1891835971	Cantor	William	L	M.D.	M	I	452 Old Ho 2nd Floor	Emerson	NJ	34	7630	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	182	245	245	$166.29	$52.15	$36.30	$31.52
1992701395	Pou	David	G	M.D.	M	I	2121 Line Ave	Shreveport	LA	22	71104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	189	245	245	$80.00	$45.84	$30.43	$31.65
1043290950	Pyle	Paula	B	MD	F	I	420 Nokomis Ave S	Venice	FL	12	34285	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	172	244	244	$132.19	$46.86	$33.91	$33.41
1063477974	Weber	Peter	C	MD	M	I	830 Harrisc Suite 1400	Boston	MA	25	2118	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	217	244	244	$91.88	$35.27	$25.79	$24.03
1093999484	Plosky	Daniel	I	MD	M	I	100 Wason Suite 100	Springfield	MA	25	1107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	214	244	244	$151.23	$49.22	$31.90	$30.53
1164867644	Moak	Joseph	S	M.D.	M	I	1819 Salk Ave	Tavares	FL	12	32778	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	191	244	244	$100.00	$43.72	$32.41	$32.29
1245542000	Moutran	Homer		M.D.	M	I	378 Seaview Ave Ste 2	Staten Isla	NY	36	10305	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	160	244	244	$357.00	$51.08	$38.79	$30.63
1467794198	Reino	Angela	R	PA-C	F	I	2999 Presic Sharon Car	Hermitage	PA	42	16148	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	179	244	244	$138.00	$39.69	$26.65	$27.32
1841239423	Brody	Robin	M	MD	F	I	433 Hackensack Ave S	Hackensac	NJ	34	7601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	211	244	244	$250.02	$46.34	$34.70	$30.15
1023018389	Campano	Ruwanthi	S	M.D	F	I	41301 12th St W Ste A	Palmdale	CA	6	93551	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	178	243	243	$105.00	$50.94	$37.69	$34.97
1225143084	Van Tassel	Jason		M.D.	M	I	2557 Mowry Ave Ste 30	Fremont	CA	6	94538	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	200	243	243	$118.00	$53.85	$37.50	$31.62
1245260470	Dyce	Orville	H	M.D.	M	I	149 E Carolina Ave	Hartsville	SC	45	29550	5	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	243	243	$129.00	$42.22	$29.97	$32.48
1255301339	Chuma	Andrew	V	MD	M	I	460 Cream Suite 103	Exton	PA	42	19341	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	192	243	243	$105.00	$50.56	$35.83	$33.52
1326693094	Fladmo	Erik	R	PA	M	I	1170 Royal Ave	Medford	OR	41	97504	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	169	243	243	$148.98	$38.16	$25.06	$26.80
1477542389	Steckowycl	Jayde		M.D.	F	I	2015 Grand Concourse	Bronx	NY	36	10453	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	207	243	243	$79.00	$40.33	$31.78	$25.29
1477588721	Alessi	David	M	MD	M	I	8670 Wilsh Suite 200	Beverly Hill	CA	6	90211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	204	243	243	$102.00	$35.58	$27.29	$24.78
1649272501	Cooper	David	M	MD	M	I	1 Diamond Summit Me	Berkeley H	NJ	34	7922	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	196	243	243	$150.00	$52.24	$35.85	$32.74
1679915136	Leech	Jessica	L	PA-C	F	I	3901 S Atherton St Ste	State Colle	PA	42	16801	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	170	243	243	$136.36	$38.70	$25.82	$26.83
1801165006	Gregg	Heidi	L	CRNP	F	I	100 Hospital Rd Fl 1	Brookville	PA	42	15825	8	Small town	US	Nurse Prac	Y	69210	Removal of N	O	176	243	243	$80.00	$39.29	$27.38	$28.08
1053454066	Strecker	Paul	J	FNP	M	I	1229 E Seminole St	Springfield	MO	29	65804	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	169	242	242	$127.00	$37.75	$23.53	$25.87
1164461877	Gold	Steven	M	M.D.	M	I	433 Hackensack Ave S	Hackensac	NJ	34	7601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	204	242	242	$260.82	$43.80	$31.93	$27.73
1184653883	Wardlow	Jesse	G	M.D.	M	I	11 Salt Creek Ln Ste 10	Hinsdale	IL	17	60521	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	188	242	242	$147.18	$46.13	$33.22	$31.33
1326132986	Namdar	Isaac		M.D.	M	I	425 W 59th 10th Floor	New York	NY	36	10019	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	192	242	242	$225.00	$56.64	$41.06	$33.47
1447285739	Alonso	Oscar	L	M.D.	M	I	1121 Warre Ste 200	Downers G	IL	17	60515	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	197	242	242	$105.00	$50.84	$36.20	$33.52
1457312589	Patel	Rakesh	B	MD, FACS	M	I	1 W Ridgew Suite 106	Paramus	NJ	34	7652	1	Metropolita	US	Plastic and	Y	69210	Removal of N	O	199	242	242	$157.56	$45.69	$35.73	$32.78
1457588071	Zaboli	David		M.D.	M	I	844 W Trailcreek Dr	Peoria	IL	17	61614	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	230	242	242	$70.88	$42.61	$32.04	$30.58
1568477982	Marietta	Chandler	W	MD	M	I	85 Spring S Ent Associa	Laconia	NH	33	3246	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	142	242	242	$169.33	$34.10	$24.51	$23.81
1598937781	Love	Lily	P	M.D.	F	I	13127 Usf Magnolia Dr	Tampa	FL	12	33612	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	181	242	242	$172.00	$32.13	$21.13	$21.18
1750475828	Murray	Michael	T	M.D.	M	I	6060 Helly Suite 150	San Jose	CA	6	95138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	203	242	242	$175.00	$56.67	$40.37	$33.43
1164420071	Widick	Michael	P	MD	M	I	333 W Coc Suite B	Cocoa Bea	FL	12	32931	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	182	241	241	$98.18	$45.47	$32.63	$32.43
1265558233	Solowski	Nancy	L	M.D.	F	I	520 Upper (Suite 206	Bel Air	MD	24	21014	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	183	241	241	$175.00	$50.56	$34.97	$32.15
1275641029	Loiodice	John	A	M.D., F.A.C	M	I	510 North S Suite One	Pittsfield	MA	25	1201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	178	241	241	$175.00	$49.37	$32.33	$31.07
1295806362	Metts	Brent	A	MD,PHD	M	I	7801 Lakev Ste 120	Rowlett	TX	48	75088	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	241	241	$87.00	$47.67	$36.39	$36.29
1376597005	Shorb	Andrew	R	MD	M	I	924 Colonial Ave Ste E	York	PA	42	17403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	211	241	241	$81.00	$42.65	$31.64	$32.24
1588739502	Kumra	Vandana		M.D.	F	I	234 Central Park W	New York	NY	36	10024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	195	241	241	$200.00	$52.52	$40.08	$32.76
1053671701	Fanter	William	H	PA	M	I	3901 Ingersoll Ave	Des Moines	IA	19	50312	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	170	240	240	$51.91	$26.20	$16.75	$18.20
1326337544	Teng	James		MD	M	I	550 Water St Ste A	Santa Cruz	CA	6	95060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	191	240	240	$175.00	$50.30	$35.34	$31.77
1417469636	Rizzi	Vanessa		PA-C	F	I	1010 Sunrise Hwy	Rockville C	NY	36	11570	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	156	240	240	$150.00	$46.67	$35.89	$28.11
1538251681	Mitra	Sanchayeeta		MD	F	I	12462 Putnam St Ste 5	Whittier	CA	6	90602	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	167	240	240	$110.00	$50.32	$39.02	$35.11
1568425148	Li	Tsung	T	M.D.	M	I	2316 Dwight Way Ste 1	Berkeley	CA	6	94704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	207	240	240	$175.00	$52.73	$37.28	$31.88
1639372147	Bomeli	Steven	R	M.D.	M	I	960 Johnso Suite 200	Atlanta	GA	13	30342	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	183	240	240	$170.85	$37.11	$27.77	$29.59
1649237884	Kashani	Abbas		M.D.	M	I	1234 E Nor Suite # 202	Manteca	CA	6	95336	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	240	240	$75.00	$45.40	$30.68	$29.94
1871157255	Ngo	Kathy			F	I	1 Long Wharf Dr Ste 30	New Haven	CT	9	6511	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	193	240	240	$59.85	$42.31	$31.42	$29.35
1063814507	Straface	Brandy	M	PA-C	F	I	527 Medical Park Dr St	Bridgeport	WV	54	26330	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	177	239	239	$94.00	$27.91	$19.13	$19.01
1306999008	Lomax	Randall	S	DO	M	I	6850 N Dur Suite 314	Las Vegas	NV	32	89149	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	192	239	239	$198.84	$48.37	$34.99	$33.59
1386717320	Satterly	Robert	A	M.D.	M	I	2303 Wellington Dr Sw	Wilson	NC	37	27893	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	199	239	239	$134.62	$44.13	$27.95	$31.25
1417183351	Reed	Michael	J	M.D.	M	I	2615 Northgate Dr	Iowa City	IA	19	52245	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	150	239	239	$125.00	$40.39	$27.41	$30.10
1457334997	Roth	Valeri	L	DO	F	I	2395 Garden Way	Hermitage	PA	42	16148	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	239	239	$93.24	$45.56	$31.78	$33.29
1700136827	Greco	Kelly	K	APRN	F	I	46 Prince St Ste 601	New Haven	CT	9	6519	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	153	239	239	$153.00	$43.87	$29.13	$26.73
1720204480	Della Torre	Thomas	F	M.D.	M	I	148 W Rive Suite 2a	Providence	RI	44	2904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	191	239	239	$100.00	$49.40	$33.33	$31.94
1750525614	Weisstuch	Adam	S	M.D.	M	I	2500 Weste Suite 103	Weston	FL	12	33331	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	199	239	239	$116.00	$46.91	$34.61	$32.22
1760469258	Pryor	Shepherd	G	M.D.	M	I	8952 E Des Suite 205	Scottsdale	AZ	4	85260	1	Metropolita	US	Plastic and	Y	69210	Removal of N	O	187	239	239	$94.00	$45.87	$32.22	$33.13
1982630901	Francis	Aren	D	MD	M	I	600 Coffee Rd	Modesto	CA	6	95355	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	197	239	239	$161.00	$48.58	$35.88	$34.56
1376598805	Ahmadizad	Ali		MD	M	I	875 Old Country Rd	Plainview	NY	36	11803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	185	238	238	$357.00	$57.92	$41.85	$33.08
1447278676	Jagasia	Ashok	A	MD	M	I	3101 Fields South Dr	Champaign	IL	17	61822	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	172	238	238	$160.69	$34.93	$25.11	$23.19
1538183892	Ayers	Lisa	S	D.O.	F	I	25 Lystra Rogers Drive	Lewisburg	PA	42	17837	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	176	238	238	$124.14	$44.02	$32.18	$33.36
1558359901	Newland	Donald	E	MD	M	I	9301 Pinec Ste 150	Shenandoa	TX	48	77380	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	200	238	238	$114.96	$42.58	$29.60	$31.18
1639116775	Vernose	Gerard	V	M.D.	M	I	1841 S Broad St	Philadelphi	PA	42	19148	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	193	238	237	$75.00	$49.99	$35.19	$32.45
1649619339	Kung	Raymond	W	M.D.	M	I	1450 San Pablo St Ste 5	Los Angele	CA	6	90033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	170	238	238	$170.38	$51.91	$35.91	$32.37
1730201625	Yoon	Michelle	J	MD	F	I	100 Highland St Ste 22	Milton	MA	25	2186	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	165	238	238	$146.83	$44.97	$32.24	$33.31
1730580572	Zuber	Stephanie		PA	F	I	101 W University Ave	Champaign	IL	17	61820	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	142	238	238	$215.90	$39.84	$27.03	$27.49
1841230422	Katin	Lawrence	I	MD	M	I	11 Industri Ste 102	Paoli	PA	42	19301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	214	238	238	$68.00	$50.90	$38.83	$35.47
1952657348	Meshkinfar	Sam		D.O.	M	I	2321 Ather Suite B	Lynchburg	VA	51	24501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	203	238	238	$75.00	$47.42	$35.03	$34.72
1073055885	Barr	Loring		APRN	F	I	1000 Health Center Dr	Mattoon	IL	17	61938	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	167	237	237	$143.00	$40.27	$26.51	$26.20
1114122165	Handzo	Derek	J	D.O.	M	I	11080 Hall Rd Ste A	Sterling He	MI	26	48314	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	237	237	$96.93	$44.89	$31.17	$29.95
1164687984	Laha	Ashley	K	PA-C	F	I	2880 Richardson St	Fitchburg	WI	55	53711	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	179	237	237	$121.18	$27.45	$17.69	$19.60
1376644997	Morehouse	Todd	C	DO	M	I	60 West Germantown F	Norristown	PA	42	19401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	182	237	237	$189.03	$37.56	$26.03	$24.29

1518914209	Stock	Marjorie	K	M.D.	F	I	166 Kinsley St Ste 302	Nashua	NH	33	3060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	186	237	237	$140.00	$47.41	$34.10	$33.21
1568685022	Gupta	Neeraj		MD	M	I	9380f Forestwood Lan	Manassas	VA	51	20110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	237	237	$174.94	$46.61	$33.27	$33.42
1689964454	Goico	Brian	D	MD	M	I	379 Dixmyth Ave	Cincinnati	OH	39	45220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	177	237	237	$132.00	$45.14	$29.89	$30.69
1073697322	Rust	Gary	A	MD	M	I	45 Castro St Ste 210	San Francis	CA	6	94114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	192	236	236	$175.00	$53.54	$38.12	$32.48
1265414775	Rountree	Mark	A	P.A.	M	I	113 Brackish Pl	Ocean Spri	MS	28	39564	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	194	236	236	$125.00	$36.45	$24.83	$28.21
1679622294	Powell	Tammie	W	PA-C	F	I	21216 Nort Ste 310	Cypress	TX	48	77433	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	177	236	236	$110.08	$39.98	$28.46	$27.67
1760597785	Patel	Nilesh	D	MD	M	I	20 E 46th S Suite 800	New York	NY	36	10017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	236	236	$130.00	$45.81	$33.48	$29.13
1801896865	Rowan	Philip		M.D.	M	I	620 N Broad St	Woodbury	NJ	34	8096	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	175	236	236	$154.00	$52.04	$36.32	$33.24
1225012313	Etra	Kenneth	S	M.D.	M	I	560 Northern Blvd	Great Neck	NY	36	11021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	235	235	$143.83	$52.03	$39.00	$31.17
1285954388	Quercetti	Kelli	A	D.O.	F	I	2112 Providence Ave	Chester	PA	42	19013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	176	235	235	$125.00	$49.30	$36.29	$33.27
1457567364	Lin	Harrison	W	M.D.	M	I	101 The Cit Building 56	Orange	CA	6	92868	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	178	235	235	$154.10	$34.12	$23.26	$21.76
1730424540	Ball	Dawn		CNP	F	I	4125 Medina Rd	Akron	OH	39	44333	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	207	235	235	$53.00	$39.06	$31.13	$32.28
1740811397	Saffert	Stacy	R	APRN, CNP	F	I	1400 Bellinger St	Eau Claire	WI	55	54703	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	158	235	235	$91.02	$25.80	$16.72	$18.52
1144228149	Buchalter	Warren	L	M.D.	M	I	203 Hospit Suite 200	Glen Burnie	MD	24	21061	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	187	234	234	$175.00	$51.46	$34.05	$31.21
1306926985	Huang	Robert		MD	M	I	701 E El Camino Real	Mountain V	CA	6	94040	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	211	234	234	$167.91	$54.19	$40.26	$33.00
1316035447	Meek	Robert	B	M.D.	M	I	600 Ridgely Suite 110	Annapolis	MD	24	21401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	178	234	234	$78.51	$48.12	$33.71	$30.85
1336623446	Ahanonu	Gideon	I	FNP	M	I	1919 S Shiloh Rd Ste 2:	Garland	TX	48	75042	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	116	234	234	$56.39	$40.63	$32.33	$31.84
1346535341	Rivera	Andrew	M	M.D.	M	I	4302 Alton Rd Ste 115	Miami Beac	FL	12	33140	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	175	234	234	$116.00	$53.08	$39.68	$35.01
1437232139	Prasad	Sanjay		M.D.	M	I	10215 Fern Suite 301	Bethesda	MD	24	20817	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	152	234	234	$115.00	$43.53	$31.20	$28.77
1518181148	Boxwell	Daniel	F	D.O.	M	I	215 Stork Way	Seneca	SC	45	29678	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	178	234	234	$118.00	$43.80	$30.47	$32.75
1528057387	Wellendorf	Tracey	G	MD	M	I	405 S Clark Suite 215	Carroll	IA	19	51401	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	176	234	234	$185.04	$41.68	$29.63	$32.17
1538258082	Luxford	William	M	MD	M	I	1245 Wilshire Blvd Ste	Los Angeles	CA	6	90017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	213	234	234	$175.00	$52.11	$34.85	$31.97
1588668446	Stern	Jamie		MD	F	I	875 Old Co Suite 200	Plainview	NY	36	11803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	191	234	234	$357.00	$56.45	$41.22	$33.92
1629402417	Templeton	Steven		PHYSICIAN	M	I	50 Ackerly Pond Ln	Southold	NY	36	11971	7.1	Secondary	US	Physician A	Y	69210	Removal of N	O	191	234	234	$74.74	$49.70	$35.64	$28.58
1811970692	Gordon	Lawrence	J	MD	M	I	2004 Route 17m	Goshen	NY	36	10924	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	170	234	234	$107.30	$49.94	$37.04	$33.35
1972788214	Burstein	Mark	J	M.D.	M	I	400 Middle Suite 100	Langhorne	PA	42	19047	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	162	234	234	$100.00	$48.29	$33.76	$31.33
1013988815	Vila Ramire	Raul	G	MD	M	I	735 Ave Po Suite 407	San Juan	PR	72	917	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	204	233	233	$134.21	$37.92	$25.87	$26.23
1144353525	Koprowski	Hilary		MD	M	I	1575 Pond Ste 203	Allentown	PA	42	18104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	155	233	233	$100.00	$45.39	$31.42	$31.89
1336262591	Hiltzik	David	H	MD	M	I	110 E 59th Suite 8c	New York	NY	36	10022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	171	233	233	$357.00	$51.93	$39.27	$31.13
1427505577	Manafi	Meredith	B	PA-C	F	I	100 Phoenix Dr	Abbeville	LA	22	70510	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	178	233	233	$98.00	$36.33	$23.72	$27.46
1437150208	Manning	Mark	E	PA	M	I	310 S Hillside St	Wichita	KS	20	67211	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	169	233	233	$70.28	$37.51	$23.92	$26.36
1639559347	Ruiz	Devin		M.D.	M	I	500 Congress St Ste 2b	Quincy	MA	25	2169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	188	233	233	$197.98	$51.45	$36.38	$32.89
1649782830	Roop	Sarah		APRN-FNP	F	I	1250 Forest Ave Ste 30	Portland	ME	23	4103	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	158	233	233	$135.91	$27.39	$20.06	$20.44
1750749222	Galia	Megan	D		F	I	3400 Civic South Pavil	Philadelphi	PA	42	19104	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	176	233	233	$95.63	$29.67	$21.44	$19.97
1861031270	Mathew	Melody			F	I	21097 Ne 27th Ct Ste 4	Aventura	FL	12	33180	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	193	233	233	$97.01	$39.43	$26.31	$26.04
1881626661	Kho	Soochuen	T	M.D.	F	I	301 S Moorpark Rd	Thousand C	CA	6	91361	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	177	233	233	$107.53	$48.64	$32.71	$30.29
1912008442	Kitt	Victor	V	MD	M	I	2701 16th S Ste A	Bakersfield	CA	6	93301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	156	233	233	$65.00	$49.37	$36.41	$34.96
1043268741	Stratigoule	Elias	D	M.D.	M	I	2121 N Craycroft Rd Bl	Tucson	AZ	4	85712	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	168	232	232	$94.00	$41.42	$30.62	$31.00
1164660874	Pasker	Kara	L	PA-C	F	I	1025 S 6th St	Springfield	IL	17	62703	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	170	232	232	$133.41	$39.51	$27.53	$27.95
1306100979	Bass	Charles	M	PA	M	I	1485 Jesse Jewell Pkw	Gainesville	GA	13	30501	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	155	232	232	$122.55	$32.00	$22.17	$24.58
1669518262	Storper	Ian		M.D.	M	I	110 E 59th Suite 8c	New York	NY	36	10022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	199	232	232	$357.00	$51.07	$37.08	$30.45
1730183146	Bramwit	Steven	A	MD	M	I	49 Lake Ave	Greenwich	CT	9	6830	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	232	232	$150.00	$43.60	$32.93	$30.61
1841284601	Katz	Marc	S	P.A.-C	M	I	304 10th Ave Ne	Hickory	NC	37	28601	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	179	232	232	$162.20	$38.98	$25.31	$26.40
1851384408	Tiu	Christopher		MD	M	I	30 Medical Suite 223	Wheeling	WV	54	26003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	174	232	232	$185.00	$44.04	$27.45	$29.05
1912196734	Shah	Ojas		MD	M	I	430 Pennsy Suite 330	Glen Ellyn	IL	17	60137	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	198	232	232	$116.00	$48.17	$31.87	$29.69
1144405382	Brooke	Brian	J	PA-C	M	I	6565 N Charles St Ste 6	Baltimore	MD	24	21204	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	218	231	231	$115.50	$42.61	$32.42	$30.05
1326024738	Shimotakal	Steven	G	MD	M	I	1900 Woodland Dr	Coos Bay	OR	41	97420	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	179	231	231	$122.61	$40.30	$27.34	$28.62
1417949488	Walker	Renee	A	DO	F	I	1920 E 32nd St	Joplin	MO	29	64804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	135	231	231	$110.83	$43.01	$30.02	$33.25
1427029883	Vakkalanka	Sarah	K	MD	F	I	18800 Dela Suite 100	Huntington	CA	6	92648	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	231	231	$107.73	$51.64	$35.04	$31.75
1669141842	Devoir	Kathryn	C	PA-C	F	I	1705 Warren Ave Ste 2(	Williamspo	PA	42	17701	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	146	231	231	$109.00	$38.93	$29.76	$30.74
1710167895	Bradley	Brooke	A	ARNP	F	I	2104 Cedarwood Dr Lo	Muscatine	IA	19	52761	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	162	231	231	$125.00	$36.55	$25.19	$27.86
1992827356	Raval	Tejas	H	M.D.	M	I	241 Charles H Dimmoc	Colonial He	VA	51	23834	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	158	231	231	$139.00	$47.27	$33.11	$32.74
1043304348	Rodrigues	Michael	P	MD	M	I	520 Upper I Suite 206	Bel Air	MD	24	21014	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	160	230	230	$115.00	$51.39	$36.80	$33.79
1073747663	Fife	Tim		MD	M	I	2 Medical F Suite 225	Roseville	CA	6	95661	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	138	230	230	$165.00	$48.47	$35.06	$33.51
1154387751	Foster	John	A	M.D.	M	I	1095 Iron Ore Road	Spartanbur	SC	45	29303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	193	230	230	$109.30	$43.79	$29.35	$31.68
1417084351	Allison	Wes	A	MD	M	I	3515 Poplar Level Roa	Louisville	KY	21	40217	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	185	230	230	$91.00	$40.28	$29.43	$31.51
1457645707	Abrahim	Mena		D.O.	M	I	245 Us Higl Bridgewate	Bridgewate	NJ	34	8807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	179	230	230	$265.23	$48.80	$34.01	$29.67
1467412007	Doty	Jonathan	M	M.D.	M	I	1250 Ben Ali Dr	Danville	KY	21	40422	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	156	230	230	$33.13	$31.67	$22.31	$23.81
1558576371	Stewart	Thomas	A	M.D.	M	I	135 Mission Ranch Blv	Chico	CA	6	95926	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	180	230	230	$74.00	$32.47	$23.08	$23.18
1659351872	Kewson	Danny	T	MD	M	I	2421 Monro Ste 201	Dearborn	MI	26	48124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	185	230	230	$70.00	$48.47	$35.97	$34.56
1902224942	Patel	Pratik	B	MD	M	I	111 W Jackson Blvd Lb	Chicago	IL	17	60604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	163	230	230	$100.00	$51.64	$35.63	$32.26
1922097492	Kirkner	Stephen	L	D.O.	M	I	1111 Teney Suite 100	Jackson	MI	26	49201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	166	230	230	$125.87	$30.80	$20.41	$20.67
1144483819	Allis	Terah	J	MD	F	I	2030 Sutter Pl Ste 130(	Davis	CA	6	95616	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	145	229	229	$160.65	$46.57	$34.61	$32.81
1194391607	Strimaitis	Kelly			F	I	3901 Central Pike Ste 3	Hermitage	TN	47	37076	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	163	229	229	$202.21	$37.24	$23.67	$26.26
1225219173	Dagher	Walid	I	MD	M	I	35 Pearl St Ste 100	Brockton	MA	25	2301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	167	229	229	$150.00	$52.55	$32.85	$29.84
1255439683	Ward	Michael	J	M.D.	M	I	455 Woodview Rd Ste 2	West Grove	PA	42	19390	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	229	229	$105.00	$48.50	$34.54	$32.33
1265439962	Bramhall	Thomas	C	MD	M	I	324 West M Suite 100	Lewisville	TX	48	75057	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	202	229	229	$375.00	$42.09	$29.87	$31.49
1285673574	Tami	Thomas		MD	M	I	379 Dixmyth Ave	Cincinnati	OH	39	45220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	169	229	229	$132.00	$46.40	$32.24	$32.89
1326402645	Bresler	Amishav	Y		M	I	140 Park Ave	Florham Pa	NJ	34	7932	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	210	229	229	$150.00	$50.99	$38.50	$34.34
1346229598	Bahler	Emily	S	DO	F	I	200 S Orange Ave Ste 1	Livingston	NJ	34	7039	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	153	229	229	$213.63	$54.16	$40.62	$35.34
1518090646	Fritz	Sharon	L	M.S., PA-C	F	I	1055 Summitt Dr	Middletow	OH	39	45042	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	180	229	229	$108.47	$39.24	$26.11	$26.92
1619327483	Snearly	Joshua	D	NP	M	I	215 Riverstone Dr	Canton	GA	13	30114	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	161	229	229	$129.67	$37.54	$25.89	$27.94
1629036538	Hilburn	Matthew	A	MD	M	I	2002 Medic Ste 230	Annapolis	MD	24	21401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	177	229	229	$115.00	$49.65	$38.59	$35.38
1649230632	Abram	Adam	C	MD	M	I	2025 Techr Suite G03	Mechanics	PA	42	17050	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	177	229	229	$69.00	$45.53	$32.20	$33.47
1841670007	Chen	Frank	S	MD/PHD	M	I	25500 Point Lookout R	Leonardtov	MD	24	20650	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	167	229	228	$123.00	$47.34	$35.01	$32.78
1851905194	Hester	Kayla	M	APRN	F	I	1755 N Florida Ave	Lakeland	FL	12	33805	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	176	229	229	$125.00	$37.06	$28.14	$28.30
1861474009	Mcbrien	Mary Melissa		MD	F	I	6900 Orch Suite 314	West Bloon	MI	26	48322	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	142	229	229	$85.00	$49.27	$34.77	$33.28

1942294749	Tarro	John	M	MD	M	I	148 W Rive	Suite 2a	Providence	RI	44	2904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	186	229	229	$100.00	$48.39	$34.98	$33.91
1962408492	Early	Elizabeth	K	M.D.	F	I	303 N Keene	St Ste 401	Columbia	MO	29	65201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	99	229	229	$141.65	$31.10	$19.84	$20.86
1043844251	Lee	James		PA-C	M	I	5055 Sun Valley	Blvd	Sun Valley	NV	32	89433	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	190	228	228	$118.21	$41.15	$30.18	$29.19
1144228438	Scarlett	Matthew	D	M.D.	M	I	1849 Savage	Rd	Charleston	SC	45	29407	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	195	228	228	$128.00	$42.47	$31.27	$33.33
1144471178	Riley	Brooke	W	RPA-C	F	I	1220 New S	Suite 103	Slingerland	NY	36	12159	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	171	228	228	$145.00	$39.11	$28.39	$29.30
1649229709	Parikh	Parag	P	MD	M	I	908 Niagara	Falls Blvd	N Tonawan	NY	36	14120	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	165	228	228	$59.67	$31.75	$22.51	$23.05
1871553339	Museums	Rhonda	F	RNNP-C	F	I	8280 Willet	Suite 101	Baldwinsvil	NY	36	13027	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	143	228	228	$75.00	$39.12	$27.47	$28.58
1972509370	Hollier	Henry	J	M.D.	M	I	2121 Line	Ave	Shreveport	LA	22	71104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	194	228	228	$80.35	$46.13	$32.89	$33.81
1003012642	Mazloom	Narges		D.O.	F	I	3445 High I	Suite 400	Bethlehem	PA	42	18017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	162	227	227	$143.13	$44.60	$31.15	$30.73
1083619860	Cultrara	Anthony		M.D.	M	I	1020 N Kin	Suite 201	Cherry Hill	NJ	34	8034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	197	227	227	$154.00	$49.12	$34.51	$31.50
1114996469	Chuang	James	Y	M.D.	M	I	5110 E Wat	Suite 100	Phoenix	AZ	4	85044	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	165	227	227	$94.00	$45.88	$32.46	$33.73
1386807907	Sayeed	Zarina	S	MD	F	I	900 Lanidex	Plz Ste 300	Parsippany	NJ	34	7054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	193	227	227	$281.38	$48.51	$33.57	$29.26
1396388724	Simpson	Brett	A	PA-C	M	I	1370 Gateway	Blvd Ste	Murfreesbo	TN	47	37129	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	159	227	227	$220.00	$36.95	$24.62	$27.34
1487736187	Monhian	Nathan		MD	M	I	935 Northe	Ste 302	Great Neck	NY	36	11021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	188	227	227	$70.00	$51.19	$38.30	$30.06
1508845017	Mambrino	Lawrence	J	MD	M	I	300 Mount	Suite 308	Cambridge	MA	25	2138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	151	227	227	$124.69	$49.47	$36.54	$32.59
1689268435	Kaur	Ramandeep			F	I	9301 Pinecroft	Dr Ste 1	Shenandoa	TX	48	77380	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	180	227	227	$110.18	$38.26	$29.55	$31.09
1841234416	Redmon	Julie	A	M.D.	F	I	5219 Hicko	Suite C	Glen Allen	VA	51	23059	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	227	227	$132.00	$47.35	$32.15	$32.22
1952817835	Chamberlir	Rachel		PA-C	F	I	3901 Central	Pike Ste 3	Hermitage	TN	47	37076	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	145	227	227	$201.33	$36.98	$24.11	$26.78
1093279085	King	Christie	L	APNP	FNP-	F	I	1 S Park	St	Madison	WI	55	53715	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	180	226	226	$198.00	$37.82	$22.76	$24.91
1346253432	Lin	Guy		M.D.	M	I	150 E 58th	St Fl 34	New York	NY	36	10155	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	187	226	226	$279.95	$43.20	$32.56	$26.61
1396391637	Canova	Tanner			M	I	5950 University	Ave Ste	West Des M	IA	19	50266	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	177	226	226	$138.67	$36.93	$25.15	$27.81
1447219720	Lanier	Brent	J	M.D.	M	I	1351 E Spruce	Ave	Fresno	CA	6	93720	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	130	226	226	$120.00	$48.88	$32.94	$31.96
1548527849	Hendricks	Brian	L	MD	M	I	8040 Princeton	Glenda	West Ches	OH	39	45069	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	184	226	226	$132.00	$45.88	$33.64	$34.33
1629054655	Woods	Lori	A	NP	F	I	5639 W Genesee	St	Camillus	NY	36	13031	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	131	226	226	$85.00	$39.60	$27.16	$27.73
1851711071	Wang	Kevin	L	M.D.	M	I	2950 Research	Park Dr	Soquel	CA	6	95073	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	161	226	226	$167.91	$49.49	$35.78	$31.85
1891112389	Snow	Marshall		M.D.	M	I	4400 E Flamingo	Ave St	Nampa	ID	16	83687	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	162	226	226	$178.30	$30.36	$22.55	$23.93
1013980002	Mcvicar	Ronald	J	DO	M	I	1849 Savage	Rd	Charleston	SC	45	29407	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	196	225	225	$128.00	$43.81	$32.04	$33.99
1124032156	Wehrle	Diane		CRNP	F	I	6565 N Charles	St Ste 3	Baltimore	MD	24	21204	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	168	225	225	$142.87	$42.95	$29.24	$26.96
1265435754	Butz	Monica	A	FNP-C	F	I	15770 Paul	Suite 204	Hammond	LA	22	70403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	193	225	225	$105.00	$27.56	$19.31	$19.30
1285633875	Driben	Jeffrey	S	M.D.	M	I	985 Berksh	Ste 101	Wyomissin	PA	42	19610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	152	225	225	$160.80	$45.62	$32.15	$32.71
1376649012	Weingarter	Randall	T	M.D.	M	I	11201 S Ea	Suite 210	Henderson	NV	32	89052	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	194	225	225	$103.00	$48.28	$35.89	$34.80
1639243843	Nowak	Kenneth	C	MD	M	I	1095 Los Palos	Drive	Salinas	CA	6	93901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	172	225	225	$186.00	$51.09	$35.93	$33.33
1760579718	Ho	Philip	T	M.D.	M	I	700 W Parr	Suite B	Los Gatos	CA	6	95032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	225	225	$115.76	$56.49	$42.99	$35.58
1801069018	Mcdonald	Colleen		PA-C	F	I	25 Monum	Suite 120	York	PA	42	17403	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	174	225	225	$97.96	$38.39	$28.93	$30.03
1942281068	Hariri	Suhail	M	MD	M	I	421 Camelot	Dr	Fond Du La	WI	55	54935	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	168	225	225	$240.00	$28.85	$21.55	$22.83
1235292855	Braun	George	J	M.D.	M	I	38 E 38th	St	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	151	224	224	$75.00	$47.41	$36.86	$30.62
1245390228	Divi	Venu		M.D.	M	I	350 W 5th	St Ste 209	San Pedro	CA	6	90731	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	162	224	224	$177.12	$49.07	$36.67	$32.71
1306460209	Brandy	Jeri		PA-C	F	I	9500 Euclid	Ave	Cleveland	OH	39	44195	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	194	224	224	$321.24	$27.22	$19.35	$19.41
1326369901	Le	Marissa		M.D.	F	I	201 E Morrissy	Dr	Elkhorn	WI	55	53121	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	224	224	$300.00	$44.34	$29.43	$31.57
1356961809	Peel	Craig		FNP-C	M	I	801 W Gardner	Dr	Marion	IN	18	46952	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	132	224	224	$128.58	$37.00	$25.21	$27.93
1396919056	Wanna	George		M.D.	M	I	7209 Medic	1215 21st A	Nashville	TN	47	37232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	161	224	224	$225.00	$56.43	$43.59	$35.47
1437253929	Syed	Zubair	A	D.O	M	I	715 Bay	Ave	Somers Poi	NJ	34	8244	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	178	224	224	$80.36	$50.32	$34.97	$31.69
1568620599	Naumann	Ilka	C	M.D.	F	I	30055 Nort	Suite 101	Farmington	MI	26	48334	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	153	224	224	$126.54	$49.28	$35.42	$33.32
1932497419	Ettinger	Angela	L		F	I	190 Campu	Ste. 300	Winchester	VA	51	22601	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	139	224	224	$138.00	$38.84	$27.33	$28.58
1013997485	Grant	Thomas	R	MD	M	I	3110 Wellons	Blvd	New Bern	NC	37	28562	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	177	223	223	$90.00	$45.08	$31.87	$33.18
1083069736	Lee	Tracy	L	APN	F	I	755 Memor	Suite 112	Phillipsburg	NJ	34	8865	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	178	223	223	$112.78	$45.99	$34.16	$29.79
1144224502	Rosin	Deborah	F	M.D.	F	I	485 Route :	Suite 350	Iselin	NJ	34	8830	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	188	223	223	$264.76	$47.48	$33.06	$28.66
1144406711	Shearer	L.	R	M.D.	M	I	701 Pine	St	Mount Sha	CA	6	96067	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	154	223	223	$83.00	$46.03	$31.36	$32.41
1225010168	Mooney	Kenneth	E	MD	M	I	395 E Market	St	Akron	OH	39	44304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	152	223	223	$87.53	$45.43	$32.07	$32.69
1336115104	Toney	James	D	MD	M	I	630 S Fleishel	Ave	Tyler	TX	48	75701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	178	223	223	$159.28	$30.79	$20.28	$21.39
1336343821	Young	Jadrien		MD	M	I	21550 Biscayne	Blvd S	Aventura	FL	12	33180	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	174	223	223	$116.00	$50.67	$35.60	$30.91
1366554586	Simmons	Michael	J	MD	M	I	1241 W Stadium	Blvd	Jefferson C	MO	29	65109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	171	223	223	$109.49	$42.63	$27.95	$30.54
1407243934	Lee	Andrew	Y	MD	M	I	13950 Brandywine	Rd	Brandywine	MD	24	20613	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	223	223	$123.00	$48.55	$34.46	$31.68
1447293121	Vidrine	David	M	M.D.	M	I	15 Exchange	Dr	Lugoff	SC	45	29078	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	163	223	223	$87.01	$43.47	$31.82	$33.69
1487925889	Megert	Sonya		NP	F	I	3544 30th	St	San Diego	CA	6	92104	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	194	223	223	$95.00	$43.24	$33.12	$30.61
1558621912	Yantis	Matthew	G	M.D.	M	I	2944 Breckenridge	Ln	Louisville	KY	21	40220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	160	223	223	$91.00	$43.63	$31.21	$33.49
1639188915	Stariwat	Ricky	D	PA-C	M	I	400 E 5th	Ave	Spokane	WA	53	99202	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	145	223	223	$134.00	$40.35	$26.80	$26.84
1770555179	Spiess	Adam	C	MD	M	I	477 Coope	Suite 480	Westerville	OH	39	43081	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	223	223	$95.00	$45.68	$28.68	$29.83
1831118652	Said	Bassem		M.D.	M	I	1240 Central	Blvd Suite	Brentwood	CA	6	94513	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	178	223	223	$169.08	$53.50	$39.73	$33.28
1225038177	Secor	Chad	P	MD	M	I	4003 Kresg	Ste 227	Louisville	KY	21	40207	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	169	222	222	$78.10	$43.34	$30.61	$33.29
1245292572	Dunfield	Jay	A	MD	M	I	6815 Frontage	Rd	Merriam	KS	20	66204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	137	222	222	$89.00	$44.12	$28.37	$31.42
1407363377	Turnbow	Rebecca		PA-C	F	I	1231 116th Ave	Ne Ste	Bellevue	WA	53	98004	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	163	222	222	$168.00	$44.83	$28.78	$25.92
1801230743	Rohrbach	Marc		M.D.	M	I	707 N Emerson	Ave	Wenatchee	WA	53	98801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	181	222	222	$96.20	$32.23	$22.61	$22.49
1821281361	Johnston	Benjamin		M.D.	M	I	3601 The Vanderbilt	Cl	Nashville	TN	47	37232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	163	222	222	$195.00	$44.00	$30.35	$33.11
1891763363	Beuerlein	Matthew	E	MD	M	I	2521 Glenr	Ste 104	Liberty	MO	29	64068	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	167	222	222	$107.04	$45.60	$32.98	$33.40
1942781844	Wojtas	Emily			F	I	13400 E Shea	Blvd	Scottsdale	AZ	4	85259	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	204	222	222	$151.59	$37.28	$25.77	$26.35
1982725917	Reh	Douglas	D	M.D.	M	I	10751 Falls	Rd Ste 406	Lutherville	MD	24	21093	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	181	222	222	$109.67	$48.78	$33.58	$30.76
1043274293	Wirtschafte	Ari	I	MD	M	I	1601 Clint I	Suite 105	Boca Rator	FL	12	33487	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	181	221	221	$105.00	$41.39	$29.93	$28.13
1073504312	Guillaume	Andamo	A	M.D.	M	I	8715 Villag	Suite 618	San Antonio	TX	48	78217	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	221	221	$132.30	$42.46	$27.28	$31.59
1073517769	Gacek	Mark	R	M.D.	M	I	720 Hillcrest	Rd Ste A	Mobile	AL	1	36695	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	135	221	221	$80.00	$42.31	$31.69	$33.59
1255425849	Gottlieb	Ron	D	M.D.	M	I	2929 Expressway	Dr N	Islandia	NY	36	11749	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	183	221	221	$252.81	$56.08	$38.77	$30.53
1548346778	Arick	Daniel	S	MD FACS	M	I	450 Clinton	Street	Brooklyn	NY	36	11231	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	162	221	221	$87.17	$56.70	$40.86	$32.57
1558723320	Kennedy	William	P	M.D.	M	I	1860 Town Center	Dr S	Reston	VA	51	20190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	178	221	221	$119.00	$54.97	$39.57	$34.31
1649236332	Mosborg	David	A	MD	M	I	1895 Kings	Suite 703	Orange Par	FL	12	32073	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	139	221	221	$103.00	$46.98	$32.12	$32.16
1770551640	Canonico	Domenic	M	M.D.	M	I	507 Nw	Atlantic St	Tullahoma	TN	47	37388	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	183	221	221	$110.97	$40.12	$30.11	$33.43
1780648030	Miller	Lee	A	M.D.	M	I	2802 Kilpatrick	Blvd	Monroe	LA	22	71201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	152	221	221	$90.00	$42.99	$29.23	$31.02
1841447133	Resenhoeft	Lindsay	C	NP	F	I	1821 S Stoughton	Rd	Madison	WI	55	53716	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	140	221	221	$369.00	$37.93	$23.82	$25.87

1861489890	Drake Iii	William		M.D.	M	I	213 Summi	Suite 1	Mountainsi	NJ	34	7092	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	156	221	221	$139.94	$46.26	$34.36	$30.42
1871037218	Casella	Stacy			F	I	85 Spring St		Laconia	NH	33	3246	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	177	221	221	$150.36	$28.40	$19.80	$19.37
1164468674	Fowler	Todd	E	M.D.	M	I	1724 Hamill Rd	Ste 10	Hixson	TN	47	37343	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	174	220	220	$184.56	$42.35	$31.52	$34.38
1285722462	Szimonisz	Susan	M	MD	F	I	155 Lawn Ave		Buffalo	NY	36	14207	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	166	220	220	$100.00	$43.46	$32.25	$34.87
1548213101	Hines	Russell		M.D.	M	I	2230 Lynn I	Suite 200	Thousand C	CA	6	91360	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	195	220	220	$100.00	$52.31	$38.34	$34.70
1548269293	Gurucharri	Michael	J	M.D.	M	I	701 Manat	Suite 202	Bradenton	FL	12	34205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	178	220	220	$96.66	$41.62	$31.64	$31.23
1568585719	Yoon	Caroline	K	MD	F	I	17099 N Te	# 200	Webster	TX	48	77598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	169	220	220	$89.68	$47.98	$30.38	$29.31
1609135466	Victores	Andrew		M.D.	M	I	740 Hospital Dr	Ste 30(	Beaumont	TX	48	77701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	167	220	220	$125.57	$43.56	$31.68	$33.54
1669412664	Dean	Marsha		FNP	F	I	7600 Wolf I	Suite 220	Germantov	TN	47	38138	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	171	220	220	$135.00	$35.80	$24.59	$27.22
1720072549	Emery	Douglas	F	MD	M	I	148 W Rive	Suite 2a	Providence	RI	44	2904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	174	220	220	$100.00	$48.61	$35.04	$33.72
1770507337	Busch	Scott	L	DO	M	I	1797 Springdale Rd		Cherry Hill	NJ	34	8003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	173	220	220	$85.39	$50.41	$36.62	$33.68
1790756955	Damask	Cecelia	C	DO	F	I	11317 Lake Underhill R		Orlando	FL	12	32825	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	133	220	220	$125.00	$47.91	$33.53	$33.37
1023294287	Sylvia	Jaclyn	M	PA-C	F	I	60 Westwo	Suite 104	Waterbury	CT	9	6708	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	188	219	219	$137.42	$41.91	$27.79	$25.72
1194923847	Wasserma	Jared	M	M.D.	M	I	433 Hackensack Ave S		Hackensac	NJ	34	7601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	165	219	219	$266.84	$50.98	$37.62	$32.65
1245220151	Gupta	Ashmit		MD	M	I	1020 Kings Hwy N Ste 2		Cherry Hill	NJ	34	8034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	187	219	219	$154.00	$41.41	$30.22	$27.81
1619033164	Teoh	Su Wooi		M.D.	M	I	3824 N Elm St	Ste 201	Greensbor	NC	37	27455	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	158	219	219	$129.82	$41.83	$29.64	$31.15
1619567583	Lim	Sarah	R	FNP-C	F	I	2121 N Craycroft Rd	Bl	Tucson	AZ	4	85712	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	173	219	219	$99.00	$37.53	$28.62	$29.53
1649267089	Denneny	Elise	C	MD	F	I	7557a Dan	Suite 210	Powell	TN	47	37849	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	174	219	219	$116.26	$41.61	$29.75	$32.56
1699268805	Cross	Spencer		DNP	M	I	1114 Charlevoix Ave		Petoskey	MI	26	49770	7	Small town	US	Nurse Prac	Y	69210	Removal of	N	O	142	219	219	$231.45	$36.87	$25.95	$27.77
1710238126	Dudley	John	A	PA-C	M	I	1250 Fores	Suite 301	Portland	ME	23	4103	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	150	219	219	$215.75	$40.00	$27.95	$28.10
1851465066	Awerbuck	David	C	MD	M	I	966 Cass S	Suite 250	Monterey	CA	6	93940	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	159	219	219	$186.00	$51.97	$36.18	$32.85
1952302804	Zaveri	Vijaykumar	D	M.D.	M	I	3661 S Mia	# 409	Miami	FL	12	33133	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	147	219	219	$116.00	$51.33	$36.66	$32.26
1033538269	Dunn	Ashley	A	M.D.	F	I	4151 Foothill Rd		Santa Barb	CA	6	93110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	188	218	218	$117.00	$50.70	$36.57	$33.53
1053490342	Mixson	Charles	M	M.D.	M	I	150 Nacoochee Ave		Athens	GA	13	30601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	179	218	218	$150.00	$43.65	$31.49	$33.26
1174058762	Zurbano	Marriane		NURSE PR/	F	I	4579 Maple Ave	Ste 1	La Mesa	CA	6	91941	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	143	218	218	$70.00	$43.12	$33.40	$30.52
1235155979	Tucker	Byron	S	MD	M	I	452 W Bankhead St		New Albany	MS	28	38652	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	F	183	218	218	$139.00	$30.95	$22.83	$24.35
1790742864	Mcgrath	Jeremy	J	PA-C	M	I	3385 Dexte	Ste 101	Davenport	IA	19	52807	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	127	218	218	$102.00	$37.25	$25.16	$27.83
1831108042	Chase	Steven	P	MD	M	I	1490 E Fore	Suite 350	Saint Geor	UT	49	84790	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	170	218	218	$150.00	$44.62	$30.74	$32.67
1902858947	Courville	Timothy		M.D.	M	I	2321 Atherholt Rd		Lynchburg	VA	51	24501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	188	218	218	$75.00	$47.58	$34.65	$34.53
1922072347	Hirsch	Barry			M	I	200 Lothro	Suite 300, E	Pittsburgh	PA	42	15213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	172	218	218	$138.00	$46.69	$33.34	$33.89
1982623492	Williams	Amy	W	NP	F	I	3927 Rucker Ave		Everett	WA	53	98201	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	166	218	218	$131.14	$39.42	$28.57	$28.54
1093712291	Stevens	Christophe	E	M.D.	M	I	2345 Northpark Dr		Columbus	IN	18	47203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	166	217	217	$138.03	$40.96	$30.51	$33.38
1174820849	Saint	Faith	C	PA-C	F	I	6035 Fairview Rd		Charlotte	NC	37	28210	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	170	217	217	$95.00	$38.93	$26.52	$27.35
1326044843	Schwartz	Glenn	J	M.D.	M	I	5999 New Wilke Rd	Bld	Rolling Mea	IL	17	60008	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	184	217	217	$155.00	$41.27	$30.31	$28.13
1396890869	Meier	Jason	D	MD	M	I	11705 San	Suite 103	Jacksonvill	FL	12	32223	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	146	217	217	$154.00	$43.57	$33.35	$34.60
1467468967	Beck	Richard		M.D.	M	I	3627 University Blvd S		Jacksonvill	FL	12	32216	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	153	217	217	$101.00	$44.89	$32.51	$32.38
1720323710	Dey	Dennis	D	MPAS, PA-(	M	I	3501 S Soncy Rd	Ste 14	Amarillo	TX	48	79119	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	171	217	217	$102.00	$38.32	$26.92	$28.19
1730382318	Chang	Angela	A	M.D.	F	I	9834 Gene:	Suite 111	La Jolla	CA	6	92037	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	175	217	217	$100.00	$47.75	$33.78	$31.11
1780893008	Renton	John	P	M.D.	M	I	2450 Ne Mary Rose Pl	S	Bend	OR	41	97701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	133	217	217	$127.71	$45.17	$33.73	$35.30
1790132504	Heichel	Philip	D	M.D.	M	I	1414 W Fair Ave	Ste 13	Marquette	MI	26	49855	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	180	217	217	$94.00	$45.05	$28.97	$30.60
1811316391	Shah	Sanjeev	J		M	I	16545 Southwest Fwy	S	Sugar Land	TX	48	77479	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	180	217	217	$140.00	$44.97	$31.25	$32.87
1932118833	Vicari-Chris	Michele		ARNP	F	I	4500 San Pablo Rd	S	Jacksonvill	FL	12	32224	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	177	217	217	$219.87	$40.85	$26.16	$25.77
1063487825	Corcoran	Martha	E	M.D.	F	I	2702 Low Ct		Fairfield	CA	6	94534	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	108	216	216	$179.00	$51.43	$37.13	$33.04
1104065598	Muccianti	Jessica	E	PA C	F	I	1253 N Alpine Rd		Rockford	IL	17	61107	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	143	216	216	$137.63	$39.73	$26.14	$26.73
1194725598	Brutico	Anthony	C	M.D.	M	I	940 Jefferson Ave		Scranton	PA	42	18510	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	151	216	216	$101.39	$45.35	$33.71	$34.31
1285627281	Tritle	Nathan	M	MD	M	I	4700 Point Fosdick Dr	S	Gig Harbor	WA	53	98335	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	186	216	216	$135.30	$45.93	$33.98	$34.25
1295793545	Cohen	Alan	F	MD	M	I	1200 Waters Pl	Lbby St	Bronx	NY	36	10461	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	151	216	216	$221.45	$45.13	$33.19	$26.48
1306821517	Magnin	Kathleen	M	A.N.P.	F	I	3200 Shore Dr		Marinette	WI	55	54143	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	146	216	216	$235.00	$37.26	$23.64	$26.17
1558577627	Kim	Sung-Won		M.D.	M	I	128 Lilly Rd	202	Olympia	WA	53	98506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	119	216	216	$106.00	$47.45	$30.05	$30.07
1588849319	Nekl	Casey	G	M.D.	M	I	1134 N Road St	Ste 2	Elizabeth C	NC	37	27909	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	179	216	216	$96.00	$45.06	$31.75	$33.05
1861454399	Brinson	George	M	M.D.	M	I	2311 Delaney Rd		Wilmington	NC	37	28403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	155	216	216	$115.35	$44.12	$29.28	$30.82
1962516237	Pincus	Robert	L	MD	M	I	36a East 36	Suite 200	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	161	216	216	$357.00	$44.68	$33.00	$27.00
1972527588	Giufre	Melissa		PA	F	I	3906 E Genesee St		Syracuse	NY	36	13214	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	138	216	216	$93.00	$38.66	$27.62	$28.89
1083602163	Nayak	Vijay	K	MD	M	I	3 Meeting H	Suite 24	Chelmsfor	MA	25	1824	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	148	215	215	$204.07	$48.38	$37.44	$34.17
1528541489	Leath	James	A	FNP-C	M	I	912 Walnut Hill Dr		Longview	TX	48	75605	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	151	215	215	$94.00	$38.74	$26.75	$27.94
1699063446	Bennett	Noelle	C	PA-C	F	I	1215 Duff Ave		Ames	IA	19	50010	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	136	215	215	$116.23	$36.95	$23.01	$25.16
1699905315	Voglewede	Andrew	T	M.D.	M	I	870 State F	Suite 101	Boone	NC	37	28607	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	172	215	215	$92.28	$42.65	$29.24	$30.14
1790727691	Young	Gregory	A	M.D.	M	I	1005 W Ral	Suite 107	Rockwall	TX	48	75032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	166	215	215	$155.72	$45.00	$32.83	$34.47
1811972839	Feehs	Robert	S	M.D.	M	I	701 E Hampden Ave	St	Englewood	CO	8	80113	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	165	215	215	$75.00	$48.64	$33.23	$32.41
1891108452	Franco	Joel		M.D.	M	I	9 Glen Ed	Professional	Glen Carbo	IL	17	62034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	186	215	215	$117.65	$45.55	$31.20	$30.46
1891321055	Hoffstadt	Christin	N	PA-C	F	I	35 Pearl St	Ste 200	Brockton	MA	25	2301	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	158	215	215	$150.00	$43.50	$30.13	$27.88
1023123262	Dankle	Jon	A	MD	M	I	248 Mchenry St		Burlington	WI	55	53105	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	165	214	214	$300.00	$44.01	$29.39	$31.80
1124124805	Katz	Michael	J	MD	M	I	47 Orient W	Lower Leve	Rutherford	NJ	34	7070	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	180	214	214	$150.00	$51.93	$36.08	$31.51
1154323764	Postal	William	S	MD	M	I	198 Massa	Ste 103	N Andover	MA	25	1845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	191	214	214	$201.87	$48.11	$35.28	$34.12
1154524718	Stuart	Menachem		MD	M	I	160 E Lake Howard Dr		Winter Hav	FL	12	33881	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	179	214	214	$116.00	$47.20	$35.06	$34.26
1346222833	Warner	Brian	S	PA-C	M	I	2920 S Mcintire Dr	Ste 2	Bloomingtc	IN	18	47403	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	107	214	214	$71.00	$36.86	$24.60	$27.34
1477867786	Shemanski	Karen		D.O.	F	I	1575 Pond Rd	Ste 203	Allentown	PA	42	18104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	146	214	214	$100.00	$43.58	$30.67	$31.22
1700109030	Centric	Aaron	A	D.O.	M	I	3 Medical Plaza Dr	Ste	Roseville	CA	6	95661	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	154	214	214	$161.75	$42.72	$32.72	$31.56
1811162530	Aliphas	Avner		M.D.	M	I	2000 Wash White Bldg,		Newton	MA	25	2462	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	170	214	214	$150.00	$52.29	$37.77	$33.55
1881859049	Ganc	Daniel	T	M.D.	M	I	900 Nw 13t	Suite 206	Boca Rator	FL	12	33486	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	195	214	214	$105.00	$42.64	$30.48	$28.85
1912198193	Gleinser	David	M	MD	M	I	4775 Hamilton Wolfe R		San Antoni	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	180	214	214	$129.83	$44.46	$32.96	$34.67
1982823688	Hantke	David	R	M.D.	M	I	2807 Loma	Suite 103	Ventura	CA	6	93003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	181	214	214	$85.00	$51.95	$36.35	$33.21
1992023097	Courson	Andrew	M	M.D.	M	I	22999 High	Suite 400	Kingwood	TX	48	77339	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	152	214	214	$140.00	$43.76	$31.53	$33.00
1013238021	Blank	Sarah		M.D.	F	I	8120 Gatehouse Rd		Falls Churc	VA	51	22042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	158	213	213	$85.00	$54.38	$40.31	$34.26
1124404892	Weaver	Constance		PA-C	F	I	200 Sw 62r	Suite C	Gainesville	FL	12	32607	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	157	213	213	$266.00	$40.54	$29.84	$29.60
1164477295	Briglia	Jeffrey	M	DO	M	I	3 Cornerstone Dr	Ste 7(	Langhorne	PA	42	19047	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	164	213	213	$100.00	$50.30	$35.43	$33.06
1306876347	Asher	Valerie	A	M.D.	F	I	2415 Musg	Suite 203	Silver Sprin	MD	24	20904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	168	213	213	$159.81	$53.55	$37.66	$32.44

1417120031	Lau	Ontario	D	M.D.	M	I	2 Centerock Rd	West Nyac	NY	36	10994	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	176	213	213	$147.04	$54.40	$36.59	$30.43
1528007168	Yung	Richard	T	M.D.	M	I	222 Bloomingdale Rd F	White Plain	NY	36	10605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	174	213	213	$265.85	$37.67	$28.24	$22.11
1528060456	Rubin	Allan	M	MD	M	I	5300 Harro Suite 118	Sylvania	OH	39	43560	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	147	213	213	$98.00	$45.96	$30.44	$31.41
1629365440	Mohankum	Aditi		M.D.	F	I	61 Lincoln St Ste 207	Framingha	MA	25	1702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	159	213	213	$110.00	$51.41	$39.47	$35.96
1912977661	Gaeddert	Wade			M	I	2101 N Waldron St	Hutchinsor	KS	20	67502	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	147	213	213	$121.00	$43.20	$30.83	$33.10
1922409804	Nowlin	Amy	G	PA	F	I	1965 1st Ave	Opelika	AL	1	36801	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	169	213	213	$51.00	$37.72	$24.44	$26.46
1033196415	Davidson	William	D	MD	M	I	70 Medical Center Cir S	Fishersville	VA	51	22939	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	155	212	212	$79.00	$47.45	$31.49	$31.09
1386182269	Hixon	Laura	A	P.A.-C	F	I	901 Riverfront Pkwy Ste	Chattanoo	TN	47	37402	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	160	212	212	$232.12	$37.19	$26.46	$29.12
1437383361	Metrailer	Aaron	M	M.D.	M	I	10201 Kanis Rd	Little Rock	AR	5	72205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	156	212	212	$209.93	$42.61	$27.13	$31.25
1578578076	Mcmenom	Sean	O	MD	M	I	550 1st Ave Suite 7q	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	180	212	212	$763.00	$57.82	$43.65	$35.80
1962726760	Mlot	Stefan	J	M.D.	M	I	222 Bloomingdale Rd F	White Plain	NY	36	10605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	178	212	212	$277.78	$46.42	$33.93	$26.61
1972701092	Alexander	Steven	C	M.D.	M	I	3501 30th Ave	Astoria	NY	36	11103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	181	212	212	$206.74	$48.00	$33.10	$26.26
1275696080	Alexander	Thomas	H	M.D.	M	I	200 W Arbor Dr Dept 8(	San Diego	CA	6	92103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	211	211	$181.46	$51.21	$36.45	$33.56
1417384173	Donohue	Christophe	T		M	I	134 Mineola Blvd Fl 2	Mineola	NY	36	11501	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	182	211	211	$763.00	$49.47	$34.07	$27.31
1447666144	Zimmerma	Terence	M		M	I	200 1st St Sw	Rochester	MN	27	55905	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	162	211	211	$48.52	$41.62	$29.18	$31.37
1477986420	Bhojwani	Amit	N	D.O.	M	I	8350 Roosevelt Blvd	Philadelphi	PA	42	19152	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	167	211	211	$75.39	$33.68	$25.60	$23.50
1629043807	Bell	Mark	G	M.D.	M	I	520 S Santa Fe Ave Suit	Salina	KS	20	67401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	211	211	$130.76	$43.75	$25.80	$28.69
1952699803	Arnot	Mcdonald	S	DO	M	I	204 Medical Dr Ste 200	Sherman	TX	48	75092	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	161	211	211	$113.70	$44.96	$33.14	$35.10
1114918307	Bojrab	Dennis	I	MD	M	I	30055 Nort Suite 101	Farmington	MI	26	48334	1	Metropolita	US	Neurology	Y	69210	Removal of N	O	163	210	210	$114.33	$46.58	$34.31	$33.20
1184690315	Scheiner	Edward	D	D.O.	M	I	200 Bowm	Suite D-28	Voorhees	NJ	34	8043	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	142	210	210	$154.00	$50.94	$34.96	$31.97
1306822424	Dimuzio	James		DO	M	I	333 Jefferson St	Whiteville	NC	37	28472	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	155	210	210	$75.00	$45.15	$32.52	$34.12
1467451781	Feucht	Jeanette	M	MSN CNP	F	I	1505 Eastl	Suite 220	Bloomingtc	IL	17	61701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	121	210	210	$415.10	$39.16	$25.69	$26.66
1477862902	Boerner	Kasey	A	APNP	F	I	119 E Bell St	Neenah	WI	55	54956	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	145	210	210	$275.00	$37.50	$23.95	$26.52
1679558118	Etra	Richard	G	M.D.	M	I	560 Northern Blvd	Great Neck	NY	36	11021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	168	210	210	$146.69	$48.31	$37.03	$29.38
1699036020	Hardison	Scott	A	MD	M	I	101 Manning Dr	Chapel Hill	NC	37	27514	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	150	210	210	$90.00	$45.73	$31.29	$32.58
1720012446	Mahoney	Eileen	M	M.D.	F	I	11 Salt Creek Ln Ste 10	Hinsdale	IL	17	60521	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	210	210	$135.20	$50.52	$34.70	$32.36
1760800718	Hoppe	Kathryn			F	I	3400 Market Ln	Kenosha	WI	55	53144	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	158	210	210	$263.39	$44.40	$31.96	$34.43
1962436964	Sorvino	Damian	W	MD	M	I	95 Madisor Suite 105	Morristown	NJ	34	7960	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	210	210	$158.00	$49.58	$36.61	$32.00
1194948182	Yeung	Andrea	H	MD	F	I	400 Parnassus Ave Ste	San Francis	CA	6	94143	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	175	209	209	$134.90	$53.98	$41.54	$35.42
1275521320	Schubkege	Andrew	J	MD	M	I	57 East Ogden Ave	Clarendon	IL	17	60514	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	145	209	209	$97.13	$50.58	$35.67	$33.27
1306866462	Waki	Eric	Y	M.D.	M	I	2240 N Harbor Blvd Ste	Fullerton	CA	6	92835	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	146	209	209	$108.00	$51.29	$36.88	$33.28
1447469820	Hong	Robert	S	M.D.	M	I	30055 Nort Suite 101	Farmington	MI	26	48334	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	209	209	$110.86	$47.78	$33.41	$31.63
1457355711	Troost	Thomas	R	MD	M	I	2300 M St N	4th Floor	Washingto	DC	11	20037	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	190	209	209	$164.00	$56.07	$37.72	$31.56
1588630867	Kerr	Julie	T	M.D.	F	I	Blanchfield	650 Joel Dr	Fort Campl	KY	21	42223	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	134	209	209	$134.00	$46.42	$32.11	$32.24
1609988997	Lane	Ronald	W	M.D.	M	I	1065 Hendersonville R	Asheville	NC	37	28803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	150	209	209	$110.00	$45.51	$29.00	$30.72
1639532609	Long	Angela	L	FNP	F	I	19 Wolf Cr	Dept Otola	Swansea	IL	17	62226	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	182	209	209	$155.00	$41.22	$27.39	$26.59
1649339367	Phillips-Gr	Marilyn	L	FNP	F	I	159 Execut	Suite C	Danville	VA	51	24541	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	164	209	209	$141.08	$40.27	$30.63	$30.77
1801806757	Wazen	Jack	J	MD	M	I	1901 Floyd St	Sarasota	FL	12	34239	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	189	209	209	$101.00	$48.47	$35.88	$35.12
1871584292	Lurie	Fayva		MD	M	I	5162 Lintor	Suite 103	Delray Bea	FL	12	33484	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	149	209	209	$70.87	$50.47	$39.16	$36.57
1952390197	Bhatt	Samir	M	MD	M	I	2000 Washington St St	Newton	MA	25	2462	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	192	209	209	$197.51	$51.86	$34.71	$30.95
1013980572	Ricci	Megan	G	PA-C	F	I	3820 N Grant Ave	Loveland	CO	8	80538	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	147	208	208	$109.00	$40.19	$25.55	$25.16
1063737773	Perry	Katherine	S	M.D.	F	I	4000 Mitch Suite A414	Bowie	MD	24	20716	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	182	208	208	$115.55	$48.77	$35.19	$33.01
1124480736	Xiao	Christopher			M	I	550 Water St Ste A	Santa Cruz	CA	6	95060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	165	208	208	$175.00	$51.45	$35.63	$32.07
1174962492	Cheng	Elise		M.D.	F	I	200 Hawkins Dr	Iowa City	IA	19	52242	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	169	208	208	$150.00	$48.12	$34.30	$33.42
1184059214	Pierce	Benjamin	D	PA-C	M	I	107 Weeks Dr	Roxboro	NC	37	27573	7	Small town	US	Physician A	Y	69210	Removal of N	F	182	208	208	$119.00	$26.36	$18.81	$19.59
1205816006	Sorensen	Martin	P	MD	M	I	15204 Omega Dr Ste 3	Rockville	MD	24	20850	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	165	208	208	$115.00	$52.65	$38.70	$33.15
1336346519	Norris	Byron	K	MD	M	I	150 Nacoochee Ave	Athens	GA	13	30601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	177	208	208	$150.00	$43.33	$31.89	$33.75
1487659975	Yung	Raymond	L	MD	M	I	217 Grand	6th Floor	New York	NY	36	10013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	181	208	208	$120.00	$42.33	$32.60	$26.50
1568783470	Petersen	Dana	K	MD	M	I	3838 California St Rm 5	San Francis	CA	6	94118	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	168	208	208	$175.00	$52.96	$38.72	$33.07
1619934023	Davidson	Gregory	S	PA	M	I	895 Middle Suite 152	Newport Ne	VA	51	23606	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	175	208	208	$86.00	$28.27	$16.69	$16.51
1659767028	Bogdan	Lauren	G	MD	F	I	2300 Penns	Ste 2a	Wilmingtor	DE	10	19806	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	158	208	208	$77.00	$48.45	$31.61	$31.10
1740441526	Pomerantz	Jonathan		M.D.	M	I	9669 Kento	Suite 605	Skokie	IL	17	60076	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	176	208	208	$89.70	$33.88	$22.85	$20.28
1891123626	Strnad	Rachel	A	CNP	F	I	4275 Steels Pointe	Stow	OH	39	44224	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	155	208	208	$133.00	$39.34	$26.45	$27.46
1891880225	O'bert	Robert	J	MD	M	I	3009 N Ball	Suite 351c	Saint Louis	MO	29	63131	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	142	208	208	$156.00	$43.42	$29.40	$29.84
1952377228	Vickery	Christophe	L	MD	M	I	340 N Belair Rd		Evans	GA	13	30809	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	194	208	208	$124.64	$43.18	$30.61	$32.83
1053772707	Lehmkuhl	Benjamin			M	I	740 South I	E300e	Lexington	KY	21	40536	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	181	207	207	$102.30	$49.22	$34.23	$32.16
1104820745	Musoff	Roy	C	MD	M	I	14530 S Military Trl Ste		Delray Bea	FL	12	33484	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	198	207	207	$131.00	$50.58	$34.17	$32.12
1225015118	Patel	Niketu		MD	M	I	1575 Pond	Ste 203	Allentown	PA	42	18104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	139	207	207	$100.00	$41.37	$31.13	$31.55
1245304468	Thompson	Tab	E	M.D.	M	I	2801 Devine St Ste 101		Columbia	SC	45	29205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	170	207	207	$128.00	$42.56	$29.76	$32.07
1316936115	Park	John	Y	MD	M	I	226 S Woo	Ste 37w	Chesterfiel	MO	29	63017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	153	207	207	$106.92	$47.28	$34.50	$34.26
1346221348	Ruggiero	J	D	MD	M	I	2035 Profe	Suite A	Orange Par	FL	12	32073	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	156	207	207	$45.11	$42.79	$31.02	$32.79
1497717813	Jung	Timothy	T	M.D., PHD	M	I	3975 Jacks	Suite 202	Riverside	CA	6	92503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	181	207	207	$92.83	$46.84	$33.68	$32.10
1598159568	Forsyth	Sean	M	FNP	M	I	28467 Dupont Blvd		Millsboro	DE	10	19966	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	191	207	207	$102.61	$40.38	$32.17	$31.81
1619132420	Musgrave	Brandon	K	M.D.	M	I	1375 E Woodfield Rd S		Schaumbu	IL	17	60173	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	207	207	$105.00	$50.70	$33.71	$30.87
1730143769	King	Tia	M	FNP	F	I	1805 27th S	Southern O	Portsmout	OH	39	45662	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	185	207	207	$53.00	$39.84	$27.34	$27.85
1770578528	Jameson	John	J	MD	M	I	725 Conco	Suite 2300	Cambridge	MA	25	2138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	148	207	207	$89.52	$36.64	$23.97	$22.13
1851490304	Loft	Lloyd	M	MD	M	I	115 E 57th	Suite 600	New York	NY	36	10022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	159	207	207	$250.00	$49.33	$35.34	$30.80
1912311507	Miller	Justin		M.D.	M	I	170 Mannir	Campus Bc	Chapel Hill	NC	37	27599	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	169	207	207	$183.58	$44.58	$30.64	$31.70
1073547469	Carlins	Allen		M.D.	M	I	700 N West	Building F	Lake Fores	IL	17	60045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	194	206	206	$166.00	$52.21	$36.12	$32.69
1245339456	Trott	Martin	S	MD	M	I	555 E Broadway Ave St		Jackson	WY	56	83001	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	178	206	206	$134.94	$46.27	$30.41	$30.20
1467429597	Boisoneau	David	S	M.D.	M	I	201 Boston Post Rd		Waterford	CT	9	6385	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	159	206	206	$134.00	$50.17	$37.71	$34.92
1487658969	Sexton	David	G	M.D.	M	I	9430 Park \	Ste 330	Knoxville	TN	47	37923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	206	206	$125.00	$42.69	$30.12	$33.65
1528030806	Kanne	Theodore	J	MD	M	I	2910 N Patterson St		Valdosta	GA	13	31602	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	180	206	206	$129.98	$44.35	$30.68	$32.85
1558553305	Briggs	Selena	E	M.D., PH.D	F	I	106 Irving S	Suite 410s	Washingto	DC	11	20010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	181	206	206	$119.00	$37.43	$25.05	$21.72
1639272289	Berg	Howard	M	MD	M	I	101 Old Sh	Suite 520	West Oran	NJ	34	7052	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	159	206	206	$56.07	$53.63	$42.27	$37.40
1730715632	Fredericks	Rachel			F	I	9500 Euclid Ave		Cleveland	OH	39	44195	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	184	206	206	$321.99	$27.34	$18.30	$18.50
1982108742	White	Sarah		PA-C	F	I	5055 A St Ste 300		Lincoln	NE	31	68510	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	145	206	206	$95.00	$36.28	$21.54	$24.37

1073745006	Robichaux	Elizabeth	K	PA-C	F	I	221 Windermere Blvd	Alexandria	LA	22	71303	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	177	205	205	$143.53	$38.37	$27.47	$28.84
1184257255	Burbano	Erika			F	I	1886 59th St W	Bradenton	FL	12	34209	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	167	205	205	$98.16	$40.47	$28.29	$28.33
1366837049	Thompson	Kathy		MD	F	I	13880 Shel Suite 110	Fort Myers	FL	12	33908	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	163	205	205	$51.15	$50.88	$32.25	$30.16
1386692218	Mendians	Andrew	E	D.O.	M	I	1806 E Parl Ste 3	Manistee	MI	26	49660	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	147	205	205	$180.64	$43.72	$32.76	$34.26
1437212594	Proctor	Jennifer	S	PA-C	F	I	3901 Rainbow Blvd Ms	Kansas City	KS	20	66160	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	138	205	205	$211.56	$36.87	$24.90	$27.03
1720121361	Kimbrough	Tyler	G	MD	M	I	21616 76th Suite 112	Edmonds	WA	53	98026	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	205	205	$170.90	$47.04	$33.25	$33.32
1770741373	Patel	Hiren	R	MD	M	I	380 Brevard Rd	Asheville	NC	37	28806	1	Metropolita	US	Family Prac	Y	69210	Removal of N	F	90	205	205	$95.00	$32.01	$24.94	$25.73
1801277132	Romeo	Barry-Step	J	D.O.	M	I	42 E Laurel Rd Ste 260	Stratford	NJ	34	8084	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	151	205	205	$111.00	$42.64	$28.63	$31.02
1013172881	Pai	Seema		MD	F	I	1250 E Mar Departmen	Richmond	VA	51	23298	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	204	204	$123.00	$50.82	$37.95	$33.86
1023190394	Salamian	Sharareh		P.A.	F	I	802 Landmark Dr Ste 1	Glen Burnie	MD	24	21061	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	166	204	204	$250.22	$43.47	$28.90	$26.81
1083833990	Holdt	Adam	M	MD	M	I	8333 N Davis Hwy	Pensacola	FL	12	32514	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	153	204	204	$98.00	$46.73	$31.60	$31.48
1104274463	Jetmore	Thomas		M.D.	M	I	1434 Chester Blvd	Richmond	IN	18	47374	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	157	204	204	$173.28	$42.96	$27.95	$31.06
1215578729	Zipfel	Heather	M	PA-C	F	I	660 Glades Rd Ste 400	Boca Raton	FL	12	33431	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	139	204	204	$101.34	$42.05	$31.32	$29.25
1225322423	Manteghi	Alexander		D.O.	M	I	160 E Erie Ave	Philadelphi	PA	42	19134	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	157	204	204	$146.79	$48.45	$34.46	$32.88
1245230994	Grobman	Lawrence		M.D.	M	I	3661 S Mia Suite 409	Miami	FL	12	33133	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	154	204	204	$116.00	$44.42	$33.17	$29.90
1386603066	Pflum	Gerald	E	M.D.	M	I	444 Neptur Unit 12	Neptune	NJ	34	7753	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	147	204	204	$85.00	$50.71	$35.96	$32.96
1487298600	Hunsley	Rebecca		PA	F	I	1221 Whipple St	Eau Claire	WI	55	54703	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	163	204	204	$84.73	$25.73	$15.21	$17.05
1518248483	Kahle	Emily	A	PA-C	F	I	490 E North Suite 300	Pittsburgh	PA	42	15212	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	142	204	204	$100.00	$37.06	$23.49	$24.54
1558382234	Petit	Brian		MD	M	I	7373 Perkins Rd	Baton Roug	LA	22	70808	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	143	204	204	$120.00	$41.74	$28.86	$30.20
1891338257	Barbeito	Samantha	K		F	I	163 Thomas Johnson D	Frederick	MD	24	21702	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	162	204	204	$115.00	$41.23	$31.08	$30.01
1902858202	Holdren	Keith	A	PA-C	M	I	838 N Leh St	Allentown	PA	42	18104	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	140	204	204	$120.00	$39.45	$25.15	$25.72
1093378465	Linwood	Kasey	A		F	I	9812 Lakeview Pkwy	Rowlett	TX	48	75088	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	169	203	203	$137.00	$38.61	$27.87	$29.27
1134532708	Mahmoud	Ahmad	F	M.D.	M	I	6 Brighton Rd Ste 104	Clifton	NJ	34	7012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	165	203	203	$150.37	$48.70	$34.84	$30.62
1164520870	Vivek	Prashant	P	MD	M	I	330 S Gard Suite 300	Eugene	OR	41	97401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	154	203	203	$137.80	$43.70	$30.79	$32.63
1306910773	Knutson	Brian	J	PA	M	I	515 22nd Ave	Monroe	WI	55	53566	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	142	203	203	$162.25	$38.83	$24.37	$25.47
1386063311	Reschly	William	J	M.D.	M	I	1345 Center Dr # M2-2	Gainesville	FL	12	32610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	171	203	203	$92.18	$45.76	$34.39	$33.65
1417113085	Khabbaz	Eyad		M.D.	M	I	81 Hillcrest Bp-4109	Punxsutaw	PA	42	15767	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	145	203	203	$96.28	$44.76	$32.55	$33.21
1578723680	Kraseman	Stephen	J	M.D.	M	I	9233 159th St	Orland Hill	IL	17	60487	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	154	203	203	$231.67	$49.65	$34.33	$31.71
1699714667	Altobelli	Karen	L	FNP-BC	F	I	2851 Bagly Suite 201	Bethlehem	PA	42	18020	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	127	203	203	$120.00	$38.96	$26.24	$26.96
1932442662	Finlay	Scott		MD	M	I	321 Billerica Rd Ste 20	Chelmsford	MA	25	1824	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	132	203	203	$203.60	$50.79	$39.62	$36.31
1952426017	Goldsztein	Hernan		MD	M	I	530 Lomas Santa Fe Dr	Solana Bea	CA	6	92075	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	144	203	203	$150.00	$49.93	$35.87	$33.34
1023082203	Gross	James	R	M.D.	M	I	118 S 12th St	Mount Vern	WA	53	98274	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	161	202	202	$112.00	$47.27	$31.43	$31.46
1073690848	Dellacono	Frank	R	M.D.	M	I	201 Boston Post Rd	Waterford	CT	9	6385	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	171	202	202	$134.00	$48.51	$36.19	$33.49
1124028246	Fray	Carla	R	PA-C	F	I	101 Financial Pl Ste 10	Elizabethto	KY	21	42701	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	152	202	202	$100.00	$36.78	$26.67	$29.56
1134886575	Grefe	Rebekah	J	NP	F	I	2142 N Cove Blvd	Toledo	OH	39	43606	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	193	202	202	$53.00	$39.01	$30.93	$32.13
1346401478	Pelosi	Stanley		M.D.	M	I	925 Chestnut St Fl 6	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	130	202	202	$357.00	$58.49	$44.59	$35.17
1487858775	Cross	Jenny	L	M.D.	F	I	911 Gorma Suite 2	Elkins	WV	54	26241	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	136	202	202	$140.18	$43.72	$29.01	$30.88
1558637975	Folsom	Craig	R	M.D.	M	I	1601 Clint Moore Rd St	Boca Raton	FL	12	33487	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	163	202	202	$105.00	$45.22	$36.03	$34.13
1639185234	Weeks	Brian	H	M.D.	M	I	3590 Cami Suite 102	San Diego	CA	6	92108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	202	202	$100.00	$33.62	$25.26	$23.85
1710945886	Lunde	Kevin		M.D.	M	I	4708 Allian Suite 780	Plano	TX	48	75093	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	169	202	202	$129.73	$45.22	$30.24	$31.82
1750463972	Guirao	David	P	M.D.	M	I	1025 Verda Suite A	Greenville	SC	45	29607	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	171	202	202	$118.00	$44.44	$30.17	$32.82
1801824099	Schwartz	Michael	L	MD	M	I	1515 N Flagler Dr Ste 9	West Palm	FL	12	33401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	166	202	202	$105.00	$49.20	$35.68	$33.40
1043500499	Rasband-Li	Allison	N	MD	F	I	850 E Harvard Ave Ste !	Denver	CO	8	80210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	201	201	$138.00	$46.10	$34.87	$34.23
1144228271	Rosi	David	A	D.O.	M	I	1521 Mclure Ct	Florence	SC	45	29505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	156	201	201	$81.27	$42.46	$28.39	$30.58
1407238835	Anyah	Anwuli	A	D.O.	F	I	600 Coffee Rd	Modesto	CA	6	95355	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	177	201	201	$161.00	$45.84	$34.53	$33.28
1417912775	Lee	Joseph	P	M.D.	M	I	1700 N Rose Ave Ste 4(	Oxnard	CA	6	93030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	184	201	201	$106.60	$50.09	$35.09	$32.09
1548235112	Orsini	Michael	A	MD	M	I	301 Ohio R Edgeworth	Sewickley	PA	42	15143	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	148	201	201	$75.00	$46.28	$32.12	$32.81
1770674251	Rivera	Kristin		PA C	F	I	2023 E High St	Pottstown	PA	42	19464	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	129	201	201	$105.00	$43.44	$26.97	$25.17
1922319813	Cline	Jay	M	M.D.	M	I	169 Ashley Room 202 I	Charleston	SC	45	29425	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	170	201	201	$75.00	$47.12	$34.20	$34.26
1922484856	Zaratiegui	Dawn	M	NP	F	I	3692 E Sunset Rd	Las Vegas	NV	32	89120	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	140	201	201	$188.51	$41.07	$28.57	$27.80
1013964410	Murphy	Michael	P	M.D.	M	I	2623 Shadelands Dr St	Walnut Cre	CA	6	94598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	200	200	$185.00	$55.55	$39.01	$33.25
1215934484	Tran	Hao		MD	F	I	133 Benmo Suite 100	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	156	200	200	$138.00	$41.12	$29.70	$29.55
1255324026	Golden	Lindsay	I	MD	M	I	818 W Diar Ste. 120	Gaithersbu	MD	24	20878	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	172	200	200	$115.00	$54.19	$38.09	$32.50
1316015589	Levy	Horace	G	MD	M	I	2246 N Monroe St	Monroe	MI	26	48162	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	200	200	$125.00	$43.56	$33.27	$35.03
1386809614	Steiniger	Erik		M.D.	M	I	1095 Iron Ore Road	Spartanbur	SC	45	29303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	166	200	200	$109.78	$40.11	$27.82	$30.17
1467639864	Hundal	Jagdeep	S	M.D	M	I	700 Prides Xing Ste 20(	Newark	DE	10	19713	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	157	200	200	$102.00	$46.83	$33.43	$33.28
1588634794	Jorgensen	Daniel	L	MD	M	I	920 Grand Ave	Spencer	IA	19	51301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	146	200	200	$110.00	$41.78	$29.09	$31.92
1699069807	Oberman	Benjamin		M.D.	M	I	4102 N Roxboro St	Durham	NC	37	27704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	200	200	$119.00	$45.04	$29.51	$31.18
1760893424	Alessi	Anthony		M.D.	M	I	2929 Expressway Dr N	Islandia	NY	36	11749	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	176	200	200	$287.66	$57.19	$40.91	$32.13
1770978025	Blanco	Conor	H	D.O.	M	I	574 Springfield Ave	Westfield	NJ	34	7090	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	163	200	200	$150.38	$53.04	$38.90	$34.73
1780714295	Liss	Heather	A	PA-C	F	I	5055 A St Ste 300	Lincoln	NE	31	68510	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	141	200	200	$95.00	$36.61	$23.64	$26.52
1962494815	Dolgin	Sanford	R	MD	M	I	Suncoast E 4714 N Arm	Tampa	FL	12	33603	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	200	200	$105.00	$41.22	$29.25	$29.09
1972777860	Daramola	Opeyemi	O	M.D.	M	I	855 State Route 17m	Monroe	NY	36	10950	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	176	200	200	$66.12	$58.75	$43.28	$33.94
1316198963	Pearman	Brent		PA	M	I	611 W Park St	Urbana	IL	17	61801	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	132	199	199	$311.76	$28.38	$17.90	$17.67
1396897948	Razvi	Agha	S	MD	M	I	2333 White Suite #1	Hamilton	NJ	34	8619	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	161	199	199	$125.00	$51.76	$38.26	$34.80
1427294347	Shih	Joann			F	I	1016 Main Ave	Clifton	NJ	34	7011	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	170	199	199	$166.00	$44.43	$31.45	$28.38
1699733774	Thomas	Robert	D	M.D.	M	I	333 Dixie Hwy	Chicago Ht	IL	17	60411	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	144	199	199	$125.00	$37.99	$26.61	$29.42
1700867546	Zaretsky	Lauren	S	M.D.	F	I	1500 Route Bldg. 4 - 2n	Port Jeffers	NY	36	11776	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	175	199	199	$258.75	$54.90	$38.94	$30.53
1720455124	Jones	Nichole		PA-C	F	I	1000 N Oak Ave	Marshfield	WI	55	54449	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	161	199	199	$245.96	$26.26	$16.51	$18.00
1932142858	Carlson	Roy	D	M.D.	M	I	204 Ark Rd Suite 102	Mount Laur	NJ	34	8054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	199	199	$153.61	$50.55	$33.59	$30.66
1003324518	Carter	Emily	A	PA-C	F	I	6475 S Yale Ave Ste 40	Tulsa	OK	40	74136	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	167	198	198	$114.00	$38.04	$25.20	$27.00
1043204332	Ginsburg	Jeffrey		M.D.	M	I	51 State Rt 23	Riverdale	NJ	34	7457	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	168	198	198	$150.00	$52.97	$38.40	$33.85
1255587762	Yu	Kathy		M.D.	F	I	17742 Beach Blvd Ste 2	Huntington	CA	6	92647	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	124	198	198	$110.00	$38.69	$29.79	$27.05
1528607348	Neumann	Alexandra	M	FNP-C	F	I	400 Park St	Belmont	NC	37	28012	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	153	198	198	$95.00	$38.69	$25.08	$26.48
1639688856	Fox	Aubrey	E	PA-C	F	I	22 St Paul Dr Ste 202	Chambersb	PA	42	17201	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	147	198	198	$130.00	$39.19	$24.38	$25.11
1740477447	Rogers	Jeremy	B	MD	M	I	Florida Ent 1139 Nikki	Brandon	FL	12	33511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	160	198	198	$105.00	$43.09	$32.61	$32.40
1811972185	Cummins	Michelle		MD	F	I	1300 N Virg Suite 112	Port Lavac	TX	48	77979	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	101	198	198	$140.13	$42.56	$31.55	$33.53

1376765420	Kluge	David		MD	M	I	3000 15th A	Great Falls	MT	30	59405	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	116	197	197	$150.52	$46.90	$31.37	$30.89
1447881149	Weisbruch	Andrea	F	FNP	F	I	2460 N I 35	Ste 100	Waxahachi	TX	48	75165	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	133	197	197	$155.90	$38.27	$28.44	$29.98
1457380602	Hasslinger	Brian	J	M.D.	M	I	625 Kent Av	Suite 206	Cumberlan	MD	24	21502	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	154	197	197	$75.00	$49.09	$34.07	$32.90
1740266188	Dailey	Michael	E	MY	M	I	400 Patroo	Ste 205	Albany	NY	36	12206	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	131	197	197	$145.74	$45.10	$32.16	$33.06
1912911165	Salley	Lawton	H	M.D.	M	I	1655 E Gre	Suite A	Anderson	SC	45	29621	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	160	197	197	$127.71	$44.07	$31.27	$33.92
1952330417	Bratton	Clay		M.D.	M	I	15190 Corr	Suite 100	Gulfport	MS	28	39503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	119	197	197	$109.00	$42.69	$29.71	$33.22
1053880690	Philpott	Cynthia	L	NP	F	I	Beloit Clini	1905 E. Hu	Beloit	WI	55	53511	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	124	196	196	$141.43	$25.83	$19.99	$21.53
1124134564	Milburn	Mark	A	M.D.	M	I	7600 Wolf I	Suite 220	Germantov	TN	47	38138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	151	196	196	$135.00	$41.31	$27.76	$31.00
1215910732	Nichols	Mark	L	MD	M	I	915 Gessne	#280	Houston	TX	48	77024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	161	196	196	$140.00	$46.41	$33.39	$32.34
1366701385	Au	Joshua		M.D.	M	I	365 Lennon	Ln Ste 280	Walnut Cre	CA	6	94598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	167	196	196	$175.00	$56.45	$40.93	$34.12
1437154960	Lee	Bryant	B	M.D.	M	I	75e Northfield Rd		Livingston	NJ	34	7039	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	170	196	196	$150.00	$51.78	$37.71	$33.36
1508876699	Brackmann	Derald	E	MD	M	I	2100 W 3rd	St Ste 111	Los Angele	CA	6	90057	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	181	196	196	$175.00	$52.27	$37.29	$33.81
1609099209	Vaught	Creighton	C	M.D.	M	I	4030 Oaks	Professiona	Burlington	NC	37	27215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	131	196	196	$145.00	$44.60	$31.21	$33.14
1134739287	Giunta	Kathryn		APRN	F	I	761 Main Ave	Ste 101	Norwalk	CT	9	6851	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	160	195	195	$291.82	$39.66	$28.64	$26.45
1215978291	Walter	Ann	M	PA-C	F	I	133 Brookline Ave		Boston	MA	25	2215	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	140	195	195	$132.00	$44.70	$30.99	$27.63
1366410219	Criser	Richard	S	CFNP	M	I	200 Hospital Dr		Spencer	WV	54	25276	7	Small town	US	Nurse Prac	Y	69210	Removal of	N	O	137	195	195	$138.00	$38.35	$24.88	$26.67
1386709723	Riggs	Landon		MD	M	I	3524 E Milwaukee St		Janesville	WI	55	53546	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	155	195	195	$34.04	$30.56	$20.28	$22.21
1477780369	Paraiso	Reynaldo	S	D.O.	M	I	741 Northfi	Suite 104	West Oran	NJ	34	7052	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	143	195	195	$150.00	$50.30	$35.28	$30.53
1508192402	Forberg	Joanna		PA-C	F	I	1611 W Ha	550	Chicago	IL	17	60612	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	161	195	195	$162.00	$30.95	$21.59	$19.02
1689676314	Wilson	Jeffrey	L	M.D.	M	I	102 C Physicians Blvd		Glasgow	KY	21	42141	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	146	195	195	$150.00	$43.36	$29.22	$31.45
1720487838	Wilken	Crystal		ARNP	F	I	2515 Cyclone Dr Ste B		Waterloo	IA	19	50701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	105	195	195	$122.00	$35.01	$24.62	$26.96
1770518219	Scolieri	Paul		MD	M	I	2000 Oxfor	Suite 201	Bethel Park	PA	42	15102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	149	195	195	$89.11	$45.17	$32.32	$33.59
1891809448	Kuhn	Jeffery	J	MD	M	I	713 Volvo F	Ste 101	Chesapeak	VA	51	23320	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	162	195	195	$90.46	$46.54	$34.68	$34.60
1972616332	Buckels	Carol	A	FNP-BC	F	I	201 S Railroad Ave		Brookhaver	MS	28	39601	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	147	195	195	$100.00	$36.75	$22.06	$25.26
1124091244	Celin	Scott			M	I	Upmc Pass	9104 Babc	Pittsburgh	PA	42	15237	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	123	194	194	$138.00	$46.57	$30.64	$31.37
1184817629	Conoyer	Benjamin	M	M.D.	M	I	4790 Executive Centre		Saint Peter	MO	29	63376	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	162	194	194	$80.00	$45.74	$33.03	$34.12
1295014983	Citta	Amberlace	A	APRN	NP-C	F	I	3775 45th Avenue		Columbus	NE	31	68601	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	155	194	194	$111.35	$36.54	$24.72	$27.71
1407275829	Blasberg	Elizabeth	A	M.D.	F	I	4100 Wolcott Ave Ne S		Albuquerq	NM	35	87109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	162	194	194	$80.00	$50.14	$34.75	$32.66
1437416211	Mscisz	Abigail	C	PA	F	I	10305 Hamptons Park		Huntersvill	NC	37	28078	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	161	194	194	$95.00	$39.09	$26.98	$27.86
1497786685	Barras	David	I	M.D.	M	I	190 Welles St		Forty Fort	PA	42	18704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	132	194	194	$68.87	$45.76	$29.33	$30.98
1528047800	Ruffy	Mauro	L	MD	M	I	142 Joralemon St		Brooklyn	NY	36	11201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	164	194	194	$100.00	$57.85	$45.29	$36.09
1548256423	Hoyt	David	J	MD	M	I	4 A North A	Suite202	Bel Air	MD	24	21014	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	157	194	194	$115.00	$50.14	$33.79	$31.02
1669650925	Ta	Joseph	Q	MD	M	I	795 El Camino Real		Palo Alto	CA	6	94301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	135	194	194	$176.23	$56.29	$39.94	$32.99
1720238231	Becker	Pamela		PA-C	F	I	2251 N Shore Dr		Rhinelande	WI	55	54501	7	Small town	US	Physician A	Y	69210	Removal of	N	F	146	194	194	$193.23	$25.53	$16.88	$18.56
1144333642	Goldfarb	David		PA	M	I	1111 Exposition Blvd B		Sacrament	CA	6	95815	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	122	193	193	$165.00	$41.93	$28.23	$27.01
1164841177	Kenerson	John Micha	C	M.D.	M	I	3450 Mayland Ct		Henrico	VA	51	23233	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	156	193	193	$91.40	$46.58	$31.40	$31.54
1215131883	Ho	Ki Hong	K	MD	M	I	1711 Taraval St		San Francis	CA	6	94116	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	133	193	193	$107.15	$53.56	$41.51	$34.71
1255774246	Bojrab	Dennis	I	M.D.	M	I	30055 Northwestern H		Farmington	MI	26	48334	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	146	193	193	$99.04	$44.72	$32.58	$30.93
1316447774	Wilson	Amanda	M	FNP-C	F	I	1151 W Iron Springs Rd		Prescott	AZ	4	86305	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	177	193	193	$98.53	$39.41	$26.52	$27.49
1396213716	Kryger	Aimee		FNP-BC	F	I	11264 W 146th Ter		Olathe	KS	20	66062	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	163	193	193	$125.00	$39.30	$26.44	$27.38
1639311764	Miller	Mia		M.D.	F	I	8635 W 3rd St Ste 590v		Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	158	193	193	$169.09	$51.45	$38.89	$35.61
1679100184	Orona	Breanna			F	I	3200 Grand Ave		Des Moines	IA	19	50312	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	145	193	193	$140.00	$37.23	$27.03	$29.54
1699206623	Highstein	Mallory	J	MD	F	I	1800 W Woolbright Rd		Boynton Be	FL	12	33426	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	174	193	193	$105.00	$43.82	$34.62	$32.68
1730142969	Siegel	Michael	B	M.D.	M	I	15204 Omega Dr Ste 3		Rockville	MD	24	20850	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	168	193	193	$115.00	$51.24	$36.89	$31.42
1730273566	Rogerson	Anthony	R	MD	M	I	515 22nd Ave		Monroe	WI	55	53566	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	F	139	193	193	$158.95	$30.42	$18.37	$20.17
1942314679	Dowling	Thomas	F	M.D.	M	I	417b S 4th St		Gadsden	AL	1	35901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	124	193	193	$104.02	$41.31	$27.76	$31.04
1982606935	Litman	David	A	M.D.	M	I	12502 Will	Ste 560	Cumberlan	MD	24	21502	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	163	193	193	$80.16	$47.05	$32.39	$31.41
1992115224	Nayak	Neil	S	M.D.	M	I	1901 Floyd St		Sarasota	FL	12	34239	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	160	193	193	$101.00	$47.28	$32.09	$31.35
1013176684	Kircher	Matthew	L	M.D.	M	I	2160 S 1st Ave		Maywood	IL	17	60153	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	138	192	192	$199.58	$36.00	$26.26	$23.80
1124001953	Mcghee	Michael	A	M.D.	M	I	2305 Sprin	Suite 8	Bryant	AR	5	72019	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	147	192	192	$201.85	$42.31	$28.04	$32.24
1336398627	German	Michael	A	M.D.	M	I	1095 Los Palos Dr		Salinas	CA	6	93901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	157	192	192	$186.00	$50.68	$35.51	$32.59
1427086966	Loughlin	Christophe	J	MD	M	I	60 Westwo	Suite 104	Waterbury	CT	9	6708	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	157	192	192	$129.95	$50.31	$33.69	$31.33
1457461881	Schumack	Shantel	C	P.A.	F	I	2315 W 57th St		Sioux Falls	SD	46	57108	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	134	192	192	$41.00	$26.54	$17.03	$18.37
1497784995	Waltzman	Michael	N	M.D., PH.D	M	I	965 White I	3rd Floor	Trumbull	CT	9	6611	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	133	192	192	$200.00	$48.39	$33.58	$30.89
1679532246	Abrahamsc	April	D	MD	F	I	270 Main St N	Ste 300	Stillwater	MN	27	55082	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	139	192	192	$60.78	$46.59	$37.06	$37.80
1700829272	West	Jeffrey	A	M.D.	M	I	1320 Summer Lee Dr		Rockwall	TX	48	75032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	166	192	192	$155.00	$45.71	$31.15	$32.55
1750306734	Shah	Chetan		M.D.	M	I	3100 Princeton Pike Bl		Lawrencevi	NJ	34	8648	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	152	192	192	$157.65	$41.13	$31.70	$29.05
1831152610	Rontal	Daniel	A	MD	M	I	30701 Woodward Ave		Royal Oak	MI	26	48073	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	161	192	192	$135.59	$48.89	$36.33	$34.64
1831581032	Klapchar	Kimberly	S	DO	F	I	921 E Sandusky Ave		Bellefontai	OH	39	43311	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	138	192	192	$118.00	$43.86	$31.13	$32.45
1033119292	Tojo	David	P	MD	M	I	1875 Dem	Ste 301	Park Ridge	IL	17	60068	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	149	191	191	$105.55	$47.63	$33.38	$30.67
1114900362	Wallace	Derrick	I	M.D.	M	I	187 Washir	Suite 2i	Nutley	NJ	34	7110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	169	191	191	$150.00	$53.25	$38.34	$34.02
1225262777	Sciarrino	Joseph	A	M.D.	M	I	15 Exchange Dr		Lugoff	SC	45	29078	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	152	191	191	$87.01	$43.39	$30.24	$32.42
1245524370	Wasserma	Jason	B	M.D.	M	I	210 - 33 26	Ground Lev	Bayside	NY	36	11360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	133	191	191	$286.98	$48.80	$36.59	$28.53
1396732525	Mcqueen	Chapman	T	MD	M	I	4030 Oaks	Professiona	Burlington	NC	37	27215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	135	191	191	$145.00	$43.01	$31.05	$33.26
1457578106	Chan	Eleanor	Y	MD, FRCSC	F	I	30055 Northwestern H		Farmington	MI	26	48334	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	131	191	191	$112.94	$47.54	$36.29	$34.98
1467585216	Ajar	Amir	H	M.D.	M	I	3655 Lomit	Suite #308	Torrance	CA	6	90505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	147	191	191	$90.00	$52.21	$37.38	$34.06
1497950224	Yesher	Julia		MD	F	I	79 Middleville Rd		Northport	NY	36	11768	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	144	191	191	$108.39	$56.99	$40.51	$32.43
1548266067	Smyrniotis	George		M.D.	M	I	5999 New Wilke Rd Bld		Rolling Mea	IL	17	60008	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	147	191	191	$155.00	$44.64	$33.63	$30.57
1578634242	Patanapha	Peyapong		MD	M	I	200 E 33rd	Suite 631	Baltimore	MD	24	21218	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	133	191	191	$134.14	$34.32	$25.19	$23.45
1598869216	Mathur	Kevin	K	M.D.	M	I	1749 Cleveland Rd		Wooster	OH	39	44691	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	98	191	191	$73.00	$44.87	$28.23	$29.53
1700216025	Mpare	Sarah	A	FNP	F	I	17612 Ne 30th Pl		Redmond	WA	53	98052	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	149	191	191	$117.00	$44.41	$30.08	$26.92
1811050743	Cabrera-Mu	Cristina		M.D.	F	I	12605 E 16th Ave		Aurora	CO	8	80045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	157	191	191	$169.00	$32.36	$23.11	$22.69
1851512990	Aziz	Zeeshan	S	M.D.	M	I	1348 S 18th	Suite 340	Fernandina	FL	12	32034	2	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	132	191	191	$105.17	$43.51	$31.66	$31.38
1871172361	Arasheben	Suzan	P	PA-C	F	I	8635 W 3rd St Ste 590v		Los Angele	CA	6	90048	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	171	191	191	$201.98	$43.96	$31.86	$28.89
1932593092	Bahrami	Arash			M	I	1501 Lansdowne Ave S		Darby	PA	42	19023	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	115	191	191	$107.04	$32.53	$24.46	$23.40
1063737799	Wick	Cameron	C	MD	M	I	4921 Parkv	Dept Otola	Saint Louis	MO	29	63110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	145	190	190	$155.00	$47.55	$34.18	$34.07
1225424252	Patel	Tapan	D	M.D.	M	I	31 Broadway Fl	2	North Have	CT	9	6473	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	167	190	190	$211.42	$47.85	$35.64	$33.04

1356521306	Nett	Cassandra	L	PA-C	F	I	2414 Kohler Memorial I	Sheboygan	WI	55	53081	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	158	190	190	$300.00	$37.59	$25.62	$27.74
1386608495	Hardy	Stuart		M.D.	M	I	2311 Delaney Rd	Wilmington	NC	37	28403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	147	190	190	$115.35	$44.20	$30.41	$32.21
1487773669	Bonacquist	Keith	A	MD	M	I	1029 Nichols Rd Ste 30	Osage Bea	MO	29	65065	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	122	190	190	$125.77	$41.39	$28.25	$32.94
1588647424	Agarwal	Ravi	P	MD	M	I	5757 W Thu Suite W301	Glendale	AZ	4	85306	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	118	190	190	$90.00	$44.08	$32.90	$34.00
1598761629	Marrinan	Michelle	S	MD	F	I	49 Lake Ave	Greenwich	CT	9	6830	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	138	190	190	$150.00	$49.15	$35.82	$34.63
1669448056	Hsu	Griffith		MD	M	I	430 Pennsylvania Ave #	Glen Ellyn	IL	17	60137	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	124	190	190	$116.00	$49.84	$31.37	$29.22
1679535918	Moffitt	Scott	A	M.D.	M	I	134 Us Highway 1	North Palm	FL	12	33408	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	148	190	190	$74.44	$50.69	$32.71	$30.75
1740417492	Spencer	James	C	M.D.	M	I	300 Mount Suite 308	Cambridge	MA	25	2138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	142	190	190	$123.98	$49.58	$36.20	$32.55
1780356410	Chiodo	Albino		MD	M	I	800 Tilghman Dr	Dunn	NC	37	28334	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	146	190	190	$114.70	$41.02	$30.15	$31.48
1790089910	Stubblefiel	Curtis	R	PA-C	M	I	205 W Windcrest St Ste	Frederickst	TX	48	78624	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	141	190	190	$139.00	$38.50	$28.03	$29.19
1811959547	Hughes	Jeffrey	C	PA	M	I	55 Lake Ave Departmen	Worcester	MA	25	1655	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	149	190	190	$140.00	$41.83	$29.05	$28.00
1851646491	Bold	Kristen	M	P.A.-C	F	I	4440 E Highway 287	Midlothian	TX	48	76065	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	167	190	190	$168.00	$39.79	$28.20	$27.72
1891826467	O'brien	Jessica	N	RPA-C	F	I	3670 South Suite C	Orchard Pa	NY	36	14127	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	125	190	190	$140.00	$38.47	$28.23	$29.53
1922380930	Rauch	Suzanne	L	PA-C	F	I	2222 E Highland Ave St	Phoenix	AZ	4	85016	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	134	190	190	$99.00	$39.01	$28.55	$29.43
1972587129	Shoss	Stanford	M	MD	M	I	16545 Sout Suite 100	Sugar Land	TX	48	77479	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	151	190	190	$140.00	$45.60	$33.54	$35.22
1972589448	Connolly	James	L	M.D.	M	I	1420 N Causeway Blvd	Mandeville	LA	22	70471	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	170	190	190	$129.95	$41.00	$30.91	$32.02
1992783492	Lakin	Douglas	M	M.D.	M	I	9977 N 90t #180	Scottsdale	AZ	4	85258	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	174	190	190	$100.00	$46.47	$30.83	$31.78
1083610455	Werber	Josh		M.D.	M	I	833 Northe Ste 260	Great Neck	NY	36	11021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	175	189	189	$210.42	$35.81	$28.57	$22.70
1124143482	Duncan	Beth	R	MD, MBA	F	I	3 Cooper P Suite 411	Camden	NJ	34	8103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	121	189	189	$152.00	$48.00	$36.55	$35.98
1194743450	Warren	James	D	M.D.	M	I	4745 Arapa Ste 130	Boulder	CO	8	80303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	189	189	$89.79	$46.08	$31.64	$30.97
1235395500	Berg	Erik	V	M.D.	M	I	1493 Cambridge St	Cambridge	MA	25	2139	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	189	189	$149.68	$49.43	$35.43	$34.17
1376839944	Jung	Matthew	E	M.D.	M	I	128 Lilly Rd Ne Ste 202	Olympia	WA	53	98506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	189	189	$106.00	$45.82	$30.42	$30.50
1447274675	Wright	Steven	T	MD	M	I	2805 Earl Rudder Fwy S	College Sta	TX	48	77845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	159	189	189	$170.30	$34.66	$25.11	$26.72
1538145263	Gunovich	Richard	A	DO	M	I	800 Wayne St Ste 112	Marietta	OH	39	45750	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	189	189	$69.47	$33.05	$22.56	$22.31
1598782930	Thopcherla	Manjula		M.D.	F	I	1255 Highv Suite # 24-S	Lakewood	NJ	34	8701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	139	189	189	$63.00	$52.01	$39.56	$35.87
1831162312	Blaugrund	James			M	I	9104 Babcu Upmc Pass	Pittsburgh	PA	42	15237	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	143	189	189	$138.00	$46.61	$31.18	$31.91
1861585317	Winegar	Bradford	C		M	I	3705 Medic Suite 320	Austin	TX	48	78705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	189	189	$161.19	$47.66	$32.52	$31.88
1962772616	Price	Susan	B	PA-C	F	I	2295 Henry Tecklenbur	Charleston	SC	45	29414	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	151	189	189	$128.00	$37.64	$26.60	$28.44
1972502573	Restrepo	James	P	M.D.	M	I	985 Berksh Ste 101	Wyomissin	PA	42	19610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	189	189	$150.48	$44.77	$30.14	$30.84
1164658571	Linson	Larry	G	DO	M	I	One Mercy Ste 106	Hot Springs	AR	5	71913	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	147	188	188	$106.00	$43.07	$27.42	$31.17
1255314688	Ong	Romeo	S	MD	M	I	5500 Ridge #236	Parma	OH	39	44129	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	188	188	$53.00	$45.44	$33.70	$34.89
1336173400	Sobol	Louis	L	MD	M	I	6900 Orcha Ste 314	West Bloon	MI	26	48322	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	131	188	188	$85.00	$49.27	$34.63	$33.04
1346227691	Lemberg	Paul	S	MD	M	I	1575 Pond Ste 203	Allentown	PA	42	18104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	148	188	188	$100.00	$45.38	$31.80	$32.58
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99213	Establishec	N	O	61	188	187	$145.00	$72.66	$55.37	$58.68
1396375564	Emerich	Deidre	E	FNP-BC	F	I	601 Ewing St	Princeton	NJ	34	8540	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	178	188	188	$169.84	$42.77	$32.57	$29.43
1457303968	Mohan	Glen	A	CFNP	M	I	1101 Webe Suite 302	Farmington	MO	29	63640	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	127	188	188	$99.74	$35.84	$24.58	$26.64
1457553927	D'ambrosic	Jeff	A	PA-C	M	I	215 Riverstone Dr	Canton	GA	13	30114	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	134	188	188	$222.67	$40.05	$25.93	$25.87
1740295500	Berk	Carl	W	M.D.	M	I	5 Firstvillage Drive	Pinehurst	NC	37	28374	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	164	188	188	$148.95	$45.94	$30.93	$32.39
1821559600	Curran	Leah	M	FNP	F	I	610 S Lincoln Rd	Escanaba	MI	26	49829	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	139	188	188	$175.00	$38.30	$20.76	$22.48
1851328843	Anderson	Eric	R	MD	M	I	3 Alumni Dr Ste 202	Exeter	NH	33	3833	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	152	188	188	$263.94	$48.79	$33.03	$31.87
1861798316	Clark	James	A	PA-C	M	I	12309 N Mopac Expy S	Austin	TX	48	78758	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	151	188	188	$99.60	$40.25	$30.39	$30.48
1972573608	Doyle	Kevin	M	MD	M	I	3010 Anderson Dr	Raleigh	NC	37	27609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	148	188	188	$103.00	$45.71	$30.32	$32.01
1003812009	Watkins	William	H	M.D.	M	I	2121 Line Ave	Shreveport	LA	22	71104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	168	187	187	$80.00	$45.61	$31.95	$32.63
1083815559	Somers	Melissa	L	MD	F	I	560 W Mitchell St Ste 2	Petoskey	MI	26	49770	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	162	187	187	$113.73	$43.81	$29.04	$30.62
1114915790	Sieracki	Michael		PA-C	M	I	250 Nash N Suite D	Rocky Mou	NC	37	27804	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	145	187	187	$139.00	$38.31	$28.29	$29.65
1124028618	Milstead	Judith	C	M.D.	F	I	601 E Dixie Medical Pla	Leesburg	FL	12	34748	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	148	187	187	$100.00	$47.36	$32.98	$32.85
1255448106	Tabaee	Abtin		M.D.,	M	I	1305 York A 5th Floor	New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	170	187	187	$282.35	$56.55	$40.44	$33.65
1306844105	Mckernan	Peter	B	MD, DDS	M	I	Ear Nost & 6101 Webb	Tampa	FL	12	33615	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	133	187	187	$105.00	$42.85	$31.01	$30.30
1326365123	Leblanc	Blake		MD	M	I	1615 Wolf Circle	Lake Charl	LA	22	70605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	168	187	187	$228.47	$44.70	$33.41	$34.63
1346677366	Waiculonis	Christina		PA-C	F	I	260 Riverside Dr	Johnson Cit	NY	36	13790	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	148	187	187	$81.30	$27.62	$19.17	$19.51
1497753792	Lepoudre	Christine		D.O.	F	I	25500 Mea Ste 220	Novi	MI	26	48375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	139	187	187	$75.00	$45.46	$33.49	$33.75
1548322688	Jones	Kathleen	K	M.D.	F	I	18092 Wik Suite 120	Apple Valle	CA	6	92307	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	153	187	187	$120.00	$49.38	$37.06	$35.37
1669500302	Egan	Kristin		M.D.	F	I	2809 N Sepulveda Blvd	Manhattan	CA	6	90266	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	97	187	187	$80.00	$49.77	$36.70	$35.14
1710973748	Sargent	David	W	DO	M	I	101 Medical Plaza	Sulphur Sp	TX	48	75482	5	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	156	187	187	$159.77	$31.69	$20.85	$21.93
1841348422	Cosetti	Maura	K	M.D.	F	I	1501 Kings Hwy	Shreveport	LA	22	71103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	134	187	187	$225.00	$56.95	$44.13	$35.87
1891140646	Trevino Gu	Carolina		M.D.	F	I	802 Landmark Dr Ste 1	Glen Burnie	MD	24	21061	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	155	187	187	$175.00	$50.33	$38.38	$35.49
1003044876	Trenkle	Geoffrey	B	D.O.	M	I	1700 E Cesar E Chavez	Los Angele	CA	6	90033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	155	186	186	$170.00	$51.45	$38.59	$34.91
1154425411	Hughes	Kenneth	V	MD	M	I	1720 Nichc Ste 500	Lexington	KY	21	40503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	143	186	186	$134.20	$43.55	$30.53	$33.57
1225027907	Vandelden	Mahlon		M.D.	M	I	1000 W Nif Building 3,	Columbia	MO	29	65203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	163	186	186	$92.14	$42.60	$30.89	$33.88
1326138041	Sarno	Christophe	M	M.D.	M	I	35 Walker S Suite 200	Kittery	ME	23	3904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	155	186	186	$96.53	$42.77	$30.71	$31.14
1366508202	Haddad	Chia	A	MD	F	I	133 Brookline Ave	Boston	MA	25	2215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	150	186	186	$132.00	$52.80	$38.20	$34.02
1386643898	Monseau	Ronna	M	M.D/	F	I	14302 Barton Blvd Sw	Cumberlan	MD	24	21502	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	154	186	186	$92.25	$49.38	$34.65	$33.09
1396797833	Baker	Dole	P	MD	M	I	1206 Cornelia Rd	Anderson	SC	45	29621	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	158	186	186	$110.00	$39.78	$29.53	$31.91
1407897770	Dubin	Marc	G	M.D.	M	I	6565 N Cha Physicians	Baltimore	MD	24	21204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	153	186	186	$110.99	$44.92	$32.71	$30.40
1518231109	Macdowell	Claire	R	PA-C	F	I	360 Linden Suite 220	Rochester	NY	36	14625	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	108	186	186	$90.27	$38.54	$26.04	$27.72
1558315739	Salzer	Thomas	A	M.D.	M	I	2805 Earl Rudder Fwy S	College Sta	TX	48	77845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	165	186	186	$163.79	$34.72	$25.23	$26.61
1598834426	Tuper	Gale	T	MD	M	I	307 Boatne 96th Medic	Eglin Afb	FL	12	32542	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	158	186	186	$90.00	$44.44	$31.44	$31.15
1689731937	Newell	Maximilliar	S	M.D.	M	I	5255 E Sto Suite 400	Indianapoli	IN	18	46237	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	96	186	186	$97.00	$43.85	$29.84	$32.82
1871538900	Lesser	Raymond	W	M.D.	M	I	1601 Waln Suite 1405	Philadelphi	PA	42	19102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	145	186	186	$95.65	$49.52	$36.03	$33.39
1013988336	Zapalac	Jeffrey	S	M.D., F.A.C	M	I	3705 Medic Suite 310	Austin	TX	48	78705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	155	185	185	$100.00	$45.16	$29.40	$31.14
1043507908	Gulati	Kartike		D.O	M	I	2211 Main St Ste 1a	Highland	IN	18	46322	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	146	185	185	$135.00	$43.55	$32.71	$35.08
1205990702	Meiteles	Lawrence	Z	M.D.	M	I	2651 Strang Blvd	Yorktown H	NY	36	10598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	144	185	185	$279.15	$41.16	$31.88	$25.15
1235213182	Bauman	Margie	S	NP	F	I	9001 S 101 Ste 280	Tulsa	OK	40	74133	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	143	185	185	$103.00	$36.74	$24.28	$26.47
1255974655	Beverly	Kaitlyn	B	PA-C	F	I	620 Singleton Ridge Ro	Conway	SC	45	29526	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	124	185	185	$80.08	$26.62	$18.94	$19.91
1336432194	Kaur	Simran		NP-C	F	I	2700 N 140 Ste 107	Goodyear	AZ	4	85395	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	130	185	185	$182.81	$38.77	$27.92	$28.82
1356306807	Gordon	Michael	A	MD	M	I	990 Stewar Suite 610	Garden Cit	NY	36	11530	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	160	185	185	$275.06	$56.50	$41.62	$32.90
1407856222	Cooper	Jonathan	D	MD	M	I	2500 Weste Suite 103	Weston	FL	12	33331	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	133	185	185	$116.00	$49.87	$34.55	$32.32

1497375307	Mitchell	Katherine	K		F	I	501 Skokie Blvd	Northbrook	IL	17	60062	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	166	185	185	$88.69	$30.53	$20.47	$18.55
1558505206	Sundean	Elizabeth	P	MD	F	I	160 E Lake Howard Dr	Winter Hav	FL	12	33881	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	134	185	185	$116.00	$48.00	$33.88	$32.70
1568704328	Trahan	Jason		MD	M	I	3975 I 49 S Service Rd	Opelousas	LA	22	70570	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	155	185	185	$99.84	$45.73	$32.59	$33.46
1770873127	Wood	Valerie	A	MD	F	I	4320 Worn	Suite 512	Kansas City	MO	29	64111	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	138	185	185	$125.00	$42.60	$31.05	$32.31
1841484862	Gehani	Neal	C	MD	M	I	115 Broadhollow Rd	Fl	Melville	NY	36	11747	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	137	185	185	$257.11	$54.61	$41.93	$32.95
1144266685	Worden	Douglas	L	M.D.	M	I	6 Sand Hill	Suite 302	Flemington	NJ	34	8822	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	154	184	184	$561.04	$54.13	$38.02	$33.12
1144325754	Bourne	Jeffrey	R	DO	M	I	710 Las Canoas	Pl	Santa Barb	CA	6	93105	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	150	184	184	$78.00	$49.03	$33.66	$31.61
1154781136	Navin	Christina		CRNP	F	I	4940 Eastern Ave		Baltimore	MD	24	21224	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	132	184	184	$115.00	$43.61	$28.09	$25.82
1386739670	Mann	David	A	M.D.	M	I	3316 Patriot Ct		Herrin	IL	17	62948	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	146	184	184	$171.39	$42.14	$31.41	$31.93
1417552092	Buskohl	Misty			F	I	3401 N Perryville Rd		Rockford	IL	17	61114	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	129	184	184	$34.98	$27.80	$17.62	$17.67
1427049600	Sargent	Eric	W	MD	M	I	30055 Nort	Suite 101	Farmington	MI	26	48334	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	142	184	184	$95.64	$45.51	$31.46	$29.52
1457567364	Lin	Harrison	W	M.D.	M	I	101 The Cit	Building 56	Orange	CA	6	92868	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	104	184	184	$221.00	$46.32	$34.92	$31.59
1568433225	Zieno	Salvatore	A	M.D.	M	I	3361 Highway 9 E		Little River	SC	45	29566	1	Metropolita	US	Allergy/ Imi	Y	69210	Removal of N	O	111	184	184	$103.11	$44.21	$32.15	$34.54
1568834927	Holley	David		PA-C	M	I	13400 E Shea Blvd		Scottsdale	AZ	4	85259	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	153	184	184	$160.58	$39.45	$27.11	$27.83
1598943292	Snyder	Eric	R	M.D.	M	I	1104 Cass St		Traverse Ci	MI	26	49684	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	153	184	184	$75.33	$45.94	$31.66	$32.61
1619083854	Mcmahon	Michael	F	M.D.	M	I	1730 Birmingham Dr		College Sta	TX	48	77845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	136	184	184	$134.24	$44.26	$30.88	$32.44
1659365534	Milbrath	Mary	M	MD	F	I	19475 W N	Suite 301	Brookfield	WI	55	53045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	126	184	184	$290.00	$43.83	$27.28	$30.05
1730125857	Ruth	John	A	M.D.	M	I	201 Park St		Bowling Gr	KY	21	42101	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	155	184	184	$150.00	$42.68	$30.07	$32.19
1801876701	Hetzler	Douglas		M.D.	M	I	2025 Soquel Ave		Santa Cruz	CA	6	95062	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	122	184	184	$171.22	$50.20	$36.56	$32.46
1861447153	Rollins	Dwayne	E	MD	M	I	25302 147th Ave		Rosedale	NY	36	11422	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	157	184	184	$175.00	$31.00	$23.97	$19.10
1972554715	Kim	Helen	H	APNP	F	I	9200 W Wi	Otolaryngo	Milwaukee	WI	55	53226	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	140	184	184	$537.43	$25.86	$17.52	$18.99
1144330606	Byrd	Jack	P	M.D.	M	I	2414 Chambliss Ave N		Cleveland	TN	47	37311	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	157	183	183	$90.00	$42.51	$31.02	$34.32
1174548929	Sobba-Higl	Anne	E	MD	F	I	820 N Chelan Ave		Wenatchee	WA	53	98801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	126	183	183	$96.00	$32.46	$21.32	$21.19
1215987581	Lee	Michael	R	M.D.	M	I	2880 Dauphin St		Mobile	AL	1	36606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	165	183	183	$60.44	$44.85	$30.18	$32.35
1225196835	Chen	David	K	MD	M	I	12462 Putn	Suite 500	Whittier	CA	6	90602	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	138	183	183	$110.00	$51.75	$39.21	$35.60
1356595268	Sharma	Vijay	M	MD	M	I	601 University Blvd	Ste	Jupiter	FL	12	33458	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	112	183	183	$105.00	$39.03	$30.29	$28.46
1477178796	Stokes	Mia	M	PA-C	F	I	17099 N Texas Ave	Ste	Webster	TX	48	77598	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	153	183	183	$89.68	$41.40	$32.59	$31.61
1619273547	Crawford	Colby	L	PA-C	M	I	2643 Patte	Suite 503	Grand Junc	CO	8	81506	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	130	183	183	$140.77	$41.46	$27.21	$26.21
1700808938	Lewis	David		MD	M	I	216 Engle St	Ste 101	Englewood	NJ	34	7631	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	171	183	183	$132.00	$49.75	$36.30	$32.70
1740674217	Micucci	Steven		M.D.	M	I	3600 Broadway		Oakland	CA	6	94611	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	163	183	183	$132.72	$48.36	$35.83	$33.62
1801331210	Tandarich	Katja	N	NP-C	F	I	21000 E 12	Suite 111	Saint Clair	MI	26	48081	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	163	183	183	$50.30	$29.57	$18.66	$17.82
1912126723	Guillot	Jason	M	MD	M	I	1420 N Causeway Blvd		Mandeville	LA	22	70471	1	Metropolita	US	Plastic and	Y	69210	Removal of N	O	149	183	183	$101.68	$37.17	$27.33	$28.06
1922104108	Dobbs	Glen	D	PA-C	M	I	1 Arh Lane	Suite 103	Low Moor	VA	51	24457	7	Small town	US	Physician A	Y	69210	Removal of N	O	141	183	183	$171.00	$40.31	$26.82	$26.88
1114959343	Reynders	Amy	L	MD	F	I	3906 East Genesee	Str	Dewitt	NY	36	13214	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	134	182	182	$93.00	$42.92	$30.34	$31.98
1124113394	Snider	Susanne	M	CRNP	F	I	2810 Lurleen Wallace	B	Northport	AL	1	35476	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	113	182	182	$132.06	$38.29	$27.24	$29.09
1184060337	Barnes	Christian	H	M.D.	M	I	150 Nacoochee Ave		Athens	GA	13	30601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	157	182	182	$150.00	$44.82	$32.76	$34.68
1205234846	Phan	Doan	T	PA-C	F	I	5323 Harry Hines Blvd		Dallas	TX	48	75390	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	145	182	182	$168.00	$40.45	$27.00	$26.96
1205881984	Risica	Robert	M	MD	M	I	3520 Post Rd		Warwick	RI	44	2886	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	156	182	182	$110.33	$48.31	$35.91	$34.55
1326159120	Hansen	Karla	K	M.D.	F	I	2500 Starli	Suite 601	Brunswick	GA	13	31520	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	179	182	182	$205.00	$44.52	$30.14	$32.50
1336552496	Polacek	Sarah	A	PA	F	I	5255 E Sto	Suite 400	Indianapoli	IN	18	46237	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	118	182	182	$97.00	$37.34	$25.85	$28.42
1457340853	Jones	Craig	A	M.D.	M	I	5 Industrial	Suite 202	Mashpee	MA	25	2649	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	154	182	182	$197.54	$48.68	$33.69	$32.46
1467423673	Patel	Pranay	C	MD	M	I	1755 N Florida Ave		Lakeland	FL	12	33805	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	182	182	$125.00	$33.42	$25.55	$25.15
1467482190	Chironis	Philip	N	M.D.	M	I	361 Hospital	Rd Ste 52	Newport Be	CA	6	92663	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	136	182	182	$144.00	$52.02	$37.83	$34.61
1669586251	Mineck	Corey		MD	M	I	1601 Nw 1	Suite 230	Clive	IA	19	50325	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	142	182	182	$108.08	$41.63	$29.86	$33.20
1194905653	Bartholom	Katherine	B	FNP-BC	F	I	3801 University Dr	Ste	Fairfax	VA	51	22030	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	117	181	181	$210.30	$46.69	$33.89	$28.89
1275698367	Burry	Jeffrey	D	D.O.	M	I	330 Warner Dr		Lewiston	ID	16	83501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	181	181	$99.14	$41.47	$26.76	$30.49
1427027044	Montgome	Denbo	H	M.D.	M	I	225 Bendel Rd		Lafayette	LA	22	70503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	130	181	181	$107.00	$45.15	$32.56	$34.24
1548221690	Vonbiberst	S	E	M.D.	F	I	2311 Delaney Rd		Wilmington	NC	37	28403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	166	181	181	$115.35	$40.88	$30.34	$31.82
1558365320	Nam	Howard	K	M.D.	M	I	460 Plumas Blvd		Yuba City	CA	6	95991	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	146	181	181	$161.00	$49.40	$30.10	$28.89
1598750499	Neal	Danny	A	M.D.	M	I	333 Lucy Dr		Harrisonbu	VA	51	22801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	139	181	181	$150.00	$45.98	$34.14	$34.22
1639276009	Edelman	Bruce	A	M.D.	M	I	557 Cranbury Rd	Ste 3	East Bruns	NJ	34	8816	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	181	181	$258.62	$52.00	$38.81	$33.80
1770564346	Vander Ark	Wesley	D	MD	M	I	425 N 21st	Suite 301	Camp Hill	PA	42	17011	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	181	181	$90.00	$45.23	$33.30	$33.88
1770565947	Battista	Robert	A	MD	M	I	11 Salt Cre	Suite 101	Hinsdale	IL	17	60521	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	181	181	$145.22	$51.46	$35.15	$32.53
1801457304	Douress	Lindsay		FNP-C	F	I	3801 University Dr		Fairfax	VA	51	22030	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	131	181	181	$222.18	$46.26	$33.98	$29.20
1821065715	Cohn	Heidi	S	APN	F	I	4802 E Johnson Ave		Jonesboro	AR	5	72401	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	127	181	181	$91.00	$35.76	$24.99	$28.26
1912161977	Azadarmak	Roya		M.D.	F	I	19450 Dee	Suite 400	Leesburg	VA	51	20176	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	139	181	181	$125.00	$41.73	$31.47	$31.97
1912973306	Nehus	Ezechiel	R	MD	M	I	200 N Quanah Ave		Russellville	AR	5	72801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	146	181	181	$99.00	$41.73	$30.10	$34.36
1962722108	Roberts	Todd	M	D.O.	M	I	25150 Han	Suite 204	Murrieta	CA	6	92562	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	128	181	181	$92.00	$46.33	$35.42	$33.79
1023492998	Cramer	Lauren	A	PA-C	F	I	2365 Clintc	Suite 200	Rochester	NY	36	14618	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	122	180	180	$180.00	$39.34	$26.72	$27.61
1174989164	Greene	Karen		PA-C	F	I	1107 Reynolds St		Monroe	NC	37	28112	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	152	180	180	$159.00	$38.88	$27.11	$28.22
1194716308	Bowling	David	M	MD	M	I	101 Main S	Suite 211	Medford	MA	25	2155	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	157	180	180	$197.91	$53.44	$32.52	$28.99
1235154758	Herndon	Milton	B	DO PA	M	I	886 Sierra Dr		Port Neche	TX	48	77651	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	109	180	180	$145.00	$44.99	$32.47	$34.45
1255322129	Scapini	David	A	MD	M	I	11080 Hall	Ste A	Sterling He	MI	26	48314	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	156	180	180	$162.16	$49.16	$36.09	$34.73
1467414433	Minotti	Americo	M	M.D.	M	I	250 Johnson Ridge	Mec	Elkin	NC	37	28621	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	156	180	180	$80.00	$45.49	$29.38	$30.53
1528447281	Worley	Mitchell		M.D.	M	I	1095 Iron Ore Road		Spartanbur	SC	45	29303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	163	180	180	$109.19	$38.88	$27.28	$29.70
1629334131	Loch	Randall	B	M.D.	M	I	820 N Chelan Ave		Wenatchee	WA	53	98801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	129	180	180	$96.00	$31.46	$22.26	$22.59
1710157805	Lesnik	Gregory	T	M.D.	M	I	119 Lafayette St		Norwich	CT	9	6360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	125	180	180	$142.11	$51.23	$38.24	$35.47
1730148156	Ramsey	Mitchell	J	MD	M	I	160 Herita	Suite 201	Kalispell	MT	30	59901	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	147	180	180	$106.00	$44.71	$29.36	$29.05
1730472267	Pleitz	Jordan	L	M.D.	M	I	302 University Blvd		Round Roc	TX	48	78665	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	146	180	180	$153.00	$31.16	$22.41	$23.66
1891937132	Mor	Niv		M.D.	M	I	550 Central Ave	Ste 50	New Provid	NJ	34	7974	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	128	180	180	$307.38	$43.70	$32.11	$28.57
1144635640	Pope	Jennifer	L	PA-C	F	I	50 Buck Cr	Suite 200	Avon	CO	8	81620	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	156	179	179	$133.75	$41.03	$27.21	$26.70
1265788186	Walker	David	D	M.D.	M	I	501 Skokie Blvd		Northbrook	IL	17	60062	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	151	179	179	$89.80	$35.99	$23.66	$21.49
1346246535	Julian	Geoffrey		M.D	M	I	1424 N. Mc	Ste 101	Spokane Va	WA	53	99216	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	136	179	179	$86.42	$47.25	$34.17	$34.21
1346306610	Huston	Lonny	D	FNP, APRN	M	I	144 Concord Rd		Knoxville	TN	47	37934	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	137	179	179	$104.89	$37.12	$26.18	$28.81
1396194148	Jiang	Sydney		M.D.	F	I	1434 Chester Blvd		Richmond	IN	18	47374	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	179	179	$173.04	$43.25	$28.11	$30.97
1467427757	Loveless	Howard	W	M.D.	M	I	3110 Wellons Blvd		New Bern	NC	37	28562	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	134	179	179	$91.51	$44.49	$32.04	$34.22
1487656849	Wakefield	Tamekia		MD	F	I	21033 26th Ave		Bayside	NY	36	11360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	179	179	$280.07	$58.30	$41.00	$32.09

1548651722	Augur	Lyndsey	N	PA	F	I	9411 N Oak Trfy Ste 20:	Kansas Cit	MO	29	64155	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	133	179	179	$93.91	$39.42	$30.15	$31.04
1609873629	Vrabec	Jeffrey	T	M.D.	M	I	6550 Fannin St Ste 172	Houston	TX	48	77030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	135	179	179	$263.04	$48.46	$32.64	$32.29
1659630911	Winford	Tyler	W	M.D.	M	I	401 Baptist Dr Ste 206	Madison	MS	28	39110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	150	179	179	$123.50	$42.55	$27.91	$31.30
1740248350	Hengy	James	B	D.O.	M	I	1806 E Parl Suite 3	Manistee	MI	26	49660	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	127	179	179	$160.58	$43.08	$31.02	$32.39
1740372028	Feinfield	Jeffrey	K	M.D.	M	I	555 Marin S Ste 100	Thousand (	CA	6	91360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	179	179	$113.00	$51.01	$38.28	$35.04
1891724753	Kuson	Tim	R	M.D.	M	I	4910 Van N Suite 201	Sherman O	CA	6	91403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	155	179	179	$105.33	$35.03	$27.94	$26.32
1972725521	Hagen	David	L	M.D.	M	I	505 Dunn Street	Houma	LA	22	70360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	152	179	179	$287.99	$41.75	$32.18	$33.36
1013390236	Bawab	Ibrahim	T	M.D	M	I	1029 Liberty St	Franklin	PA	42	16323	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	139	178	178	$138.00	$46.19	$34.53	$35.05
1063805992	Griggs	Zachary			M	I	1655 E Greenville St	Anderson	SC	45	29621	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	178	178	$127.79	$42.83	$31.38	$33.98
1083633911	Uzansky	Mark		DO	M	I	14555 Leva Suite 206	Livonia	MI	26	48154	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	134	178	178	$70.00	$49.90	$32.59	$31.10
1083828495	Mitzner	Ron		M.D.	M	I	6 Ohio Dr Ste 202	New Hyde I	NY	36	11042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	143	178	178	$255.34	$48.23	$34.72	$27.42
1205852217	Regala	Christopher		M.D.	M	I	98-1079 Moanalua Rd	Aiea	HI	15	96701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	142	178	178	$100.00	$45.27	$32.26	$31.52
1225170376	Smith	Jason	A	MD	M	I	4901 Fairw Suite C	North Little	AR	5	72116	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	135	178	178	$219.02	$42.05	$30.31	$34.36
1427066067	Getnick	Geoffrey	S	M.D.	M	I	7400 France Ave S Ste	Edina	MN	27	55435	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	178	178	$154.21	$33.91	$25.73	$26.56
1427108968	Peltier	Jacques	C	M.D.	M	I	15813 Paul Vega Md Dr	Hammond	LA	22	70403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	138	178	178	$102.03	$32.38	$22.87	$22.98
1497142145	Gado	Samkon	K	MD	M	I	2321 Atherholt Rd	Lynchburg	VA	51	24501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	178	178	$75.00	$47.50	$32.51	$32.31
1497920839	Keller	Roni	M	M.D.	F	I	16055 Crossbay Blvd	Howard Be	NY	36	11414	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	155	178	178	$242.53	$53.73	$40.56	$32.64
1497994966	Clarke	Hannah	G	RD, LDN, P/	F	I	110 Charlois Blvd	Winston Sa	NC	37	27103	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	122	178	178	$127.28	$26.57	$18.61	$19.63
1568714632	Howerton	Mary	A	PA	F	I	171 Ashley Ave	Charleston	SC	45	29425	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	145	178	178	$139.50	$26.62	$17.89	$18.54
1689005977	Sands	Erin		PA-C	F	I	25 N Winfield Rd Ste 51	Winfield	IL	17	60190	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	132	178	178	$149.00	$42.95	$29.24	$26.81
1710043682	Wolraich	David	A	MD	M	I	800 Huntington Ave	Boston	MA	25	2115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	161	178	178	$132.74	$35.06	$23.71	$21.96
1740241959	Mikus	Joseph	L	MD	M	I	142 Linden Suite 106	Winchester	VA	51	22601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	154	178	178	$90.00	$44.87	$30.33	$30.75
1851388235	Howard	John	L	M.D.	M	I	5408 Disco Suite 300	Williamsbu	VA	51	23188	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	136	178	178	$96.02	$47.91	$31.62	$31.33
1861492506	Lowery	James	D	MD	M	I	974 Bethel Rd Ste A	Columbus	OH	39	43214	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	130	178	178	$95.00	$44.23	$29.50	$30.65
1902346786	Coulter	Nora		APRN	F	I	2874 Main St	Stratford	CT	9	6614	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	129	178	178	$285.00	$43.65	$32.30	$29.71
1114959772	Finkelstein	Jeffrey	M	M.D.	M	I	830 Old Lai Suite 200 B	Bryn Mawr	PA	42	19010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	177	177	$106.00	$49.87	$36.28	$33.53
1134173909	Lebovitz	Brian	L	M.D., F.A.C	M	I	900 Lanidex Plz Ste 30(	Parsippany	NJ	34	7054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	177	177	$252.52	$50.50	$36.36	$31.73
1144303421	Winarsky	Eric	L	MD	M	I	1131 Broac Suite102	Shrewsbur	NJ	34	7702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	177	177	$164.69	$51.07	$37.98	$34.43
1255350468	Moghadda	Maseih		MD	M	I	134 Mineola Blvd	Mineola	NY	36	11501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	153	177	177	$763.00	$51.60	$37.07	$29.77
1316280886	Insalaco	Louis	F	MD	M	I	41 Montvale Ave Ste 20	Stoneham	MA	25	2180	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	164	177	177	$197.07	$51.37	$36.93	$32.90
1366491193	Papazian	Jacques		M.D.	M	I	4117 S Wat Suite C	Mount Vern	IL	17	62864	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	138	177	177	$114.79	$46.46	$28.46	$29.49
1386610186	Farach	Carlos	J	M.D.	M	I	1545 Hand Suite B1	Ormond Be	FL	12	32174	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	149	177	177	$97.65	$47.58	$28.32	$28.35
1386612935	Schultz	Richard	C	M.D.	M	I	1104 Cass St	Traverse Ci	MI	26	49684	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	144	177	177	$74.97	$44.64	$30.92	$31.82
1447366901	Henick	David	H	M.D.	M	I	301 Bridge Plz N	Fort Lee	NJ	34	7024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	177	177	$100.00	$49.32	$38.30	$33.38
1861492589	Drucker	Carl		M.D.	M	I	21150 Bisc #102	Aventura	FL	12	33180	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	136	177	177	$116.00	$52.69	$37.76	$33.14
1861506776	Siegel	Noah	S	M.D.	M	I	800 Huntington Ave	Boston	MA	25	2115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	132	177	177	$132.71	$33.73	$23.31	$21.53
1053313387	Spector	Brian		MD	M	I	133 Benmo Ste 100	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	128	176	176	$138.00	$43.33	$31.71	$31.89
1053433045	Vasanth	Adarsh		M.D.	M	I	198 Massachusetts Av	North Ando	MA	25	1845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	163	176	176	$188.18	$48.25	$33.99	$32.98
1205891033	Stonebrake	Angela	C	MD	F	I	11110 Med Suite 126	Hagerstow	MD	24	21742	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	151	176	176	$210.00	$48.49	$30.16	$28.51
1356424329	Krause	Paul	E	M.D.	M	I	2025 Soquel Ave	Santa Cruz	CA	6	95062	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	144	176	176	$170.86	$50.25	$34.42	$30.63
1447260468	Rosenberg	Seth	I	MD	M	I	1901 Floyd St	Sarasota	FL	12	34239	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	136	176	176	$101.22	$46.52	$31.35	$31.00
1598839821	Ota	Harold	G	MD	M	I	101 Main S Suite 216	Medford	MA	25	2155	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	134	176	176	$197.83	$52.01	$35.63	$31.82
1659350551	Good	Garth	M	MD	M	I	924 Colonial Ave Ste E	York	PA	42	17403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	152	176	176	$81.46	$44.31	$32.43	$33.11
1669015830	Khan	Samina	R	FNP	F	I	135 Mission Ranch Blv	Chico	CA	6	95926	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	135	176	176	$74.00	$28.19	$19.52	$19.46
1760581821	Coppit	George	L	MD	M	I	501 W 7th St	Frederick	MD	24	21701	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	128	176	176	$107.00	$46.24	$33.22	$31.44
1780712752	Daristotle	Joedy	L	M.D.	M	I	1712 Locust Ave	Fairmont	WV	54	26554	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	133	176	176	$138.00	$45.56	$28.58	$30.41
1801842893	Sreepada	Gangadhar	S	M.D.	M	I	1211 Hamt Suite 205	Wayne	NJ	34	7470	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	150	176	176	$248.81	$44.61	$31.52	$27.41
1801898796	Arnstein	David	P	MD	M	I	15861 Winchester Blvd	Los Gatos	CA	6	95030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	176	176	$185.00	$48.41	$35.74	$29.68
1821016098	Farrugia	Matthew	C	DO	M	I	25500 Mea Ste 220	Novi	MI	26	48375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	151	176	176	$75.00	$47.33	$32.31	$31.63
1821027335	Smith	Jason	V	M.D.	M	I	3017 13th St	Gulfport	MS	28	39501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	154	176	176	$106.00	$43.17	$29.72	$33.36
1821089145	Hatch	Mark	W	M.D.	M	I	7940 Floyd Suite 400	San Antoni	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	124	176	176	$132.30	$42.27	$29.29	$34.10
1831281682	Maniar	Anoli		M.D.	F	I	6 Sand Hill Suite 302	Flemington	NJ	34	8822	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	176	176	$561.00	$53.38	$38.98	$33.72
1871595462	Braat	Kevin		M.D.	M	I	400 Old Co Suite 16	Riverhead	NY	36	11901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	160	176	176	$295.14	$54.27	$40.71	$32.05
1912313719	Howard	Lacy	M	NP-C	F	I	2101 Jacob Suite 703	Wheeling	WV	54	26003	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	137	176	176	$185.00	$38.13	$25.38	$27.26
1922425826	Kartush	Alison	G	M.D.	F	I	1401 Medical Pkwy Ste	Cedar Park	TX	48	78613	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	145	176	176	$151.00	$46.01	$33.70	$32.98
1033184007	Mcdonald	Robert	J	MD	M	I	3527 W Tru Ste 200	Jefferson C	MO	29	65109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	175	175	$75.00	$43.50	$30.17	$33.58
1063796712	Mahoney	Jorjette	M	CRNP	F	I	788 Washington Rd	Pittsburgh	PA	42	15228	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	85	175	175	$85.00	$39.20	$28.14	$29.15
1104814573	Johnson	Garfield		M.D.	M	I	915 Gessn Ste 225	Houston	TX	48	77024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	175	175	$117.94	$45.81	$32.61	$31.68
1174905822	Schwartz	Scott	J	M.D.	M	I	6900 Orchard Lake Rd	West Bloon	MI	26	48322	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	125	175	175	$85.00	$49.18	$34.43	$33.00
1184668634	Kaye	Glenn	M	MD	M	I	2851 Bagly Suite 201	Bethlehem	PA	42	18020	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	135	175	175	$119.69	$42.46	$29.93	$30.23
1194158147	Baura	Margaret		PA-C	F	I	200 S Herlong Ave Ste A	Rock Hill	SC	45	29732	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	120	175	175	$95.00	$37.58	$25.68	$27.22
1316268410	Arffa	Rachel	E	MD	F	I	300 University Blvd	Round Roc	TX	48	78665	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	144	175	175	$153.00	$27.80	$20.85	$21.95
1619193109	Johnson	Benjamin	C	MD	M	I	222 S Gree	Lake Count	Gurnee	IL	17	60031	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	163	175	175	$120.00	$49.21	$32.91	$30.44
1619362415	Lin	Sharon	J	MD	F	I	595 Chapel Hills Dr Ste	Colorado S	CO	8	80920	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	134	175	175	$158.94	$30.07	$20.82	$22.89
1669448239	Ritz	Howard	J	RPA-C	M	I	14 Hudson Ave	Glens Falls	NY	36	12801	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	124	175	175	$99.20	$26.95	$18.15	$18.70
1710900626	Ramsey	Kent	L	MD	M	I	4912 Higbe Ste 200	Canton	OH	39	44718	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	116	175	175	$70.00	$45.17	$28.00	$29.29
1720399322	Nordbladh	Louise	I	PA-C	F	I	1132 N Church St	Greensbor	NC	37	27401	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	140	175	175	$218.27	$38.19	$25.56	$26.97
1891277992	Ahanonu	Peace	C	FNP	F	I	9000 Vanta Apt 226	Dallas	TX	48	75243	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	96	175	175	$56.53	$40.55	$32.42	$31.73
1043396559	Banthia	Vishal		MD	M	I	2390 Faraday Ave	Carlsbad	CA	6	92008	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	174	174	174	$48.61	$45.73	$36.57	$37.76
1164475547	Schmidt	Melissa	R	PA-C	F	I	205 Valley Ave	West Bend	WI	55	53095	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	136	174	174	$262.99	$37.48	$26.13	$28.46
1205015732	George	David	C	PA-C	M	I	5170 Us Rt 60 East	Huntington	WV	54	25705	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	156	174	174	$112.51	$37.63	$24.46	$26.49
1215370077	Zuniga Mar	Maria Geraldine		M.D.	F	I	21 Spurs Ln Ste 245	San Antoni	TX	48	78240	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	173	174	174	$90.52	$45.34	$35.24	$36.90
1255389532	Dean	Robert	L	M.D.	M	I	1358 W. Orange Grove	Tucson	AZ	4	85704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	114	174	174	$94.00	$41.47	$32.35	$32.67
1255908455	Hayes	Melissa	M	APRN-CNP	F	I	626 Burnett Dr	Mountain H	AR	5	72653	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	145	174	174	$84.00	$35.91	$24.12	$27.73
1346200896	Roach	Kristina	O	PA	F	I	1870 Amherst St Ste 2(	Winchester	VA	51	22601	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	142	174	174	$121.61	$39.65	$24.21	$23.90
1447396809	Shahnazari	Vachik		M.D.	M	I	1030 S Glendale Ave St	Glendale	CA	6	91205	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	153	174	174	$82.27	$52.40	$39.23	$35.55
1447592845	Basler	Keith	J		M	I	1139 Nikki View Dr	Brandon	FL	12	33511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	132	174	174	$105.00	$46.08	$32.70	$32.58

1467419135	Wiley	Philip	D	MD	M	I	1165 S Can	Ste 200	Durango	CO	8	81303	5	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	154	174	174	$123.00	$47.10	$32.60	$32.19
1518948728	Gonzales	James	D	M.D.	M	I	515 W Sout	Ste. 100	Southlake	TX	48	76092	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	144	174	174	$47.36	$47.08	$33.63	$33.81
1629679105	Bredow	Morgan	P	PA-C	F	I	131 Miller St		Winston Sa	NC	37	27103	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	130	174	174	$159.03	$26.70	$19.13	$19.76
1659493393	Rolston, Iv	William		MD	M	I	10201 Kanis Rd		Little Rock	AR	5	72205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	125	174	174	$222.07	$41.36	$28.43	$32.55
1730405762	Smith	Gregory	S	M.D.	M	I	525 Route 73 N	Ste 117	Evesham	NJ	34	8053	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	154	174	174	$159.08	$43.88	$30.64	$28.11
1821245689	D'elia	Joanna	B	MD	F	I	1200 Waters Pl	Ste 110	Bronx	NY	36	10461	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	147	174	174	$220.75	$51.44	$34.94	$27.93
1881688166	Remsen	Kenneth		MD	M	I	51 State Rt	Floor 2	Riverdale	NJ	34	7457	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	145	174	174	$150.00	$49.10	$37.73	$33.39
1982961850	Friedman	Bryan	D	D.O.	M	I	7600 E Camelback Rd		Scottsdale	AZ	4	85251	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	139	174	174	$118.97	$40.25	$27.54	$28.40
1104822295	Scott	Kimberly	A	N.P.	F	I	500 Independence Pkw		Chesapeak	VA	51	23320	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	141	173	173	$96.56	$39.20	$27.76	$27.80
1114941358	Cutler	Jeffrey	L		M	I	850 E Harv	Ste 505	Denver	CO	8	80210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	141	173	173	$138.00	$46.66	$33.74	$33.56
1194298448	Robertson	Kelly	C	MSN, FNP-I	F	I	3801 University Dr		Fairfax	VA	51	22030	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	132	173	173	$219.36	$44.19	$34.35	$30.97
1235172677	Fong	Randall		M.D.	M	I	7105 W Ho	Suite A 103	Kennewick	WA	53	99336	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	140	173	173	$168.00	$46.99	$32.12	$32.69
1396744652	Nichols	Phillip	T	MD	M	I	500 Donna	Suite 200	Charleston	WV	54	25301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	134	173	172	$122.00	$46.76	$34.76	$34.67
1477708907	Vengerovic	Gennadiy			M	I	10150 Hagen Ranch Rd		Boynton Be	FL	12	33437	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	140	173	173	$232.13	$48.44	$35.22	$34.39
1508862061	Nguyen	Thanh	V	M.D.	F	I	10760 War	201	Fountain Va	CA	6	92708	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	134	173	173	$75.00	$50.56	$37.31	$33.89
1518912781	Sinnreich	Abraham	I	M.D.	M	I	1 Teleport Dr	Ste 200	Staten Isla	NY	36	10311	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	157	173	173	$247.88	$50.17	$37.82	$29.74
1619118684	Chastant	Ryan	P	M.D.	M	I	1000 W Pin	Ste 201	Lafayette	LA	22	70503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	138	173	173	$92.60	$45.42	$31.19	$33.17
1639142110	Srodes	Michael	S	M.D.	M	I	9104 Babcc	Upmc Pass	Pittsburgh	PA	42	15237	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	126	173	173	$138.00	$46.69	$29.31	$30.15
1669013744	Cadena	Marissa	L	PA-C	F	I	16305 Highland Dr		Florence	MT	30	59833	2	Metropolita	US	Physician A	Y	69210	Removal of	N	O	156	173	173	$106.00	$40.53	$25.49	$25.09
1699779959	Baylor	Jeffrey		MD	M	I	133 Benmo	Ste 100	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	144	173	173	$138.80	$46.21	$32.33	$32.49
1790716637	Hubbell	Richard	N	MD	M	I	111 Colche	West Pavili	Burlington	VT	50	5401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	116	173	173	$36.37	$31.76	$19.38	$20.30
1861508665	Nguyen	Charly		M.D.	M	I	1000 Health Center Dr		Mattoon	IL	17	61938	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	150	173	173	$137.06	$42.57	$30.93	$31.58
1881981371	Drobbin	Michael		D.O.	M	I	107 Newto	Suite 2a	Danbury	CT	9	6810	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	129	173	173	$198.21	$54.84	$41.39	$33.13
1902989064	Nguyen	Li		M.D.	M	I	15751 Brookhurst St	St	Westminst	CA	6	92683	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	112	173	173	$75.00	$49.58	$36.76	$33.33
1942268909	Black	Randall	W	MD	M	I	5204 W Redbud Street		Rogers	AR	5	72758	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	131	173	173	$106.00	$42.55	$28.96	$32.58
1033104328	Reilly	Jacquelyn		MD	F	I	100 Wason	Suite 110	Springfield	MA	25	1107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	148	172	172	$150.87	$49.31	$33.80	$32.05
1033301510	Johnson	Colleen	N	M.D.	F	I	4880 Ne Gc	Ste 340	Lees Sumr	MO	29	64064	2	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	132	172	172	$89.00	$42.43	$30.00	$33.11
1053601765	Jackson	Christophe	R	M.D.	M	I	65 Cedar St		Hyannis	MA	25	2601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	149	172	172	$76.00	$43.87	$34.56	$34.34
1124302260	Shrewsbur	Melissa	A	FNP-BC	F	I	122 12th St	Ste A	Princeton	WV	54	24740	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	130	172	172	$108.00	$38.27	$25.20	$26.81
1134224280	Vanderwert	Quinten	M	MEDICAL D	M	I	39000 Bob	W301	Rancho Mir	CA	6	92270	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	160	172	172	$50.44	$43.00	$32.39	$30.86
1144270406	Witt	Christophe	J	M.D.	M	I	425 N 21st	Suite 301	Camp Hill	PA	42	17011	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	128	172	172	$90.00	$45.54	$33.16	$33.66
1285155986	Hanus	Kaitlin	E	CNP	F	I	4640 W Alexis Rd		Toledo	OH	39	43623	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	118	172	172	$120.00	$39.26	$27.83	$28.78
1316070717	Ego-Osuala	Bryan	C	MD	M	I	10 Saint Patricks Dr		Waldorf	MD	24	20603	2	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	152	172	172	$134.00	$48.53	$36.80	$36.14
1326280009	Ginsburg	Mark	A	DO	M	I	2112 Providence Ave		Chester	PA	42	19013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	137	172	172	$125.00	$50.06	$35.33	$32.25
1336246446	Stevens	Carl	W	MD	M	I	203 S 12th Ave		Laurel	MS	28	39440	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	144	172	172	$120.00	$38.82	$28.25	$31.78
1376604488	Mcdonald	Clement	J	M.D.	M	I	1115 Ronal	Ste 255	Avon	IN	18	46123	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	106	172	172	$97.00	$42.87	$32.76	$35.71
1386993517	Dipaola	Francesca		P.A.-C	F	I	3700 Route	Suite 101	Neptune	NJ	34	7753	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	163	172	172	$101.74	$43.67	$29.33	$26.91
1427071331	Smith	Darrell	R	MD FACS	M	I	4912 Higbe	Suite 200	Canton	OH	39	44718	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	118	172	172	$70.41	$45.40	$28.16	$29.62
1437159340	Cooley	Susan	M	P.A.	F	I	69 Allen St	Suite 1	Rutland	VT	50	5701	4	Micropolita	US	Physician A	Y	69210	Removal of	N	F	124	172	172	$131.72	$27.01	$16.81	$17.25
1467404657	Williams	James	D	MD	M	I	171 Grand	Suite 201	Waterbury	CT	9	6708	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	130	172	172	$125.00	$50.02	$37.44	$34.71
1518914993	Smith	Charles	E	M.D.	M	I	1 Doctors Drive		Greenville	SC	45	29605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	122	172	172	$160.00	$43.83	$31.87	$34.76
1548769524	Ryan	Kevin	M	PA	M	I	35 Pearl St	Ste 200	Brockton	MA	25	2301	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	131	172	172	$149.41	$43.28	$31.66	$29.26
1679996102	Hur	Kevin		MD	M	I	125 W Huntington Dr	B	Arcadia	CA	6	91007	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	148	172	172	$171.66	$49.56	$34.79	$31.34
1871601286	Viser	Timothy	A	MD	M	I	2414 Chambliss Avenu		Cleveland	TN	47	37320	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	125	172	172	$90.00	$42.56	$30.28	$33.34
1912996745	Dahm	John	D	MD	M	I	226 S Woo	Suite 37 W	Chesterfiel	MO	29	63017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	143	172	172	$108.16	$43.38	$30.42	$30.40
1942394663	Byrd	Michael	C	MD	M	I	4191 Bellaire Blvd	Ste 2	Houston	TX	48	77025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	137	172	172	$67.26	$47.40	$37.10	$36.08
1043324742	Rizkalla	Suzanne		M.D.	F	I	25815 Barton Road	Ste	Loma Linda	CA	6	92354	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	108	171	171	$75.00	$49.84	$34.66	$33.01
1104014679	Czarick	Brittany	J	PA	F	I	100 Wason	Suite 100	Springfield	MA	25	1107	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	125	171	171	$150.88	$42.26	$28.12	$26.68
1104906510	Vaughan	Wallace	C	M.D.	M	I	6980 Winton Blount Bl		Montgomer	AL	1	36117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	132	171	171	$65.19	$44.48	$30.48	$32.36
1124137369	Ardito	Joseph	M	M.D.	M	I	15 Industri	Suite 102	Paoli	PA	42	19301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	118	171	171	$105.00	$50.36	$37.93	$35.48
1144756545	Cranford	Anndi		CNP	F	I	501 Jack Stephens Dr		Little Rock	AR	5	72205	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	135	171	171	$111.47	$25.52	$16.75	$18.80
1215258272	Depietro	Joseph	D	M.D.	M	I	2651 Strang Blvd		Yorktown H	NY	36	10598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	144	171	171	$271.98	$57.68	$41.18	$32.10
1215987961	Upadhyay	Sanjiv		M.D.	M	I	2040 Ogde	Suite 301	Aurora	IL	17	60504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	131	171	171	$221.87	$49.28	$34.64	$33.14
1326463050	Wilson	Megan	L	PA-C	F	I	615 W 39th St		Kearney	NE	31	68845	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	149	171	171	$125.00	$35.28	$24.35	$27.05
1366807109	Pirani	Nisha		PA-C	F	I	95 Crystal Run Rd		Middletow	NY	36	10941	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	132	171	171	$145.85	$44.36	$30.67	$27.61
1386641678	Lim	Jin	S	MD	M	I	161 Wadsworth Drive		Richmond	VA	51	23236	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	143	171	171	$90.00	$47.09	$31.04	$30.70
1487649414	Fulp	Shannon	E	M.D.	F	I	4348 Electric Rd		Roanoke	VA	51	24018	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	114	171	171	$144.29	$31.14	$21.32	$21.84
1710083787	Shea	John	P	M.D.	M	I	11797 Sout	#132	Burleson	TX	48	76028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	133	171	171	$105.00	$46.63	$33.70	$34.45
1740591437	King	Kathryn	L	FNP	F	I	2028 W Poy	Ste 112	Collierville	TN	47	38017	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	139	171	171	$130.96	$36.90	$26.46	$29.04
1770503997	Ngo	Tan	D	M.D.	M	I	9431 Edinger Ave		Westminst	CA	6	92683	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	169	171	171	$55.00	$52.37	$41.53	$37.65
1770541120	Beckhardt	Russell	N	M.D.	M	I	3119 Newt	Suite 201	Astoria	NY	36	11102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	138	171	171	$277.27	$52.78	$38.47	$30.35
1770581811	Chastant	Bradley	J	MD	M	I	1000 W Pinhook Rd	Ste	Lafayette	LA	22	70503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	122	171	171	$92.60	$45.46	$30.99	$32.82
1942218938	Nau	Thomas	W	MD	M	I	7940 Floyd	#400	San Antoni	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	150	171	171	$132.30	$44.75	$31.80	$33.28
1962716738	German	Rose		RPA-C	F	I	2797 Ocea	1 Floor	Brooklyn	NY	36	11235	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	155	171	171	$215.00	$41.99	$31.41	$24.57
1972599942	Ramirez	Sylvester	G	MD	M	I	1001 Wate	Ste D-100	Kerrville	TX	48	78028	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	121	171	171	$138.00	$45.29	$32.23	$33.73
1992962435	Schilt	Peter	N	M.D.	M	I	2101 Jackson St	Ste 11	Anderson	IN	18	46016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	113	171	171	$133.16	$42.92	$30.44	$33.57
1114217478	Lewis	Travis		M.D.	M	I	3471 N Federal Hwy	St	Fort Lauder	FL	12	33306	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	136	170	170	$116.00	$48.82	$35.91	$33.18
1184100901	Shefferly	Kevin	J	MMS IN PA	M	I	1 Medical Center Blvd		Winston Sa	NC	37	27157	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	132	170	170	$136.18	$38.50	$26.80	$28.20
1205120383	Burge	Scott		MD	M	I	7600 Wolf River Blvd	St	Germantov	TN	47	38138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	129	170	170	$135.00	$42.46	$30.86	$34.13
1235502162	Gaidadjiev	Teodora		PA-C	F	I	200 W Arbor Dr		San Diego	CA	6	92103	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	141	170	170	$184.84	$43.47	$32.21	$29.81
1265052393	Alles	Jessica	M	FNP	F	I	3400 Market Ln		Kenosha	WI	55	53144	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of	N	O	124	170	170	$264.72	$37.55	$23.94	$26.10
1275527111	Dettmer	Timothy		M.D.	M	I	250 S Crescent Dr		Mason City	IA	19	50401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	102	170	170	$121.47	$41.63	$28.10	$31.23
1306215058	Bradley	Elizabeth			F	I	7219 Mckn	Suite 2042	Pittsburgh	PA	42	15237	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	125	170	170	$109.00	$39.03	$27.00	$27.61
1417304510	Kasle	David		M.D.	M	I	220 Sw 84th Ave	Ste 10	Plantation	FL	12	33324	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	142	170	170	$105.00	$47.19	$33.56	$31.87
1437631736	Doane	Rebecca	E	FNP-C	F	I	9411 N Oak Trfy	Ste 20	Kansas Cit	MO	29	64155	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	156	170	170	$116.27	$39.78	$25.52	$26.06
1619150950	Cohen	Samuel	D	MD	M	I	2801 Wooten Blvd	Sw	Wilson	NC	37	27893	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	131	170	170	$125.29	$45.98	$31.49	$32.89
1851788749	Heffernan	Andrew	T	M.D.	M	I	115 Halton Village Cir		Greenville	SC	45	29607	2	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	134	170	170	$111.00	$41.14	$30.28	$32.51

1881669885	Smith	Douglas	L	MD	M	I	2131 E Southern Avenu	Tempe	AZ	4	85282	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	170	170	170	$106.00	$42.89	$29.64	$32.74
1891899076	Lasiter	John	C	MD	M	I	4450 Sunset Dr	San Angelo	TX	48	76901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	170	170	$120.00	$43.54	$28.50	$29.84
1982600946	Gerges	Chawki		M.D.	M	I	128 N Aker:	Suite C	Visalia	CA	6	93291	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	133	170	170	$102.40	$49.07	$35.18	$34.11
1083716500	Feghali	Joseph	G	M.D.	M	I	1200 Waters Pl	Ste 11C	Bronx	NY	36	10461	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	139	169	169	$294.85	$41.57	$30.58	$23.94
1144227919	Kaufman	Lawrence	S	MD	M	I	123 Everett Rd		Albany	NY	36	12205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	152	169	169	$126.63	$44.98	$32.28	$33.02
1295175925	Montgome	Scott		MD	M	I	2950 Research Park Dr		Soquel	CA	6	95073	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	126	169	169	$174.23	$51.38	$36.93	$32.96
1437159407	Shah	Rasesh		M.D.	M	I	620 N Broad St		Woodbury	NJ	34	8096	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	152	169	169	$154.00	$43.86	$31.82	$29.37
1467610196	Diggelmani	Henry	R	M.D.	M	I	250 S Crescent Dr		Mason City	IA	19	50401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	114	169	169	$127.40	$28.65	$20.78	$22.61
1508014655	Dugita	Suzanne	M	CRNP	F	I	3893 William Penn Hw		Monroeville	PA	42	15146	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	156	169	169	$54.14	$39.52	$24.32	$25.22
1538182761	Reisacher	William		MD	M	I	1305 York Ave Fl	5	New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	158	169	169	$281.51	$57.04	$42.03	$34.80
1538250337	Feldman	Jeffrey		M.D.	M	I	17 Wells St	Ste. 201	Westerly	RI	44	2891	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	115	169	169	$150.00	$47.70	$34.27	$32.79
1609221563	Nicholas	Robert		MD	M	I	2525 Fox Run Pkwy	Ste	Yankton	SD	46	57078	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	169	169	$137.00	$41.74	$31.00	$32.94
1649246984	Branch	Michael	E	MD	M	I	38103 Market Sq		Zephyrhills	FL	12	33542	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	146	169	169	$120.36	$47.43	$32.93	$32.83
1649292566	Fortgang	Paul	L	MD	M	I	1 Long Wha	Suite 302	New Haven	CT	9	6511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	151	169	169	$53.83	$51.12	$36.22	$33.23
1649424896	Eison	Danielle	M	PA-C	F	I	701 Grove Rd		Greenville	SC	45	29605	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	159	169	169	$104.89	$37.03	$25.47	$27.39
1720003569	Graham	Camille	A	MD	F	I	4000 Medical Pkwy		Greenville	TX	48	75401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	131	169	169	$93.63	$44.87	$33.47	$35.45
1730502048	Warren	Mark	L	PA-C	M	I	1 S Park St	6th Floor	Madison	WI	55	53715	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	140	169	169	$196.96	$37.73	$21.47	$23.64
1861531139	Pillow	Jonathan	M	M.D.	M	I	3824 S Bou	Suite 160	Edmond	OK	40	73013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	131	169	169	$115.49	$44.01	$28.50	$31.29
1891086799	Tompkins	Jared	J	M.D.	M	I	501 W 7th St		Frederick	MD	24	21701	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	132	169	169	$107.00	$47.19	$32.05	$30.63
1992783393	Krzeminski	Stephen	G	D.O.	M	I	1305 Palux	Suite A	Granbury	TX	48	76048	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	151	169	169	$92.56	$41.86	$29.40	$31.08
1003043399	Yelverton	Joshua	C	MD	M	I	2520 Aberdeen Blvd		Gastonia	NC	37	28054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	168	168	$138.01	$46.22	$28.38	$29.65
1003172685	Vincent	Richard	L	M.D.	M	I	16 S Eutaw	Suite 500	Baltimore	MD	24	21201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	126	168	168	$134.00	$50.33	$37.49	$34.48
1104844463	Morrissey	David	D	M.D.	M	I	4745 Arapa	Ste 130	Boulder	CO	8	80303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	152	168	168	$85.42	$45.70	$33.75	$33.49
1174103188	Espicha	Todd	A	PAC	M	I	101 S Plum St		Vermillion	SD	46	57069	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	129	168	168	$160.00	$38.98	$23.76	$24.84
1194764670	Lesserson	Jonathan	A		M	I	433 Hackensack Ave	S	Hackensac	NJ	34	7601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	168	168	$270.54	$49.17	$36.76	$32.46
1215501564	Sonnen	Kathleen	E	PA	F	I	2423 Nw Troost St		Roseburg	OR	41	97471	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	128	168	168	$129.00	$38.60	$22.09	$23.84
1356769699	Hashemi	Sean		M.D.	M	I	135 Mission Ranch Blv		Chico	CA	6	95926	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	121	168	168	$74.00	$32.16	$21.47	$21.43
1487019857	Coraci	Emily		PA-S	F	I	2901 174th St Ne		Marysville	WA	53	98271	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	128	168	168	$131.19	$40.24	$28.44	$28.15
1538505458	Humphrey	Dana	M	FNP	F	I	350 W Columbia St	Ste	Evansville	IN	18	47710	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	120	168	168	$135.00	$37.75	$27.56	$29.75
1568573947	Russell	Beverly		PA	F	I	1111 Teneyck St		Jackson	MI	26	49201	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	125	168	168	$112.05	$27.71	$18.85	$19.02
1578645990	Lee	Ernest	J	MD	M	I	624 Mcclel	Suite G01	Schenecta	NY	36	12304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	168	168	$145.00	$45.59	$33.12	$33.69
1578966008	Zack	Kyrene	M	PA-C	F	I	22 St Paul [	Suite 202	Chamberst	PA	42	17201	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	121	168	168	$130.00	$38.57	$24.47	$25.36
1609244193	Curtis	Heather	A	D.O.	F	I	6500 Hospital Dr		Hannibal	MO	29	63401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	124	168	168	$60.36	$39.94	$30.14	$32.93
1609834142	Gilchrist	John	M	M.D.	M	I	3824 S Bou	Suite 160	Edmond	OK	40	73013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	135	168	168	$118.21	$42.75	$29.61	$32.06
1649347295	Bezpalko	Orest		D.O.	M	I	77 Nautilus Dr		Manahawk	NJ	34	8050	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	145	168	168	$151.79	$39.93	$35.95
1689870073	Tai	Stephen		MD	M	I	406 Lippincott Dr	Ste F	Marlton	NJ	34	8053	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	135	168	168	$158.00	$48.97	$36.48	$33.03
1972895472	Schutt	Christophe	A	M.D.	M	I	30055 Northwestern H		Farmington	MI	26	48334	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	138	168	168	$114.58	$47.63	$30.28	$28.35
1992849095	Jethaname	Daniel		M.D.	M	I	530 1st Ave	Ste 7q	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	168	168	$763.00	$58.00	$40.26	$32.82
1053404970	Gage	Charles	E	MD	M	I	3 Medical F	#220	Roseville	CA	6	95661	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	103	167	167	$161.00	$49.26	$34.60	$32.72
1104962661	Ghossaini	Soha		M.D.	F	I	3516 Francis Lewis Blv		Flushing	NY	36	11358	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	135	167	167	$219.95	$57.32	$40.92	$32.36
1225025729	Moorhead	John	C	MD	M	I	915 Gessne	Ste 225	Houston	TX	48	77024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	145	167	167	$112.10	$47.62	$33.18	$32.21
1306930821	Moradzade	Arash		MD	M	I	462 N Lind	Suite 236	Beverly Hill	CA	6	90212	1	Metropolita	US	Maxillofaci	Y	69210	Removal of N	O	116	167	167	$125.99	$51.65	$38.57	$34.73
1356866834	Tennancou	Andrea	E	NP	F	I	14350 Mundy Dr		Noblesville	IN	18	46060	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	152	167	167	$53.00	$37.57	$25.37	$27.82
1437198553	Cece	John	A	M.D.	M	I	1211 Hamburg Tpke	St	Wayne	NJ	34	7470	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	132	167	167	$290.25	$45.77	$33.44	$29.12
1508819590	Braaten	Jeffrey	M	D.O.	M	I	1233 N 18th St		Abilene	TX	48	79601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	109	167	167	$120.00	$45.20	$31.73	$33.31
1538507512	Shah	Ameer	T	M.D.	M	I	35 Pearl St	Ste 200	Brockton	MA	25	2301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	152	167	167	$149.64	$43.32	$32.88	$32.02
1578512299	Carbone	Garry	M	MD	M	I	179 Delaware Ave		Palmerton	PA	42	18071	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	65	167	167	$65.00	$45.93	$36.42	$37.79
1609823210	Golgert	Rebecca	D	MD	F	I	2420 Castil	Suite 100	Santa Barb	CA	6	93105	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	139	167	167	$112.00	$47.51	$32.52	$29.93
1689668741	Bernstein	Michael	P	MD	M	I	146 Hazarc	Suite 204	Enfield	CT	9	6082	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	121	167	167	$160.90	$50.20	$33.83	$31.46
1710577176	Walls	Frankie		PA	F	I	1000 Commerce Dr	Ste	Peachtree (	GA	13	30269	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	123	167	167	$122.55	$39.66	$27.22	$27.29
1811076938	Gordon	Kyle	F	MD	M	I	970 Lakeland Dr	Ste 40	Jackson	MS	28	39216	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	124	167	167	$114.00	$43.29	$32.21	$35.62
1912029919	Mingrone	Matthew	D	MD	M	I	50 Post St	Suite 6	San Francis	CA	6	94104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	145	167	167	$122.81	$50.43	$35.37	$33.21
1962482232	Rivera Pere	Arnaldo	L	M.D.	M	I	525 N Keene St	Ste 201	Columbia	MO	29	65201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	130	167	167	$142.87	$31.16	$21.09	$22.12
1003812462	Cashman	Stephen		MD	M	I	2100 N Green Acres Rd		Fayetteville	AR	5	72703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	166	166	$94.00	$40.26	$27.14	$31.07
1013012822	Skalski	Arthur	H	MD	M	I	151 Hazarc	Suite 10	Enfield	CT	9	6082	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	130	166	166	$125.00	$48.56	$26.70	$26.23
1104808898	Parker	Michael	J	MD	M	I	5639 W Genesee Stree		Camillus	NY	36	13031	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	110	166	166	$85.00	$45.18	$32.25	$32.80
1285622167	Lee	John	W	M.D.	M	I	1800 Warn	Suite B	Columbus	GA	13	31904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	166	166	$80.00	$42.47	$30.63	$32.88
1376153262	White	Nicole	L	NP-C	F	I	895 City Center Blvd	St	Newport Ne	VA	51	23606	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	136	166	166	$86.00	$27.82	$19.89	$20.13
1396749883	Whitt	Paul	D	M.D.	M	I	4214 Texas Blvd		Texarkana	TX	48	75503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	112	166	166	$129.00	$44.93	$29.71	$31.34
1427474691	Dunnell	Kristin	B	P.A.	F	I	590 Court S	Dartmouth	Keene	NH	33	3431	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	128	166	166	$81.72	$28.54	$21.71	$21.23
1477612372	Driskill	Brent	R	M.D.	M	I	4033 3rd Ave	Ste 104	San Diego	CA	6	92103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	95	166	166	$101.00	$50.46	$37.12	$34.39
1487748844	Goldrich	Michael	S	MD	M	I	1543 Route	Suite 21	Somerset	NJ	34	8873	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	166	166	$257.43	$48.80	$35.03	$30.56
1578562856	Rock	Raymond	P	M.D.	M	I	8040 Princeton-Glend		West Ches	OH	39	45069	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	142	166	166	$132.00	$45.87	$29.36	$30.05
1598773939	Feeley	Marc	A	M.D.	M	I	3601 The Vanderbilt Cl		Nashville	TN	47	37232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	125	166	166	$116.94	$45.07	$30.77	$32.27
1700828332	Connolly	Kieran	M		M	I	700 Prides Xing	Ste 20(	Newark	DE	10	19713	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	145	166	166	$102.00	$46.58	$32.26	$32.13
1750599791	Treadway	Corey	K	M.D.	M	I	1104 Cass Street		Traverse Ci	MI	26	49684	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	137	166	166	$75.00	$44.93	$31.98	$33.04
1790717957	Shah	Saurabh	B	MD	M	I	225 E 2nd Ave		Escondido	CA	6	92025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	94	166	166	$104.00	$46.60	$35.63	$32.78
1841610979	Capo	Joseph	A	MD	M	I	2870 Hemp	Suite 203	Levittown	NY	36	11756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	146	166	166	$111.00	$52.76	$40.06	$31.72
1841805926	Abell	Allyson	M		F	I	116 S Elmer Ave		Sayre	PA	42	18840	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	131	166	166	$189.00	$38.21	$25.43	$26.49
1881681161	Thurston	Timothy	K	PA-C	M	I	225 Medic	Suite 303	Paducah	KY	21	42003	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	124	166	166	$86.00	$36.09	$24.78	$27.07
1881771996	Magary	Steven	P	M.D.	M	I	20 Medical	Suite 268	Edgewood	KY	21	41017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	166	166	$85.00	$44.07	$30.97	$33.14
1922380344	Kleinschmi	Richard		PA	M	I	2319 Old Plank Rd		Chester	IL	17	62233	7	Small town	US	Physician A	Y	69210	Removal of N	O	121	166	166	$143.00	$39.44	$29.68	$29.49
1003250069	Denipah	Nizhoni	W	M.D.	F	I	1 University	Msc10 561	Albuquerq	NM	35	87131	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	139	165	165	$172.52	$30.77	$20.90	$20.96
1083028674	Croteau	Gillian	M	P.A.	F	I	74 Lunt Rd	Ste 204	Falmouth	ME	23	4105	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	99	165	165	$123.99	$26.25	$17.79	$18.96
1104073170	England	Christophe	R	M.D.	M	I	118 S 12th St		Mount Vern	WA	53	98274	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	136	165	165	$112.00	$46.95	$32.68	$32.99
1215928239	Tirino	Jennifer	L	M.D.	F	I	1360 Uppe	Suite 101	Roswell	GA	13	30076	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	105	165	165	$155.00	$47.47	$35.98	$35.90
1285020495	Corby	Margeaux	R		F	I	2311 Delaney Ave		Wilmingtor	NC	37	28403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	130	165	165	$115.35	$43.64	$32.53	$34.05

1386628022	Wexler	David	B	MD	M	I	157 Union St	Marlboroug	MA	25	1752	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	130	165	165	$221.00	$52.71	$37.43	$33.71
1619065000	Ball	Steven	S	MD	M	I	9500 Euclid Ave	Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	165	165	$372.76	$31.93	$20.92	$20.83
1679066898	Amos	Candace	T	FNP	F	I	406 Taylor St Ste B	Scottsboro	AL	1	35768	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	125	165	165	$68.41	$38.15	$26.47	$28.26
1730478967	Sekhsaria	Vibhav	K	M.D.	M	I	540 E Canfield St	Detroit	MI	26	48201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	128	165	165	$37.45	$36.41	$24.98	$32.88
1780615344	Patel	Alpen		M.D.	M	I	733 W 40th St Ste 20	Baltimore	MD	24	21211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	149	165	165	$125.00	$41.23	$30.82	$27.81
1841258456	Jacobs	Barry	R	MD	M	I	100 Wason Suite 100	Springfield	MA	25	1107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	148	165	165	$152.18	$49.96	$34.75	$32.87
1972708139	Friedel	Mark	E	MD, MPH	M	I	200 Bowma Suite D-285	Voorhees	NJ	34	8043	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	134	165	165	$154.00	$51.88	$35.90	$32.85
1073905089	Pachnik	Shannon			F	I	4801 N Central Ave	Chicago	IL	17	60630	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	141	164	164	$155.00	$37.86	$27.35	$25.41
1144230749	Dagostino	Mark	A	MD	M	I	1 Long Wha Suite 302	New Haven	CT	9	6511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	164	164	$53.26	$51.28	$36.92	$33.69
1255326369	Morse	Daniel	S	MD	M	I	601 N Flam Ste 210	Pembroke I	FL	12	33028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	164	164	$116.00	$49.93	$34.90	$32.28
1285751818	Gurley	Mark	T	M.D.	M	I	144 Concord Rd	Knoxville	TN	47	37934	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	122	164	164	$100.08	$43.50	$31.37	$34.68
1326081795	Arango	Jorge	J	MD	M	I	5959 Gateway Blvd W S	El Paso	TX	48	79925	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	137	164	164	$69.09	$42.98	$29.35	$30.87
1710366943	Lang	Dustin	M	M.D.	M	I	3 Shircliff Way Ste 322	Jacksonvill	FL	12	32204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	134	164	164	$154.00	$44.85	$29.61	$30.06
1750674370	Shibata	Seiji	B	M.D. PH.D.	M	I	1450 San Pablo St Ste 5	Los Angele	CA	6	90033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	164	164	$172.71	$52.36	$37.66	$34.16
1750773198	Bollman	Rachel		PA-C	F	I	14500 Hall Rd	Sterling He	MI	26	48313	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	131	164	164	$127.59	$29.73	$18.48	$17.52
1780674986	Peerless	Alter	G	MD	M	I	4760 E Galbraith Rd St	Cincinnati	OH	39	45236	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	128	164	164	$86.00	$44.92	$31.70	$32.79
1982802021	Gibson	Brian	D	M.D.	M	I	304 W 23rd St	Panama Ci	FL	12	32405	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	104	164	164	$105.00	$46.99	$31.66	$31.71
1023448925	Lvov	Elena	P	APRN	F	I	3520 Post Rd	Warwick	RI	44	2886	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	129	163	163	$120.00	$41.48	$32.67	$31.74
1174902795	Turner	Jaime		PA-C	F	I	2100 N Green Acres Rd	Fayettevill	AR	5	72703	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	132	163	163	$94.00	$35.67	$23.62	$26.60
1235340449	Bliznikas	Darius		MD	M	I	7110 W 12 Suite 210	Palos Heig	IL	17	60463	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	163	163	$74.99	$42.36	$30.46	$27.96
1245203876	Golla	Suman		MD	F	I	200 Delafie Suite 3030	Pittsburgh	PA	42	15215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	116	163	163	$122.00	$45.31	$30.33	$31.62
1285627497	Walker	Paul	A	M.D.	M	I	1747 Bapti Suite 230	Fleming Isl	FL	12	32003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	136	163	163	$104.66	$46.00	$32.74	$32.31
1417571399	Meinert	Rebecca	N		F	I	2300 Hutton Rd Ste 10	Kansas Cit	KS	20	66109	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	117	163	163	$89.00	$37.24	$24.65	$27.22
1649296914	Folker	Randy	J	M.D.	M	I	424 Yellowstone Ave St	Cody	WY	56	82414	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	129	163	163	$239.05	$45.36	$30.93	$30.78
1699717272	Pattat	Michelle	M	FNP	F	I	7600 Wolf I Suite 220	Germantov	TN	47	38138	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	125	163	163	$135.00	$36.11	$24.45	$26.82
1699778076	Brown	Kenneth	A	MD	M	I	1231 Ribaut Rd	Beaufort	SC	45	29902	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	125	163	163	$128.00	$44.97	$30.03	$32.14
1730177411	Weisenburg	Richard	T	D.O.	M	I	145 Medica Suite J	Murphy	NC	37	28906	10	Rural areas	US	Otolaryngo	Y	69210	Removal of N	O	118	163	163	$88.00	$40.57	$28.04	$29.31
1750567053	Vandewark	Tara		PA-C	F	I	5333 Mcau Ste R1018	Ypsilanti	MI	26	48197	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	120	163	163	$87.85	$41.61	$27.48	$26.89
1790854792	Gubbels	Samuel	P	M.D.	M	I	12605 E 16th Ave	Aurora	CO	8	80045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	147	163	163	$169.00	$33.31	$24.38	$23.84
1902123698	Yeung	Terry		D.O.	M	I	5012 S Us H Suite 230	Denison	TX	48	75020	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	122	163	163	$107.00	$44.93	$33.15	$34.83
1205836954	Bukachevs	Roman	P	M.D.	M	I	295 Posad Suite B	Templeton	CA	6	93465	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	145	162	162	$49.92	$49.12	$36.83	$35.47
1255327938	Sawyer	Jeffrey	A	M.D.	M	I	300 Hebror Suite 202	Glastonbur	CT	9	6033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	161	162	162	$180.00	$49.10	$35.15	$32.49
1326520529	Uhrey	Ryan	M	PA-C	M	I	4403 Harrison Blvd Ste	Ogden	UT	49	84403	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	114	162	162	$103.61	$38.25	$24.92	$26.82
1477547180	Leonard	David	W	MD	M	I	500 Indepe Eastern Vir	Chesapeak	VA	51	23320	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	121	162	162	$96.60	$47.41	$30.51	$30.55
1487624045	Khaw	Melvin		M.D.	M	I	16030 Vent Suite 680	Encino	CA	6	91436	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	119	162	162	$299.31	$52.88	$37.63	$33.67
1508852476	Davis	Phillip	G	MD	M	I	7560 Winkler Rd	Fort Myers	FL	12	33908	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	142	162	162	$107.00	$50.70	$33.19	$31.09
1518994508	Kaszuba	Scott	M	MD	M	I	1247 Rickert Dr	Naperville	IL	17	60540	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	118	162	162	$116.00	$47.17	$33.36	$30.97
1558579839	Hetrick	Christophe	H	D.O.	M	I	1451 Yauge Suite 1 B	Mount Vern	OH	39	43050	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	109	162	162	$43.00	$30.09	$21.43	$21.28
1598210866	Matta	Claudia	E	PA	F	I	590 Court St	Keene	NH	33	3431	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	119	162	162	$92.54	$28.09	$21.38	$21.23
1609062744	Lonergan	Devin	M	MD	M	I	795 El Camino Real	Palo Alto	CA	6	94301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	130	162	162	$172.37	$54.95	$40.40	$33.41
1609142355	Tummala	Neelima			F	I	1860 Town Center Dr S	Reston	VA	51	20190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	125	162	162	$164.00	$53.71	$39.35	$33.20
1629287727	Rogers	Neal	L	MD	M	I	202 S Montana St	Butte	MT	30	59701	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	162	162	$95.00	$48.00	$28.61	$28.48
1669812004	Sorrel	Jonathan	E	M.D.	M	I	1420 N Causeway Blvd	Mandeville	LA	22	70471	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	162	162	$105.16	$42.91	$31.97	$33.02
1669868402	Heilbronn	Cameron	M	M.D.	M	I	21000 E 12 Mile Rd Ste	Saint Clair	MI	26	48081	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	162	162	$44.96	$32.89	$23.22	$22.30
1720076565	Christense	Lisa	K	MS, CCC-A	F	I	5275 S. Ad B	Ogden	UT	49	84405	1	Metropolita	US	Audiologist	Y	69210	Removal of N	O	102	162	162	$30.25	$29.91	$18.17	$33.24
1780848333	Lee	Jonathan	M	MD	M	I	3400 Spruc 5 Silverstei	Philadelphi	PA	42	19104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	144	162	162	$95.00	$28.50	$20.81	$19.46
1790746766	Miller	Michael	J	M.D.	M	I	800 Scott And White Dr	College Sta	TX	48	77845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	135	162	162	$153.00	$30.80	$21.85	$23.05
1952345811	Butler	David	M	M.D.	M	I	1301 20th St Ste 300	Santa Moni	CA	6	90404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	135	162	162	$231.43	$51.29	$39.46	$35.28
1013932870	Tully	Robert	P	M.D.	M	I	7525 E Bro Ste 2	Mesa	AZ	4	85208	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	141	161	161	$80.28	$45.78	$34.14	$35.18
1083641872	Shishido	Shizuka	E	MPAS, PA-C	F	I	20911 Earl #470	Torrance	CA	6	90503	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	105	161	161	$90.00	$44.01	$30.28	$27.42
1093008849	Ramos	Sharon		M.D.	F	I	7100 W 20th Ave Ste 6(	Hialeah	FL	12	33016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	142	161	161	$132.00	$51.07	$36.81	$33.25
1184763658	Nau	Jeffrey	C	M.D.	M	I	3999 Dutch Suburban F	Louisville	KY	21	40207	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	132	161	161	$84.83	$40.90	$28.26	$30.70
1235133596	Tipirneni	Kiran		MD	M	I	133 Benmo Ste 100	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	122	161	161	$138.00	$45.64	$30.59	$30.50
1255350864	Morgan	Jonathan	M	M.D.	M	I	1330 S. Ft. Harrison Av	Clearwater	FL	12	33756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	135	161	161	$91.91	$44.93	$33.14	$32.51
1265488845	Ohanjanian	Razmik		MD	M	I	511 Western Ave	Glendale	CA	6	91201	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	132	161	161	$124.63	$49.05	$37.13	$33.54
1407848039	Shah	Prerak		MD	M	I	198 Massa #103	N Andover	MA	25	1845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	161	161	$216.89	$47.35	$33.40	$32.03
1417940339	Siefker	Joseph	D	M.D.	M	I	1032 Mar V Suite 100	Fort Walton	FL	12	32547	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	161	161	$95.00	$47.68	$33.35	$33.14
1497116339	Zismer	Alison			F	I	3800 Park Nicollet Blvc	St Louis Pa	MN	27	55416	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	125	161	161	$162.25	$38.61	$24.35	$25.52
1518981752	Rooney	Walter	G	MD	M	I	375 N Wall St Ste P620	Kankakee	IL	17	60901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	131	161	161	$100.00	$46.18	$34.26	$34.80
1558320481	Romanesc	Karl	B	M.D.	M	I	2874 N Car Suite 220	Carson Cit	NV	32	89706	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	137	161	161	$118.21	$48.60	$34.87	$33.50
1689730749	Alldredge	John	W	M.D.	M	I	225 Bendel Rd	Lafayette	LA	22	70503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	127	161	161	$107.00	$45.01	$30.56	$32.53
1740200096	Huang	Robert	D	MD	M	I	485 Route 1 Bldg B, Suit	Iselin	NJ	34	8830	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	139	161	161	$287.93	$44.28	$30.91	$27.47
1790705531	Mandpe	Aditi	H	MD	F	I	3838 California St Rm 5	San Francis	CA	6	94118	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	128	161	161	$175.00	$53.64	$39.25	$33.36
1881801157	Hsu	George	C	D.O.	M	I	1351 E Spruce Ave	Fresno	CA	6	93720	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	161	161	$120.75	$47.37	$32.89	$32.24
1891778650	Cash	David	L	M.D.	M	I	4701 Fairw Suite C	North Little	AR	5	72116	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	161	161	$200.71	$41.70	$29.75	$33.69
1003910118	Gwinn	Kenneth		MD	M	I	48681 Hayes Rd	Shelby Tow	MI	26	48315	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	160	160	$99.19	$41.72	$31.07	$29.70
1023035813	Antonelli	Patrick	J	MD	M	I	1600 Sw Archer Rd	Gainesville	FL	12	32610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	160	160	$266.00	$47.46	$33.58	$33.41
1174588370	Wandzel	Richard	A	D.O.	M	I	222 W Highland Rd	Highland	MI	26	48357	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	115	160	160	$101.00	$47.34	$32.36	$32.20
1225263866	Kruper	Gregory	J	M.D.	M	I	4201 Saint 5e Uhc	Detroit	MI	26	48201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	144	160	160	$120.00	$51.29	$35.43	$32.89
1346450558	Yaish	Ayman	D	D.O.	M	I	130 Warrer Suite 130	Beaver Dan	WI	55	53916	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	120	160	160	$160.16	$42.16	$29.63	$31.67
1477948693	Jones	Rachel		NP	F	I	215 Oak Dr S Ste F	Lake Jacks	TX	48	77566	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	130	160	160	$110.34	$40.32	$25.50	$25.56
1558568857	Deckard	Nathan	A	M.D.	M	I	1800 Dual Hwy Ste 303	Hagerstow	MD	24	21740	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	128	160	160	$92.56	$45.33	$32.40	$31.58
1669463782	Rounds	Mark	F	M.D.	M	I	2000 Wash Suite 668	Newton	MA	25	2462	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	151	160	160	$197.66	$51.37	$35.77	$32.07
1922317809	Aron	Artem	M	PA-C	M	I	1100 9th Ave	Seattle	WA	53	98101	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	139	160	160	$133.78	$29.73	$21.42	$19.67
1003074873	Johnson	Kristin	R	CNP	F	I	9500 Euclid Ave	Cleveland	OH	39	44195	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	108	159	159	$372.92	$27.78	$18.74	$19.03
1023451754	Leto	Christophe	J	M.D.	M	I	1301 2nd Ave Sw	Largo	FL	12	33770	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	159	159	$105.00	$43.35	$30.36	$31.45
1053388728	Go	James	T	MD	M	I	2290 W Eat Suite 110	Melbourne	FL	12	32935	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	103	159	159	$125.00	$26.13	$20.66	$20.31

1134319783	Ruiz	Jose	L	M.D.	M	I	4301 Sun N Lake Blvd S	Sebring	FL	12	33872	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	159	159	$171.55	$33.91	$21.16	$20.19
1134491806	Thornton	Kendall	S	FNP	F	I	1616 Williams Dr	Leakesville	MS	28	39451	3	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	142	159	159	$120.00	$36.59	$26.25	$29.49
1205925443	Takowsky	Gary	S	M.D.	M	I	8500 Wilsh Suite #630	Beverly Hill	CA	6	90211	1	Metropolita	US	Plastic and	Y	69210	Removal of N	F	136	159	159	$105.33	$35.10	$28.01	$26.07
1275616310	Trevino	Richard	J	M.D.	M	I	175 N Jackson Ave Ste	San Jose	CA	6	95116	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	132	159	159	$125.00	$53.99	$36.85	$32.19
1295957702	Palacios	Sean	D	M.D.	M	I	3692 E Sunset Rd	Las Vegas	NV	32	89120	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	116	159	159	$187.92	$48.74	$36.17	$35.30
1356778914	Soukup	Reed	M	PA-C	M	I	2001 S Shields E101	Fort Collins	CO	8	80526	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	125	159	158	$123.00	$40.13	$26.19	$25.69
1376132803	Houston	Regan	A	PA-C	F	I	1800 Dual Hwy Ste 303	Hagerstown	MD	24	21740	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	122	159	159	$114.75	$40.99	$30.09	$29.37
1437141488	Crawley	Donald	E	MD	M	I	1201 S Adams St	Stillwater	OK	40	74074	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	118	159	159	$151.49	$44.72	$29.43	$31.79
1528021706	Dickson	Matthew	J	M.D.	M	I	14 Hudson Adirondack	Glens Falls	NY	36	12801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	90	159	159	$96.00	$30.44	$20.95	$21.33
1538148499	Thomson	David	K	M.D.	M	I	1250 Forest Ave	Portland	ME	23	4103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	159	159	$82.83	$41.34	$26.17	$28.69
1609874999	Kerner	Jeffrey	H	M.D.	M	I	911-913 State Street	New Haven	CT	9	6511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	159	159	$75.00	$50.14	$39.73	$36.88
1649289406	Dodd	Christi	R	PA	F	I	2911 Texas Suite 103	College Sta	TX	48	77845	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	127	159	159	$130.00	$38.79	$25.74	$27.23
1790871416	Choe	Won Taek		M.D.	M	I	150 E 58th St Fl 34	New York	NY	36	10155	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	159	159	$230.77	$54.26	$41.08	$35.55
1932309754	Pernas	Francisco	G	M.D.	M	I	15955 Sw S # 303	Miami	FL	12	33196	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	105	159	159	$116.00	$49.20	$34.94	$30.93
1023165289	Rudyk	Mary	K	M.D.	F	I	1709 S 16th St Ste A	Wilmington	NC	37	28401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	129	158	158	$76.00	$45.62	$35.51	$37.01
1083905756	Kannabirar	Vishnu			M	I	3 Meeting House Rd	Chelmsford	MA	25	1824	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	158	158	$202.91	$50.62	$37.85	$34.85
1093363095	Ivan	Allison	M	PA-C	F	I	645 Amalia St Ne	Concord	NC	37	28025	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	123	158	158	$95.60	$38.80	$25.22	$26.22
1134773450	Netland	Jillian		PA	F	I	6507 Lipscomb St Se	Salem	OR	41	97317	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	129	158	158	$125.66	$37.52	$26.30	$28.32
1154504181	Chapman	David	B	M.D.	M	I	106 W Med Suite C	Lexington	NC	37	27292	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	94	158	158	$166.92	$31.95	$21.58	$22.03
1164481727	Ford	Charles	W	M.D.	M	I	870 State F Suite 101	Boone	NC	37	28607	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	122	158	158	$92.28	$42.76	$31.49	$32.44
1184696585	Hiltbrand	Jeffery	B	MD	M	I	9240 Bonita Beach Rd S	Bonita Spri	FL	12	34135	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	139	158	158	$103.00	$50.31	$31.31	$29.34
1205829959	Ragsdale	Timothy	F	M.D.	M	I	1615 Hospi	Suite 210	Bedford	TX	48	76022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	158	158	$48.04	$46.67	$35.03	$35.14
1235700386	Cromer	Austin	C	PA-C	M	I	5175 Old Clemmons Sc	Clemmons	NC	37	27012	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	123	158	158	$136.27	$38.85	$26.63	$28.04
1265788632	Bell	Brooke	N	PA	F	I	1025 S 6th St	Springfield	IL	17	62703	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	127	158	158	$153.75	$39.93	$30.01	$30.38
1285923110	Lam	Herman	P	M.D.	M	I	196 Canal St Fl 4	New York	NY	36	10013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	114	158	158	$200.00	$43.64	$32.34	$26.45
1376654269	Deal	Robert	T	MD	M	I	340 N Belair Rd	Evans	GA	13	30809	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	112	158	158	$125.00	$43.89	$30.22	$32.63
1376657957	Greiman	Marshall		MD	M	I	1601 Nw 1	Suite 230	Clive	IA	19	50325	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	128	158	158	$109.10	$41.88	$28.69	$31.94
1376975391	Novak	Maria	F	PA-C	F	I	924 Colonial Ave Ste E	York	PA	42	17403	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	143	158	158	$173.16	$36.98	$28.57	$29.79
1487873329	Webb	Benjamin	D	M.D.	M	I	19026 Stone Oak Pkwy	San Antonio	TX	48	78258	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	158	158	$132.30	$44.33	$29.09	$30.81
1558326199	Rudman	David	T	MD	M	I	5701 W 119th St Ste 42	Overland P	KS	20	66209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	126	158	158	$89.00	$39.79	$27.55	$30.28
1568488500	Kao	Yi	H	MD	M	I	3901 S Atherton St Ste	State Colle	PA	42	16801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	133	158	158	$141.22	$42.81	$30.66	$31.87
1629047782	Woods	Deborah		A.P.R.N.	F	I	145 Innovation Dr	Jackson	TN	47	38305	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	125	158	158	$116.46	$37.63	$23.23	$25.70
1669449278	Finch	Kerry	B	P.A.-C	F	I	69 Allen St	Suite 1	Rutland	VT	50	5701	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	94	158	158	$132.68	$27.38	$18.04	$18.53
1679508030	Demarino	David	P	MD	M	I	2000 Oxfor	Suite 201	Bethel Park	PA	42	15102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	158	158	$94.78	$45.12	$31.70	$32.83
1679611701	Brown	Seth	M	MD	M	I	599 Farmington Ave	Farmington	CT	9	6032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	115	158	158	$153.97	$44.77	$33.81	$31.25
1700865375	De Venecia	Ronald	K	M.D., PH.D	M	I	243 Charles St	Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	123	158	158	$133.12	$35.37	$26.41	$24.71
1821167933	Worrell	Lewit		MD	M	I	1334 W Covina Blvd St	San Dimas	CA	6	91773	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	158	158	$100.00	$51.06	$36.29	$32.93
1821388968	Schuster	Daniel		M.D.	M	I	3601 The Vanderbilt Cl	Nashville	TN	47	37232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	144	158	158	$195.00	$42.37	$28.95	$31.54
1851351787	Runyan	Tami	C	PA	F	I	2707 Medical Office Pl	Goldsboro	NC	37	27534	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	124	158	158	$119.00	$38.06	$26.19	$27.63
1871500017	Leslie	Yvette	V	M.D.	F	I	5900 Hillar Ste 345	Lithonia	GA	13	30058	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	102	158	158	$152.00	$46.29	$32.92	$32.84
1942684618	Hardeman	Joseph	C	B.A.	M	I	2330 Post St Ste 270	San Francis	CA	6	94115	1	Metropolita	US	Audiologist	Y	69210	Removal of N	O	147	158	158	$40.72	$40.07	$30.41	$36.38
1952371072	Segebrecht	Stephen	L	MD	M	I	1112 W 6th Suite 216	Lawrence	KS	20	66044	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	158	158	$134.00	$42.41	$29.82	$32.68
1972752202	Reuther	Marsha	S	M.D.	F	I	9834 Gene	Ste 111	La Jolla	CA	6	92037	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	121	158	158	$150.00	$46.73	$35.76	$33.07
1013991124	Buxa	Gary	A	M.D.	M	I	3305 Place Ste A	Redding	CA	6	96001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	135	157	157	$147.15	$48.70	$32.71	$31.36
1114101300	Knight	Anne	W	APRN	F	I	1622 Westgate Cir	Brentwood	TN	47	37027	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	104	157	157	$131.50	$37.00	$26.25	$28.84
1154389344	Lee	John	R	MD	M	I	5204 W Redbud St	Rogers	AR	5	72758	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	112	157	157	$106.00	$42.75	$29.77	$33.15
1215961743	Fritsch	Michael	H	M.D.	M	I	9002 N Mer	Suite 204	Indianapoli	IN	18	46260	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	116	157	157	$72.68	$36.66	$24.98	$27.61
1356990253	Morillo	Ruben	D	PA-C	M	I	5830 Lake Underhill Rd	Orlando	FL	12	32807	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	131	157	157	$111.02	$32.57	$25.16	$24.90
1376962035	Peng	Sheppard		D.O.	M	I	206 2nd St E	Bradenton	FL	12	34208	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	157	157	$117.71	$50.13	$36.62	$33.53
1386618155	Barfield	William	E	MD	M	I	340 N Belair Rd	Evans	GA	13	30809	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	125	157	157	$124.52	$42.95	$30.62	$33.41
1598754566	Campbell	Gregory	S	M.D.	M	I	525 N Keene St	Columbia	MO	29	65201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	92	157	157	$140.90	$31.18	$20.32	$21.67
1629021498	Gamble	Bradford	A	MD	M	I	6300 W Par	Ste 326	Plano	TX	48	75093	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	157	157	$170.00	$44.24	$29.97	$31.14
1649225764	Meadema	Samuel	J	MD	M	I	159 Execut	Suite C	Danville	VA	51	24541	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	146	157	157	$125.43	$46.99	$30.88	$31.16
1659595296	Le	Bich Thuy		M.D.	F	I	594 Broadway Rm 501	New York	NY	36	10012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	106	157	157	$116.00	$39.05	$29.52	$24.95
1720375132	Miller	Brandon	L	MD	M	I	1825 Martha Berry Blvd	Rome	GA	13	30165	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	135	157	157	$130.00	$41.67	$30.80	$33.40
1790756062	Agarwal	Sangeeta		M.D.	F	I	3 Hospital	Suite 315	Old Bridge	NJ	34	8857	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	45	157	157	$103.00	$53.64	$41.14	$36.53
1881697373	Ledereich	Philip	S	MD	M	I	1033 Clifto Suites 204		Clifton	NJ	34	7013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	146	157	157	$160.51	$41.16	$29.65	$25.98
1972614436	Siddique	Shoab		M.D.	M	I	3000 Q St		Sacrament	CA	6	95816	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	133	157	157	$178.00	$48.23	$34.06	$32.33
1194764472	Dong	Ronald	G	M.D.	M	I	10200 Trinity Pkwy Ste		Stockton	CA	6	95219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	156	156	$165.00	$48.40	$34.70	$33.54
1265057871	Sukalac	Caitlin		PA-C	F	I	537 Penny Ln		Jefferson	OH	39	44047	7	Small town	US	Physician A	Y	69210	Removal of N	O	96	156	156	$337.58	$27.35	$18.29	$19.01
1285143545	Sahbaz	Kenan		FNP	M	I	3009 N Ballas Rd Ste 3		Saint Louis	MO	29	63131	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	150	156	156	$128.23	$36.33	$23.49	$23.47
1336110931	Hueman	Kevin			M	I	1021 Morel	Suite A	Charlotte	NC	37	28204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	134	156	156	$119.00	$45.29	$30.40	$32.05
1346299633	Johnston	Ross	A	M.D.	M	I	65 Cedar St		Hyannis	MA	25	2601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	130	156	156	$127.40	$46.63	$34.08	$32.80
1346707841	Accorsi	Mackenzie	J	PA-C	F	I	304 Detroit St		La Porte	IN	18	46350	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	102	156	156	$201.03	$37.34	$24.45	$27.15
1437282787	Elledge	Emmett	S	MD	M	I	833 Saint V Suite 402		Birminghan	AL	1	35205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	109	156	156	$61.20	$42.95	$30.60	$33.22
1497285159	Chafton	Candace	K	CNP	F	I	1050 W 10th St		Rolla	MO	29	65401	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	121	156	156	$135.00	$36.95	$22.90	$25.82
1548230170	Lerner	Don	N	MD	M	I	836 Pruden	Suite 1802	Jacksonvill	FL	12	32207	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	128	156	156	$104.93	$46.33	$32.95	$32.55
1609876028	Lofchy	Neal	M	M.D.	M	I	3800 Highland Ave Ste		Downers G	IL	17	60515	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	102	156	156	$150.96	$34.09	$26.58	$24.17
1649488735	Debnath	Indranil		MD	M	I	7251 Unive Suite 300		Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	156	156	$71.79	$44.30	$32.73	$32.62
1720032493	Yocum	Jeffrey	A	DO	M	I	940 Cumberland St		Lebanon	PA	42	17042	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	75	156	156	$60.00	$46.16	$31.54	$32.83
1740728385	Hernandez	Cheryl		ACAGNP	F	I	2940 Hebron Park Dr S		Hebron	KY	21	41048	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	146	156	156	$53.00	$39.03	$30.89	$31.98
1821309683	Boone	Brian		M.D.	M	I	15 Exchange Dr		Lugoff	SC	45	29078	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	130	156	156	$87.01	$42.83	$29.53	$32.09
1821351065	Hammond	Kristine	N	PA-C	F	I	5333 Mcauley Dr Rm 2(		Ypsilanti	MI	26	48197	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	126	156	156	$88.01	$41.25	$28.96	$28.10
1871723742	Schell	Andrew	P	MD	M	I	6705 S Red	Suite 704,7	South Mian	FL	12	33143	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	115	156	156	$116.00	$49.81	$36.30	$32.02
1912964388	Smyth	Mary	M	MD PC	F	I	535 Faunce Corner Rd		Dartmouth	MA	25	2747	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	139	156	156	$300.33	$48.55	$38.44	$37.26
1972054005	Lisse	Meredith	H	PA-C	F	I	1100 9th Ave		Seattle	WA	53	98101	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	134	156	156	$133.66	$29.70	$19.01	$17.36
1023374238	Panella	Nicholas	J	M.D.	M	I	9430 Park West Blvd St		Knoxville	TN	47	37923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	155	155	$125.00	$41.96	$30.61	$33.63

1033554423	Tint	Derrick		M.D.	M	I	39755 Date St	Ste 105	Murrieta	CA	6	92563	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	123	155	155	$100.00	$49.01	$37.60	$35.82
1063640530	Standring	Robert	T	M.D.	M	I	29201 Telegraph Rd	Ste	Southfield	MI	26	48034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	128	155	155	$85.00	$46.58	$31.10	$30.11
1134418932	Donatelli	Luke			M	I	333 E Shore Rd		Manhasset	NY	36	11030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	128	155	155	$264.01	$51.73	$39.26	$30.87
1154310977	Druck	Norman	S	MD	M	I	226 S Woo	Suite 37 W	Chesterfiel	MO	29	63017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	124	155	155	$107.61	$46.10	$32.41	$32.55
1235172206	Eby	Thomas	L	MD	M	I	2500 N Sta	Departmen	Jackson	MS	28	39216	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	121	155	155	$159.63	$42.18	$26.31	$30.02
1366434086	Gogan	Robert	J	MD	M	I	10945 N Pc	Suite 211	Mequon	WI	55	53092	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	117	155	155	$155.04	$43.54	$29.19	$31.67
1407107501	Stout	Stephanie	B	PA-C	F	I	10305 Harr	Suite 201	Huntersvill	NC	37	28078	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	128	155	155	$95.00	$38.98	$24.02	$24.89
1407177769	Lam	Allen	C	M.D.	M	I	800 Huntin	Mass Eye A	Boston	MA	25	2115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	116	155	155	$197.58	$52.48	$37.66	$33.65
1437310307	Seaman	Bradley	J	M.D.	M	I	2330 E Meyer Blvd	Ste	Kansas City	MO	29	64132	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	112	155	155	$89.00	$41.51	$29.10	$32.26
1568434454	Burghardt	Beth	M	MD	F	I	5100 W Taf	Suite 4l	Liverpool	NY	36	13088	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	100	155	155	$163.08	$45.52	$32.55	$34.14
1679565501	Lai	Amy		MD	F	I	1169 N Mai	Suite 5	Bluffton	IN	18	46714	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	125	155	155	$107.00	$43.15	$27.51	$30.44
1821054248	Doyle	Deborah	J	M.D.	F	I	8316 Arling	Suite 300	Fairfax	VA	51	22031	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	130	155	155	$205.77	$53.34	$39.45	$33.60
1821101080	Alberti	Paul	W	M.D.	M	I	31 Broadway		North Have	CT	9	6473	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	117	155	155	$195.00	$51.91	$36.18	$33.04
1952373367	Stevens	Douglas	M	MD	M	I	9711 Commerce Cente		Fort Myers	FL	12	33908	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	116	155	155	$128.71	$46.60	$33.02	$31.03
1972079705	Singh	Kulwinder		PA-C	F	I	307 4th St		Lewistown	PA	42	17044	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	93	155	155	$120.87	$38.53	$25.37	$26.58
1982964318	Chang	Andrew	J	MD, MPH	M	I	1320 Summer Lee Dr		Rockwall	TX	48	75032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	137	155	155	$155.00	$44.49	$32.53	$33.81
1053300467	Wood	David	A	M.D.	M	I	65 Cedar St		Hyannis	MA	25	2601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	135	154	154	$127.40	$46.31	$32.85	$31.48
1063473395	O'malley	Timothy	P	M.D.	M	I	27 Effingha	Nmcp Otol	Portsmouth	VA	51	23708	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	131	154	154	$150.00	$46.32	$31.99	$31.87
1083710685	Newton	Michelle	A	R.N., APRN	F	I	412 E Tripp Rd	# 250	Sunnyvale	TX	48	75182	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	104	154	154	$56.91	$40.48	$32.31	$32.28
1083754600	Peller	Douglas	P	D.O.	M	I	9141 Grant	Suite 240	Thornton	CO	8	80229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	95	154	154	$76.95	$48.02	$34.33	$33.60
1174069512	Adichithara	Michelle			F	I	2160 S 1st Ave		Maywood	IL	17	60153	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	120	154	154	$234.73	$30.71	$21.70	$19.61
1184678856	Hwang	Daniel		M.D.	M	I	1860 Town	Suite 335	Reston	VA	51	20190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	126	154	154	$119.35	$55.71	$38.72	$33.12
1194054015	Yavrouian	Eric	J	M. D.	M	I	1505 Wilso	270	Glendale	CA	6	91206	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	150	154	154	$95.00	$50.96	$39.82	$36.01
1194973008	Lee	Scott	L	MD	M	I	4033 Talbo	Ste 540	Renton	WA	53	98055	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	129	154	154	$110.51	$42.04	$31.59	$28.92
1225176811	Franklin	Scott	W	M.D.	M	I	3201 S Aus	Suite 370	Georgetow	TX	48	78626	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	145	154	154	$113.21	$44.56	$32.83	$34.35
1386897346	Way	Thomas	J	M.D.	M	I	1655 E Greenville St		Anderson	SC	45	29621	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	108	154	154	$127.72	$44.39	$33.27	$35.85
1538644026	Larkin	Christina			F	I	1790 Mulkey Rd	Ste 7	Austell	GA	13	30106	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	125	154	154	$115.26	$40.73	$28.73	$28.41
1659488500	Lee	David	S	MD	M	I	2424 S 90tl	Suite 404	West Allis	WI	55	53227	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	116	154	154	$300.00	$42.32	$29.70	$31.62
1699050286	Fletcher	Kyle	T	M.D.	M	I	800 Rose Street C	236	Lexington	KY	21	40536	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	104	154	154	$33.95	$30.99	$22.05	$24.23
1730139122	Liu	Alfred	J	M.D.	M	I	1329 Lusita	Suite 407	Honolulu	HI	15	96813	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	138	154	154	$125.00	$49.85	$34.91	$32.71
1992705099	Kitch	Russell	D	M.D.	M	I	2850 Tricom	Street	North Char	SC	45	29406	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	127	154	154	$87.00	$41.58	$30.02	$32.48
1013142785	Gaines	Lauren	M	PA-C	F	I	1500 E Medical	Center	Ann Arbor	MI	26	48109	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	136	153	153	$81.00	$27.75	$20.77	$19.57
1023499860	Schultz	Kelly	L	DNP RN AG	F	I	4555 E Mayo	Blvd	Phoenix	AZ	4	85050	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	110	153	153	$70.00	$39.17	$27.10	$28.01
1053553990	Ashford	Clinton	A	M.D.	M	I	1000 Hawthorne Ave	St	Athens	GA	13	30606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	124	153	153	$128.37	$41.40	$31.50	$34.57
1205810736	Yoo	John	K	MD	M	I	11454 Spar	#b	Houston	TX	48	77059	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	124	153	153	$140.00	$46.61	$32.62	$32.05
1265469225	Molina	Rolando	M	M.D.	M	I	8940 N Ken	Suite # 504	Miami	FL	12	33176	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	126	153	153	$116.00	$49.91	$36.53	$32.23
1306385182	Bressler	Katrina	L	CNP	F	I	6005 Monclova Rd	Ste	Maumee	OH	39	43537	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	121	153	153	$98.00	$39.11	$22.50	$23.36
1417928607	Zachs	Todd	A	M.D.	M	I	901 Farmin	Suite 3rd Fl	West Hartf	CT	9	6119	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	133	153	153	$145.00	$50.27	$25.47	$24.07
1609283936	Osetinsky	Lara	M	M.D.	F	I	1720 Nicholasville Rd	S	Lexington	KY	21	40503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	114	153	153	$129.33	$43.05	$30.91	$33.38
1629368485	Zambricki	Elizabeth	A		F	I	1501 Trousdale Dr	Fl 3	Burlingame	CA	6	94010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	126	153	153	$170.81	$53.38	$40.14	$33.82
1699086058	Hanna	John	P	D.O.	M	I	6 Sand Hill	302	Flemington	NJ	34	8822	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	110	153	153	$561.42	$53.04	$37.57	$33.26
1760405567	Nelson	Judith	M	P.A.	F	I	10475 Cen	Suite 303	Jacksonvill	FL	12	32256	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	115	153	153	$154.00	$40.35	$30.21	$30.30
1770748931	Hendricks	Brian	M	D.O.	M	I	5330 N Oal	Suite 201	Kansas City	MO	29	64118	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	124	153	153	$124.00	$42.23	$32.01	$32.90
1871585505	Wermuth	Douglas	J	M.D.	M	I	4600 W Loomis Rd	Ste	Greenfield	WI	55	53220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	132	153	153	$300.00	$42.57	$27.26	$29.89
1922317809	Aron	Artem	M	PA-C	M	I	1100 9th Ave		Seattle	WA	53	98101	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	117	153	153	$133.52	$44.90	$28.10	$24.92
1942276258	Serkin	Bryan	S	M.D.	M	I	4033 Talbo	Ste 540	Renton	WA	53	98055	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	125	153	153	$129.00	$49.23	$34.74	$31.09
1013979426	Mauldin	Frank	W	M.D.	M	I	304 10th Ave	Ne	Hickory	NC	37	28601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	113	152	152	$160.62	$44.04	$31.36	$32.20
1033185863	Schwetsch	Eric		MD	M	I	11135 Montgomery Rd		Cincinnati	OH	39	45249	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	123	152	152	$132.00	$46.60	$30.80	$31.42
1063667541	Schmidt	Christophe	J	M.D.	M	I	2120 Sw 22nd Pl		Ocala	FL	12	34471	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	97	152	152	$100.00	$45.53	$31.31	$31.50
1104857358	Zwack	Gregory	C	MD	M	I	6727 Parker Farm	Drive	Wilmington	NC	37	28405	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	124	152	152	$114.00	$46.17	$33.54	$34.56
1154339182	Stillwater	Lyle	B	MD	M	I	812 West Main	St	Visalia	CA	6	93291	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	76	152	152	$107.00	$48.48	$37.12	$36.11
1245232859	Selig	Yookyung	K	MD	F	I	198 Massa	Ste 103	N Andover	MA	25	1845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	138	152	152	$181.58	$48.29	$32.44	$30.71
1285711077	Habib	Ramez		M.D., F.A.C	M	I	9020 5th Ave	Fl 3	Brooklyn	NY	36	11209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	133	152	152	$253.32	$50.01	$36.25	$28.36
1346538758	Huff	Dustin	R	PA-C	M	I	1112 W 6th St	Ste 216	Lawrence	KS	20	66044	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	128	152	152	$134.00	$37.37	$28.31	$30.33
1427492230	Haywood	Edmund	B	MD	M	I	2311 Delaney	Ave	Wilmington	NC	37	28403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	101	152	152	$115.35	$45.75	$31.89	$33.49
1457348963	Wani	Manish	K	MD	M	I	18400 Katy	Ste 470	Houston	TX	48	77094	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	137	152	152	$110.53	$42.08	$31.00	$30.44
1467434704	Moses	Ron	L	M.D.	M	I	4191 Bellaire Blvd	Ste 2	Houston	TX	48	77025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	131	152	152	$68.42	$43.14	$34.12	$33.21
1497107718	Grosek	James		PA-C	M	I	13400 E Shea	Blvd	Scottsdale	AZ	4	85259	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	133	152	152	$110.33	$39.33	$26.73	$27.29
1518169978	Brescia	Aaron	I	MD	M	I	4912 Higbe	Suite 200	Canton	OH	39	44718	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	104	152	152	$70.00	$45.24	$28.13	$29.66
1922071992	Thompson	Reese	E	M.D.	M	I	1241 W Stadium	Blvd	Jefferson C	MO	29	65109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	130	152	152	$109.00	$43.28	$31.04	$33.85
1962801902	Wegner	Katarzyna		FNP	F	I	250 W Continental Rd	S	Green Valle	AZ	4	85622	2	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	128	152	152	$71.18	$39.50	$24.91	$25.72
1982830014	Walker	Travis	D	DO	M	I	1102 W 32nd	St	Joplin	MO	29	64804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	125	152	152	$53.01	$32.66	$23.45	$23.83
1982917225	Kiringoda	Ruwan		M.D.	M	I	3200 Kearney	St	Fremont	CA	6	94538	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	98	152	152	$179.00	$56.48	$42.80	$35.98
1013132299	Harris	Sally	E	APRN-BC	F	I	2000 S Wheeling Ave	St	Tulsa	OK	40	74104	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	109	151	151	$109.00	$38.27	$27.17	$28.94
1023006517	Molle	Robert	E	MD	M	I	3066 35th	St	Astoria	NY	36	11103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	99	151	151	$65.40	$59.33	$42.27	$33.80
1083818660	Ridley	Ryan	W	MD	M	I	18100 Houston	Metho	Houston	TX	48	77058	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	126	151	151	$116.38	$48.59	$36.92	$35.49
1083878102	Portnoy	Joel	E	M.D.	M	I	6 Ohio Dr	Ste 202	New Hyde I	NY	36	11042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	126	151	151	$254.00	$46.96	$35.66	$28.17
1144466525	Espicha	Brooke	R	PA	F	I	2501 W 22nd	St	Sioux Falls	SD	46	57105	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	122	151	151	$160.00	$39.05	$24.32	$25.51
1346282415	Griffin	John	W		M	I	540 Hemlock	St	Macon	GA	13	31201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	93	151	151	$121.80	$44.65	$30.85	$32.93
1376026492	Koslov	Rebecca	E		F	I	2880 University	Ave	Madison	WI	55	53705	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	129	151	151	$198.00	$37.68	$26.87	$29.22
1427047554	Lee	Richard	H	MD	M	I	130 Tarrytown	Rd	Manchester	NH	33	3103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	117	151	151	$140.00	$48.36	$33.42	$32.56
1447228796	Curnock	Amanda	L	MD	F	I	45280 Seel	3rd Floor	La Quinta	CA	6	92253	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	106	151	151	$72.63	$34.49	$25.05	$23.71
1467410977	Mickelson	Samuel	A	MD	M	I	960 Johnso	Suite 200	Atlanta	GA	13	30342	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	98	151	151	$161.52	$42.29	$30.76	$30.65
1528301330	Grobman	Ariel	B		M	I	3661 S Miami Ave	Ste 4	Miami	FL	12	33133	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	121	151	151	$116.00	$46.28	$33.21	$30.42
1558470492	Elford	Brian	R	D.O.	M	I	2000 Oxfor	Suite 201	Bethel Park	PA	42	15102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	114	151	151	$94.94	$44.57	$31.86	$33.01
1568892917	Gould	Regina		PA-C	F	I	2380 Sutter St	Fl 2	San Francis	CA	6	94115	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	89	151	151	$279.00	$29.98	$20.96	$19.11
1609122175	Devine	Elizabeth	A	APRN	F	I	843 E 4th St	Ste A	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99214	Established	N	O	86	151	151	$218.40	$102.07	$57.18	$63.03

1689718314	Heacock	Gregory	L	MD	M	I	2002 Medic	Suite 230	Annapolis	MD	24	21401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	138	151	151	$115.00	$50.35	$38.53	$35.29
1720009657	Nadig	Shrinath	K	MD	M	I	46 Laurel D	Lake Russe	Elberton	GA	13	30635	10	Rural areas	US	Otolaryngo	Y	69210	Removal of N	O	108	151	151	$118.00	$44.01	$31.65	$33.37
1730137290	Gillihan	Matthew	D	MD	M	I	1107 Reynolds St		Monroe	NC	37	28112	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	109	151	151	$174.58	$42.93	$30.42	$31.74
1730539800	Blume	Kevin	M	D.O	M	I	395 N Silverbell Rd	Ste	Tucson	AZ	4	85745	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	151	151	$94.00	$45.56	$29.52	$30.55
1750387270	Clark	Kirk	R	M.D.	M	I	5999 New Wilke Rd	Bld	Rolling Mea	IL	17	60008	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	128	151	151	$155.00	$49.65	$36.08	$32.83
1811208705	Timme	David	W	MD	M	I	11311 Bridgeport Way		Lakewood	WA	53	98499	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	121	151	151	$135.51	$46.52	$29.68	$30.12
1851333892	Stanievich	John	F	MD	M	I	180 Park Cl	Suite 200	Williamsvil	NY	36	14221	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	151	151	$100.00	$44.43	$29.09	$30.89
1851497713	Nach	Raphael		MD	M	I	435 North F	#207	Beverly Hill	CA	6	90210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	94	151	151	$150.00	$49.65	$37.94	$34.33
1972817054	Reeder	Scott	P	D.O.	M	I	10512 N 110th East Av		Owasso	OK	40	74055	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	105	151	151	$103.00	$41.04	$28.27	$30.19
1013024439	Murphy	Heather	C	MD	F	I	401 Castle Creek Rd		Aspen	CO	8	81611	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	126	150	150	$190.00	$46.15	$31.73	$30.93
1134134422	Shu	Russell	S	M.D.	M	I	35 Pearl St	Ste 100	Brockton	MA	25	2301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	128	150	150	$150.00	$50.67	$35.62	$32.98
1295137941	Mcgiveron	Amanda	E	PA-C	F	I	2325 W Arb	Suite 201	Charlotte	NC	37	28262	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	120	150	150	$95.63	$39.15	$25.77	$26.79
1457388316	Heavner	Steven	B	MD	M	I	13532 Steelecroft Pkw		Charlotte	NC	37	28278	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	127	150	150	$95.00	$46.25	$31.13	$32.28
1477624682	Lawson	Carla	M	M.D.	F	I	520 Upper	Suite 206	Bel Air	MD	24	21014	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	127	150	150	$114.44	$47.85	$35.81	$34.01
1659780278	Bowman	Jessica	L	NP-C	F	I	101 Tower I	Suite 120	Dakota Dur	SD	46	57049	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	131	150	150	$121.00	$35.43	$24.34	$27.20
1740356039	Moir	Melinda		MD	F	I	795 El Camino Real		Palo Alto	CA	6	94301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	130	150	150	$173.03	$55.25	$39.98	$32.82
1891879516	Kim	Eugene		MD	M	I	701 E El Camino Real		Mountain V	CA	6	94040	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	134	150	150	$173.63	$55.83	$39.53	$32.30
1972564987	Hanson	Ronald		MD	M	I	1528 Northway Dr		Saint Cloud	MN	27	56303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	150	150	$180.43	$45.24	$28.69	$29.89
1104355973	Kaczor	Kelly		PA	F	I	4955 N Bailey Ave	Ste 2	Amherst	NY	36	14226	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	98	149	149	$176.28	$36.76	$25.18	$27.16
1104854991	Kroon	David	F	M.D.	M	I	6 Sand Hill	Suite 302	Flemington	NJ	34	8822	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	121	149	149	$560.97	$51.56	$35.24	$30.71
1184100570	Turner	Amanda	J		F	I	1919 W Park Dr		North Wilke	NC	37	28659	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	127	149	149	$119.00	$37.51	$26.76	$27.60
1184799751	Chin	Kingsley	N	MD	M	I	1720 Peach	Suite 200	Atlanta	GA	13	30309	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	137	149	149	$137.00	$44.56	$33.25	$33.30
1336599679	Lee	Daniel		M.D.	M	I	250 S Crescent Dr		Mason City	IA	19	50401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	113	149	149	$122.08	$29.68	$20.48	$22.35
1346698081	Quenville	Erica	M	PA-C	F	I	1450 San P	Suite 5100	Los Angeles	CA	6	90033	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	104	149	149	$170.97	$29.48	$21.29	$19.74
1457443897	Austin	William	K	M.D.	M	I	405 Marion Avenue		Mccomb	MS	28	39648	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	113	149	149	$99.43	$42.40	$28.93	$32.83
1467932798	Coscarart	Lander	O		M	I	1514 Jefferson Hwy		Jefferson	LA	22	70121	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	132	149	149	$105.00	$29.00	$19.90	$19.20
1528296209	Moran-Han	Jessica	R	M.D.	F	I	2727 S 144th St	Ste 250	Omaha	NE	31	68144	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	92	149	149	$130.00	$42.23	$29.08	$32.55
1649211038	Bhaya	Mahesh	H	M.D.	M	I	21 W Main	One Exchar	Waterbury	CT	9	6702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	149	149	$215.00	$49.29	$37.69	$35.38
1831291343	Drescher	Andrew	J	MD	M	I	4921 Parkv	Dept Otola	Saint Louis	MO	29	63110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	124	149	149	$155.00	$42.21	$30.28	$30.17
1881644086	Malone	David	S	MD	M	I	217 W Cataldo		Spokane	WA	53	99201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	113	149	149	$134.09	$47.42	$32.87	$33.00
1891753737	Feinerman	Ilana	L	M.D.	F	I	299 Faunce Corner Rd		North Dartr	MA	25	2747	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	141	149	149	$153.00	$43.28	$31.11	$29.37
1902288673	Bertroche	Joseph	T	M.D.	M	I	5950 University Ave	Ste	West Des M	IA	19	50266	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	115	149	149	$138.49	$39.97	$26.83	$29.55
1932499159	Sciarrino	Natalie	V	M.D.	F	I	15 Exchange Dr		Lugoff	SC	45	29078	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	149	149	$87.01	$42.99	$31.56	$33.32
1952320178	Mourany	Adnan	E	M.D.	M	I	29099 Hea	Suite 250	Westlake	OH	39	44145	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	112	149	149	$375.02	$32.15	$22.81	$23.10
1023496650	Curti	Steven		MD	M	I	2500 N State St		Jackson	MS	28	39216	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	131	148	148	$118.00	$42.33	$27.28	$30.89
1033372750	Elackattu	Alphi	P	MD	M	I	11 Salt Creek Ln	Ste 10	Hinsdale	IL	17	60521	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	148	148	$133.00	$51.69	$32.84	$30.06
1073042677	Sayles	Megan			F	I	695 Clairto	Suite 300 E	Pleasant H	PA	42	15236	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	115	148	148	$138.00	$39.69	$26.53	$26.44
1083660369	Smith	Dale	B	DO	M	I	4920 Sw Lee Blvd		Lawton	OK	40	73505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	133	148	148	$109.00	$31.59	$22.50	$24.97
1225105927	Posey	Lisa	A	MD	F	I	6525 Franc	Ste 25	Edina	MN	27	55435	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	110	148	148	$161.00	$45.70	$29.81	$30.99
1265476295	Hoffman	Jeffrey	P	P.A.	M	I	3 Guthrie Dr		Corning	NY	36	14830	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	116	148	148	$189.00	$39.60	$28.92	$29.47
1275776940	Bueller	Hope	A	M.D.	F	I	27406 Cashford Cir		Wesley Cha	FL	12	33544	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	124	148	148	$105.00	$41.13	$31.85	$31.83
1306196266	Dingle	Isaac		M.D.	M	I	6035 Fairview Rd		Charlotte	NC	37	28210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	130	148	148	$97.57	$43.02	$29.51	$30.51
1356537906	Janway	Stephen	K	FNP-C	M	I	100 S Michigan Ave		Roswell	NM	35	88203	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	96	148	148	$100.00	$39.17	$26.17	$27.10
1457472961	Sautter	Nathan	B	MD	M	I	128 Lilly Rd Ne	Ste 202	Olympia	WA	53	98506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	110	148	148	$106.00	$44.81	$29.28	$29.07
1528028214	Conrad	Paul	A	MD FACS	M	I	1025 Maine St		Quincy	IL	17	62301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	109	148	148	$185.66	$43.12	$30.66	$31.39
1528069325	Brown	Patrick		M.D.	M	I	4775 Hamilton Wolfe	R	San Antonio	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	140	148	148	$136.46	$44.93	$33.67	$35.52
1720144827	Goodell	Ronald	J	D.O.	M	I	1201 S Dou	Suite L	Midwest Ci	OK	40	73130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	111	148	148	$78.56	$44.43	$30.71	$33.29
1770682973	Guay	Marc	E	MD	M	I	5001 Transportation Dr		Sheffield Vi	OH	39	44054	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	118	148	148	$138.38	$45.99	$32.11	$32.77
1851493936	Picerno	Nicolette	A	M.D.	F	I	850 E Harv	Ste #505	Denver	CO	8	80210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	118	148	148	$138.00	$47.87	$33.75	$33.15
1932595642	Lin	Jiahui		MD	F	I	20101 Lake Chabot Rd		Castro Vall	CA	6	94546	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	148	148	$183.35	$52.84	$38.12	$31.79
1942267836	Isaacson	Jon	E	MD	M	I	875 Poplar	Suite 320	Camp Hill	PA	42	17011	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	115	148	148	$96.93	$44.02	$30.11	$31.29
1013908714	Bailey	Sean	B	M.D.	M	I	1001 S Kirkwood Rd	Ste	Kirkwood	MO	29	63122	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	147	147	$106.92	$47.56	$32.39	$32.32
1114074937	Swanson	Erik		MD	M	I	1849 Savage Rd		Charleston	SC	45	29407	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	147	147	$128.00	$42.05	$31.13	$32.72
1225117245	Nash	John	J	M.D.	M	I	421 Camelot Dr		Fond Du La	WI	55	54935	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	147	147	$240.00	$43.53	$28.69	$30.77
1285606350	Sutton	Darin	V	MD	M	I	620 Singleton Ridge Rd		Conway	SC	45	29526	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	100	147	147	$80.44	$31.17	$20.99	$22.40
1366447138	Molin	Lisa	J		F	I	1555 Higuera St		San Luis Ot	CA	6	93401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	114	147	147	$100.47	$49.78	$33.38	$31.58
1427479385	Lim	Suzanne		PA-C	F	I	23 Crossroads Dr	Ste 4	Owings Mil	MD	24	21117	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	127	147	147	$175.00	$41.90	$22.48	$21.48
1437594355	Brown	Raymond	J	MD	M	I	12309 N Mopac Expy	S	Austin	TX	48	78758	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	106	147	147	$100.00	$47.14	$33.51	$33.31
1487880803	Zajac	Thomas		PA-C	M	I	11050 Mou	Usa Medda	Fort Drum	NY	36	13602	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	96	147	147	$93.00	$38.70	$27.91	$28.54
1508950163	Cohen	Eric	J	M.D.	M	I	620 Colum	2nd Floor	New York	NY	36	10024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	122	147	147	$273.24	$51.97	$36.96	$30.17
1558329300	Jaquish	Shelley	S	M.D.	F	I	6827 First A	Suite 100	St Petersbu	FL	12	33707	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	124	147	147	$105.00	$45.25	$31.19	$31.10
1578622130	Cardoni	Wayne	A	D.O.	M	I	501 W 7th St		Frederick	MD	24	21701	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	125	147	147	$107.00	$48.16	$35.75	$33.61
1629246293	Soffian	Rebecca	F	PA	F	I	800 Wayne St	Ste 112	Marietta	OH	39	45750	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	82	147	147	$69.78	$27.58	$17.97	$18.19
1760741482	Kremers	Kristin	L	FNP-C	F	I	222 N 7th St		Bismarck	ND	38	58501	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	105	147	147	$41.00	$27.11	$17.56	$18.29
1801902739	Roy	Saswata		MD	M	I	11705 San	Ste 103	Jacksonvill	FL	12	32223	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	98	147	147	$154.00	$46.41	$34.32	$34.16
1821025529	Bouknight	Anna	L	MD	F	I	2801 Devine St	Ste 101	Columbia	SC	45	29205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	126	147	147	$128.00	$42.29	$30.48	$32.69
1851401152	Cohen	Jason	P	M.D.	M	I	21 Reade Pl	Ste 3200	Poughkeep	NY	36	12601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	132	147	147	$233.18	$49.65	$36.19	$31.86
1982631768	Davis	Samuel	P	MD	M	I	2707 Medical Office Pl		Goldsboro	NC	37	27534	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	121	147	147	$139.00	$44.24	$28.72	$30.80
1013067982	Elkins	Tina	P	M.D.	F	I	1701 S Palestine St	Ste	Athens	TX	48	75751	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	114	146	146	$129.00	$44.70	$31.51	$32.84
1184107286	Galvan	Ana	I	PA-C	F	I	701 Nw 13th St	Fl 3	Boca Rator	FL	12	33486	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	102	146	146	$105.00	$38.90	$27.55	$25.78
1326339458	Neumann	Colin	A	M.D.	M	I	108 W Daisy Ln		New Albany	IN	18	47150	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	110	146	146	$91.00	$44.32	$30.65	$33.23
1366922874	Pace	Melinda	T		F	I	2900 16th St		Bedford	IN	18	47421	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	103	146	146	$71.00	$36.54	$25.43	$27.94
1386933117	Larrabee	Yuna		M.D.	F	I	500 Congress St	Ste 2b	Quincy	MA	25	2169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	146	146	$198.11	$47.00	$33.08	$30.44
1467971804	Wilber	Kristen		FNP-BC	F	I	1010 Old Des Peres Rd		Saint Louis	MO	29	63131	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	128	146	146	$106.92	$40.46	$23.72	$23.84
1477531820	Mishell	Joseph		M.D.	M	I	1160 Park A	4 North	Highland P	IL	17	60035	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	146	146	$156.06	$50.63	$33.83	$31.51
1508842022	Foyt	David		MD	M	I	1220 New S	Suite 103	Slingerland	NY	36	12159	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	146	146	$145.00	$44.39	$30.58	$32.38
1548217326	Lieser	John	D	MD	M	I	1708 Fall H	Suite 100	Fredericksb	VA	51	22401	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	110	146	146	$150.00	$44.58	$34.24	$34.34

1548502925	Lin	Kenny	F	MD	M	I	6550 Fannin St Ste 170	Houston	TX	48	77030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	139	146	146	$265.95	$48.15	$35.24	$34.76
1598729998	Vadapalli	Satish	R	MD	M	I	27879 Smyth Dr	Valencia	CA	6	91355	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	115	146	146	$146.56	$50.76	$36.41	$33.54
1649383969	Nash	Timothy	J	D.O.	M	I	600 Taylor Station Roa	Gahanna	OH	39	43230	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	86	146	146	$124.73	$46.13	$32.98	$34.27
1750314704	Serebrakian	Armen		M.D.	M	I	1599 Tara Hills Dr	Pinole	CA	6	94564	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	146	146	$154.00	$54.11	$40.15	$34.57
1770675464	Rabkin	Dimitry		M.D.	M	I	202 Quenti 1st Floor	Brooklyn	NY	36	11223	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	134	146	146	$80.00	$56.95	$40.84	$32.60
1790973808	Burton	Jon	N	M.D.	M	I	1139 Nikki View Dr	Brandon	FL	12	33511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	146	146	$105.00	$46.26	$32.42	$32.27
1811283252	Sokohl	Alexander	D	MD	M	I	1724 Hamill Rd Ste 10	Hixson	TN	47	37343	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	120	146	146	$181.31	$43.38	$30.05	$33.09
1972500072	Stierman	Karen	L	M.D.	F	I	2765 Bee C Ste 205	Austin	TX	48	78746	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	115	146	146	$150.00	$45.05	$33.99	$34.10
1043802176	Ward	Jessica	L	APRN	F	I	200 Doctors Dr	Panama Ci	FL	12	32405	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	127	145	145	$105.00	$39.22	$30.87	$30.96
1063820280	Fine	Ashley		CRNP	F	I	520 Upper Chesapeak	Bel Air	MD	24	21014	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	111	145	145	$115.00	$42.94	$30.44	$28.03
1104882281	Holmes	Keith	D	MD	M	I	540 Hemlock St	Macon	GA	13	31201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	145	145	$121.83	$45.28	$28.76	$30.65
1114926482	Barker	Monty		M.D.	M	I	626 Burnett Dr	Mountain H	AR	5	72653	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	145	145	$84.00	$41.08	$27.06	$30.77
1215941240	Kaplan	Brian		M.D.	M	I	6565 N Cha Suite 601	Baltimore	MD	24	21204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	101	145	145	$110.22	$44.88	$34.35	$31.57
1285059113	Kelley	Benjamin	M	DO	M	I	701 Manatee Ave W Ste	Bradenton	FL	12	34205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	145	145	$96.66	$45.17	$31.77	$31.22
1386686228	Clarke	Lawrence	R	M.D.	M	I	3801 Vista Suite 400	Pasadena	TX	48	77504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	95	145	145	$140.00	$41.91	$31.02	$30.13
1437738333	Krantz	Cody	W		M	I	787 Weatherly Dr Ste 2	Clarksville	TN	47	37043	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	131	145	145	$221.52	$37.01	$25.41	$28.12
1497389092	Morrow-Bu	Megan		CRNP	F	I	871 Beaver Dr	Du Bois	PA	42	15801	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	123	145	145	$80.00	$39.10	$25.84	$26.86
1497758643	Coleman	Gary	B	M.D.	M	I	750 E Park Ave	Columbian	OH	39	44408	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	111	145	145	$83.83	$44.50	$28.40	$29.62
1528025491	Bentz	Gale	L	PA-C	F	I	17005 Old Orchard Rd	Lewes	DE	10	19958	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	123	145	145	$102.61	$40.40	$30.83	$30.50
1538320809	Conger	Bryant	T	M.D.	M	I	2500 Hospi Ste 450	Roswell	GA	13	30076	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	145	145	$150.03	$45.41	$31.82	$32.30
1609152065	Martinez	Lira	R	PA-C	F	I	1501 S Madison St	Appleton	WI	55	54915	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	95	145	145	$271.03	$37.31	$22.98	$25.72
1689958902	Windham	Mandy	H	FNP-BC	F	I	1746 C Ms State Hwy 1	Greenville	MS	28	38701	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	123	145	144	$176.00	$36.76	$23.95	$27.10
1780844639	Katz	Elizabeth	H	M.D.	F	I	150 Nacoochee Ave	Athens	GA	13	30601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	145	145	$150.00	$42.04	$28.45	$30.39
1821632399	Svonavec	Tessa	G	FNP-C	F	I	1 Medical Center Dr	Morgantow	WV	54	26506	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	134	145	145	$138.00	$38.49	$24.87	$26.51
1841224847	Giacchi	Renato	J	MD	M	I	95 Madisor Ste 105	Morristown	NJ	34	7960	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	118	145	145	$158.00	$51.99	$40.07	$35.43
1871674150	Gottschalk	Barbara	B	C.N.M., C.F	F	I	Johns Hopk 601 N Caro	Baltimore	MD	24	21287	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	97	145	145	$177.00	$43.42	$29.12	$26.62
1891864666	Hensen	Eric	L	DO	M	I	112 Medical Dr	Palestine	TX	48	75801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	112	145	145	$190.00	$44.52	$33.15	$34.76
1932155900	Olney	Daniel	R	MD	M	I	2615 Northgate Dr	Iowa City	IA	19	52245	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	118	145	145	$125.00	$42.18	$28.86	$31.54
1053675819	Putman	Sheila		D.O.	F	I	1021 Cipriana Dr Ste 2	Myrtle Bea	SC	45	29572	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	144	144	$50.26	$43.15	$29.39	$32.14
1093057663	Pelski	Lauren		PA-C	F	I	111 Colchester Ave	Burlington	VT	50	5401	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	79	144	144	$36.95	$26.46	$17.47	$18.29
1104023951	Hueman	Elizabeth	M	M.D.	F	I	1839 Quiet Cv	Fayettevill	NC	37	28304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	121	144	144	$103.00	$45.66	$31.88	$33.30
1174529796	Shotts	Steven	D	MD	M	I	2944 Breckenridge Ln	Louisville	KY	21	40220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	114	144	144	$91.00	$42.77	$32.00	$34.26
1174727580	Toma	Roger	S	M.D.	M	I	2421 Monr Suite 201	Dearborn	MI	26	48124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	114	144	144	$70.00	$46.68	$35.27	$33.73
1184988271	Colombo	Beth	A	MD	F	I	55 Lake Ave N	Worcester	MA	25	1655	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	109	144	144	$221.00	$49.59	$36.06	$34.12
1336209675	Woodland	Richard	H	DO	M	I	1602 N 2nd	Clinton	MO	29	64735	7	Small town	US	Otolaryngo	Y	69210	Removal of N	F	124	144	144	$105.72	$30.37	$18.79	$20.35
1457354367	Erickson	Rick	E	MD	M	I	1001 E Austin St	Paris	TX	48	75460	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	136	144	144	$125.00	$44.98	$31.41	$33.11
1518932227	Shapiro	Mishail	A	D.O.	M	I	114 W Rockland Rd	Libertyville	IL	17	60048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	144	144	$105.25	$45.82	$32.26	$30.07
1588637227	Whitehous	Alan	B	MD	M	I	340 N Belair Rd	Evans	GA	13	30809	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	127	144	144	$125.00	$42.16	$30.25	$32.81
1588712525	Nguyen	John	H	MD	M	I	701 E El Ca 3rd Floor	Mountain V	CA	6	94040	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	109	144	144	$170.92	$54.54	$38.49	$31.52
1619181062	Jones	Loren	M	M.D.	M	I	45 Pine St	Langley Aft	VA	51	23665	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	128	144	144	$147.75	$29.76	$18.93	$20.50
1780271171	Wu	Wenyu		PA-C	F	I	510 North St Ste 10	Pittsfield	MA	25	1201	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	133	144	144	$175.00	$41.53	$32.20	$31.10
1790781573	Rosner	Arthur	J	MD	M	I	1055 South Blvd E Ste 2	Rochester I	MI	26	48307	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	144	144	$100.00	$46.39	$36.00	$33.91
1881951440	Wilson	Caleb	D	M.D.	M	I	2210 King Blvd	Casper	WY	56	82604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	118	144	144	$155.00	$47.23	$27.69	$27.43
1952626418	Kazemizad	Mohammad	Abraham	M.D.	M	I	200 E 33rd St Ste 631	Baltimore	MD	24	21218	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	116	144	144	$120.07	$48.26	$33.47	$30.73
1972547495	Mastriani	Deborah	A	APRN	F	I	21 W Main : One Excha	Waterbury	CT	9	6702	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	113	144	144	$214.65	$43.09	$30.92	$28.91
1992771927	Baker	Ashley	G	PA C	F	I	50 Hillcrest Medical Bl	Waco	TX	48	76712	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	113	144	144	$123.00	$38.10	$26.70	$28.41
1043310931	Kava	Charles	F	D.O.	M	I	68 Ben Paul Ln	Rockport	ME	23	4856	10	Rural areas	US	Otolaryngo	Y	69210	Removal of N	F	95	143	143	$59.25	$31.12	$19.10	$20.34
1083875850	Loehn	Bridget	C	M.D.	F	I	1615 Wolf Cir	Lake Charl	LA	22	70605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	118	143	143	$305.52	$44.40	$31.60	$33.41
1124288295	Crain	Rachel	M	MD	F	I	1099 Florida Ave S	Rockledge	FL	12	32955	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	103	143	143	$70.00	$47.80	$32.12	$31.43
1245624683	Reynolds	Stephen		DO	M	I	2120 Sw 22nd Pl	Ocala	FL	12	34471	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	143	143	$100.00	$45.67	$32.74	$32.63
1265418545	Armaiz Pere	Hector	M	M.D.	M	I	De Diego A Suite 704, S	Santurce	PR	72	907	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	101	143	143	$40.75	$39.57	$26.20	$32.02
1316922412	Clarkson	Mark	W	M.D.	M	I	3010 Anderson Dr	Raleigh	NC	37	27609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	97	143	143	$103.00	$45.77	$27.21	$28.95
1326233081	Shirazi	Mobeen	A	M.D.	M	I	2441 Lake Shore Dr	Woodstock	IL	17	60098	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	128	143	143	$109.41	$42.67	$31.49	$32.03
1346208568	Guram	Surbjinder	S	MD	M	I	7182 Woodrow St Ste 2	Irmo	SC	45	29063	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	112	143	143	$86.15	$45.01	$32.00	$34.02
1376725630	Ruffy	Mauro	B	M.D.	M	I	2585 Samaritan Dr	San Jose	CA	6	95124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	105	143	143	$173.00	$53.97	$38.62	$31.85
1487072229	Rudman	Jason	R		M	I	3009 N Ballas Rd Ste 3	Saint Louis	MO	29	63131	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	133	143	143	$156.00	$42.53	$29.84	$30.85
1588662555	Fung	Eric	K	MD	M	I	3906 East Genesee Str	Dewitt	NY	36	13214	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	102	143	143	$93.00	$42.88	$30.30	$31.52
1619917838	Daly	Scott	F	M.D.	M	I	3 Hospital Park	Moultrie	GA	13	31768	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	91	143	143	$185.31	$43.68	$32.06	$34.22
1639129885	Lafrentz	John	R	MD	M	I	285 Chateau Dr	Huntsville	AL	1	35801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	143	143	$90.00	$43.65	$28.80	$30.94
1740575984	Frisch	Christophe	D	MD	M	I	211 Fountain Ct Ste 31	Lexington	KY	21	40509	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	143	143	$32.30	$31.33	$20.03	$21.99
1801884622	Kirsch	Jeffrey	P	MD	M	I	2425 Dave Ste 101	Conway	AR	5	72034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	115	143	143	$110.74	$36.86	$27.23	$31.09
1811965379	Snyder	James	E	M.D.	M	I	2 Pillsbury St	Concord	NH	33	3301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	143	143	$398.85	$47.86	$34.68	$34.06
1841291507	Mcdonnell	Matthew	C	M.D.	M	I	970 East W Suite 6a	Medina	OH	39	44256	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	143	143	$397.78	$32.74	$21.13	$21.34
1861870511	Staltari	Giuseppe	V	MD	M	I	203 Lothru Eye And Ea	Pittsburgh	PA	42	15213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	98	143	143	$75.00	$46.26	$30.42	$31.15
1871883066	Tully	Laura	J	MD	F	I	31 S Stanfield Rd Ste 3	Troy	OH	39	45373	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	106	143	143	$108.00	$45.57	$33.18	$33.89
1902871874	O'mara	William	E	M.D.	M	I	740 Hospit Suite 300	Beaumont	TX	48	77701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	116	143	143	$125.00	$44.32	$32.52	$34.43
1932113123	Nitzberg	Brad		M.D.	M	I	5401 N Uni Suite 203a	Coral Sprin	FL	12	33067	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	114	143	143	$70.00	$50.66	$36.10	$33.93
1982128112	Radinovic	Jelena		PA-C	F	I	12203 Corporate Pkwy	Mequon	WI	55	53092	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	102	143	143	$286.24	$37.77	$24.33	$26.59
1104865724	Scharf	Keith	E	M.D.	M	I	2551 Mcleod Dr S	Saginaw	MI	26	48604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	103	142	142	$79.61	$45.25	$33.06	$34.14
1114226925	Sutton	Collin	B		M	I	8080 Bluebonnet Blvd S	Baton Roug	LA	22	70810	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	95	142	142	$165.21	$42.43	$30.54	$32.96
1144468711	Wade	Daniel	E	D.O.	M	I	1770 W 4th St	Ontario	OH	39	44906	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	109	142	142	$148.00	$46.26	$30.32	$31.43
1285798538	Trotter	Alfred	D	M.D.	M	I	55 Rowe Dr Suite D	Guntersvill	AL	1	35976	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	142	142	$125.00	$43.76	$33.09	$36.02
1336142009	Ow	Randall	A		M	I	2 Medical F Ste 225 & 2	Roseville	CA	6	95661	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	97	142	142	$165.00	$48.15	$33.82	$32.33
1336548346	Whitman	Joseph		DO	M	I	122 4th Avenue	Grinnell	IA	19	50112	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	104	142	142	$103.64	$39.69	$24.98	$27.81
1417930512	Speyer	Matthew	T	M.D.	M	I	4230 Hardi Suite 400	Nashville	TN	47	37205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	118	142	142	$220.00	$43.65	$27.93	$31.24
1427050228	Murrell	George	L	MD	M	I	725 Volvo Pkwy	Chesapeak	VA	51	23320	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	127	142	142	$90.63	$37.89	$26.94	$27.33
1588652184	Keszeli	Alexander	C	D.O.	M	I	111 Arrandale Blvd	Exton	PA	42	19341	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	112	142	142	$80.00	$47.97	$34.26	$31.84

1598976391	Reyes	Samuel	A	MD PHD	M	I	180 Park Club Ln Ste 2(	Williamsvil	NY	36	14221	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	105	142	142	$100.00	$41.09	$31.08	$33.24
1639304561	Bruni	Margherita		MD	F	I	600 Northern Blvd Ste :	Great Neck	NY	36	11021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	120	142	142	$357.00	$50.58	$39.33	$30.73
1669616306	Pierce	Brendan		M.D.	M	I	795 El Camino Real	Palo Alto	CA	6	94301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	119	142	142	$175.85	$56.23	$40.56	$33.22
1710026034	Borden	Robert	C	M.D.	M	I	2430 5th St N	Columbus	MS	28	39705	7.2	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	110	142	142	$151.06	$42.24	$30.17	$33.97
1770678930	Mastros	Nicholas	P	MD	M	I	2315 Sunset Blvd Ste A	Steubenvill	OH	39	43952	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	110	142	142	$96.00	$43.60	$29.82	$30.67
1770974206	Biggs	Loren		PA-C	F	I	1101 15th St	Augusta	GA	13	30901	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	106	142	142	$104.92	$38.31	$26.75	$27.69
1871678151	Osetinsky	Gregory	V	MD	M	I	1720 Nichc Suite 500	Lexington	KY	21	40503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	126	142	142	$130.58	$43.37	$31.58	$33.96
1952338642	Lin	Doris		MD	F	I	170 Manning Dr # 7070	Chapel Hill	NC	37	27514	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	113	142	142	$139.03	$43.50	$32.26	$33.79
1952764409	Oudghiri	Marc			M	I	211 N Eddy St.	South Benc	IN	18	46617	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	103	142	142	$129.06	$37.23	$23.80	$26.51
1962448704	Teasdall	Kathy	J	MD	F	I	755 Highla Ste 204	Winston Sa	NC	37	27103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	115	142	142	$135.94	$43.07	$31.46	$32.90
1962608281	Carroll	Sarah	R	M.D.	F	I	1505 Wilso Suite 270	Glendale	CA	6	91206	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	108	142	142	$77.00	$50.32	$33.95	$31.47
1023009776	Finley	Joseph	C	MD	M	I	7 7th Ave Fl 2	New York	NY	36	10011	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	121	141	141	$357.00	$49.14	$37.67	$31.14
1023561180	Aldridge	Chelsea			F	I	5777 E Mayo Blvd	Phoenix	AZ	4	85054	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	113	141	141	$155.76	$38.13	$26.01	$26.82
1104843176	Mikulec	Anthony	A	MD	M	I	1225 S. Gra Door 3	St. Louis	MO	29	63104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	64	141	141	$94.68	$45.86	$34.29	$34.29
1114084548	Copeland	Benjamin	J	M.D.	M	I	5255 E Stop 11 Rd Ste 4	Indianapoli	IN	18	46237	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	108	141	141	$97.00	$43.19	$29.28	$32.20
1154789600	Pippi	Michael			M	I	815 Freepo Suite 400	Pittsburgh	PA	42	15215	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	102	141	141	$138.00	$38.72	$27.52	$28.11
1205213170	Aubin-Poul	Annick			F	I	1701 4th St Ste 120	Santa Rosa	CA	6	95404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	99	141	141	$261.00	$47.01	$28.78	$27.72
1215932397	Hall	Christophe	J	M.D.	M	I	5625 Poplar Ave	Memphis	TN	47	38119	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	109	141	141	$115.00	$41.86	$28.81	$31.35
1356335947	Shaia	Wayne	T	M.D.	M	I	10200 Three Chopt Rd	Richmond	VA	51	23233	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	117	141	141	$155.20	$47.83	$32.07	$31.96
1407866130	Armstrong	David	C	MD	M	I	348 Budfield Street	Johnstown	PA	42	15904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	123	141	141	$138.00	$38.93	$30.17	$31.19
1477579662	Buckman	Francis	X	MD	M	I	1708 Fall H Suite 100	Frederickst	VA	51	22401	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	111	141	141	$150.00	$43.45	$30.98	$31.34
1487654299	Dougherty	Brian	E	M.D.	M	I	8940 N Ken #504e	Miami	FL	12	33176	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	106	141	141	$116.00	$53.15	$39.43	$34.71
1487672556	Shellenber	David	L	MD	M	I	400 West A Suite 301	Arlington	TX	48	76014	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	102	141	141	$94.11	$41.41	$30.75	$33.09
1538453667	Steehler	Mark	W	D.O.	M	I	7251 University Blvd St	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	111	141	141	$70.00	$44.31	$32.82	$32.66
1619995248	Gwartney	Michael	P	MD	M	I	6801 Rogers Ave	Fort Smith	AR	5	72903	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	84	141	141	$106.00	$42.98	$26.35	$30.18
1629062641	De Neef	Dawn	E	M.D.	F	I	304 10th Ave Ne	Hickory	NC	37	28601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	92	141	141	$158.38	$45.60	$27.87	$28.95
1659573384	Shargorods	Josef		MD	M	I	330 Brookline Ave	Boston	MA	25	2215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	112	141	141	$100.00	$51.42	$34.64	$31.26
1710361258	Teodoro	Simone	D	NP	F	I	240 E 38th St Fl 14	New York	NY	36	10016	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	117	141	141	$763.00	$47.86	$35.46	$29.30
1831138304	Fishman	Gary	S	M.D.	M	I	305 Memorial Medical	Daytona Be	FL	12	32117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	116	141	141	$260.23	$55.53	$38.66	$30.38
1871074310	Jacobsen	Jorgan	H	PA-C	M	I	50 N Medical Dr	Salt Lake C	UT	49	84132	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	121	141	141	$199.17	$26.60	$17.36	$17.78
1992735583	Hanson	Jonathan	B	M.D.	M	I	1373 E State Road 62	Madison	IN	18	47250	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	117	141	141	$99.00	$39.28	$28.55	$31.08
1003037169	Cudone	Lori		M.D.	F	I	1000 Health Center Dr	Mattoon	IL	17	61938	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	103	140	140	$61.00	$33.20	$25.23	$24.83
1063522597	Hanson	Jason	M	M.D.	M	I	12255 De Paul Dr Ste 8	Bridgeton	MO	29	63044	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	111	140	140	$95.04	$46.40	$32.37	$32.62
1134105125	Garrity	Thomas	E	MD	M	I	7447 W Tal Suite 316	Chicago	IL	17	60631	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	123	140	140	$137.00	$49.93	$34.49	$31.73
1134375124	Shera	April	A	M.D.	F	I	1700 W Par	Otolaryngo	West Bend	WI	55	53095	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	89	140	140	$261.04	$44.40	$28.59	$30.80
1164489811	Henry	Lakeisha		MD	F	I	3195 Saint Rose Pkwy S	Henderson	NV	32	89052	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	110	140	140	$99.41	$45.36	$32.32	$31.26
1407927759	Meetze	Keith	A	MD	M	I	140 Gateway Blvd	Mooresville	NC	37	28117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	108	140	140	$119.00	$44.12	$33.17	$34.31
1497207633	Stringer	Kara			F	I	1 Medical Center Blvd	Cookeville	TN	47	38501	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	99	140	140	$115.00	$37.16	$21.76	$24.74
1538420815	Mclaughlin	Eamon	J	MD	M	I	3800 Johnson St Ste A	Hollywood	FL	12	33021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	121	140	140	$116.00	$46.31	$34.88	$31.83
1639524861	Longacre	Rachel		NP-C	F	I	4214 Andrews Hwy Ste	Midland	TX	48	79703	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	101	140	140	$299.25	$38.63	$26.31	$27.53
1649633348	Dinwoodie	Cameron	B	PA-C	F	I	1100 9th Ave	Seattle	WA	53	98101	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	113	140	140	$133.29	$45.19	$30.01	$26.63
1689629651	Zundel	Roger		MD	M	I	1231 116th Ave Ne Ste	Bellevue	WA	53	98004	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	118	140	140	$168.00	$52.08	$37.18	$33.61
1700235249	Cruz	Jordan	S	FNP-C	F	I	420 Avenue F	Bogalusa	LA	22	70427	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	106	140	140	$102.12	$38.06	$27.40	$28.45
1710015557	Saito	David	M	M.D.	M	I	701 E El Camino Real	Mountain V	CA	6	94040	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	114	140	140	$171.33	$55.49	$39.58	$32.24
1760674287	Aftab	Saba		M.D.	F	I	406 Lippincott Dr Ste F	Marlton	NJ	34	8053	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	89	140	140	$158.00	$51.09	$35.08	$31.81
1770188302	Tooze	William	G	PA-C	M	I	537 Union Ave	Grants Pas	OR	41	97527	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	106	140	140	$124.79	$37.89	$29.29	$30.83
1811007321	Cupero	Timothy	M	MD	M	I	2600 Greenbush Street	Lafayette	IN	18	47904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	86	140	140	$95.29	$43.90	$29.96	$32.99
1821080052	Chait	Robert	H	M.D.	M	I	2960 Mack Suite 208	Fairfield	OH	39	45014	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	119	140	140	$86.00	$45.41	$31.19	$32.25
1851374599	Reid	Jennifer	B	P.A.-C	F	I	3201 Palmer Hwy	Texas City	TX	48	77590	2	Metropolita	US	Physician A	Y	69210	Removal of	N	O	101	140	140	$108.00	$40.39	$27.96	$27.46
1861887515	Eberly	Nicholas	A		M	I	2960 Mack Rd Ste 205	Fairfield	OH	39	45014	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	120	140	140	$86.00	$44.75	$31.24	$31.90
1952484784	Gibbons	Mark		MD	M	I	1001 E Austin St	Paris	TX	48	75460	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	125	140	140	$125.00	$44.31	$30.12	$31.65
1003270117	Gertel	Alexander		MD	M	I	23550 Hawthorne Blvd	Torrance	CA	6	90505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	133	139	139	$78.00	$51.24	$36.52	$33.11
1003910472	Prabhat	Arvind		MD	M	I	1131 Broad St Ste 103	Shrewsbury	NJ	34	7702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	116	139	139	$279.19	$47.55	$36.25	$32.54
1063435675	Davis	Steven	E	M.D.	M	I	20911 Earl Suite #470	Torrance	CA	6	90503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	111	139	139	$90.00	$50.71	$39.21	$35.52
1104825041	Ruiz	Gilbert		M.D.	M	I	4775 Hamilton Wolfe R	San Antonio	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	126	139	139	$131.99	$44.85	$33.06	$34.81
1184728750	Slattery	William	H	MD	M	I	2100 W 3rd Suite 111	Los Angele	CA	6	90057	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	106	139	139	$175.00	$51.94	$37.77	$34.43
1235176918	Perry	Brian	F	M.D.	M	I	2551 Mcleod Dr S	Saginaw	MI	26	48604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	91	139	139	$82.68	$45.22	$30.80	$31.65
1255312898	Whitaker	Robert	N	M.D.	M	I	330 Jake Al Suite 101	Salisbury	NC	37	28147	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	128	139	139	$123.67	$42.89	$30.94	$31.73
1285668707	Cordes	Susan	R	M.D.	F	I	10200 Trinity Pkwy Ste	Stockton	CA	6	95219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	95	139	139	$165.00	$47.47	$33.45	$32.49
1295786135	Benke	Theodore	T	M.D.	M	I	1317 Glenwood Dr	Cleburne	TX	48	76033	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	123	139	139	$111.00	$44.98	$31.13	$33.16
1447381959	Woodson	Tanya	S	PAC	F	I	110 Charlois Blvd	Winston Sa	NC	37	27103	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	92	139	139	$138.37	$38.82	$29.25	$30.61
1558334383	Hecht	Craig	S	MD	M	I	2200 Whitr Suite 260	Hamden	CT	9	6518	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	107	139	139	$168.35	$46.97	$31.40	$28.75
1578542049	Harmon	Samuel	A	M.D.	M	I	18000 River Ave	Noblesville	IN	18	46062	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	98	139	139	$118.00	$43.18	$31.11	$34.12
1588763197	House	James	R	M.D.	M	I	290 E Layfair Dr	Flowood	MS	28	39232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	113	139	139	$130.00	$43.21	$27.38	$31.06
1598920290	Undavia	Satyen		M.D.	M	I	301 W Che Suite 101	Havertown	PA	42	19083	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	125	139	139	$105.00	$49.29	$35.25	$32.85
1609122175	Devine	Elizabeth	A	APRN	F	I	843 E 4th St Ste A	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99213	Establishe	N	O	82	139	139	$140.40	$72.01	$36.99	$41.60
1649224411	Hart	Joseph	E	MD	M	I	1700 W Townline St	Creston	IA	19	50801	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	124	139	139	$110.00	$40.38	$22.26	$24.78
1659332732	Collette	Robert	P	M.D.	M	I	763 Harley Strickland E	Orange City	FL	12	32763	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	100	139	139	$70.00	$47.96	$34.59	$34.19
1669648176	Pilkington	Thomas	M	MD	M	I	1635 N Ger Suite 250	Arlington	VA	51	22205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	102	139	139	$158.40	$50.66	$36.55	$31.15
1699753343	Allen	Richard	D	DO	M	I	900 E 13th Suite 102	Grove	OK	40	74344	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	93	139	139	$93.00	$43.76	$30.53	$32.76
1699940692	Lee	Edward	J	M.D.	M	I	21 South Ri Suite 112	Farmington	CT	9	6032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	107	139	139	$153.00	$49.11	$36.73	$34.38
1790762110	Keller	Mark	L	M.D.	M	I	2115 N Kar Midwest Ea	Hastings	NE	31	68901	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	96	139	139	$116.00	$43.41	$28.33	$31.95
1952758260	Gantz	Oliver	H	M.D.	M	I	100 Moody Ct Ste 200	Thousand C	CA	6	91360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	128	139	139	$330.00	$48.39	$36.74	$33.86
1144470212	Kirchner	Kristina	M	PA	F	I	40 N Grand Ave Ste 101	Fort Thoma	KY	21	41075	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	107	138	138	$91.16	$37.30	$24.13	$26.55
1174743918	Mullis	Thomas	C	MD	M	I	102 Fairvie Dublin Ent	Dublin	GA	13	31021	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	117	138	138	$73.00	$44.45	$32.30	$34.65
1194838458	Pema	Robert	S	D.O.	M	I	4488 W Brc Suite 3	Columbus	OH	39	43228	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	104	138	138	$165.00	$41.77	$29.40	$33.34
1255772232	Rizzuto	Michael	J	PA	M	I	123 Everett Rd	Albany	NY	36	12205	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	106	138	138	$116.67	$38.29	$26.66	$27.22

1255961470	Kappes	Kyle			M	I	3101 Fields South Dr	Champaign	IL	17	61822	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	96	138	138	$150.00	$38.53	$24.29	$25.31
1295379568	Pollock	Zachary		PA	M	I	2690 Madison St Ste 1(	Clarksville	TN	47	37043	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	114	138	138	$221.59	$36.99	$25.63	$28.09
1346504271	Caten	Alexander	J	M.D.	M	I	750 N Syringa St Ste 20	Post Falls	ID	16	83854	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	125	138	138	$118.21	$48.81	$29.08	$27.91
1356811681	Dorth	Jamie	R	PA-C	F	I	18400 Katy Fwy Ste 47(	Houston	TX	48	77094	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	111	138	138	$112.17	$40.79	$29.50	$28.94
1366679516	Levin	David	J	M.D.	M	I	100 Casa St Ste B	San Luis Ot	CA	6	93405	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	101	138	138	$102.74	$46.93	$32.02	$30.73
1376573329	Driscoll	Brian	P	M.D.	M	I	2415 Musg Suite 203	Silver Sprin	MD	24	20904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	138	138	$160.79	$54.62	$35.79	$30.84
1396742235	Hebert	Richard	L	M.D.	M	I	3256 Highway 190	Eunice	LA	22	70535	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	114	138	138	$107.00	$43.18	$30.50	$32.28
1407935000	Dibiase	Paul	A	MD	M	I	2315 Sunset Blvd	Steubenvill	OH	39	43952	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	138	138	$96.00	$43.67	$28.10	$28.89
1497794945	Moody	Marcus		MD	M	I	2116 Data Park	Hoover	AL	1	35244	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	138	138	$91.31	$42.22	$30.58	$32.65
1497805022	Hontz	Wendi	A	PA	F	I	1575 Pond Rd Ste 203	Allentown	PA	42	18104	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	85	138	138	$100.00	$39.60	$28.39	$28.83
1629182332	Caldwell	Richard	K	M.D.	M	I	417b S 4th St	Gadsden	AL	1	35901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	113	138	138	$86.49	$43.32	$29.98	$32.35
1649241183	Bruns	Matthew		M.D.	M	I	18000 River Ave	Noblesville	IN	18	46062	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	104	138	138	$118.00	$43.46	$29.68	$32.76
1710366018	Wachal	Brandon	M	M.D.	M	I	600 Ridgely Ave Ste 11(	Annapolis	MD	24	21401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	113	138	138	$78.51	$49.53	$36.08	$33.19
1730599812	Keel	Jessica	P	PA-C	F	I	2999 Princ 2nd Floor	Lawrencevi	NJ	34	8648	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	92	138	138	$157.56	$43.68	$33.36	$30.29
1851893796	Roach	April	B	NP	F	I	221 Windermere Blvd	Alexandria	LA	22	71303	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	122	138	138	$144.00	$38.67	$27.07	$28.16
1861490856	Varjabedia	Gregory		D.O.	M	I	25500 Mea Ste 220	Novi	MI	26	48375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	138	138	$75.54	$44.78	$29.90	$31.08
1861711186	Patton	Samuel	R	M.D.	M	I	4191 Bellaire Blvd Ste 2	Houston	TX	48	77025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	138	138	$68.63	$43.11	$33.28	$32.36
1912930777	Rusten	Mark	C	MD	M	I	2605 Kentu Dob 3, Suit(	Paducah	KY	21	42003	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	92	138	138	$113.50	$41.88	$27.85	$30.72
1992817605	Lee	Edwin	J	M.D.	M	I	1860 Town Suite 335	Reston	VA	51	20190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	138	138	$118.12	$54.88	$39.15	$33.81
1992912547	Bloedon	Esa	A	MD	M	I	3024 New E Andrews C(	Raleigh	NC	37	27610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	120	138	138	$139.00	$43.19	$30.25	$32.18
1023028446	Jacobs	Robert		MD	M	I	3907 Waring Rd Ste 1	Oceanside	CA	6	92056	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	137	137	$77.00	$48.41	$35.27	$32.55
1023601952	Cuzzone	Jessica	R	APRN	F	I	1755 N Florida Ave	Lakeland	FL	12	33805	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	112	137	137	$125.00	$37.75	$27.70	$28.16
1063831469	Lanning	Aaron	J	N.P.	M	I	42 N Saint Joseph Ave S	Niles	MI	26	49120	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	94	137	137	$146.99	$39.12	$24.90	$25.82
1134144454	Mccallion	Patrick	G	MD	M	I	5565 Gross Bldg 3 Suit(	La Mesa	CA	6	91942	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	120	137	137	$95.00	$39.23	$28.58	$26.83
1164408563	Burke	Luke	I	MD	M	I	1631 North Suite 620	Houston	TX	48	77008	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	111	137	137	$140.00	$47.61	$32.49	$31.59
1194938142	Wright	Catherine	A	MD	F	I	826 S Governors Ave	Dover	DE	10	19904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	125	137	137	$87.00	$45.06	$33.75	$33.02
1205940160	Berg	Lawrence	F	M.D.	M	I	2350 Royal Suite 500	Elgin	IL	17	60123	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	113	137	137	$200.00	$46.01	$35.90	$33.67
1215255203	Khichi	Sunny	S	M.D.	M	I	2500 Hosp Suite 450	Roswell	GA	13	30076	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	137	137	$149.00	$42.62	$32.16	$31.88
1255406898	Moy	Justin	R	M.D.	M	I	14546 Old Saint Augus	Jacksonvill	FL	12	32258	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	120	137	137	$111.19	$41.41	$30.50	$30.37
1255697975	Mattingly	Jameson	K	M.D.	M	I	9430 Park West Blvd St	Knoxville	TN	47	37923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	137	137	$125.00	$44.05	$30.46	$33.08
1285630202	Tan	Jesse	W	MD	M	I	2865 Atlan Ste 225	Long Beach	CA	6	90806	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	137	137	$100.36	$47.07	$34.33	$31.17
1316911720	Levine	Marc	J	M.D.	M	I	1 Crosfield Suite 201	West Nyac	NY	36	10994	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	127	137	137	$247.99	$49.86	$35.66	$27.93
1336145614	Furman	Robert	H	MD	M	I	17704 Jean Ste 101	Lake Oswe	OR	41	97035	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	105	137	137	$143.00	$48.33	$35.10	$33.93
1437189149	Peltzer	Leticia	I	MD	F	I	26208 Lee Hwy	Abingdon	VA	51	24211	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	137	137	$145.00	$44.05	$31.50	$32.33
1457489429	Sisk	Jamie	D	MD	M	I	203 S 12th Ave	Laurel	MS	28	39440	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	121	137	137	$120.00	$42.19	$31.22	$34.81
1619173457	Price	Amber	M	MD	F	I	3501 S Son Suite 140	Amarillo	TX	48	79119	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	99	137	137	$102.00	$44.38	$31.17	$32.77
1659560100	Sreeram	Anekal	B	MD	M	I	255 E 90th Dr	Merrillville	IN	18	46410	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	102	137	137	$90.00	$44.17	$29.72	$32.63
1659566560	Duong	Trac	M	M.D.	M	I	1231 116th Suite 915	Bellevue	WA	53	98004	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	98	137	137	$168.00	$51.70	$38.55	$34.83
1699879874	Tidmore	Taylor	R	MD	M	I	1233 N 18th St	Abilene	TX	48	79601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	114	137	137	$120.00	$44.96	$30.86	$32.56
1730147182	Alleva	Michael		M.D.	M	I	10721 Queens Blvd	Forest Hills	NY	36	11375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	133	137	137	$203.21	$50.89	$37.53	$29.76
1740240258	Truitt	Theodore		MD	M	I	1528 Northway Dr	Saint Cloud	MN	27	56303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	102	137	137	$196.35	$45.98	$29.67	$30.74
1780679795	Garvey	Christophe	M	MD	M	I	1640 E Sumner St	Hartford	WI	55	53027	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	111	137	137	$300.00	$43.13	$27.37	$30.09
1801884341	Bennett	Paul	S	MD	M	I	4030 Oaks Professiona	Burlington	NC	37	27215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	98	137	137	$145.00	$43.44	$30.95	$33.13
1831410596	Harris	Scott	S	MD	M	I	600 Northern Blvd Ste :	Great Neck	NY	36	11021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	110	137	137	$357.00	$41.89	$32.10	$25.37
1851454615	Kim	Sam	Y	M.D.	M	I	1919 Lathr Ste 103	Fairbanks	AK	2	99701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	122	137	137	$351.00	$59.93	$39.66	$31.50
1861460156	Holmes	Douglas	K	MD	M	I	2505 Old Shell Rd	Mobile	AL	1	36607	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	104	137	137	$233.17	$45.04	$30.59	$32.10
1871528802	Kelley	Timothy		MD	M	I	520 Superior Ave Ste 3:	Newport Be	CA	6	92663	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	94	137	137	$138.00	$43.96	$33.39	$30.22
1932495413	Gelfand	Yuri	M	M.D.	M	I	4101 Greer Suite #320	Houston	TX	48	77098	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	102	137	137	$150.00	$47.64	$31.11	$30.09
1952336000	Rich	Joel	E	M.D.	M	I	2205 Nw 4(Ste B	Gainesville	FL	12	32605	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	119	137	137	$50.00	$33.49	$20.39	$19.55
1003808528	Jordan	Jennifer	A	M.D.	F	I	1130 Beacl Suite 240	Dallas	TX	48	75218	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	116	136	136	$137.00	$47.69	$32.11	$31.67
1073620993	Lewark	Tyler	M	M.D.	M	I	1400 S Pot Suite 240	Aurora	CO	8	80012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	97	136	136	$148.00	$46.03	$34.16	$33.44
1114247798	Andrews	Kenneth	J	M.D.	M	I	292 W Main St	New Britair	CT	9	6052	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	115	136	136	$170.00	$49.87	$35.15	$31.91
1114965373	Smolarz	Joseph		M.D.	M	I	9149 Estate Thomas St	St Thomas	VI	78	802	99	Unknown	US	Otolaryngo	Y	69210	Removal of N	O	103	136	136	$50.01	$46.16	$26.56	$26.58
1144872904	Cantu	Jennifer	E	FNP-C	F	I	5920 Saratoga Blvd Ste	Corpus Chr	TX	48	78414	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	95	136	136	$106.49	$38.31	$27.59	$29.04
1164494670	Batti	James	S	MD, FACS,	M	I	107 Newto Suite 2a	Danbury	CT	9	6810	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	94	136	136	$236.25	$51.56	$38.37	$35.01
1235611005	Abualsoud	Ahmad	I	MBBCH	M	I	3445 High Point Blvd St	Bethlehem	PA	42	18017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	136	136	$118.13	$42.25	$31.11	$30.88
1326421967	Yasin	Ghenoi			F	I	5728 Scha Suite 100	Dearborn	MI	26	48126	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	110	136	136	$140.07	$29.55	$19.27	$18.03
1336157494	Shiman	Alexander		M.D.	M	I	7421 N Uni #203	Tamarac	FL	12	33321	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	70	136	136	$65.76	$50.60	$39.14	$36.56
1356674451	Mcconnell	Wendy	D	D.O.	F	I	1608 Professional Cir	Yukon	OK	40	73099	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	100	136	136	$93.17	$44.05	$31.41	$33.44
1487695987	Teixido	Michael	T	M.D.	M	I	700 Prides Xing Ste 20(	Newark	DE	10	19713	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	136	136	$102.00	$47.82	$32.73	$32.11
1508829722	Smith	Beatrice	L	M.D.	F	I	901 Leight Suite 601	Anniston	AL	1	36207	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	91	136	136	$74.88	$44.84	$29.35	$31.79
1649375759	Kanowitz	Seth	J	M.D.	M	I	95 Madisor Suite 105	Morristown	NJ	34	7960	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	100	136	136	$158.00	$48.71	$37.00	$32.19
1679521033	Romeo	Joseph	P	MD	M	I	1801 Color Ste 160	Turlock	CA	6	95382	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	91	136	136	$149.19	$48.64	$35.89	$34.89
1679523500	Richards	Steven	V	M.D.	M	I	4140 W Me Suite 115	Oklahoma (	OK	40	73120	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	106	136	136	$114.33	$43.73	$31.80	$34.64
1699860742	Goldsmith	Gary	P	MD	M	I	8230 Waln Suite 714	Dallas	TX	48	75231	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	136	136	$185.00	$46.07	$33.21	$33.26
1801553656	Fleming	Peter	D	PA-C	M	I	221 Broad St	Oneida	NY	36	13421	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	108	136	136	$100.00	$38.39	$29.15	$31.00
1811906126	Colvin	Charles	P	M.D.	M	I	3686 Grandview Pkwy S	Birminghan	AL	1	35243	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	90	136	136	$62.05	$44.46	$32.48	$34.17
1891074308	Endacott	Haley	R	APRN	F	I	2100 N Gre Suite A	Fayettevill	AR	5	72703	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	116	136	136	$94.00	$36.11	$24.46	$28.09
1003486937	Ferrante	Peter	A	APRN	M	I	40 N Grand Ave Ste 10(	Fort Thoma	KY	21	41075	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	119	135	135	$86.26	$37.61	$23.58	$26.11
1023109758	Laureano	Alberto	N	MD	M	I	1720 Nich Suite 500	Lexington	KY	21	40503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	106	135	135	$127.25	$42.69	$29.38	$31.76
1073514378	Hinrichs	Catherine	A	O.D.	F	I	305 N Main St	Ainsworth	NE	31	69210	10	Rural areas	US	Optometry	Y	92014	Establishec	N	O	135	135	$105.00	$104.06	$64.10	$82.88
1104326941	Townley	Katelyn	B	FNP-C	F	I	5000 Ambassador Caff	Lafayette	LA	22	70508	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	92	135	135	$107.00	$38.36	$26.46	$28.10
1114597044	Gaughf	Memorie	L	FNP	F	I	970 Tommy Munro Dr S	Biloxi	MS	28	39532	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	110	135	135	$110.61	$36.36	$22.50	$25.98
1134305030	Ingley	Avani	P	MD	F	I	80 Lacy St I Northwest	Marietta	GA	13	30060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	95	135	135	$222.67	$46.28	$29.94	$29.37
1164546701	Mitchell	Colby	J	PA-C	M	I	4650 Harrison Blvd	Ogden	UT	49	84403	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	97	135	135	$79.00	$38.03	$24.49	$26.03
1174552699	Maples	Richard	M	M.D.	M	I	2510 Airpa Suite 201	Redding	CA	6	96001	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	126	135	135	$69.52	$49.19	$33.17	$31.87
1255439865	Gilroy	Patricia	A	M.D.	F	I	2299 9th A Suite 3b	Saint Peter:	FL	12	33713	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	89	135	135	$200.00	$47.24	$31.21	$30.91

1265686703	Conklin	Heidi	A	CNP	F	I	6005 Monc	Suite 320	Maumee	OH	39	43537	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	105	135	135	$98.00	$39.62	$27.01	$27.58
1275814907	Cosgriff	Anne	K	MD	F	I	850 E Harvard	Ave Ste#	Denver	CO	8	80210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	135	135	$138.00	$48.04	$32.97	$32.48
1306817689	White	Christophe	L	DO	M	I	231 Dawkins	Dr	Lewisburg	WV	54	24901	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	111	135	135	$129.00	$42.72	$26.78	$28.98
1407896723	Newman	Christophe	E	MD	M	I	100 E Northwood	St	Greensbor	NC	37	27401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	135	135	$175.00	$45.35	$32.96	$34.29
1467680108	Truong	Anh	Q	M.D.	M	I	1231 116th	Suite 915	Bellevue	WA	53	98004	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	135	135	$168.00	$50.11	$36.04	$32.59
1528065331	Loehr	Anthony	E	M.D.	M	I	5020 E 68th	St	Tulsa	OK	40	74136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	94	135	135	$88.00	$44.29	$30.93	$33.31
1528629227	Taylor	Amanda	N	PA-C	F	I	5751 Edwards	Ranch R	Fort Worth	TX	48	76109	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	110	135	135	$156.80	$39.76	$29.02	$29.04
1609086909	Nicholas	Brian	D	MD	M	I	750 E Adan	241 Campu	Syracuse	NY	36	13210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	135	135	$211.20	$54.62	$43.01	$34.54
1669607396	Laubscher	Whitney	B	PA	F	I	5751 Edwards	Ranch R	Fort Worth	TX	48	76109	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	124	135	135	$152.44	$37.62	$29.62	$30.39
1679561021	Hoffman	Robert	D	MD	M	I	18648 Mck	Ste 120	Humble	TX	48	77338	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	114	135	135	$108.00	$48.22	$33.71	$33.02
1720088255	Garside	John	A	MD	M	I	790 Se Cary	Pkwy Ste 1	Cary	NC	37	27511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	105	135	135	$139.00	$45.73	$29.59	$31.29
1801909544	Krevitt	Lane	D	MD	M	I	36a East 36	Suite 200	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	135	135	$357.00	$55.22	$40.64	$33.69
1871900472	Rottinghau	Hannah		PA-C	F	I	600 Highland	Ave	Madison	WI	55	53792	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	96	135	135	$198.00	$26.13	$17.16	$18.81
1881686434	Enrique	Ronel	R	M.D.	M	I	556 Kitchings	Dr	Statesville	NC	37	28677	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	135	135	$119.00	$40.97	$30.35	$31.11
1912080334	Ipakchi	Ramin		MD	M	I	2070 Old B	Suite 103	Lake Ridge	VA	51	22192	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	135	135	$115.00	$47.18	$34.51	$34.02
1083674428	Rheney	Theodore	B	MD	M	I	1065 Hendersonville R		Asheville	NC	37	28803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	134	134	$110.00	$43.36	$29.37	$30.78
1134168438	Rothbaum	Daniel	L	M.D.	M	I	963 Town C	Suite 100	Orange City	FL	12	32763	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	128	134	134	$97.00	$45.64	$33.83	$33.40
1144266974	Ryan	John	F	M.D.	M	I	4106 W Lak	Suite 301	Lake Mary	FL	12	32746	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	120	134	134	$65.00	$48.00	$35.32	$35.04
1154527976	Cost	Jamey	L	MD	F	I	304 10th	Ave Ne	Hickory	NC	37	28601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	134	134	$158.16	$44.76	$32.64	$33.60
1174574099	Reid-Waldo	Kelly		NP	F	I	1295 Portla	Suite 7	Rochester	NY	36	14621	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	69	134	134	$92.79	$38.25	$24.66	$26.33
1184775744	Livingston	Gary	L	MD	M	I	27790 W Highway 22	S	Barrington	IL	17	60010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	134	134	$109.88	$48.71	$32.21	$30.23
1225066509	Imhof	Justin		D.O.	M	I	100 Medical	Dr	Hannibal	MO	29	63401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	134	134	$147.83	$41.96	$27.94	$30.45
1326417049	Cable	Alexandria	E	PHYSICIAN	F	I	5777 E Mayo	Blvd	Phoenix	AZ	4	85054	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	119	134	134	$159.77	$39.59	$25.58	$26.40
1366433328	Konowitz	Paul	M	M.D.	M	I	500 Congre	Suite 2b	Quincy	MA	25	2169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	134	134	$197.41	$52.67	$33.91	$30.21
1487642906	Picariello	Michael	A	M.D.	M	I	111 Arrandale	Blvd	Exton	PA	42	19341	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	98	134	134	$80.00	$42.69	$31.08	$28.85
1487827853	Chanin	Louis	R	DO	M	I	60 Physicia	Suite 1	Southaven	MS	28	38671	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	99	134	134	$160.93	$43.23	$25.22	$28.96
1497959092	Wright	Camysha	H	MD	F	I	201 Nw 82r	Suite 404	Plantation	FL	12	33324	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	92	134	134	$105.00	$48.61	$34.30	$32.04
1518947977	Obermyer	Neal	E	M.D.	M	I	1522 Pine (	Suite A	Port Huron	MI	26	48060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	102	134	134	$172.48	$45.03	$32.37	$34.22
1619013976	Schultz	Dean	A	M.D.	M	I	1309 Hickory	St	Abilene	TX	48	79601	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	88	134	134	$117.00	$42.27	$31.61	$32.73
1629399985	Fisher	Michelle		MD	F	I	Florida Ent	13015 Sum	Riverview	FL	12	33578	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	101	134	134	$104.69	$45.25	$33.07	$32.58
1912668526	Hemeon	Kasey		PA-C	F	I	4060 Pga	Blvd Ste 204	Palm Beacl	FL	12	33410	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	118	134	134	$105.00	$40.35	$30.21	$28.52
1932268919	Benner	Candace	N	N.P.	F	I	1025 S 6th	St	Springfield	IL	17	62703	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	116	134	134	$131.78	$27.26	$19.98	$19.98
1932365780	Ruibys	Gediminas		M.D.	M	I	275 Crossroads	Blvd	Carmel	CA	6	93923	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	115	134	134	$116.29	$51.63	$36.10	$33.23
1972588358	Puckett	Susan		P.A.	F	I	2750 Broadway	St	Boulder	CO	8	80304	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	130	134	134	$102.16	$39.82	$28.87	$28.39
1992465199	Lock	Tahra	S	NP-C	F	I	3801 S National Ave	Fl	Springfield	MO	29	65807	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	106	134	134	$127.00	$37.17	$28.50	$31.20
1114918281	Guillory	Paul	A	M.D.	M	I	221 Windermere	Blvd	Alexandria	LA	22	71303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	133	133	$144.00	$45.10	$32.49	$33.53
1134347388	Tompkins	Andrew	J	MD	M	I	2526 London	Grovepor	Grove City	OH	39	43123	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	133	133	$95.00	$45.30	$29.69	$31.00
1174556773	Alvi	Aijaz		MD	M	I	1710 N Rar	Suite 210	Elgin	IL	17	60123	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	90	133	133	$200.00	$47.88	$32.44	$30.06
1265498091	Lansford	Bryan	K	MD	M	I	4802 E Johnson	Ave	Jonesboro	AR	5	72401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	90	133	133	$91.00	$39.98	$26.73	$30.67
1275706186	Lather	Jacqueline	S	DNP, CNP	F	I	800 Wayne	St Ste 112	Marietta	OH	39	45750	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	83	133	133	$71.37	$28.40	$18.51	$18.46
1285392084	Morrison	Caroline	M	APRN	F	I	6823 Isaacs	Orchard R	Springdale	AR	5	72762	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	109	133	133	$43.82	$36.22	$25.98	$29.51
1285845586	Grisel	Jedidiah		MD	M	I	1 Burnside		Wichita Fal	TX	48	76310	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	101	133	133	$117.00	$43.69	$30.53	$33.28
1457557654	Lynskey	Elisa	M	M.D.	F	I	6827 1st Ave S	Ste 100	St Petersbu	FL	12	33707	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	93	133	133	$105.00	$45.72	$31.34	$31.08
1487734414	Alvarez	Ronald	J	M.D.	M	I	2365 Old M	Ste 300	Alpharetta	GA	13	30009	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	133	133	$122.55	$47.67	$31.61	$31.69
1497375307	Mitchell	Katherine	K		F	I	501 Skokie	Blvd	Northbrook	IL	17	60062	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	122	133	133	$125.73	$38.10	$24.31	$22.13
1538280474	Armstrong	David	L	M.D.	M	I	901 Riverfr	Suite 300	Chattanoo	TN	47	37402	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	110	133	133	$254.00	$41.02	$31.12	$34.01
1619515186	Macy-Sturg	Andrea	N	APRN	F	I	6815 Frontage	Rd	Merriam	KS	20	66204	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	95	133	133	$89.00	$37.21	$24.01	$26.58
1669449336	Desai	Narendra	M	MD	M	I	222 S Greenleaf	St Ste	Gurnee	IL	17	60031	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	118	133	133	$120.00	$51.12	$37.35	$34.47
1669479986	Behrens	Edward	G	M.D.	M	I	1849 Savage	Rd	Charleston	SC	45	29407	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	133	133	$128.00	$43.95	$30.36	$32.35
1669620589	Vivero	Richard	J	M.D.	M	I	8940 N Ken	Suite 504e	Miami	FL	12	33176	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	111	133	133	$116.00	$49.28	$35.74	$31.60
1720050032	Khudatyan	Hrach		M.D.	M	I	134 N Glendale	Ave	Glendale	CA	6	91206	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	85	133	133	$116.00	$51.21	$39.66	$35.90
1760498042	Levy	Ronald	A	MD	M	I	29 Barstow	Road	Great Neck	NY	36	11021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	105	133	133	$155.37	$57.28	$41.03	$32.61
1801821608	Bigelow	Douglas	C	MD	M	I	3400 Civic	South Pavil	Philadelphi	PA	42	19104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	88	133	133	$95.00	$32.73	$25.03	$23.39
1811241995	Jelinek	Jamie	M	PA-C	F	I	1800 Broadway	St	Pekin	IL	17	61554	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	109	133	133	$174.22	$38.98	$30.38	$31.37
1871513424	Hunt	Peter	M	MD	M	I	1724 Hamill	Rd Ste 102	Hixson	TN	47	37343	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	106	133	133	$183.70	$43.64	$32.23	$35.16
1932212651	Sperling	Neil	M	M.D.	M	I	36a East 36	Suite 200	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	100	133	133	$357.00	$56.50	$39.59	$31.86
1952341257	Hulett	Kevin	J	M.D.	M	I	430 Pennsylvania	Ave S	Glen Ellyn	IL	17	60137	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	98	133	133	$116.00	$49.60	$35.71	$33.25
1972519809	Davenport	Kati		APRN,BC	F	I	800 W Central Texas	Ex	Harker Hei	TX	48	76548	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	98	133	133	$103.00	$39.07	$25.75	$26.73
1982609103	Siegel	Gordon	J	M.D.	M	I	3 E Huron S	Fl 1	Chicago	IL	17	60611	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	114	133	133	$211.65	$43.91	$31.03	$28.46
1013455484	Symens	Ashley	N	FNP-BC	F	I	2401 S. 31st	Street	Temple	TX	48	76508	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	104	132	132	$153.00	$26.59	$18.46	$19.54
1033451158	Yilmaz	Turker		M.D.	M	I	3315 N Ridge Rd E	Ste 2	Ashtabula	OH	39	44004	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	114	132	132	$128.48	$41.43	$29.43	$29.66
1043341043	Mathews	Shawn	B	M.D.	M	I	300 Medical Dr	Ste 705	Lagrange	GA	13	30240	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	115	132	132	$115.00	$43.79	$32.60	$34.53
1104875863	Baker	Melissa	E	CCC-A	F	I	429 W 69th	St	Sioux Falls	SD	46	57108	1	Metropolita	US	Audiologist	Y	69210	Removal of N	O	94	132	132	$63.31	$45.94	$30.01	$30.95
1124160510	Samji	Hussein	A	M.D.	M	I	6060 Helly(	150	San Jose	CA	6	95138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	112	132	132	$175.00	$56.90	$41.75	$34.51
1194988154	Salvado	Amanda	R	MD	F	I	3831 Hughes	Ave Ste 5	Culver City	CA	6	90232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	92	132	132	$65.00	$43.81	$32.93	$29.97
1306284179	Kim	William		M.D.	M	I	860 Washington	St	Boston	MA	25	2111	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	122	132	132	$194.28	$52.07	$37.83	$32.70
1316924798	David	Salem	K	M.D.	M	I	1224 Mcfar	Suite A	Tuscaloosa	AL	1	35406	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	99	132	132	$63.64	$42.64	$31.69	$34.26
1356617534	Koss	Shira	L	MD	F	I	310 E 14th St	Fl 6	New York	NY	36	10003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	110	132	132	$111.00	$48.91	$38.90	$31.00
1376623140	Bettez	Maurice		M.D.	M	I	50 Leroy	St	Potsdam	NY	36	13676	7	Small town	US	Otolaryngo	Y	69210	Removal of N	F	86	132	132	$129.83	$32.03	$21.33	$22.09
1437306933	Sidwell	Christy		ARNP	F	I	10090 E Shannon	Woo	Wichita	KS	20	67226	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	92	132	132	$70.12	$36.77	$25.07	$27.91
1497797419	Mckee	John	C	MD	M	I	2900 N. Beltline	Rd	Sunnyvale	TX	48	75182	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	109	132	132	$81.89	$47.72	$33.28	$33.13
1629481825	Quay-De La	Zachary	J	MD	M	I	148 W River	St Ste 2a	Providence	RI	44	2904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	101	132	132	$100.00	$48.79	$30.09	$28.68
1649415175	Frake	Paul	C	M.D.	M	I	256 Bunn D	Suite A	Princeton	NJ	34	8540	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	119	132	132	$168.77	$47.99	$35.35	$32.35
1699761437	Purush	Ajith		MBBS, MD	M	I	722 N Montezuma	St	Prescott	AZ	4	86301	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	120	132	132	$70.31	$46.40	$33.56	$34.59
1710528674	Pate	Lisa	R	APRN-CNP	F	I	730 Finley	Dr	Ada	OK	40	74820	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	106	132	132	$143.86	$37.53	$25.52	$27.76
1770522302	Reiner	Seth	A	M.D.	M	I	200 W Cou	Suite 330	Highlands I	CO	8	80129	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	132	132	$105.00	$46.22	$32.97	$32.80
1861401192	Morgan	Alice	H	M.D., PH.D	F	I	833 Saint V	Pob# 3 Suit	Birminghan	AL	1	35205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	132	132	$61.57	$45.15	$31.80	$33.52

1912558107	Rudd	Michael	S	FNP-C	M	I	1932 Niles Cortland Rc	Warren	OH	39	44484	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	98	132	132	$86.00	$39.20	$28.59	$29.67
1922171776	Dodds	Brian	L	MD	M	I	1619 N Gre Suite 309	Pueblo	CO	8	81003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	94	132	132	$100.00	$48.22	$31.55	$31.11
1932356508	Wycherly	Benjamin	J	M.D.	M	I	21 South Rc Prohealth F	Farmington	CT	9	6032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	102	132	132	$153.00	$50.28	$35.54	$32.68
1063463669	Orgill	Richard	D	MD	M	I	10958 N May Ave	Oklahoma	OK	40	73120	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	98	131	131	$104.00	$44.22	$30.35	$33.27
1124091970	Jackson	Keith	A	MD	M	I	8010 Frost Ste 503	San Diego	CA	6	92123	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	131	131	$90.00	$50.20	$35.85	$33.10
1255322145	Mcleod	Ian	K	MD FACS	M	I	322 Commercial Dr Ste	Savannah	GA	13	31406	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	104	131	131	$169.04	$44.82	$31.50	$33.32
1295029247	Lewis	Sean		M.D.	M	I	379 Dixmyth Ave	Cincinnati	OH	39	45220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	100	131	131	$132.00	$45.32	$33.64	$34.27
1316933484	Maschka	Donald	A	M.D.	M	I	4745 Arapa Suite 130	Boulder	CO	8	80303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	111	131	131	$87.58	$45.80	$34.94	$34.39
1376590604	Arruda	Johnny		M.D.	M	I	255 Terracina Blvd Ste	Redlands	CA	6	92373	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	131	131	$94.00	$49.92	$37.14	$35.42
1396895835	Thomason	Thomas	B	MD	M	I	2102 Sw 20th Pl Ste 60	Ocala	FL	12	34471	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	131	131	$100.00	$46.08	$33.40	$33.23
1417182593	Purkey	Michael	T	MD	M	I	2581 Sama Suite 210	San Jose	CA	6	95124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	97	131	131	$172.17	$55.55	$38.76	$31.41
1427088376	Petcu	Louis	G	M.D.	M	I	75 Crystal Run Rd Ste 2	Middletown	NY	36	10941	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	112	131	131	$265.11	$52.04	$37.77	$33.89
1508952052	Yium	Michael	J	M.D.	M	I	4315 James Suite 300	Austin	TX	48	78745	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	131	131	$162.98	$44.02	$30.34	$30.35
1518967264	Martyn	Michael	D	MD	M	I	974 Bethel Suite A	Columbus	OH	39	43214	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	90	131	131	$95.00	$46.23	$29.15	$30.46
1568438703	Aslanidis	Tasos		D.O.	M	I	1841 S Broad St	Philadelphi	PA	42	19148	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	121	131	131	$158.00	$45.58	$34.13	$32.56
1679508766	Grganto	David	M	MD	M	I	25 Winfield Road	Winfield	IL	17	60190	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	119	131	131	$149.00	$51.36	$33.85	$30.87
1710116462	Goldstein	Gregg	H	MD	M	I	700 Prides Xing Ste 200	Newark	DE	10	19713	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	124	131	131	$102.00	$46.02	$33.13	$32.60
1710967070	Harper	Stephen	A	MD	M	I	110 Charlois Blvd	Winston Sa	NC	37	27103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	96	131	131	$140.11	$45.36	$31.79	$33.40
1841306693	Shah	Ketan		M.D.	M	I	1000 Eleve Ste 4f	Columbia	IL	17	62236	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	123	131	131	$143.00	$46.79	$20.17	$19.90
1841607744	Spinowitz	Sam	A	M.D.	M	I	2 Centerock Rd	West Nyac	NY	36	10994	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	129	131	131	$147.21	$52.70	$36.54	$32.56
1871797464	Simon	Chad	M	MD	M	I	505 Dunn St	Houma	LA	22	70360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	112	131	131	$290.46	$43.73	$31.08	$32.92
1871821645	Willen	Seth	N	MD	M	I	4275 Steels Pointe	Stow	OH	39	44224	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	105	131	131	$120.00	$45.95	$31.27	$32.25
1881672285	Bhaloo	Salim		D.O.	M	I	4425 E Us Highway 377	Granbury	TX	48	76049	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	109	131	131	$147.00	$45.34	$34.12	$35.13
1932265881	Malaisrie	Nora		MD	F	I	5454 Wisc Suite 1535	Chevy Cha	MD	24	20815	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	116	131	131	$115.89	$54.50	$37.33	$31.60
1982605259	Song	Angie	U	M.D.	F	I	1225 N H St	Lompoc	CA	6	93436	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	110	131	131	$121.83	$46.44	$33.46	$30.62
1033539721	Bartindale	Matthew		M.D.	M	I	21911 76th Ave W Ste 2	Edmonds	WA	53	98026	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	106	130	130	$99.00	$49.50	$32.36	$30.79
1063867356	Neumann	Miles	R	D.O.	M	I	29201 Telegraph Rd Ste	Southfield	MI	26	48034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	112	130	130	$85.00	$47.51	$31.85	$30.49
1114142312	Ryoo	Cherie		MD	F	I	6573 E Bro Ste A	Columbus	OH	39	43213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	92	130	130	$95.00	$46.01	$31.28	$32.56
1144294117	Stallman	John	B	PA-C	M	I	35 Walker S Ste 200	Kittery	ME	23	3904	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	125	130	130	$97.19	$39.53	$28.46	$28.44
1174919401	Morse	Justin		M.D.	M	I	1724 Hamill Rd Ste 102	Hixson	TN	47	37343	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	108	130	130	$178.40	$41.84	$29.79	$32.77
1194112094	Almeida	Samantha		PA-C	F	I	1 Long Wharf Dr Ste 30	New Haven	CT	9	6511	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	102	130	130	$56.36	$43.85	$29.08	$26.34
1215066873	Wade	John	A	MD	M	I	2414 Jefferson Ave	Point Pleas	WV	54	25550	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	130	130	$59.03	$45.15	$32.19	$34.28
1275797755	Solomon	Donald	H	M.D.	M	I	3 Cooper Plz Rm 403	Camden	NJ	34	8103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	93	130	130	$151.00	$50.26	$37.85	$34.30
1295205334	Meller	Whitnie	L		F	I	105 Carter Park Dr Ste	Seneca	SC	45	29678	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	119	130	130	$105.54	$38.63	$24.56	$25.62
1295812311	Yoder	Brent	E	M.D.	M	I	924 Colonial Ave Ste E	York	PA	42	17403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	106	130	130	$81.00	$45.43	$32.44	$33.00
1376870097	Sullivan	Patricia		PA-C	F	I	4400 N 32n Ste 220	Phoenix	AZ	4	85018	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	98	130	130	$93.64	$39.06	$27.98	$28.94
1427229384	Mendive	Anselmo	M	MD	M	I	4601 Nw 1 Suite E	Miami Garc	FL	12	33055	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	121	130	130	$150.00	$27.14	$21.69	$19.14
1447221015	Roberson	David	W	MD	M	I	101 Wellness Way Ste	Milford	DE	10	19963	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	103	130	130	$87.00	$47.95	$35.18	$34.18
1518262542	Keith	Stephanie	L	PA-C	F	I	2311 N Prospect Ave S	Milwaukee	WI	55	53211	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	107	130	130	$205.89	$25.87	$16.80	$18.60
1528399417	Gehrke	Heidi	G	PA-C	F	I	1421 Premier Drive	Mankato	MN	27	56001	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	114	130	130	$46.41	$26.35	$16.65	$17.96
1568423986	Chomchai	Joe	S	M.D.	M	I	4851 E Pickard St Ste 2	Mount Plea	MI	26	48858	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	130	130	$67.00	$45.82	$29.74	$30.82
1588919633	Strigenz	Daniel	A	M.D.	M	I	17183 Interstate 45 S S	Shenandoa	TX	48	77385	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	85	130	130	$300.00	$44.09	$30.64	$32.79
1598915217	Martinez	Leonel		M.D.	M	I	1112 W 6th Ste 216	Lawrence	KS	20	66044	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	93	130	130	$134.00	$43.91	$31.12	$34.07
1639160310	Pugliano	Frederic	A	M.D.	M	I	1001 S Kirkwood Rd Ste	Kirkwood	MO	29	63122	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	98	130	130	$106.92	$45.92	$30.47	$30.90
1679609465	Budenz	Cameron	L	M.D.	F	I	200 White Plains Rd Ste	Tarrytown	NY	36	10591	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	117	130	130	$271.80	$58.26	$41.14	$32.10
1700882990	Bridge	Robert	S	M.D.	M	I	19636 N 27th Ave Ste 2	Phoenix	AZ	4	85027	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	130	130	$93.64	$43.30	$31.15	$32.05
1720085814	Howells	Richard	C	M.D.	M	I	3341 Beale Ave	Altoona	PA	42	16601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	99	130	130	$97.00	$46.36	$26.22	$27.32
1750432043	Willis	Chad	D	D.O.	M	I	3214 Kethley Rd	Shawnee	OK	40	74804	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	111	130	130	$109.00	$44.79	$33.89	$35.98
1831450071	Byrd	Serena	A	M.D.	F	I	150 Park Ave	Florham Pa	NJ	34	7932	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	109	130	130	$150.00	$52.66	$37.98	$33.16
1891883120	Baker	Michael	P	MD	M	I	107 N Pine	Pittsburg	KS	20	66762	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	130	130	$75.00	$43.97	$27.05	$30.12
1902878697	Blumer	Scott	W	DO	M	I	2819 Aaronwood Aven	Massillon	OH	39	44646	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	95	130	130	$76.80	$46.03	$30.63	$31.90
1912350208	Koenings	Mellisa	Y	PA-C	F	I	1111 Delafield St Ste 1	Waukesha	WI	55	53188	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	108	130	130	$286.03	$37.73	$23.45	$25.88
1932107935	Hamburger	Marc	D	M.D.	M	I	203 Hospit Suite 200	Glen Burnie	MD	24	21061	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	111	130	130	$175.00	$49.47	$31.74	$28.58
1962478503	Christense	Eric	C	MD	M	I	5330 N Oal Ste 201	Kansas City	MO	29	64118	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	97	130	130	$124.00	$43.78	$33.63	$34.42
1053317461	Stewart	Robert	G		M	I	895 Aerovis 103	San Luis Ot	CA	6	93401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	116	129	129	$100.74	$48.61	$29.46	$27.63
1063456572	Do	Nam	H	M.D.	M	I	1215 S Cou Suite #301	Amarillo	TX	48	79106	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	109	129	129	$47.87	$42.78	$30.59	$32.18
1073705117	Shih	Julia	Y	M.A.	F	I	960 E Green St Ste 208	Pasadena	CA	6	91106	1	Metropolita	US	Audiologist	Y	69210	Removal of N	O	108	129	129	$240.00	$52.38	$39.12	$35.43
1083018501	Davis	Liesa	A	NP-C	F	I	4640 W Alexis Rd	Toledo	OH	39	43623	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	101	129	129	$114.90	$38.86	$23.91	$25.00
1093735789	Willcox	Thomas	O	M.D.	M	I	925 Chestr 6th Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	114	129	129	$110.00	$34.84	$26.02	$24.06
1124034202	Phillips	Stan	D	M.D	M	I	9710 Sam F Unit D	Huntersvill	NC	37	28078	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	101	129	129	$100.00	$45.23	$28.55	$29.92
1184910614	Dedmon	Matthew		M.D.	M	I	101 Manning Dr	Chapel Hill	NC	37	27599	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	100	129	129	$139.03	$43.66	$30.25	$32.05
1225271513	Thornton	Blakely	N		M	I	2121 Line Ave	Shreveport	LA	22	71104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	109	129	129	$81.86	$45.79	$34.52	$35.68
1336393891	Roberts	Jess	C	M.D.	M	I	970 Lakeland Dr Ste 40	Jackson	MS	28	39216	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	129	129	$114.00	$41.54	$27.92	$30.96
1366534851	Angel	Michael	F	MD	M	I	1485 Jesse Ste. 220a	Gainesville	GA	13	30501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	96	129	129	$122.55	$44.72	$31.26	$33.02
1366779357	Marovich	Ryan	S	MPAS, PA-C	M	I	410 Cranberry St Ste 3	Erie	PA	42	16507	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	108	129	129	$138.54	$37.71	$22.88	$25.29
1376527218	O'neal	James	P	MD	M	I	508 Medical Center Blv	Conroe	TX	48	77304	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	110	129	129	$151.00	$44.59	$34.77	$36.53
1407313703	Macknet	Natalie	A	NP-C	F	I	1107 Reynolds St	Monroe	NC	37	28112	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	123	129	129	$129.48	$39.06	$24.05	$25.03
1457321515	Galantich	Peter	T	MD	M	I	895 Middle Suite 152	Newport Ne	VA	51	23606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	106	129	129	$86.33	$31.43	$23.15	$24.40
1548785611	Dahl	Carrie	L	DNP	F	I	17030 Lakeside Hills P	Omaha	NE	31	68130	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	99	129	129	$100.00	$36.51	$22.94	$25.86
1578502175	Keenan	Natasha	F	M.D.	F	I	620 Columbus Ave Ste	New York	NY	36	10024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	129	129	$273.91	$49.90	$36.57	$29.84
1598313793	Mast	Neil		PA-C	M	I	1134 N Main St Ste 310	Bellefontai	OH	39	43311	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	105	129	129	$110.00	$38.68	$23.59	$25.03
1609022417	Emily	Cynthia	M	PA	F	I	211 S 3rd St	Belleville	IL	17	62220	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	110	129	129	$95.04	$36.04	$26.03	$26.50
1629231808	Garrett	Beki	E	PA-C	F	I	2727 S 144 Suite 250	Omaha	NE	31	68144	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	93	129	129	$131.01	$35.60	$24.17	$27.08
1639222037	Battiata	Andrew	P	MD, MS	M	I	146 E Hospital Dr Ste 2	West Colur	SC	45	29169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	129	129	$128.00	$41.63	$30.02	$32.06
1639531759	Petrusek	Jeffrey			M	I	27790 W Highway 22 S	Barrington	IL	17	60010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	102	129	129	$108.82	$48.53	$36.81	$34.29
1659366318	Jaffe	Joel	D	MD	M	I	400 Middle Suite 100	Langhorne	PA	42	19047	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	97	129	129	$100.00	$50.33	$34.25	$31.97
1699938886	Hayes	Jonathan	P	MD	M	I	9430 Park West Blvd St	Knoxville	TN	47	37923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	100	129	129	$125.00	$41.12	$29.22	$32.36

1760576581	Nadeau	Daniel	P	MD	M	I	924 Coloni	Building E	York	PA	42	17403	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	100	129	129	$105.00	$46.90	$33.39	$30.62
1790734069	Pollak	Alan	C	MD	M	I	9150 Crawf	Suite 206	Skokie	IL	17	60076	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	82	129	129	$129.00	$50.47	$39.62	$36.36
1811130248	Lawton	Brian		MD	M	I	710 Marion St		Searcy	AR	5	72143	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	115	129	129	$47.82	$29.95	$22.44	$24.33
1831464015	Ledeboer	Karee	L	ARNP	F	I	13414 E Mission Ave		Spokane Va	WA	53	99216	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	96	129	129	$113.57	$40.37	$27.58	$27.75
1891331211	Kilpatrick	Mackenzie	R	PA-C	F	I	988 Silas Deane Hwy		Wethersfie	CT	9	6109	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	100	129	129	$180.00	$43.45	$29.83	$27.70
1891793204	Scaccia	Frank	J	M.D.	M	I	70 E Front S	Suite 3	Red Bank	NJ	34	7701	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	109	129	129	$200.00	$42.49	$32.60	$29.85
1225323710	Bick	David	S	M.D.	M	I	148 W Rive	Suite 2a	Providence	RI	44	2904	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	101	128	128	$100.00	$48.32	$35.43	$34.12
1407850837	Sinha	Christophe	K	M.D.	M	I	818 W Diar	Ste 120	Gaithersbu	MD	24	20878	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	108	128	128	$115.00	$55.03	$38.86	$33.14
1477519825	Sikand	Ashley		M.D.	M	I	3195 Saint	Suite 210	Henderson	NV	32	89052	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	88	128	128	$99.34	$40.88	$30.70	$30.32
1487812707	Sleve	Daniel	A	MD	M	I	4880 Ne Goodview Circ		Lees Sumr	MO	29	64064	2	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	104	128	128	$89.00	$45.60	$30.11	$31.32
1538574058	Colgrove	Nicole	J	MD	F	I	1860 Town	Ste 335	Reston	VA	51	20190	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	95	128	128	$118.75	$55.92	$40.90	$34.42
1689635039	Dugan	Charlotte	M	M.D.	F	I	18000 River Ave		Noblesville	IN	18	46062	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	79	128	128	$118.00	$42.22	$29.34	$32.30
1750337010	Reiber	Mark	E	MD	M	I	2520 Aberdeen Blvd		Gastonia	NC	37	28054	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	111	128	128	$141.17	$45.49	$31.51	$32.64
1801202445	Kocher	Kimberly	P	PA	F	I	4600 W Loomis Rd		Greenfield	WI	55	53220	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	88	128	128	$93.64	$38.33	$26.45	$26.97
1851747810	Savoca	Emily	L	M.D.	F	I	100 Wason Ave Ste 10(		Springfield	MA	25	1107	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	121	128	128	$152.34	$48.43	$37.65	$36.50
1871541250	Carrino	Thomas		P.A.	M	I	1410 Tusc	Suite 2500	Greeneville	TN	47	37745	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	99	128	128	$88.00	$36.15	$25.27	$28.94
1922047497	Yankelowit	Stanley		M.D.	M	I	1200 Wate	Suite 110 S	Bronx	NY	36	10461	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	103	128	128	$254.81	$51.11	$37.02	$28.94
1003870296	Thomas	Jennifer	M	PA	F	I	100 Schuyl	Suite 205	Pottsville	PA	42	17901	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	83	127	127	$80.00	$38.66	$22.95	$24.10
1073728143	Kundar	Marc	C	A.P.R.N.-BC	M	I	1272 Garrison Dr		Murfreesbo	TN	47	37129	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	89	127	127	$95.00	$37.71	$23.15	$25.55
1144206640	Curry	Scott	D	M.D.	M	I	100 Hospit	Suite 220	Danville	IN	18	46122	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	83	127	127	$151.77	$43.38	$29.15	$31.75
1245402338	Groppo	Eli	R	M.D.	M	I	1111 Expos	Bldg 700	Sacrament	CA	6	95815	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	92	127	127	$165.00	$43.64	$30.95	$29.81
1275672529	Kaneaster	Shannon	K	M.D.	M	I	5701 N Por	Suite 305	Oklahoma	OK	40	73112	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	86	127	127	$113.25	$44.08	$31.35	$34.00
1356316657	Bartell	Thad	E	MD	M	I	2131 E Southern Avenu		Tempe	AZ	4	85282	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	127	127	127	$106.00	$43.93	$30.83	$33.76
1528012242	Bickert	Mark	A	D.O.	M	I	1223 Gateway Dr Ste 1		Melbourne	FL	12	32901	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	113	127	127	$114.79	$46.14	$31.82	$32.81
1558582668	Byrne	Bradley	H	MD	M	I	5002 Cowhorn Creek R		Texarkana	TX	48	75503	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	102	127	127	$110.87	$45.76	$33.54	$34.69
1568722858	Larner	Sean	P	D.O.	M	I	1020 Professional Blvd		Evansville	IN	18	47714	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	93	127	127	$104.54	$43.88	$29.64	$32.67
1639485246	Yost	Morgan		DO	M	I	777 Hospital Way		Pocatello	ID	16	83201	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	101	127	127	$157.00	$42.43	$29.92	$33.10
1689701260	Gardiner	Shannon	L	PA	F	I	875 S Vanguard Way St		Meridian	ID	16	83642	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	59	127	127	$110.00	$36.48	$24.43	$27.42
1699714121	Brandsted	Rebecca	M	MD	F	I	1001 S Kirkwood Rd Ste		Kirkwood	MO	29	63122	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	95	127	127	$106.92	$46.44	$29.32	$29.28
1760461073	Balwally	Atul	N	MD	M	I	1222 S Patt	Suite 400	Dayton	OH	39	45402	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	105	127	127	$80.00	$43.95	$32.49	$33.68
1760620850	Block	Bradley	B	M.D.	M	I	990 Stewar	Suite 610 -	Garden Cit	NY	36	11530	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	114	127	127	$242.55	$54.05	$36.68	$29.20
1912480567	Jacobs	Valarie	D	APRN	F	I	230 S Main St		Bountiful	UT	49	84010	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	82	127	127	$75.00	$38.37	$29.82	$31.24
1962624031	Zaya	Ninef	E	MD	M	I	11 Salt Creek Ln Ste 10		Hinsdale	IL	17	60521	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	103	127	127	$149.11	$47.74	$34.85	$32.63
1992795058	Perepelitsy	Ilya		MD	M	I	2211 Park Ave		Minneapoli	MN	27	55404	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	105	127	127	$161.00	$45.63	$28.14	$29.33
1073980025	Golinske	Quinn	B	PA-C	F	I	675 N Saint	Suite 15-20	Chicago	IL	17	60611	1	Metropolit	US	Physician A	Y	69210	Removal of N	F	85	126	126	$186.00	$28.84	$20.81	$18.37
1174749733	Hemmerdi	Steven	A	M.D.	M	I	1055 Saw M	Suite 101	Ardsley	NY	36	10502	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	118	126	126	$194.00	$53.67	$41.09	$33.53
1205390721	Trainer	Garrison	R	CNP	M	I	335 Glessn	5th Floor	Mansfield	OH	39	44903	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	94	126	126	$148.00	$39.17	$26.55	$27.15
1265438493	Green	James	D	M.D.	M	I	10475 Cen	Ste 303	Jacksonvill	FL	12	32256	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	106	126	126	$154.00	$45.47	$31.57	$31.77
1275749152	Patel	Andrew	K	MD	M	I	2222 Nw Lovejoy St Ste		Portland	OR	41	97210	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	102	126	126	$108.00	$41.36	$30.94	$32.06
1295793834	Pearson	Robert	D	M.D.	M	I	1251 N Nor	Suite 200	Cedar City	UT	49	84720	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	107	126	126	$114.29	$45.29	$26.54	$28.55
1376501049	Medders	Russell	G	MD	M	I	4600 Lake I	Suite 100	Raleigh	NC	37	27607	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	82	126	126	$103.00	$45.95	$25.07	$26.40
1497910814	Bramlette	Kelly	A	PA	F	I	430 Pennsylvania Ave S		Glen Ellyn	IL	17	60137	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	104	126	126	$116.00	$43.47	$29.11	$27.13
1508908971	Shen	Jing		M.D.	F	I	18220 Tom	Suite 155	Houston	TX	48	77070	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	99	126	126	$140.00	$48.67	$33.99	$33.02
1528052388	Arrieta	Agustin	J	M.D.	M	I	15955 Sw S	Suite 303	Miami	FL	12	33196	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	91	126	126	$116.00	$45.02	$31.19	$27.55
1548259641	Leider	Jeffrey	S	MD	M	I	24001 Orcl	Suite 170	Farmington	MI	26	48336	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	81	126	126	$87.10	$48.92	$30.76	$29.39
1548748155	Schlosser	Acacia			F	I	535 Hospital Rd		New Richm	WI	55	54017	7.1	Secondary	US	Physician A	Y	69210	Removal of N	O	101	126	126	$162.25	$39.26	$26.69	$27.79
1568682474	Lacour	Jeffrey		M.D.	M	I	15813 Paul	Suite 301	Hammond	LA	22	70403	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	98	126	126	$86.99	$29.80	$20.95	$21.56
1619397890	Alexander	David		M.D.	M	I	1720 Nicholasville Rd S		Lexington	KY	21	40503	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	99	126	126	$132.61	$41.85	$29.18	$31.63
1679577233	Hutcheson	James	A	M.D.	M	I	4214 Texas Blvd		Texarkana	TX	48	75503	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	105	126	126	$129.00	$45.46	$28.30	$29.80
1770522377	Butler	Nancy	N	MD	F	I	305 Memorial Medical		Daytona Be	FL	12	32117	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	117	126	126	$149.22	$44.03	$32.53	$32.42
1780618843	Franklin	Gerald	M	M.D.	M	I	948 Gruene	Suite120	New Braun	TX	48	78130	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	99	126	126	$137.79	$45.82	$33.25	$34.36
1801162805	Schwab	Brian	D	M.D.	M	I	4315 James Casey St S		Austin	TX	48	78745	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	97	126	126	$158.57	$43.95	$31.81	$32.00
1801915715	Chastain	John	B	MD	M	I	2121 N Craycroft Rd Bl		Tucson	AZ	4	85712	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	85	126	126	$94.00	$46.31	$32.36	$33.15
1871072546	Smoyer	Meagan	T	NP-C	F	I	700 Attucks Ln Unit 2a		Hyannis	MA	25	2601	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	126	126	126	$53.00	$40.59	$23.55	$23.78
1871551812	Jampol	Francis	M	M.D.	M	I	900 Lanidex Plz Ste 30(		Parsippany	NJ	34	7054	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	101	126	126	$261.25	$53.31	$38.54	$33.59
1912341892	Clark	Christophe	M	M.D.	M	I	48 Medical Park Dr E St		Birminghan	AL	1	35235	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	100	126	126	$62.32	$44.04	$32.91	$34.54
1003010703	Brindley	Mace	B	M.D.	M	I	601 W Hwy 6 Ste 106		Waco	TX	48	76710	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	107	125	124	$192.32	$44.08	$29.63	$31.06
1023394905	Doke	Bryan		DPT	M	I	212 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Physical Th	Y	97162	Evaluation	N	O	105	125	125	$135.00	$95.35	$66.74	$71.26
1164701173	Leffler	Leslie	W	APRN	F	I	108 W Daisy Ln		New Albany	IN	18	47150	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	89	125	125	$91.00	$37.70	$26.57	$28.69
1174554521	Jackson	Lance	E	M.D., F.A.C	M	I	18518 Harc	Suite 300	San Antoni	TX	48	78258	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	117	125	125	$96.85	$46.12	$30.92	$32.17
1215937859	Bui	Tam	M	M.D.	M	I	11180 War	Suite 459	Fountain Va	CA	6	92708	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	102	125	125	$230.00	$50.29	$35.95	$32.68
1396301180	Shrewsbury	Julie	G	NP-C	F	I	15 Medical Dr Ne Ste 1		Cartersville	GA	13	30121	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	111	125	125	$185.44	$38.08	$26.79	$28.81
1437193307	Cunningha	Samuel		M.D., PH.D	M	I	6830 Plum Creek Dr		Amarillo	TX	48	79124	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	67	125	125	$96.00	$42.78	$32.19	$35.50
1437265980	Honrado	Carlo	P	M.D.	M	I	2080 Centu	Suite 1701	Los Angele	CA	6	90067	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	81	125	125	$330.00	$52.13	$40.34	$36.55
1548228232	Alcaraz	Nelson		M.D.	M	I	16303 Horace Harding		Fresh Meac	NY	36	11365	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	102	125	125	$219.76	$47.88	$33.91	$26.91
1598740201	Strocko	Steven	M	PA-C	M	I	23 Main St	Suite 201	Hilton Hea	SC	45	29926	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	112	125	125	$128.00	$37.97	$28.38	$30.02
1629192463	Mazzoni	Thomas	F	D.O.	M	I	485 Route 1 S, Building		Iselin	NJ	34	8830	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	114	125	125	$252.47	$47.67	$34.20	$30.29
1629531298	Partyka	Melissa			F	I	7007 Powers Blvd		Parma	OH	39	44129	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	F	112	125	125	$223.56	$27.65	$17.69	$17.92
1699880773	Blevins	Ronald	J	MD	M	I	2101 Jackson St Ste 11		Anderson	IN	18	46016	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	85	125	125	$138.92	$39.19	$27.78	$30.14
1760464093	Hung	Richard	T	M.D.	M	I	4191 Bellaire Blvd Ste 2		Houston	TX	48	77025	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	111	125	125	$74.18	$46.81	$37.00	$35.97
1912090697	Savage	Toniann		N.P.	F	I	300 East M	Suite 1	Smithtown	NY	36	11787	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	69	125	125	$146.41	$44.48	$34.03	$27.22
1922187871	Hairston	Jahmal	A	M.D.	M	I	6130 Prestley Mill Rd S		Douglasvill	GA	13	30134	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	91	125	125	$230.72	$42.15	$30.45	$30.45
1972508349	Hopper	Heather	C	PA-C	F	I	4 Vanderbil	Suite 100	Asheville	NC	37	28803	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	116	125	125	$94.08	$39.30	$28.65	$29.57
1982839635	Hahn	Samuel		MD	M	I	6565 N Cha	Suite 601	Baltimore	MD	24	21204	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	105	125	125	$111.25	$48.66	$35.59	$32.76
1013991884	Pham	Annette	M	MD	F	I	3204 Tower Oaks Blvd		Rockville	MD	24	20852	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	71	124	124	$203.27	$53.67	$38.71	$33.48
1134169014	Stachler	Robert	J	MD	M	I	33200 W 14 Mile Rd Ste		West Bloon	MI	26	48322	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	82	124	124	$141.05	$41.32	$30.85	$29.41
1144226150	Straka	Matthew	B	MD	M	I	1099 Ohio River Blvd		Sewickley	PA	42	15143	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	115	124	124	$140.90	$44.04	$33.63	$35.60

1154830586	Stacy	Christine	P	FNP	F	I	1870 Amherst St Ste 2t	Winchester	VA	51	22601	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	95	124	124	$125.23	$39.72	$26.50	$26.52
1215456991	Nicholson	Claire	E	PA-C	F	I	30300 Telegraph Rd St	Bingham Fa	MI	26	48025	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	110	124	124	$85.00	$41.95	$28.35	$27.01
1396852422	Fleming	Alfred	J	MD	M	I	974 Bethel Ste A	Columbus	OH	39	43214	1	Metropolita	US	General Su	Y	69210	Removal of	N	O	89	124	124	$95.48	$44.55	$28.86	$30.09
1407969686	Czibulka	Agnes		M.D.	F	I	31 Broadway	North Have	CT	9	6473	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	104	124	124	$195.04	$51.76	$35.70	$32.46
1437155256	Seper	Janet	L	MD	F	I	Scotch Inst 27406 Casl	Wesley Cha	FL	12	33544	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	108	124	124	$105.00	$38.91	$27.36	$27.34
1447466552	Malik	Suresh		MD	M	I	50 W Edmonston Dr St	Rockville	MD	24	20852	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	87	124	124	$76.33	$53.44	$41.40	$36.84
1457391369	Morgan	Bruce	A	MD	M	I	833 Saint V Ste 402	Birminghan	AL	1	35205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	93	124	124	$62.88	$43.92	$33.23	$35.35
1508056151	Brown County Ambulance Service					O	142 W 4th St	Ainsworth	NE	31	69210	10	Rural areas	US	Ambulance	Y	A0429	Ambulance	N	F	77	124	112	$821.77	$456.92	$362.91	$301.52
1518906809	Lehr	Andrew	J	M.D.	M	I	1136 E Grande Blvd	Tyler	TX	48	75703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	105	124	124	$90.00	$45.42	$32.79	$33.77
1578521886	Norcross	David	C	M.D.	M	I	2210 King Blvd	Casper	WY	56	82604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	102	124	124	$158.81	$47.93	$29.59	$29.23
1598732562	Frodel	John	L	M.D.	M	I	1 Guthrie Sq	Sayre	PA	42	18840	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	120	124	124	$189.00	$44.48	$30.00	$31.08
1659864445	Rouse	Erica	L		F	I	150 S Mount Auburn Rc	Cape Girar	MO	29	63703	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	79	124	124	$139.00	$37.35	$24.66	$27.34
1699715839	Yeh	James	S	M.D.	M	I	1250 S Sunset Ave Ste :	West Covin	CA	6	91790	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	93	124	124	$78.00	$50.57	$39.25	$35.42
1700178241	Du	Eugenie		M.D	F	I	1400 Vfw Pkwy	West Roxbu	MA	25	2132	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	108	124	124	$130.00	$47.95	$35.01	$33.08
1740728039	Schrage	Jenna		NP	F	I	317 N 5th St	Springfield	IL	17	62701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	105	124	124	$143.00	$40.64	$31.32	$30.97
1942456967	Levinger	Joshua	I	MD	M	I	540 W 5th St Ste 410	Odessa	TX	48	79761	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	99	124	124	$118.00	$42.69	$32.18	$33.89
1992151500	Flute	Danielle		CNP	F	I	2315 W 57th St	Sioux Falls	SD	46	57108	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	106	124	124	$178.06	$38.84	$30.24	$31.46
1992703821	Price	David	W	MD	M	I	2210 San Ja	Suite 3	Denton	TX	48	76205	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	110	124	124	$150.00	$45.60	$31.66	$33.40
1053594515	Marcum	Kristin	K	M.D.	F	I	4191 Bellaire Blvd Ste 2	Houston	TX	48	77025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	108	123	123	$71.76	$43.99	$33.96	$33.04
1073772422	Pascolini	Michael	R	D.O.	M	I	8423 Mark	Ste 205	Boardman	OH	39	44512	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	90	123	123	$86.00	$46.13	$33.79	$35.06
1114067501	Koyfman	Sergey		D. O.	M	I	75 Crystal I Building B,	Middletow	NY	36	10941	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	104	123	123	$250.44	$44.85	$33.13	$29.37
1114266426	Feng	Allen	L	MD	M	I	104 Endicott St Ste 10(	Danvers	MA	25	1923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	115	123	123	$175.00	$48.83	$33.29	$32.12
1124061783	Johnson	Kenneth	L	M.D.	M	I	34 Healthpark Way Ste	Clayton	NC	37	27520	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	97	123	123	$139.00	$44.98	$29.04	$30.71
1184985582	Culver	Stephanie		M.D.	F	I	1819 State St Ste A	Santa Barb	CA	6	93101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	103	123	123	$170.58	$50.47	$37.76	$34.46
1184998114	Schwait	Rachael	R	PA	F	I	2325 Heritage Center D	Furlong	PA	42	18925	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	108	123	123	$69.00	$43.53	$29.80	$26.89
1215936364	Kim	Hung	J		M	I	3800 Reservoir Rd Nw	Washingto	DC	11	20007	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	108	123	123	$123.00	$55.18	$41.83	$35.28
1235720830	Vladovich	Stacey	E	PA-C	F	I	637 E 27th St	Edmond	OK	40	73013	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	97	123	123	$156.49	$37.21	$27.17	$29.19
1275539843	Cavanaugh	Kevin	C	MD	M	I	1325 Dry C Suite 103	Longmont	CO	8	80503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	77	123	123	$87.76	$44.24	$32.11	$31.05
1376509778	Wiggs	William	J	MD	M	I	1839 Quiet Cove	Fayettevill	NC	37	28304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	77	123	123	$117.00	$45.86	$33.76	$35.01
1396948568	Scoresby	Tyler	W	M.D.	M	I	409 Central Park Dr	Arlington	TX	48	76014	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	110	123	123	$110.00	$46.77	$32.65	$33.11
1407857162	Flores	Toribio	C	M.D.	M	I	5400 Trans Suite 8	Garfield Ht	OH	39	44125	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	112	123	123	$370.95	$32.15	$16.64	$16.50
1417952482	Overholt	Samuel	M	M.D.	M	I	9430 Park West Blvd	Knoxville	TN	47	37923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	102	123	123	$125.00	$39.88	$27.09	$30.43
1447350780	Karpenko	Andrew	N	MD	M	I	321 Stewart Rd	Monroe	MI	26	48162	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	100	123	123	$78.09	$45.63	$30.07	$31.67
1457379240	Winkle	Mark	R	M.D.	M	I	655 Kenmo Suite A	Grand Rapi	MI	26	49546	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	78	123	123	$100.41	$44.51	$28.22	$29.82
1457543399	Peters	Geoffrey	M	MD	M	I	8080 Blueb Suite 2121	Baton Roug	LA	22	70810	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	105	123	123	$144.31	$43.10	$32.71	$35.94
1538547583	Machala	Maria	C	NP	F	I	12605 E 16th Ave	Aurora	CO	8	80045	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	101	123	123	$169.00	$28.26	$22.09	$21.77
1598732836	Coyle	Brian	P	MD	M	I	701 Hewitt Blvd	Red Wing	MN	27	55066	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	F	86	123	123	$44.67	$29.04	$19.43	$20.38
1609834258	Palaskas	Constantin	W	MD	M	I	1221 Madison St Ste 14	Seattle	WA	53	98104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	87	123	123	$134.53	$52.28	$37.51	$33.89
1609868132	Landau	Steven	J	M.D.	M	I	707 Bryant St	Statesville	NC	37	28677	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	94	123	123	$119.00	$45.40	$31.42	$32.42
1669422903	Stewart	Charles	E	MD	M	I	11370 Andı	Ste 2100	Loma Linda	CA	6	92354	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	119	123	123	$93.33	$48.85	$24.74	$23.72
1699182394	Adams	Christopher		PA	M	I	1400 S Orange Ave		Orlando	FL	12	32806	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	79	123	123	$59.00	$26.67	$19.13	$19.45
1760444608	Smith	Joe	F	MD	M	I	4300 W Main St Ste 40(		Dothan	AL	1	36305	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	90	123	123	$68.41	$43.85	$30.46	$32.55
1831113687	Massey	James	D	M.D.	M	I	2 W 42nd S Suite 1100		Scottsbluff	NE	31	69361	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	102	123	123	$121.69	$43.02	$25.82	$29.16
1851780233	Gill	Jessica	A	PA-C	F	I	119 Belmont St		Worcester	MA	25	1605	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	96	123	123	$221.00	$29.02	$19.06	$18.27
1861621880	Phan	Jennifer		M.D.	F	I	3113 N Broadway Stree		Anderson	IN	18	46012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	78	123	123	$118.00	$42.67	$31.29	$34.09
1871768085	Sharp	Scott	R	M.D.	M	I	1400 S. Pot #240		Aurora	CO	8	80012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	96	123	123	$148.00	$47.21	$31.53	$30.50
1922012699	Black	Sheldon	J	M.D.	M	I	833 Saint V Pob# 3 Suit		Birminghan	AL	1	35205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	98	123	123	$60.87	$42.20	$30.66	$32.44
1972568434	Andrzejews	Heather		RPA-C	F	I	3670 South	Suite C	Orchard Pa	NY	36	14127	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	86	123	123	$140.00	$37.79	$25.03	$27.43
1073587432	Mccarthy	Michael	J	PA-C	M	I	2300 Southwood Dr		Nashua	NH	33	3063	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	101	122	122	$95.93	$40.65	$28.16	$28.27
1073596193	Miller	Douglas	C	D.O.	M	I	2151 W Spring St Ste B		Monroe	GA	13	30655	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	105	122	122	$163.00	$48.04	$35.05	$34.49
1124574629	Thompson	Teresa	E	FNP	F	I	504 E Lyons St		Laramie	WY	56	82072	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	89	122	122	$111.70	$40.38	$28.55	$28.52
1154740470	Chang	Janice	E		F	I	23550 Hawthorne Blvd		Torrance	CA	6	90505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	103	122	122	$330.00	$49.97	$36.48	$32.69
1174667521	Kessler	Chad	S	MD	M	I	200 S Herlc	Suite A	Rock Hill	SC	45	29732	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	108	122	122	$95.00	$41.55	$29.67	$31.41
1215023023	Boothby	Rene	A	MD	M	I	Florida Ent	5105 N Arm	Tampa	FL	12	33603	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	91	122	122	$105.00	$45.14	$31.24	$31.31
1235142480	Scannell	Ryan	B	MD	M	I	189a High St		Newburypo	MA	25	1950	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	112	122	122	$196.72	$47.43	$33.22	$31.99
1235189465	Kohli-Dang	Neeta		MD	F	I	285 Chateau Dr		Huntsville	AL	1	35801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	106	122	122	$90.00	$42.56	$31.71	$34.00
1245229657	Hudkins	Bruce	E	MD	M	I	6802 S Olyı	Ste 200	Tulsa	OK	40	74132	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	89	122	122	$175.00	$43.73	$32.33	$35.47
1245342468	Howland	Douglas	J	DO	M	I	1241 W Stadium Blvd		Jefferson C	MO	29	65109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	112	122	122	$112.41	$44.14	$25.68	$27.80
1255315669	Coffman	Heather	M	MD	F	I	77 W Fores Ste 107		Flagstaff	AZ	4	86001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	75	122	122	$59.00	$30.97	$22.66	$23.01
1285153551	Scalzo	Danielle	L	PA	F	I	375 Township Line Rd		Elkins Park	PA	42	19027	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	105	122	122	$100.00	$41.24	$30.74	$28.70
1316986029	Rosenberg	Richard	A	M.D.	M	I	222 Bloomingdale Rd F		White Plain	NY	36	10605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	115	122	122	$294.57	$57.34	$37.11	$28.82
1326358805	Zuchowski	Brandon	J	PA-C	M	I	5001 Transportation Dı		Sheffield Vi	OH	39	44054	1.1	Secondary	US	Physician A	Y	69210	Removal of	N	O	99	122	122	$137.70	$38.93	$28.03	$28.57
1356516819	Lee	Monica	S	M.D.	F	I	54 Baker Avenue Ext St		Concord	MA	25	1742	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	101	122	122	$196.00	$52.76	$30.12	$26.68
1376957589	Pham	Quang		D.O.	M	I	1105 W Frank Ave Ste 2		Lufkin	TX	48	75904	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	110	122	122	$129.61	$44.84	$31.82	$33.26
1386147957	Wilson	Carl			M	I	150 Dennis Ste A		Tumwater	WA	53	98501	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	102	122	122	$180.00	$41.27	$28.72	$28.04
1467720656	Woo	Linda	N	M.D.	F	I	321 E St Ste A		Chula Vista	CA	6	91910	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	88	122	122	$100.00	$44.64	$33.70	$31.07
1578586517	Bogdan	Charles	J	MD FACS	M	I	4912 Higbe	Suite 200	Canton	OH	39	44718	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	90	122	122	$70.00	$44.10	$28.73	$29.99
1578868485	Lin	Brian			M	I	110 Francis St Ste 9b		Boston	MA	25	2215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	109	122	122	$132.00	$53.19	$40.07	$35.51
1649479346	May	James	T	M.D.	M	I	161 Wadsworth Dr		North Ches	VA	51	23236	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	111	122	122	$90.00	$46.37	$30.06	$30.06
1679071336	Pena	Alyssa	H	PA-C	F	I	133 Benmore Dr Ste 10		Winter Park	FL	12	32792	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	115	122	122	$138.00	$40.57	$30.01	$29.85
1689012924	Ahmed	Omar		M.D.	M	I	1 Union St Ste 203		Robbinsvill	NJ	34	8691	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	104	122	122	$168.94	$46.87	$33.92	$31.07
1700228483	Baker	Hallie	J	D.O.	F	I	1331 W 32nd St		Joplin	MO	29	64804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	105	122	122	$100.34	$32.14	$21.73	$23.30
1851787444	Cooper	Matthew	W		M	I	1420 N Causeway Blvd		Mandeville	LA	22	70471	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	101	122	122	$118.44	$46.25	$31.80	$31.74
1972587327	Tesmer	Timothy	A	MD	M	I	1530 S 70tl	Ste 200	Lincoln	NE	31	68506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	95	122	122	$108.82	$43.24	$32.26	$35.51
1003995168	Vasquez	Betsy		M.D.	F	I	46090 Lake Center Plz		Sterling	VA	51	20165	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	97	121	121	$158.00	$46.54	$33.58	$33.91
1013174929	Mango	Howard	T		M	I	500 Old Ne Ste 101		Newport Be	CA	6	92663	1	Metropolita	US	Audiologist	Y	69210	Removal of	N	O	70	121	121	$387.77	$52.28	$39.42	$35.93
1013986397	Amoils	Clifford	P	MD	M	I	27879 Smyth Dr		Valencia	CA	6	91355	2	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	101	121	121	$54.14	$51.94	$38.48	$35.18

1043282700	Healy	David	Y	M.D.	M	I	160 Herita	Suite 201	Kalispell	MT	30	59901	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	106	121	121	$106.00	$43.92	$28.02	$28.36
1235131491	Mcmahon	Steven	J	M. D.	M	I	3010 Anderson Dr		Raleigh	NC	37	27609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	96	121	121	$103.00	$45.68	$29.79	$31.53
1245670637	Gaunt	James	A	D.O.	M	I	5301 Faraon	St Ste 160	Saint Josep	MO	29	64506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	83	121	121	$82.92	$31.05	$21.33	$22.26
1295738094	Zachmann	Gregory	C	M.D.	M	I	4348 Electric Rd		Roanoke	VA	51	24018	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	105	121	121	$95.11	$47.29	$36.83	$36.70
1336617166	Jewell	Eric	D	NP-C	M	I	146 East Hi	Suite 200	West Colur	SC	45	29169	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	119	121	121	$145.85	$36.53	$25.34	$26.77
1356323000	Cosenza	Mathew	J	DO	M	I	280 Pattonsville Rd		Jackson	OH	39	45640	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	101	121	121	$249.59	$31.38	$23.38	$23.20
1457514762	Yerukhim	Michael		MD	M	I	7215 Old O	Suite A414	Middleburg	OH	39	44130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	98	121	121	$106.74	$44.15	$33.56	$34.04
1457828337	Kaupish	Zale			M	I	1401 25th St S		Great Falls	MT	30	59405	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	84	121	121	$67.12	$28.42	$20.16	$19.68
1508185075	Udoff	Ross	A	M.D.	M	I	1632 E Roosevelt Blvd		Monroe	NC	37	28112	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	95	121	121	$95.79	$45.85	$32.50	$33.59
1508989062	Vasquez	Raquel		P.A.	F	I	250 N Robertson Blvd		Beverly Hill	CA	6	90211	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	100	121	121	$169.40	$43.98	$31.89	$28.68
1558757401	Hilton	Daniel		D.O.	M	I	6850 N Durango Dr Ste		Las Vegas	NV	32	89149	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	86	121	121	$198.84	$48.33	$35.63	$34.54
1689001596	Olive	Abby	S	FNP-BC	F	I	606 Boll W	Suite A	Enterprise	AL	1	36330	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	105	121	121	$68.86	$38.40	$23.71	$25.43
1710035084	Presti	Paul	M	M.D.	M	I	213 Summi	Suite 1	Mountainsi	NJ	34	7092	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	99	121	121	$140.00	$50.54	$37.59	$33.17
1720466394	Gettelfinge	John		M.D.	M	I	1120 W Mic	Suite 200	Indianapoli	IN	18	46202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	81	121	121	$118.00	$43.06	$29.57	$32.20
1790786911	Locandro	Drew	M	M.D.	M	I	80 Lacy St I	Northwest	Marietta	GA	13	30060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	109	121	121	$222.67	$48.06	$31.06	$30.57
1861460750	Mcdonald	Percy			M	I	1107 Stone	Suite 4	Port Huron	MI	26	48060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	82	121	121	$100.00	$44.80	$32.62	$34.17
1881701639	Xu	Helen		MD	F	I	11370 And	Suite 2100	Loma Linda	CA	6	92354	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	104	121	121	$310.00	$49.34	$36.33	$34.46
1922352855	Hall	Scott	T		M	I	335 Fairview St		Silverton	OR	41	97381	7	Small town	US	Physician A	Y	69210	Removal of	N	O	88	121	121	$140.00	$41.50	$26.47	$25.58
1962693903	Ismail	Hamza		M.D.	M	I	200 Hawkins Dr		Iowa City	IA	19	52242	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	106	121	121	$100.00	$42.50	$24.77	$28.26
1992754410	Kushnick	Steven	D	MD	M	I	121 Dekalb Ave		Brooklyn	NY	36	11201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	105	121	121	$119.83	$53.71	$40.49	$32.33
1023272515	Schwartz	Geoffrey	M	M.D.	M	I	222 S Greenleaf St Ste		Gurnee	IL	17	60031	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	116	120	120	$127.05	$41.58	$30.65	$34.07
1023359635	Barricks	Robert	B	CRNP	M	I	927 Frankli	Suite 100	Huntsville	AL	1	35801	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	92	120	120	$73.61	$38.41	$27.85	$29.55
1033181318	Phillips	Thomas	E	MD	M	I	2910 N Patterson St		Valdosta	GA	13	31602	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	107	120	120	$124.25	$45.08	$30.07	$32.03
1053325233	Cundiff	Jason	G	MD	M	I	27790 W Highway 22 S		Barrington	IL	17	60010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	92	120	120	$110.43	$49.44	$35.42	$33.40
1124204698	Winstead	Johnathan	M	M.D.	M	I	2340 Knob Creek Rd 7(		Johnson Cit	TN	47	37604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	87	120	120	$117.60	$42.70	$29.37	$32.52
1124313614	Bear	Zachary	W	M.D.	M	I	3301 Mercy Health Blv		Cincinnati	OH	39	45211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	94	120	120	$86.00	$45.18	$31.55	$32.66
1134174147	St George	Carol	L	D.O.	F	I	1776 S Queen St		York	PA	42	17403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	91	120	120	$150.00	$45.36	$32.65	$33.91
1174292486	Marshall	Allyson	M	PA-C	F	I	1770 Bathgate Rd Ste 4		Bethlehem	PA	42	18017	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	92	120	120	$189.00	$38.18	$30.19	$31.22
1205892650	Schroeder	Walter		M.D.	M	I	3195 Saint	Suite 210	Henderson	NV	32	89052	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	84	120	120	$99.36	$45.05	$33.71	$34.04
1265847040	Sauvageau	Mitchel		D.O.	M	I	4230 Harding Pike Ste 4		Nashville	TN	47	37205	1	Metropolita	US	Osteopathi	Y	69210	Removal of	N	O	97	120	120	$220.00	$42.25	$29.30	$32.90
1275610198	Penner	Gregory	L	M.D.	M	I	331 Maine St Ste 4		Brunswick	ME	23	4011	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	86	120	120	$119.25	$32.12	$21.47	$21.76
1407040009	Richardson	Yvonne	L	M.D.	F	I	5110 E Wa	Suite 100	Phoenix	AZ	4	85044	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	84	120	120	$94.00	$46.13	$31.60	$32.65
1508247461	Johnson	Jared	R	PA-C	M	I	1784 Browning Way St		Elko	NV	32	89801	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	100	120	120	$101.00	$41.46	$27.76	$26.90
1538252788	Condon	Heather	A	PA-C	F	I	2616 Sherv	Suite 408	Alexandria	VA	51	22306	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	91	120	120	$158.92	$46.78	$35.87	$31.12
1538409321	Highfill	Julie	A	PA	F	I	960 E Walnut Lawn St S		Springfield	MO	29	65807	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	88	120	120	$144.00	$36.77	$23.52	$25.88
1609127059	Evans	Michel	A	D.O.	M	I	159 Executive Dr Ste C		Danville	VA	51	24541	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	106	120	120	$128.88	$47.42	$26.13	$25.99
1679656250	Mccutcheo	Conrad	K	M.D.	M	I	9055 Katy F	Suite 415	Houston	TX	48	77024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	99	120	120	$125.65	$40.88	$29.16	$28.31
1750456026	Campbell	David	A	M.D., F.A.C	M	I	209 Florence Ave		Granger	IN	18	46530	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	89	120	120	$114.80	$41.17	$26.84	$29.69
1750486817	Peroff	Ronald		M.D.	M	I	1380 Lusitana St Ste 9		Honolulu	HI	15	96813	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	89	120	120	$108.90	$49.86	$34.76	$31.99
1841310851	Seybt	Melanie	W	M.D.	F	I	146 E Hospital Dr Ste 2		West Colur	SC	45	29169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	79	120	120	$128.00	$42.61	$28.69	$30.75
1861493256	Thakor	Dennis	S	MD	M	I	10090 E Shannon Woo		Wichita	KS	20	67226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	96	120	120	$69.97	$43.77	$28.15	$31.15
1861629636	Ruffin	Chad	V	MD	M	I	16259 Sylvester Rd Sw		Burien	WA	53	98166	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	74	120	120	$168.00	$50.07	$38.30	$34.74
1932206885	Martin	Richard	G	M.D.	M	I	1963 Mem	Suite 5	Huntsville	AL	1	35801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	91	120	120	$74.22	$43.15	$31.57	$34.42
1932535903	Brauer	Patrick	L	PA-C	M	I	595 Chapel Hills Dr Ste		Colorado S	CO	8	80920	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	105	120	120	$123.00	$40.76	$27.92	$26.95
1942236989	Green	Steven	J	MD	M	I	36 Watson St		Willimantic	CT	9	6226	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	90	120	120	$103.33	$51.00	$33.00	$30.95
1023496122	Cardoso	Bruno			M	I	800 Howa	Ynhh, Surg	New Haven	CT	9	6519	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	90	119	119	$285.00	$33.65	$24.58	$22.90
1114036134	Antalik	Paul	E	MD	M	I	7125 Saltsburg Rd		Pittsburgh	PA	42	15235	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	94	119	119	$140.97	$45.39	$35.74	$36.47
1144207622	Morgan	Stacie	S	MD	F	I	3501 S Son	Ste 140	Amarillo	TX	48	79119	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	83	119	119	$102.00	$44.85	$31.90	$33.17
1144410325	Mangiardi	Jason	R	M.D.	M	I	85 Spring St		Laconia	NH	33	3246	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	89	119	119	$191.45	$37.54	$26.38	$25.65
1164747754	Patel	Riddhi		M.D.	F	I	25 N Winfield Rd		Winfield	IL	17	60190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	102	119	119	$149.00	$50.75	$35.88	$32.44
1265697783	Palmer	Seth	C	D.O.	M	I	3100 N. Wellness Dr		Holland	MI	26	49424	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	73	119	119	$105.00	$43.88	$31.84	$33.70
1407189806	Bright	Amanda	D		F	I	105a Greenbriar Dr		Campbells	KY	21	42718	4	Micropolita	US	Physician A	Y	69210	Removal of	N	F	96	119	119	$51.57	$26.61	$17.43	$18.73
1457339038	Yerman	Howard	M	MD	M	I	8898 Comr	Ste 1	Commerce	MI	26	48382	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	106	119	119	$85.00	$47.72	$32.56	$30.99
1457914731	Henderson	Alison		MSPAS	F	I	3680 S Biscay Ct		Aurora	CO	8	80013	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	85	119	119	$100.00	$39.12	$25.53	$26.60
1467567388	Yee	James	C	MD	M	I	1600 Creek	Suite 3400	Folsom	CA	6	95630	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	91	119	119	$67.00	$48.92	$35.36	$34.23
1619951845	Krieger	Lawrence	W	MD	M	I	5700 W Ge	Medical Ce	Camillus	NY	36	13031	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	94	119	119	$86.13	$45.96	$31.67	$32.64
1619959558	Kutnick	Steven	L	MD	M	I	395 E Market St		Akron	OH	39	44304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	93	119	119	$83.36	$45.18	$31.37	$32.45
1659315752	Alexander	Edwin	R	M.D.	M	I	1140 W La Veta Ave		Orange	CA	6	92868	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	109	119	119	$60.00	$52.36	$41.41	$37.66
1699020727	Shah	Jaecel	O	M.D.	M	I	1501 River Pointe Dr St		Conroe	TX	48	77304	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	100	119	119	$106.89	$38.34	$27.90	$27.88
1699766303	Leff	Ben	E	MD	M	I	9250 N 3rd	Ste 2025	Phoenix	AZ	4	85020	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	101	119	119	$150.00	$45.22	$33.36	$34.04
1760520878	Hjelm	Mary	E	ARNP	F	I	1100 9th Ave		Seattle	WA	53	98101	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	105	119	119	$132.33	$30.12	$19.48	$17.98
1801052071	Stringham	Bryan	J	D.O.	M	I	80 Lacy St Nw		Marietta	GA	13	30060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	86	119	119	$222.67	$47.47	$31.84	$31.82
1851662332	Rodgers	Jill	A	FNP	F	I	3339 Perry Highway		Sheakleyvil	PA	42	16151	10	Rural areas	US	Nurse Prac	Y	69210	Removal of	N	O	112	119	119	$54.13	$39.42	$26.27	$27.21
1942616594	Makina	Margaret		APRN, CNP	F	I	12251 S 80th Ave		Palos Heigl	IL	17	60463	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	81	119	119	$149.00	$44.18	$30.40	$27.81
1972078335	Ingle	Victoria	I	PA-C	F	I	304 10th Ave Ne		Hickory	NC	37	28601	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	101	119	119	$163.53	$39.36	$25.52	$26.47
1003050154	Carlson	Hans	T	MD	M	I	115 Halton Village Cir		Greenville	SC	45	29607	2	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	84	118	118	$111.00	$44.33	$30.62	$33.33
1073513677	Hillman	Edward	J	M.D.	M	I	6705 S Red	#704	South Mian	FL	12	33143	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	99	118	118	$116.00	$53.14	$37.18	$32.74
1073590345	Dedio	Robert		MD	M	I	1575 Pond	Ste 203	Allentown	PA	42	18104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	100	118	118	$100.00	$41.26	$28.27	$28.67
1134184153	Short	David	G	DO	M	I	1025 Michi	Suite 215	Logansport	IN	18	46947	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	F	96	118	118	$46.33	$30.18	$21.90	$23.63
1164681524	Burstein	David	H	M.D.	M	I	1 Diamond Hill Rd		Berkeley He	NJ	34	7922	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	107	118	118	$150.00	$49.44	$34.26	$30.68
1194778928	Gilmore	John	R	M.D.	M	I	10740 N Ce	Suite 120	Dallas	TX	48	75231	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	86	118	118	$135.15	$47.70	$34.71	$34.70
1235233784	Hinerman	Raymond	A	DDS, M.D.	M	I	30 Medical Park Ste 22		Wheeling	WV	54	26003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	88	118	118	$94.00	$31.77	$21.37	$21.62
1235795808	Craft	Sarah	R	PA-C, ATC	F	I	615 W 39th St		Kearney	NE	31	68845	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	110	118	118	$125.00	$35.66	$25.67	$28.51
1346340007	Broker	Brian	J	M.D.	M	I	826 Main S	Suite 201	Phoenixvill	PA	42	19460	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	105	118	118	$170.00	$44.34	$32.02	$29.11
1356312755	Gillen	John	B	M.D.	M	I	435 South Burnett Roa		Springfield	OH	39	45505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	105	118	118	$94.00	$45.15	$34.33	$35.94
1356969521	Gilmore	Ashley	R	PA-C	F	I	43 New Scotland Ave		Albany	NY	36	12208	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	84	118	118	$235.17	$26.32	$18.36	$19.63
1407145220	Milam	Benjamin	M	M.D.	M	I	9399 Crow	Ste 401	Parker	CO	8	80138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	96	118	118	$128.00	$43.50	$33.15	$32.40

1417181264	Lima	Roberta		M.D.	F	I	226 S Woo	Suite 37w	Chesterfiel	MO	29	63017	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	94	118	118	$107.83	$44.96	$32.12	$32.12
1427068907	Parrish	Todd	D	M.D.	M	I	3730 Rhon	Suite 203	Anchorage	AK	2	99508	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	94	118	118	$266.00	$59.54	$41.35	$32.67
1447469952	Greiner	Jennifer	L	D.O.	F	I	5 Sheridan Sq		Kingsport	TN	47	37660	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	91	118	118	$210.42	$43.83	$28.03	$30.73
1487810990	Chaung	Katrina		M.D.	F	I	2495 Hospital Dr Ste 4		Mountain V	CA	6	94040	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	92	118	118	$173.00	$57.04	$39.28	$32.04
1588829402	Feldman	Benjamin	H	MD	M	I	1300 N. Rir	Ste. B	Flagstaff	AZ	4	86001	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	103	118	118	$94.00	$45.20	$31.40	$32.31
1609122175	Devine	Elizabeth	A	APRN	F	I	843 E 4th St	Ste A	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	36415	Insertion of	N	O	85	118	118	$10.40	$2.96	$2.96	$2.94
1699803460	Mclaughlin	Timothy	J	D.O.	M	I	405 N Kuak	Ste 1101	Honolulu	HI	15	96817	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	66	118	118	$124.75	$49.76	$38.42	$36.12
1700100286	Hubbard	Matthew	A	MD	M	I	176 Valley St Nw		Abingdon	VA	51	24210	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	109	118	118	$99.76	$45.70	$30.06	$30.47
1710073077	Yoshida	Glen	Y	MD	M	I	4440 S Washington St		Grand Fork	ND	38	58201	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	88	118	118	$43.00	$30.69	$20.52	$21.18
1730127580	Tandy	James	R	M.D.	M	I	601 W High	Suite 106	Waco	TX	48	76710	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	100	118	118	$191.42	$45.49	$31.28	$32.78
1740497544	Montero Br	Meredith	J	M.D.	F	I	5333 Mcau	Suite 2017	Ypsilanti	MI	26	48197	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	80	118	118	$89.49	$49.37	$35.80	$34.07
1760905723	Vinik	Kevin	M	PA-C	M	I	55 Lake Ave N		Worcester	MA	25	1655	1	Metropolit	US	Physician A	Y	69210	Removal of	N	F	94	118	118	$221.00	$29.11	$19.45	$18.67
1831329598	Gurecki	Alexis	L	PA-C	F	I	500 Indepe	Suite 100	Chesapeak	VA	51	23320	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	84	118	118	$96.00	$39.01	$28.73	$28.67
1851328306	Johnigan	Richard	H	MD	M	I	10970 Shar	Ste 360	Pearland	TX	48	77584	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	82	118	118	$107.30	$45.81	$33.93	$33.84
1861813776	Williams	Rachael	L	M.D.	F	I	12188a N Meridian St	S	Carmel	IN	18	46032	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	93	118	118	$115.97	$42.66	$27.43	$30.76
1902054760	Mulder	Jordan	J	D.O.	M	I	3920 Capital Mall Dr S		Olympia	WA	53	98502	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	102	118	118	$116.53	$47.30	$34.32	$34.47
1962845834	Liu	Yuan		MD	M	I	11234 Anderson St Rm		Loma Linda	CA	6	92354	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	86	118	118	$310.00	$48.22	$35.02	$33.43
1073613261	De Stefano	Robyn	M	R.P.A.-C.	F	I	123 Everett Rd		Albany	NY	36	12205	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	95	117	117	$119.23	$38.87	$26.29	$26.90
1083034367	Burton	Kent	L	MD	M	I	2880 Dauphin St		Mobile	AL	1	36606	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	84	117	117	$60.51	$43.69	$31.26	$33.37
1114347804	Mahboubi	Hossein		M.D., M.P.H	M	I	11480 Brookshire Ave	S	Downey	CA	6	90241	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	84	117	117	$110.00	$50.91	$38.83	$35.61
1184713570	Louden	Catherine	L	MD	F	I	450 E Huntington Dr		Arcadia	CA	6	91006	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	55	117	117	$110.00	$50.93	$33.69	$31.75
1194786251	Cangcuest	David	C	MD	M	I	930 South Ave Ste 4b		Colonial He	VA	51	23834	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	85	117	117	$85.00	$47.57	$29.83	$30.02
1215349915	Metz	Christophe	M	D.O.	M	I	27351 Dequindre Rd		Madison He	MI	26	48071	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	95	117	117	$70.00	$47.32	$35.43	$33.60
1245279488	Aronzon	Anna		M.D.	F	I	150 Broadv	Suite 1015	New York	NY	36	10038	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	96	117	117	$281.35	$51.26	$37.60	$30.72
1265418834	Podrazik	Eugene	P	M.D.	M	I	2210 King Blvd.		Casper	WY	56	82604	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	103	117	117	$157.02	$47.00	$29.31	$29.26
1619161247	O'brien	Timothy	J	M.D.	M	I	988 Silas Deane Hwy		Wethersfie	CT	9	6109	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	75	117	117	$180.00	$50.61	$38.24	$35.51
1700900016	Trauring	Ryan	T	DO	M	I	615 Saint Joseph Dr		Kokomo	IN	18	46901	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	95	117	117	$162.18	$43.54	$29.32	$31.86
1750379020	Newkirk	Kenneth	A		M	I	3800 Reservoir Rd Nw		Washingto	DC	11	20007	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	99	117	117	$100.00	$51.96	$36.15	$32.50
1801032842	Oliaei	Sepehr		M.D.	M	I	316 Martin Luther King		Tacoma	WA	53	98405	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	100	117	117	$117.00	$46.96	$31.25	$31.41
1801955836	Vris	Thomas	W	MD	M	I	10 Mott Ave		Norwalk	CT	9	6850	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	95	117	117	$105.00	$45.03	$32.93	$30.94
1851529234	Mohan	Shaulnie		M.D.	F	I	12 High St	Ste. 102	Lewiston	ME	23	4240	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	101	117	117	$236.41	$50.55	$34.35	$30.24
1891313763	Barney	Brittany	M	PA-C	F	I	3445 High Point Blvd St		Bethlehem	PA	42	18017	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	96	117	117	$120.05	$38.69	$27.25	$28.36
1962457697	Robertson	Mark	A	MD	M	I	205 Se Howard Ave		Bartlesville	OK	40	74006	4	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	O	94	117	117	$109.00	$37.73	$28.38	$29.89
1982624888	Krupala	James	L	MD	M	I	7373 Perkins Rd		Baton Roug	LA	22	70808	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	88	117	117	$120.00	$42.37	$30.48	$32.22
1003088675	Shaari	Christophe	M	M.D.	M	I	20 Prospec	Suite 712	Hackensac	NJ	34	7601	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	105	116	116	$125.00	$48.27	$33.45	$29.43
1013170299	Westbrook	Benjamin	J	MD	M	I	1500 N Mesa St		El Paso	TX	48	79902	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	88	116	116	$72.61	$41.50	$30.90	$32.39
1083831325	Ort	Stuart	A	M.D.	M	I	485 Route :	Bldg. B, 3rd	Iselin	NJ	34	17033	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	90	116	116	$274.66	$49.35	$36.92	$32.50
1134206881	Domet	Michael	A	M.D.	M	I	40 N Grand	Suite 101	Fort Thoma	KY	21	41075	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	86	116	116	$85.73	$43.31	$30.19	$32.19
1154365450	Suh	Gerald	D	M.D.	M	I	10 Forrestal Rd S	Ste 2(	Princeton	NJ	34	8540	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	93	116	116	$192.24	$46.34	$34.99	$31.72
1225086598	Shawl	Matthew	W		M	I	853 Broadv	Suite 903	New York	NY	36	10003	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	70	116	116	$150.00	$38.70	$30.88	$25.70
1235199530	Ha	Dun	H	MD	M	I	420 W Rowland St		Covina	CA	6	91723	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	65	116	116	$110.00	$50.83	$31.13	$29.11
1336124874	Mowery	Gregory	A	M.D.	M	I	1622 Westgate Cir		Brentwood	TN	47	37027	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	93	116	116	$132.21	$43.26	$28.33	$31.40
1366810020	Krickeberg	Kathleen	J	NP	F	I	2424 S 90th St		West Allis	WI	55	53227	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	86	116	116	$300.00	$37.13	$23.08	$25.64
1386746287	Datu	Stephen	P	MD	M	I	85 Sale Ln	Suite A	Red Bluff	CA	6	96080	4	Micropolit	US	Internal Me	Y	69210	Removal of	N	O	85	116	116	$69.14	$48.83	$32.26	$31.10
1407856610	Bacon	Geoffrey		M.D.	M	I	901 Enterp	Suite 300	Hampton	VA	51	23666	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	103	116	116	$96.02	$46.12	$33.37	$33.06
1407897952	Evans	M.	B	MD PA	M	I	324 W Mair	Suite 100	Lewisville	TX	48	75057	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	110	116	116	$375.00	$41.86	$31.25	$32.78
1467452193	Fernandez	Alberto	D	M.D.	M	I	6705 S Red # 704		South Mian	FL	12	33143	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	101	116	116	$116.00	$52.58	$38.28	$33.58
1467481861	Jones	Floyd	T	D.O.	M	I	7939 Us Hwy 165 Sout		Columbia	LA	22	71418	2	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	84	116	116	$70.00	$42.00	$28.85	$32.02
1497920219	Crozier	Emily	E	MD	F	I	1501 Trousdale Dr Fl 3		Burlingame	CA	6	94010	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	96	116	116	$168.66	$52.69	$39.03	$32.85
1639629173	Scandalios	Erica		PA-C	F	I	9155 Sw Barnes Rd Ste		Portland	OR	41	97225	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	87	116	116	$147.00	$40.16	$29.33	$28.81
1699357574	Blake	Jessika	N	APRN	F	I	1747 Baptist Clay Dr St		Fleming Isl	FL	12	32003	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	98	116	116	$113.34	$40.55	$29.78	$29.64
1700987062	Jackson	Anthony	W	MD	M	I	105 Medical Dr		Elizabeth C	NC	37	27909	4	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	O	87	116	116	$110.00	$42.18	$32.33	$33.14
1730655572	Jandura	Sylwia	M	PA-C	F	I	610 S Maple Ave Ste 37		Oak Park	IL	17	60304	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	102	116	116	$162.00	$29.91	$23.20	$21.26
1770673238	Pitzer	Geoffrey	B	M.D.	M	I	5565 Gross	Building 3	La Mesa	CA	6	29425	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	90	116	116	$95.00	$43.90	$31.94	$29.57
1821260852	Rudman	Kelli	L	M.D.	F	I	320 Mckenzie Ave Ste 2		Council Blu	IA	19	51503	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	98	116	116	$115.00	$43.21	$28.48	$31.75
1871041350	White	Katie	F	PA-C	F	I	15232 Greenfield Dr		Athens	AL	1	35613	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	97	116	116	$136.47	$36.57	$23.65	$25.95
1891948048	Amorn	Melissa	M	M.D.	F	I	20101 Lake Chabot Rd		Castro Vall	CA	6	94546	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	99	116	116	$179.00	$54.92	$38.09	$32.06
1023094026	Kilde	John	D	MD	M	I	1908 Hilco	Suite A	Albemarle	NC	37	28001	4	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	O	95	115	115	$95.00	$46.29	$33.41	$34.44
1053861500	Hency	Rachel	L	FNP-C	F	I	2525 W University Ave		Muncie	IN	18	47303	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	72	115	115	$94.82	$36.15	$25.59	$28.19
1053928721	Guan	Lynn	X	PA-C	F	I	1364 Clifton Rd Ne		Atlanta	GA	13	30322	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	92	115	115	$122.55	$39.03	$24.54	$24.88
1083874853	Smit	Jeffrey	R	M.D.	M	I	1601 Nw 1	Ste: 230	Clive	IA	19	50325	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	93	115	115	$112.03	$43.00	$31.05	$34.27
1164418588	Lalwani	Anil		M.D.	M	I	180 Fort W	7th Floor	New York	NY	36	10032	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	109	115	115	$400.00	$56.01	$42.86	$35.59
1184887234	Riefkohl	Waldemar	L	M.D.	M	I	5 First Village Dr		Pinehurst	NC	37	28374	4	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	O	104	115	115	$175.03	$40.81	$30.42	$31.35
1215522529	Biese	Alec			M	I	1 Wallace Bashaw Wa		Newburypo	MA	25	1950	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	103	115	115	$232.43	$41.46	$31.60	$30.32
1265480503	Eldredge	Brytton	A	M.D.	F	I	109 Rue Fountaine		Lafayette	LA	22	70508	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	83	115	115	$103.00	$44.07	$29.11	$30.29
1285784959	Steiniger	Joseph	R	MD	M	I	1330 S Fort Harrison A		Clearwater	FL	12	33756	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	103	115	115	$84.62	$45.99	$30.72	$30.06
1326210857	Douglas	Justin	W	MD	M	I	1256 N Eisenhower Dr		Beckley	WV	54	25801	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	93	115	115	$71.16	$34.90	$24.78	$25.71
1336233204	Randhawa	Ravinder	S	D.O.	M	I	16244 Milit	Suite 710	Delray Bea	FL	12	33484	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	107	115	115	$51.15	$49.08	$37.12	$34.69
1336366335	Lesueur	Jeffrey	R	M.D.	M	I	5448 Highv	Suite 140	Lakeside	AZ	4	85929	5	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	O	68	115	115	$103.00	$45.81	$28.75	$29.89
1366731481	Shiba	Travis	L		M	I	27235 Tourney Rd Ste 2		Santa Clari	CA	6	91355	2	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	102	115	115	$330.00	$46.94	$34.99	$31.77
1366814378	Carrino	John-Thomas		P.A.	M	I	1410 Tusc	Suite 2500	Greeneville	TN	47	37745	4	Micropolit	US	Physician A	Y	69210	Removal of	N	O	91	115	115	$88.00	$36.39	$23.55	$26.86
1366886350	Dao	Ashley	M	M.D.	F	I	3705 Medical Pkwy Ste		Austin	TX	48	78705	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	95	115	115	$159.49	$44.63	$30.72	$30.21
1376503987	Ung	Feodor		MD	M	I	1801 S Highland Ave St		Lombard	IL	17	60148	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	100	115	115	$116.00	$45.02	$33.10	$30.78
1437764172	Flood	Katie			F	I	915 13th Ave N		Clinton	IA	19	52732	4	Micropolit	US	Nurse Prac	Y	69210	Removal of	N	O	76	115	115	$168.00	$37.37	$25.01	$27.67
1508975178	Sobiesk	John	D	MD	M	I	1605 S 28th Ave		Hattiesburg	MS	28	39402	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	98	115	115	$267.14	$43.35	$30.58	$33.69
1518974799	Patel	Babita	B		F	I	2232 Wilborn Ave		South Bost	VA	51	24592	7	Small town	US	Internal Me	Y	69210	Removal of	N	O	106	115	115	$91.61	$47.45	$30.08	$30.39
1538541206	Othieno	Florence	A	M.D.	F	I	75 Thomas Johnson Dr		Frederick	MD	24	21702	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	90	115	115	$107.00	$47.44	$31.81	$30.71

1548497670	Mukhija	Vijay		MD	M	I	115 Broadhollow Rd	Melville	NY	36	11747	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	102	115	115	$300.69	$40.10	$31.47	$24.78
1598435521	Witte	Tiffany	R	APRN	F	I	6017 Stoney Creek Dr	Fort Wayne	IN	18	46825	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	105	115	115	$107.00	$36.98	$27.72	$30.47
1770531527	Soderberg	Keith	C	M.D.	M	I	2121 N Craycroft Rd Bl	Tucson	AZ	4	85712	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	73	115	115	$94.00	$46.76	$32.13	$32.65
1780802447	Izquierdo	Luis	G	M.D.	M	I	7251 Unive Suite 300	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	89	115	115	$70.61	$44.23	$30.67	$30.70
1871595223	Karin	Rom	R	MD	M	I	15861 Winchester Blvd	Los Gatos	CA	6	95030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	88	115	115	$185.00	$54.36	$39.66	$32.54
1891107702	Pitts	Kristen	D	MD	F	I	1095 Iron Ore Road	Spartanbur	SC	45	29303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	96	115	115	$109.57	$42.56	$28.51	$30.92
1962403600	Galos	Richard	S	M.D.	M	I	2690 Greensboro Rd	Martinsville	VA	51	24112	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	95	115	115	$139.01	$46.90	$31.60	$32.00
1982645503	Kochuba	Jonathan		D.O.	M	I	1230 S Ced Suite 201	Allentown	PA	42	18103	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	98	115	115	$100.00	$46.54	$29.64	$30.25
1982684494	Vankooten	David	W	M.D.	M	I	7850 Vanc Suite 225	Arvada	CO	8	80003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	88	115	115	$80.00	$48.43	$36.03	$35.43
1023039815	Eubanks	Hayward	L	M.D.	M	I	5529 Secrest Dr	Los Angele	CA	6	90043	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	50	114	114	$75.00	$51.29	$40.22	$36.48
1164423885	Torres-Nav	Julio	D	M.D.	M	I	7100 W 20t Suite 608	Hialeah	FL	12	33016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	103	114	114	$116.00	$50.94	$38.72	$33.81
1174565923	Einhorn	Kenneth	H	M.D.	M	I	1245 Highl Suite 502	Abington	PA	42	19001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	110	114	114	$105.00	$47.43	$34.49	$32.20
1184744948	Overstreet	Annalisa	D	M.D.	F	I	2002 Medical Pkwy Ste	Annapolis	MD	24	21401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	103	114	114	$116.01	$50.30	$39.42	$36.56
1194361253	Gittemeier	Kari			F	I	13737 N 92nd St	Scottsdale	AZ	4	85260	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	103	114	114	$198.19	$39.49	$25.66	$26.44
1205929155	Baker	Gregory	L	M.D.	M	I	613 23rd St Ste 420	Ashland	KY	21	41101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	70	114	114	$146.00	$31.31	$21.38	$22.21
1225293723	Koshkareva	Yekaterina	A	MD	F	I	2 Cooper Plz	Camden	NJ	34	8103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	87	114	114	$151.00	$45.91	$34.39	$31.16
1285187633	Dierlam	Lauren	R	PA	F	I	7385 S Broadway # 2	Red Hook	NY	36	12571	7	Small town	US	Physician A	Y	69210	Removal of	N	O	92	114	114	$145.00	$44.06	$30.31	$27.11
1336287440	Gulesseria	Dickran	H	M.D.	M	I	1275 E Spri Suite 101	Fresno	CA	6	93720	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	105	114	114	$85.00	$47.13	$33.83	$32.80
1417051095	House	John	W	MD	M	I	2100 W 3rd Suite 111	Los Angele	CA	6	90057	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	97	114	114	$175.00	$52.36	$33.97	$30.98
1417937335	Weiss	Michael	H	M.D.	M	I	919 49th St	Brooklyn	NY	36	11219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	103	114	114	$100.00	$59.04	$42.53	$33.21
1477782738	Richards	William	D	D.O.	M	I	111 17th Ave E Ste 1	Alexandria	MN	27	56308	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	F	80	114	114	$42.00	$30.80	$20.95	$22.23
1497120349	Larson	Charles	B	FNP-BC	M	I	730 N College Rd Ste B	Twin Falls	ID	16	83301	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	F	86	114	114	$66.00	$26.03	$16.63	$18.36
1548224264	Staskowski	Paul	A	MD	M	I	1 S Park St	Madison	WI	55	53715	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	72	114	114	$198.00	$43.07	$26.50	$29.25
1548614290	Shepherd	Brandon	A	M.D.	M	I	7600 Wolf River Blvd St	Germantow	TN	47	38138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	101	114	114	$135.00	$41.92	$27.56	$30.66
1639179153	Berry	Bill	W	M.D.	M	I	1950 Glenr Suite 310	Virginia Be	VA	51	23456	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	90	114	114	$104.00	$47.06	$34.81	$34.97
1659301943	Lavertu	Pierre		MD	M	I	11100 Euclid Ave	Cleveland	OH	39	44106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	92	114	114	$270.88	$32.63	$24.56	$25.17
1669010773	Snyder	Audrey	C	PA-C	F	I	5220 W University Dr S	Mckinney	TX	48	75071	2	Micropolita	US	Physician A	Y	69210	Removal of	N	O	73	114	114	$137.00	$38.72	$28.78	$30.24
1811998446	Stewart	Scott	M	MD	M	I	2406 Lighthouse Mano	Gainesville	GA	13	30501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	93	114	114	$95.00	$41.88	$27.75	$29.82
1881690600	Agnello	Peter	F	MD	M	I	Florida Ent 3000 Medic	Tampa	FL	12	33613	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	92	114	114	$105.00	$46.12	$31.88	$32.05
1902923923	Niemiec	Edward		M.D.	M	I	315 Alberta Dr	Amherst	NY	36	14226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	100	114	114	$65.00	$40.31	$30.35	$31.80
1932102605	Lee	Christy	P	PA	F	I	303 S Nappanee St	Elkhart	IN	18	46514	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	92	114	114	$129.12	$37.15	$24.25	$26.97
1942495874	Propes	Murray	J	M.D.	M	I	2601 Compass Rd Ste	Glenview	IL	17	60026	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	109	114	114	$76.00	$48.86	$31.48	$31.73
1952983173	Waldthaus	Kurt	A		M	I	146 E Hospital Dr Ste 2	West Colur	SC	45	29169	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	102	114	114	$140.47	$37.59	$27.30	$28.96
1114022407	Babajanian	Michel		M.D.	M	I	2080 Centu 1700	Los Angele	CA	6	90067	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	104	113	113	$175.00	$52.45	$38.11	$34.62
1124260351	Laury	Adrienne	M	M.D.	F	I	1231 116th Ave Ne Ste	Bellevue	WA	53	98004	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	73	113	113	$168.00	$51.53	$33.47	$30.27
1144259078	Forman	Jonathan	D	M.D.	M	I	508 S Habe Suite #170	Tampa	FL	12	33609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	77	113	113	$105.00	$41.71	$30.00	$29.89
1144677691	Clark	Bhavishya	S	M.D.	F	I	35 Casa St Ste 130	San Luis Ot	CA	6	93405	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	102	113	113	$122.58	$46.28	$34.09	$32.75
1174501852	Ketterer	Thomas	J	M.D.	M	I	560 W Brov #1008	Mesa	AZ	4	85201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	103	113	113	$94.00	$46.27	$29.60	$30.30
1205031739	Jung	David	H	MD, PHD	M	I	243 Charle Massachus	Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	102	113	113	$132.80	$35.64	$26.77	$24.68
1245393586	Mehta	Ritvik	P	MD	M	I	2390 Faraday Ave	Carlsbad	CA	6	92008	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	83	113	113	$165.00	$48.76	$37.43	$34.28
1255607065	Bakos	Stephen	R	M.D./PH.D.	M	I	1708 Fall Hill Ave Ste 1	Fredericks	VA	51	22401	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	90	113	113	$150.00	$43.07	$30.50	$30.67
1265479141	Ho	Allan	A	M.D.	M	I	5999 New Wilke Rd Bld	Rolling Me	IL	17	60008	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	87	113	113	$155.00	$49.83	$37.47	$34.16
1265916936	Broughton	Candia	M	APRN, FNP	F	I	4200 Lawrenceburg Rd	Frankfort	KY	21	40601	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	97	113	113	$113.00	$37.56	$23.90	$26.46
1295721652	Morgan	Warren	E	MD FAAP F	M	I	21216 Nort Ste 310	Cypress	TX	48	77429	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	91	113	113	$107.79	$44.45	$32.06	$31.18
1306165105	Cronin	Scott	J	M.D.	M	I	985 Berksh Suite 101	Wyomissin	PA	42	19610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	97	113	113	$145.75	$44.73	$31.49	$32.10
1306488184	Brignola	Emily	Y	APRN, NP-C	F	I	1215 21st Ave S	Nashville	TN	47	37232	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	87	113	113	$195.00	$25.59	$18.50	$20.53
1316919855	Bentley	Anthony	A	D.O.	M	I	960 E Waln Suite 102	Springfield	MO	29	65807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	79	113	113	$144.00	$42.55	$29.45	$32.49
1427016633	Kelly	Mark			M	I	85 Spring St	Laconia	NH	33	3246	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	93	113	113	$186.98	$38.53	$27.93	$27.13
1427558758	Fedak	Clytemnes	C	FNP	F	I	11100 Euclid Ave	Cleveland	OH	39	44106	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	98	113	113	$348.42	$39.31	$25.44	$26.16
1437130267	Lee	Daniel	J	MD	M	I	243 Charle Departmen	Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	93	113	113	$133.04	$34.84	$25.64	$23.77
1467418582	Ribner	Andrew	B	MD	M	I	414 G St Ste 240	Marysville	CA	6	95901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	100	113	113	$104.00	$43.74	$30.69	$29.70
1548566847	Mclaughlin	Scott	W	P.A.	M	I	325 Essjay Rd	Williamsvil	NY	36	14221	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	81	113	113	$75.00	$38.87	$25.29	$26.43
1619067436	Van De Gra	Ryan	L	MD	M	I	900 N Liber Ste 400	Boise	ID	16	83704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	66	113	113	$236.26	$42.33	$29.70	$33.22
1639281736	Mumtaz	Anwar		M.D.	M	I	4000 Annap Suite # 102	Baltimore	MD	24	21227	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	111	113	113	$100.00	$48.82	$32.42	$29.52
1639388911	Provenzano	Matthew	J	M.D.	M	I	1225 E Coolspring Ave	Michigan C	IN	18	46360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	100	113	113	$95.00	$43.64	$28.23	$31.09
1649245200	Froman	Stephen	M	MD	M	I	301 Ohio R Suite 202 E	Sewickley	PA	42	15143	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	74	113	113	$75.00	$46.73	$30.39	$31.17
1710986765	Cmejrek	Ryan	C	M.D.	M	I	99 E 86th A Ste A	Merrillville	IN	18	46410	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	102	113	113	$95.00	$42.05	$30.14	$33.64
1730691320	Stimmerma	Tammy	J		F	I	13590 S Jog Rd Ste 4	Delray Bea	FL	12	33446	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	103	113	113	$102.30	$42.95	$33.64	$31.71
1992199814	Zaki	Michael		MD	M	I	21097 Ne 27th Ct Ste 4	Aventura	FL	12	33180	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	100	113	113	$116.00	$50.02	$34.71	$30.70
1013388784	Payne	Alexa	T		F	I	2605 Kentu Suite 601	Paducah	KY	21	42003	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	69	112	112	$102.41	$37.14	$26.01	$27.70
1013541945	Costa	Joshua			M	I	95 Washburn St	Northboro	MA	25	1532	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	92	112	112	$153.00	$39.56	$29.79	$28.73
1053309328	Stein	Eric	H	MD	M	I	3 Meeting H Ste 24	Chelmsfor	MA	25	1824	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	85	112	112	$203.20	$49.26	$35.71	$33.39
1073590691	Gonzalez Y	Omar	A		M	I	735 Ave. Pc Torre Medic	San Juan	PR	72	917	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	96	112	112	$48.60	$35.00	$25.85	$25.44
1093719833	Rice	Clifford	H	MD	M	I	1455 E Bert Kouns Loo	Shreveport	LA	22	71105	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	98	112	112	$115.18	$44.89	$31.02	$32.89
1114927159	Bresalier	Howard		D.O.	M	I	1020 Kings Hwy N Ste 2	Cherry Hill	NJ	34	8034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	108	112	112	$154.00	$48.96	$34.19	$31.79
1124097209	Rumans	Todd	M	MD	M	I	501 Virginia Suite A	Batesville	AR	5	72501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	89	112	112	$83.74	$39.78	$28.48	$31.96
1164679247	Calice	Alexis	M	PA-C	F	I	675 N Sain 15-200	Chicago	IL	17	60611	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	87	112	112	$128.00	$36.74	$26.54	$28.28
1306884267	Shah	Devang	M	M.D.	M	I	963 Town C Suite 100	Orange Cit	FL	12	32763	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	106	112	112	$97.00	$45.18	$33.73	$33.53
1316153695	Slattery	Eric	L	M.D.	M	I	22 S 900 E	Salt Lake C	UT	49	84102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	83	112	112	$141.00	$45.88	$31.07	$32.52
1366651671	Bradley	Joshua	D	M.D.	M	I	389 S 900 E	Salt Lake C	UT	49	84102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	91	112	112	$105.04	$43.86	$26.93	$28.62
1376875716	Vaughan	Deborah		PA-C	F	I	1611 W Ha Suite 550	Chicago	IL	17	60612	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	94	112	112	$180.00	$41.92	$30.05	$29.12
1417914334	Kays	Bradley	W	M.D.	M	I	400 Newpo Suite 608	Newport Be	CA	6	92660	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	99	112	112	$105.00	$53.07	$37.34	$33.35
1447205596	Zimmer	Gregg	L	MD	M	I	6041 Trans Suite 101	E. Amherst	NY	36	14051	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	62	112	112	$100.00	$46.15	$30.35	$31.69
1477956019	Sessions	Mallory		PA-C	F	I	4500 E 9th Suite 610	Denver	CO	8	80220	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	78	112	112	$90.76	$40.89	$25.53	$25.07
1487654950	Jaguan	Abraham		M.D.	M	I	3661 S Mia #409	Miami	FL	12	33133	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	95	112	112	$116.00	$50.72	$37.46	$33.23
1528063336	Hesse	Sabine	V	M.D.	F	I	4700 Sheridan St Ste K	Hollywood	FL	12	33021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	80	112	112	$116.00	$48.75	$35.25	$32.63
1538270749	Gazarian	Levon	H	M.D	M	I	622 W Dua Ste 203	Arcadia	CA	6	91007	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	94	112	112	$60.13	$52.43	$37.03	$33.61

1568587889	Mcquillan	Rachael	R	APRN, BC	F	I	826 Main S	Suite 201	Phoenixvill	PA	42	19460	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	86	112	112	$170.00	$41.53	$31.74	$29.39
1639497829	Marino	Matthew	A	MD	M	I	226 S Woo	37w	Chesterfiel	MO	29	63017	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	87	112	112	$106.92	$46.50	$32.13	$31.50
1659399368	Melroy	Christophe	T	MD	M	I	4750 Wate	Ste 112	Savannah	GA	13	31404	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	72	112	112	$142.00	$34.80	$24.38	$26.23
1700890100	Combs	Kent	L	MD	M	I	31862 Coa	# 200	Laguna Bcl	CA	6	92651	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	77	112	112	$80.00	$52.23	$36.26	$32.62
1770564502	Litman	Richard	S	M.D.	M	I	1500 Route	Bldg. 4 - 2n	Port Jeffers	NY	36	11776	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	89	112	112	$357.00	$54.10	$39.40	$31.20
1801882634	White	John	A	M.D.	M	I	107 Front S	Suite 240	Vidalia	LA	22	71373	4	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	O	86	112	112	$70.00	$46.15	$28.20	$29.35
1841634771	Dandu	Kartik	V	M.D.	M	I	200 Bowman Dr	Ste D2	Voorhees	NJ	34	8043	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	110	112	112	$154.00	$51.34	$34.42	$31.49
1922008226	Martinez	Felipe		M.D.	M	I	1350 Sw 57	# 210	West Miam	FL	12	33144	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	103	112	112	$116.00	$53.42	$35.82	$31.41
1952341364	Goldstein	Steven		M.D.	M	I	1200 Wate	Suite 110 S	Bronx	NY	36	10461	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	105	112	112	$261.55	$44.70	$33.50	$26.29
1952649642	Patel	Lynn	A	ARNP	F	I	1658 St Vincents Way	S	Middleburg	FL	12	32068	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	91	112	112	$103.00	$40.11	$28.10	$27.67
1992305395	Parker	Katie		APRN	F	I	160 Allen St		Rutland	VT	50	5701	4	Micropolit	US	Nurse Prac	Y	69210	Removal of	N	F	89	112	112	$134.57	$27.03	$20.37	$20.83
1033750245	Buyarski	Katelyn		PA-C	F	I	75 Pineapple St		Nuremburg	PA	42	18241	2	Metropolit	US	Physician A	Y	69210	Removal of	N	F	83	111	111	$117.22	$27.46	$19.38	$19.80
1063165728	Worsley	Tracey		FNP	F	I	3449 Wilkens Ave		Baltimore	MD	24	21229	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	90	111	111	$138.74	$41.69	$33.23	$30.90
1154307759	Canavan	Amanda	W	PA-C	F	I	4755 Ogletown Stanto		Newark	DE	10	19718	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	103	111	111	$102.00	$40.16	$30.19	$29.94
1164422036	Fazio	Frank	L	M.D., F.A.C	M	I	710 Colonial Dr		Baton Roug	LA	22	70806	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	81	111	111	$143.83	$45.90	$32.30	$33.78
1164584025	King	Robert	E	MD	M	I	1825 Martha Berry Blvc		Rome	GA	13	30165	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	99	111	111	$147.84	$42.74	$31.30	$34.19
1174547988	Marsh	Michael	A	M.D.	M	I	7805 Phoenix Ave		Fort Smith	AR	5	72903	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	88	111	111	$275.99	$40.20	$26.51	$30.88
1174982748	Fitzsimmor	Laura	M	P.A.-C.	F	I	7300 France Ave S	Ste 4	Edina	MN	27	55435	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	70	111	111	$150.00	$35.77	$25.81	$26.73
1225001357	Grafenberg	Matthew	R	M.D.	M	I	5 Firstvillage Drive		Pinehurst	NC	37	28374	4	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	O	100	111	111	$148.98	$44.84	$32.05	$32.70
1225492614	Shah	Ravi	R		M	I	2799 W Grand Blvd		Detroit	MI	26	48202	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	107	111	111	$90.23	$53.03	$35.63	$29.17
1265536445	Liess	Benjamin	D	MD	M	I	100 Foden	Suite 100	South Portl	ME	23	4106	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	61	111	111	$98.00	$46.21	$31.89	$32.61
1275822926	Smedley	Bryan	T	D.O.	M	I	10512 N 11	Suite 210	Owasso	OK	40	74055	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	78	111	111	$100.00	$45.12	$31.63	$32.52
1366417578	Kendell	Robert	J	D.O.	M	I	8872 Professional Dr		Cadillac	MI	26	49601	5	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	O	94	111	111	$105.49	$40.63	$27.83	$29.08
1376584748	Del Fierro	Sindy	I	PA C	F	I	2601 Cherr	Ste 200	Bremerton	WA	53	98310	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	74	111	111	$117.00	$40.41	$26.29	$26.45
1396158069	Kim	Luke	Y	M.D.	M	I	1001 Sheppard Rd		Voorhees	NJ	34	8043	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	93	111	111	$168.38	$45.25	$31.86	$29.09
1528142882	Rosenbaun	Allan	M	M.D.	M	I	7557 A Dan	Suite 210	Powell	TN	47	37849	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	85	111	111	$116.00	$41.04	$29.44	$32.42
1568448884	Ade	Thomas	D	MD	M	I	550 30th A	Ste 12	Moline	IL	17	61265	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	96	111	111	$50.47	$45.55	$31.97	$32.88
1578738993	Yao	Francisca		MD	F	I	300 Cadman Plz W	Ste	Brooklyn	NY	36	11201	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	95	111	111	$250.31	$55.93	$40.51	$31.58
1619531662	Hollimon	Kacie	C	FNP-C	F	I	11145 Highway 6 W		Thaxton	MS	28	38871	9	Small town	US	Nurse Prac	Y	69210	Removal of	N	O	102	111	111	$161.37	$36.60	$27.25	$30.44
1649365271	Lindsay	Blythe		PAC	F	I	1648 Ellis S	Suite 301	Bozeman	MT	30	59715	4	Micropolit	US	Physician A	Y	69210	Removal of	N	O	83	111	111	$141.08	$39.89	$25.16	$25.18
1669897500	Fisher	Casey		DO	M	I	3366 Oakdale Ave N	St	Robbinsdal	MN	27	55422	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	72	111	111	$279.01	$40.42	$30.14	$31.14
1699781609	Oppenhein	Joshua	P	M.D.	M	I	8314 Trafor	C	Springfield	VA	51	22152	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	91	111	111	$80.00	$54.34	$35.82	$30.27
1699859215	Hirsch	Steven	M	MD	M	I	801 Ohioh	Ste 220	Delaware	OH	39	43015	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	76	111	111	$95.53	$45.84	$28.91	$30.61
1730223470	Pardo	Juan	M	MD	M	I	2002 Medic	Suite 230	Annapolis	MD	24	21401	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	106	111	111	$115.00	$49.75	$39.28	$36.10
1770106262	Miely	Lesley	A	APRN- CNF	F	I	915 Olentangy River Rc		Columbus	OH	39	43212	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	87	111	111	$132.61	$38.99	$28.81	$29.92
1770550923	Hoistad	Dick	L	M.D.	M	I	34612 6th Ave S	Ste 20	Federal Wa	WA	53	98003	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	88	111	111	$105.47	$44.87	$29.51	$30.82
1831113919	Roeser	Michelle	M	MD	F	I	8314 Trafor	C	Springfield	VA	51	22152	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	95	111	111	$80.00	$55.44	$37.26	$31.16
1841256765	Parker	Kenneth	C	M.D.	M	I	36 Mcmillen Dr		Newark	OH	39	43055	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	82	111	111	$98.00	$45.50	$32.42	$33.53
1861767055	Lisi	Christophe	V	M.D.	M	I	2800 Marcus Ave		New Hyde I	NY	36	11042	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	80	111	111	$114.00	$57.23	$41.08	$32.94
1881083053	Ramus	Mackenzi	E	PA-C	F	I	4912 Higbee Ave Nw		Canton	OH	39	44718	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	96	111	111	$70.00	$37.40	$27.10	$28.57
1891202339	Hodges	Cassie	E	FNP-C	F	I	2401 Gillham Rd		Kansas Cit	MO	29	64108	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	83	111	111	$78.78	$36.70	$25.09	$28.38
1891778718	Mehta	Rajeev	H	MD	M	I	2201 Glenwood Ave		Joliet	IL	17	60435	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	105	111	111	$99.00	$49.22	$32.76	$31.27
1902424393	Desroches	Heather			F	I	14877 W Bell Rd	Ste 10	Surprise	AZ	4	85374	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	83	111	111	$103.50	$38.85	$28.41	$29.19
1912944042	Osborne	James	W	D.O.	M	I	3201 W Pe	Suite D704	Phoenix	AZ	4	85029	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	84	111	111	$100.00	$46.20	$31.44	$32.53
1932499076	Sullivan	Brian	P	M.D.	M	I	2880 Dauphin St		Mobile	AL	1	36606	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	87	111	111	$60.00	$44.50	$29.44	$31.59
1972599397	Portela	Rafael	R	MD	M	I	3100 Sw 62	Suite 124	Miami	FL	12	33155	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	85	111	111	$105.00	$52.85	$37.70	$33.53
1033111000	Jenkins	Oliver	H	MD	M	I	320 Peachtree St		Jesup	GA	13	31545	4	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	O	93	110	110	$136.00	$39.23	$30.33	$32.00
1114208261	Moreland	Tobias	J	PA-C	M	I	5147 N 9th	Ste 325a	Pensacola	FL	12	32504	1	Metropolit	US	Physician A	Y	69210	Removal of	N	F	79	110	110	$48.82	$28.53	$19.70	$18.76
1245472455	Lieberman	Elliot	D	M.D.	M	I	1160 Park A	Suite 4n	Highland P	IL	17	60035	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	103	110	110	$155.00	$45.79	$32.96	$30.94
1306318910	Hasbrouck	Taylor	C	PA	F	I	2295 Henry Tecklenbur		Charleston	SC	45	29414	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	109	110	110	$128.00	$37.80	$26.39	$28.51
1356396493	Leffingwell	James	F	MD	M	I	400 West A	Suite 301	Arlington	TX	48	76014	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	92	110	110	$94.12	$42.87	$29.73	$32.90
1497997092	Cannon	Daniel	E	MD	M	I	700 W Ironwood Dr	Ste	Coeur D Al	ID	16	83814	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	95	110	110	$64.00	$30.13	$19.12	$21.05
1528095171	Moffitt	John	J	M.D.	M	I	927 Russell Dr		Lebanon	PA	42	17042	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	99	110	110	$76.27	$42.93	$32.75	$33.30
1558344077	Mcdonald	Kathleen	R	MD	F	I	11914 Asto	#360	Houston	TX	48	77089	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	88	110	110	$140.00	$46.33	$34.66	$33.69
1649377664	Brocato	Gerard	D	M.D.	M	I	1963 Mem	Suite 5	Huntsville	AL	1	35801	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	86	110	110	$73.66	$44.01	$31.57	$33.69
1770571358	Sobie	Stephen	R	MD	M	I	85 High St		Buffalo	NY	36	14203	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	76	110	110	$75.00	$44.30	$32.14	$33.73
1790854792	Gubbels	Samuel	P	M.D.	M	I	12605 E 16th Ave		Aurora	CO	8	80045	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	106	110	110	$237.74	$48.27	$36.52	$35.45
1821206269	Silverman	Joshua	B	M.D., PH.D	M	I	450 Clarks	Box 126	Brooklyn	NY	36	11203	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	81	110	110	$357.00	$34.43	$26.67	$20.90
1891953956	Sellner	Thomas	S	D.O.	M	I	2 Roper Corners Cir		Greenville	SC	45	29615	2	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	79	110	110	$68.00	$41.80	$26.67	$31.36
1912155490	Needler	Jonathan	D	PA-C	M	I	155 Crystal	Suite 200	Destin	FL	12	32541	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	100	110	110	$90.00	$37.12	$27.90	$27.82
1922069921	Childress	Curtis	S	MD	M	I	107 Millsaps Dr		Hattiesburg	MS	28	39402	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	96	110	110	$138.60	$42.11	$29.40	$32.52
1952854150	Hamman	Rebecca	K	APNP	F	I	710 W Starin Rd		Whitewater	WI	55	53190	4	Micropolit	US	Nurse Prac	Y	69210	Removal of	N	O	88	110	110	$369.00	$37.81	$24.02	$26.01
1053380469	Tseng	Ewen	Y	M.D.	M	I	8380 Warre	Suite 504	Frisco	TX	48	75034	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	87	109	109	$89.72	$42.87	$31.76	$35.30
1053622928	Kakodkar	Akta		M.D.	F	I	300 Riverside Dr	Ste 26	Bourbonna	IL	17	60914	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	96	109	109	$100.00	$42.92	$31.87	$34.82
1063897585	Macdonald	Brandy	D	NP-C	F	I	2 Roper Corners Cir		Greenville	SC	45	29615	2	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	82	109	109	$68.00	$37.26	$28.59	$30.45
1154324846	Packard	Sara	L	P.A.-C	F	I	2200 Nw 26th St		Owatonna	MN	27	55060	4	Micropolit	US	Physician A	Y	69210	Removal of	N	O	63	109	109	$76.04	$39.79	$25.65	$26.11
1164694048	Mclean	Caitlin	C	M.D.	F	I	3509 N Broad St		Philadelphi	PA	42	19140	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	84	109	109	$160.00	$49.11	$33.69	$30.86
1174069512	Adichithara	Michelle			F	I	2160 S 1st Ave		Maywood	IL	17	60153	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	80	109	109	$223.18	$29.16	$20.85	$20.33
1184794646	Beasley	Charles	B		M	I	701 Doctors Dr		Kinston	NC	37	28501	4	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	O	89	109	109	$145.62	$44.67	$31.34	$32.93
1316051949	Radgens	Shannon	T	D.O.	M	I	818 W King	Suite 301	Owosso	MI	26	48867	4	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	F	57	109	109	$42.00	$31.72	$22.03	$22.19
1316214588	Godsey	Joshua	S	D.O.	M	I	1222 S Patterson Blvd	S	Dayton	OH	39	45402	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	95	109	109	$80.00	$43.22	$31.75	$33.76
1346223856	Jakob	Tracy	F	MD	F	I	18300 Katy	Suite 305	Houston	TX	48	77094	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	84	109	109	$140.00	$46.96	$32.83	$31.61
1356431845	Spring	Paul	M		M	I	3901 Houma Blvd	Ste 5	Metairie	LA	22	70006	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	84	109	109	$97.00	$47.67	$34.10	$33.41
1356744650	Kopp	Avriel	S	PA-C	F	I	6645 Main	Ent Care Of	Williamsvil	NY	36	14221	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	90	109	109	$199.85	$37.76	$24.86	$25.83
1497877179	Hathaway	Bridget		MD	F	I	200 Lothro	Forbes Tow	Pittsburgh	PA	42	15213	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	94	109	109	$138.00	$46.35	$33.87	$34.74
1558519918	Gurey	Lowell	E	M.D.	M	I	1 Diamond	Otolaryngo	Berkeley H	NJ	34	7922	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	100	109	109	$150.00	$42.33	$32.25	$28.81
1578747390	Thompson	Timothy	L	M.D.	M	I	1605 S 28th Ave		Hattiesburg	MS	28	39402	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	98	109	109	$225.46	$42.73	$30.43	$33.49

1659396661	Albritton	Ford	D	M.D.	M	I	8440 Waln	Suite 500	Dallas	TX	48	75231	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	91	109	109	$185.00	$45.90	$34.31	$34.76
1659755502	Neff	Ryan		MD	M	I	740 S Limestone; C300		Lexington	KY	21	40536	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	87	109	109	$125.00	$45.46	$31.22	$31.97
1750491692	Schack	Stanley	H	M.D.	M	I	2727 S 144th St Ste 25		Omaha	NE	31	68144	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	82	109	109	$130.00	$40.62	$28.84	$31.95
1861436719	Lamancusc	John	M	MD, FACP	M	I	15 S Main S	Suite 151	Jamestown	NY	36	14701	4	Micropolita	US	Internal Me	Y	69210	Removal of	N	O	84	109	109	$65.00	$46.69	$31.45	$32.23
1881788180	Hertler	Melissa	A	M.D.	F	I	15 Shrine C	Ste B	Lander	WY	56	82520	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	103	109	109	$173.08	$44.64	$29.49	$31.27
1902818842	Chitkara	Ajay	E	M.D.	M	I	1500 Route	Bldg. 4 - 2n	Port Jeffers	NY	36	11776	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	94	109	109	$250.74	$47.06	$34.44	$27.01
1912968744	Blaine	David	A	M.D.	M	I	84 Brookshire Ln		Beckley	WV	54	25801	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	89	109	109	$61.16	$30.20	$18.96	$19.78
1942206206	Brink	Jeffrey	E	M.D.	M	I	601 E Dixie Ave Ste 901		Leesburg	FL	12	34748	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	93	109	108	$159.00	$45.73	$29.53	$30.57
1043262389	Greene	David		M.D.	M	I	1112 Goodlette Rd N S		Naples	FL	12	34102	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	81	108	108	$103.00	$46.36	$36.31	$33.58
1104084847	Farid	Fariha	S	D.O.	F	I	12800 Bothe	Suite 110	Everett	WA	53	98208	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	84	108	108	$183.76	$50.19	$36.67	$32.99
1194724930	Schottenfe	Roy	S	M.D.	M	I	2500 Hospi	Suite 450	Roswell	GA	13	30076	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	85	108	108	$149.00	$46.74	$33.66	$33.71
1285956797	Ericksen	Matthew	C	D.O.	M	I	1155 W Par	Suite 2j	Bolivar	MO	29	65613	7.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	102	108	108	$105.00	$47.44	$36.37	$34.22
1417505876	Thead	Sara	F	PA-C	F	I	26208 Lee Hwy		Abingdon	VA	51	24211	2	Metropolit	US	Physician A	Y	69210	Removal of	N	O	79	108	108	$146.34	$40.21	$29.08	$29.20
1457745747	Landau	Barcleigh	P	M.D.	F	I	3600 Broac	4th Floor, H	Oakland	CA	6	94611	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	85	108	108	$120.00	$44.55	$32.62	$34.26
1477990091	Mattioni	Jillian		DO	F	I	460 Creamery Way Ste		Exton	PA	42	19341	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	76	108	108	$105.00	$49.34	$34.07	$32.09
1629028956	Carpenter	Kevin	M	MD	M	I	202 10th Street Se		Cedar Rapi	IA	19	52403	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	86	108	108	$124.00	$37.80	$26.52	$28.99
1669869962	Kandl	Jessica			F	I	1250 E. Ma	Pob 98014(	Richmond	VA	51	23298	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	95	108	108	$196.19	$55.40	$38.80	$33.23
1699709584	Sidari	Joseph	N	MD	M	I	123 Summ	Suite 300	Worcester	MA	25	1608	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	69	108	108	$140.00	$49.44	$36.51	$35.19
1700863982	Mcdonald	Darren	R	M.D.	M	I	2211 Park Avenue S		Minneapoli	MN	27	55404	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	90	108	108	$169.84	$45.86	$31.16	$31.95
1821493040	Butcher	Marissa	L	PA-C	F	I	301 N 8th S	Suite Pav5t	Springfield	IL	17	62701	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	75	108	108	$136.00	$38.39	$26.13	$26.63
1912093865	Leitner	Paul		MD	M	I	8540 S Sep #910		Los Angele	CA	6	90045	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	72	108	108	$70.00	$42.48	$32.06	$29.11
1912181298	Zuckerman	Jodi	D	M.D.	F	I	1160 Park Ave W Ste 4r		Highland P	IL	17	60035	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	64	108	108	$155.00	$50.85	$34.30	$31.86
1922000959	Oliver	David	S	M.D.	M	I	322 Commercial Dr Ste		Savannah	GA	13	31406	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	100	108	108	$168.69	$44.80	$32.91	$34.57
1942791645	Sfeir	Sally Kenda	D	PA-C	F	I	73 Maxwell Ln		Dahlonega	GA	13	30533	2	Metropolit	US	Physician A	Y	69210	Removal of	N	O	80	108	108	$177.45	$39.64	$29.56	$30.01
1992860498	Prinz	Katherine	A	M.D.	F	I	14040 Hospital Rd		Boys Town	NE	31	68010	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	87	108	108	$115.00	$43.21	$25.50	$29.23
1053682997	Hartmann I	Jodie	K	PA-C	F	I	1417 S. Cli	Ste. 300	Sioux Falls	SD	46	57105	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	90	107	107	$170.84	$38.80	$18.81	$20.18
1124258884	Jaworek	Aaron	J	MD	M	I	3445 High Point Blvd St		Bethlehem	PA	42	18017	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	84	107	107	$120.03	$33.94	$25.79	$26.16
1124653829	Bruffey	Afton	J	NP-C	F	I	801 N 29th St		Billings	MT	30	59101	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	F	90	107	107	$98.47	$28.02	$19.94	$19.90
1154367738	Leatherma	Bryan	D	M.D.	M	I	1213 Broac	Suite 4	Gulfport	MS	28	39501	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	91	107	107	$129.00	$27.24	$21.03	$22.70
1154661015	Sugihara	Eric		DO	M	I	2240 N Harbor Blvd Ste		Fullerton	CA	6	92835	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	87	107	107	$108.00	$50.89	$38.08	$34.61
1154805372	Drago	Kelly	E		F	I	301 University Blvd		Galveston	TX	48	77555	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	78	107	107	$136.26	$28.01	$18.12	$18.07
1184620494	Mcquone	Shelly	J	MD	F	I	1099 Ohio River Blvd		Sewickley	PA	42	15143	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	81	107	107	$140.19	$41.44	$28.29	$29.07
1194990929	Innis	William	P	M.D.	M	I	560 Hillside	Suite H	Needham	MA	25	2494	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	89	107	107	$133.04	$52.30	$38.31	$34.25
1205091527	Ying	Yu-Lan Mary		M.D.	F	I	90 Bergen Street Suite		Newark	NJ	34	7103	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	81	107	107	$152.54	$53.85	$39.64	$34.49
1205834546	Pittsford	Cheryl	D	PA-C	F	I	2920 S Mci	Suite 350	Bloomingtc	IN	18	47403	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	81	107	107	$71.00	$37.22	$22.77	$25.48
1285609883	Hardee	Monica	J	MD	F	I	1136 E Grande Blvd		Tyler	TX	48	75703	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	89	107	107	$90.00	$43.77	$24.64	$25.79
1326042110	Parsons	Gregory	S	MD	M	I	200 S Herlong Ave Ste A		Rock Hill	SC	45	29732	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	89	107	107	$95.00	$41.74	$29.54	$31.04
1336312420	Benson	Brian	E	M.D.	M	I	20 Prospec	Suite 613	Hackensac	NJ	34	7601	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	86	107	107	$100.00	$49.06	$38.02	$33.37
1366415275	Stamm	Michael	A	MD	M	I	510 North St Ste 10		Pittsfield	MA	25	1201	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	100	107	107	$175.00	$46.53	$31.76	$31.21
1497718142	Akervall	Jan		MD	M	I	28300 Orcl	Suite 100	Farmington	MI	26	48334	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	98	107	107	$78.97	$47.94	$35.46	$33.72
1558603613	Malone	Alexander	K	MD	M	I	3131 N Mcmullen Boot		Clearwater	FL	12	33761	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	78	107	107	$105.00	$45.96	$32.64	$32.23
1588081749	Burckardt	Elizabeth	S	MD	F	I	6420 Dutchmans Pkwy		Louisville	KY	21	40205	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	86	107	107	$87.08	$42.59	$30.06	$33.01
1588823421	Depan	Cormac	D	MD	M	I	123 Summer St		Worcester	MA	25	1608	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	74	107	107	$140.00	$48.19	$31.52	$30.12
1619988243	Colvin	Greene	B	MD	M	I	7164 Hacks Cross Rd S		Olive Branc	MS	28	38654	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	84	107	107	$120.00	$41.34	$27.05	$32.23
1639510795	Fasching	Megan	E	PA-C	F	I	9825 Hosp	Suite 105	Maple Grov	MN	27	55369	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	83	107	107	$162.25	$39.17	$26.01	$26.87
1699933903	Johnson	William	A	M.D.	M	I	5300 Harro	Suite 118	Sylvania	OH	39	43560	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	81	107	107	$165.21	$45.37	$31.89	$32.90
1740215904	Puchalski	Robert		M.D.	M	I	15 Exchange Dr		Lugoff	SC	45	29078	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	91	107	107	$87.01	$41.31	$30.06	$31.70
1801333174	Davis	Kristina	L	PA-C	F	I	6823 Isaacs Orchard R		Springdale	AR	5	72762	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	90	107	107	$43.52	$36.57	$27.79	$30.56
1811190804	Blount	Angela	C	M.D.	F	I	3400 Highv	Suite 205	Jasper	AL	1	35501	2	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	95	107	107	$62.06	$43.37	$31.17	$33.51
1861442568	Grate	Myrle	R	M.D.	M	I	2565 Capital Medical E		Tallahasse	FL	12	32308	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	58	107	107	$133.00	$46.74	$32.13	$32.04
1891860441	Jarboe	John	K	MD	M	I	1720 Peacl	Suite 200	Atlanta	GA	13	30309	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	89	107	107	$137.00	$45.15	$33.40	$33.46
1942295571	Spainhour	David	S	P.A.	M	I	1132 N Church St Ste 2		Greensbor	NC	37	27401	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	100	107	107	$208.95	$39.15	$26.78	$27.42
1942384433	Neal	Jeffrey	G	M.D.	M	I	176 Valley St W		Abingdon	VA	51	24210	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	94	107	107	$99.87	$47.54	$35.07	$35.17
1982622031	Hilton	David	L	M.D.	M	I	2508 Bert K	Ste 306	Shreveport	LA	22	71118	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	96	107	107	$105.00	$45.86	$29.47	$31.05
1982695888	West	Steven	E	M.D.	M	I	10004 Ken	Ste 183b	St Louis	MO	29	63128	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	100	107	107	$106.92	$41.30	$30.42	$31.11
1023329240	Liddy	Whitney	E	M.D.	F	I	676 N Saint	Suite 15-20	Chicago	IL	17	60611	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	82	106	106	$166.00	$52.43	$37.07	$33.33
1114325677	Shull	John	D	PA	M	I	1520 S Dobson Rd Ste :		Mesa	AZ	4	85202	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	85	106	106	$99.00	$38.33	$27.63	$28.33
1124346242	Mener	David	J	MD	M	I	145 Huguenot St Ste 61		New Roche	NY	36	10801	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	88	106	106	$280.63	$47.31	$34.43	$26.98
1134160260	Anderson	Gail	J	M.D.	F	I	4000 Mitch	Suite A414	Bowie	MD	24	20716	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	98	106	106	$115.00	$48.12	$29.24	$27.44
1154599298	Doty	Amber	M	PA-C	F	I	825 Ne 10t	Departmen	Oklahoma	OK	40	73104	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	80	106	106	$156.30	$33.98	$25.07	$26.64
1154746089	Rauen	Adele	K	PA	F	I	7690 Discovery Dr		West Ches	OH	39	45069	1	Metropolit	US	Physician A	Y	69210	Removal of	N	F	78	106	106	$96.89	$27.55	$19.67	$19.67
1194818120	Reifenstein	Chris	B	PA	M	I	27406 Cashford Cir		Wesley Cha	FL	12	33544	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	89	106	106	$105.00	$39.36	$29.17	$28.33
1215929930	Stein	David	W	MD	M	I	10021 Dupont Circle C		Fort Wayne	IN	18	46825	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	97	106	106	$107.00	$44.07	$28.33	$31.40
1255568846	Tomovic	Senja		MD	F	I	5333 Mcauley Dr Rm 2(		Ypsilanti	MI	26	48197	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	85	106	106	$92.92	$49.68	$37.94	$34.22
1255661336	Corbitt	Christian	A	M.D.	M	I	740 Hospital Dr Ste 30(		Beaumont	TX	48	77701	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	79	106	106	$125.00	$44.56	$32.02	$34.03
1275142358	Tatom	Angela	L	NP-C	F	I	724 W 19th St		Panama Ci	FL	12	32405	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	92	106	106	$154.00	$39.93	$29.00	$28.87
1295771848	Breda	Stephen	D	M.D.	M	I	4695 Main	Suite 1	Bridgeport	CT	9	6606	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	82	106	106	$154.60	$51.27	$36.16	$33.57
1316925829	Urben	Susan	L	MD	F	I	330 S Gard	Ste 300	Eugene	OR	41	97401	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	65	106	106	$136.64	$43.15	$30.89	$32.75
1356471767	Bartholom	Ann	R	PA	F	I	4130 Oleander Dr		Wilmington	NC	37	28403	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	74	106	106	$84.91	$38.80	$27.67	$29.10
1376511386	Banks	William		MD	M	I	1705 Warren Ave Ste 2(		Williamspo	PA	42	17701	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	66	106	106	$109.00	$46.43	$30.96	$31.61
1427498062	Joynt	Kimberly	L	D.O.	F	I	4400 Emile St		Omaha	NE	31	68198	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	81	106	106	$93.00	$36.84	$26.36	$29.35
1548265028	Detar	Thomas	R	M.D., F.A.C	M	I	323 N Spokane St		Post Falls	ID	16	83854	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	82	106	106	$96.00	$43.37	$30.29	$33.39
1568400885	Ayoub	Elias	I	M.D.	M	I	11480 Broc	Suite 303	Downey	CA	6	90241	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	86	106	106	$83.58	$52.33	$39.05	$35.48
1619988367	Gray	Eugenia	M	MD	F	I	111 W High	Suite 303	Elkton	MD	24	21921	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	92	106	106	$96.94	$46.89	$32.99	$31.53
1770009250	Williams	Anna	M	APRN, FNP	F	I	4120 Bradford Hicks D		Livingston	TN	47	38570	7.2	Secondary	US	Nurse Prac	Y	69210	Removal of	N	O	92	106	106	$115.00	$36.71	$28.30	$31.06
1780684324	Opila	Donald	A	M.D.	M	I	7331 E Osb	Suite 400	Scottsdale	AZ	4	85251	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	92	106	106	$46.81	$45.52	$31.34	$32.23
1780974899	Reddy	Nishant	P		M	I	300b Princeton Hightst		East Winds	NJ	34	8520	2	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	95	106	106	$157.91	$44.34	$30.11	$27.43

1801186192	Luk	Lauren		MD	F	I	550 Peacht	Emory Univ	Atlanta	GA	13	30308	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	78	106	106	$134.90	$54.66	$38.73	$32.72
1821146242	Skedros	Demetrios	G	M.D.	M	I	1551 Renai	Suite 310	Bountiful	UT	49	84010	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	87	106	106	$79.00	$45.05	$27.43	$29.36
1851393003	Le	Richard	K	D.O	M	I	3930 S Alm	Suite 1	Chandler	AZ	4	85248	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	76	106	106	$59.91	$45.85	$25.85	$26.97
1871564831	Lesnik	David	J	MD	M	I	1 Montvale	Suite 203	Stoneham	MA	25	2180	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	95	106	106	$166.96	$49.37	$35.56	$33.02
1902891476	Boone	Ryan	T	M.D.	M	I	5258 Dijon	Dr	Baton Roug	LA	22	70808	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	90	106	106	$138.87	$43.82	$30.94	$33.37
1922190552	Megler	Daniel	D	MD	M	I	21000 E 12	Suite 111	Saint Clair :	MI	26	48081	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	97	106	106	$43.00	$33.68	$25.01	$23.46
1952697633	Ayers	Christophe	M	M.D.	M	I	340 N Belair	Rd	Evans	GA	13	30809	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	95	106	106	$125.00	$41.88	$31.74	$34.10
1982728705	Gorokhovsl	Diana		D.O.	F	I	8767 Boynton Beach Bl		Boynton Be	FL	12	33472	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	90	106	106	$63.96	$49.77	$39.06	$36.19
1992741268	Epstein	Gordon		MD	M	I	3200 Kearney	St	Fremont	CA	6	94538	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	85	106	106	$169.71	$53.50	$40.13	$33.49
1043292196	Gallivan	Ryan	P	MD	M	I	2450 Ne M	Suite 120	Bend	OR	41	97701	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	77	105	105	$127.92	$44.21	$32.50	$34.39
1275564106	Barrow	Lon	L	M.D.	M	I	3015 S Congress Ave S		Palm Sprin	FL	12	33461	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	73	105	105	$105.00	$46.56	$34.04	$32.01
1285712380	Jansen	Cornelius	J	MD	M	I	1425 S Main	St	Walnut Cre	CA	6	94596	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	91	105	105	$239.00	$51.51	$35.87	$33.16
1356360614	Reschak	Steven	C	DO	M	I	3455 Regency Park Dr		Grand Blan	MI	26	48439	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	74	105	105	$90.00	$44.44	$30.90	$32.49
1366434516	Williams	Jason	D	PA-C	M	I	409 Central Park Dr		Arlington	TX	48	76014	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	96	105	105	$110.00	$39.25	$30.73	$31.34
1437449907	Engle	Robert	D	M.D.	M	I	400 Patroo	Ste 205	Albany	NY	36	12206	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	90	105	105	$127.14	$41.69	$30.94	$31.89
1508861188	Loeffler	Paul	W	M.D.	M	I	5959 S Sta	Ste 102	Corpus Chr	TX	48	78413	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	75	105	105	$181.94	$44.33	$29.97	$31.66
1639178379	Chiles	Patrick	J	MD	M	I	3906 East Genesee Str		Dewitt	NY	36	13214	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	81	105	105	$93.00	$39.76	$28.58	$30.14
1689817173	Marotta	Gia	E	M.D.	F	I	1023 N Mound St Ste A		Nacogdoch	TX	48	75961	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	78	105	105	$119.31	$41.50	$30.59	$32.09
1699327262	Leiseth	Rachel		PA	F	I	401 9th Ave Nw		Watertown	SD	46	57201	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	86	105	105	$126.17	$26.37	$19.11	$19.99
1710263348	Barr	Abby	L	PA-C	F	I	2215 E Wat	Ste 313	Akron	OH	39	44312	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	72	105	105	$87.76	$38.52	$26.52	$27.72
1740326305	Ahn	Jeffrey		M.D.	M	I	45 Park Ave	1st Fl.	New York	NY	36	10016	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	60	105	105	$64.70	$46.38	$33.65	$29.44
1750900734	Ketchen	Deirdre		PA-C	F	I	122 State Line Rd		West Stock	MA	25	1266	10	Rural areas	US	Physician A	Y	69210	Removal of	N	O	90	105	105	$188.00	$40.02	$29.31	$28.26
1760708523	Wiebel	Michael		M.D.	M	I	3000 Horizon	Rd	Rockwall	TX	48	75032	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	81	105	105	$93.75	$45.63	$31.77	$33.49
1801362355	Stone	Dawn		FNP-C	F	I	874 Lanier Ave W Ste 2		Fayettevill	GA	13	30214	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	82	105	105	$115.46	$38.37	$27.36	$29.09
1851346845	Kakarlapuc	Venkata	V	MD	M	I	2125 State	Suite 6	New Albany	IN	18	47150	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	101	105	105	$91.00	$38.55	$28.82	$30.79
1861646374	Wilson	Robert	E	MD	M	I	2411 Ring Rd	Ste 105	Elizabetht	KY	21	42701	2	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	84	105	105	$88.57	$41.59	$27.99	$31.08
1922042191	Sanchez	Carlos	M	MD	M	I	130 Health Park	Blvd	St Augustin	FL	12	32086	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	97	105	105	$80.00	$47.80	$33.77	$33.03
1124479282	Glicksman	Jordan		MD	M	I	104 Endicott St	Ste 10(	Danvers	MA	25	1923	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	94	104	104	$150.00	$50.55	$37.50	$33.25
1164180139	Churylo	Kara	N	PA-C	F	I	505 Chestnut	St	Roselle Par	NJ	34	7204	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	96	104	104	$150.00	$42.93	$33.50	$29.95
1184157042	Gao	Wei		PA	M	I	2680 S Cleveland	Ave	Saint Josep	MI	26	49085	1	Metropolit	US	Physician A	Y	69210	Removal of	N	F	92	104	104	$134.86	$28.02	$18.19	$17.10
1184828238	Davies	Jennifer	N	M.D.	F	I	1351 E Spruce	Ave	Fresno	CA	6	93720	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	84	104	104	$120.00	$48.16	$35.37	$34.48
1235109364	Reussner	Lee	A	MD	M	I	1112 W 6th	Suite 216	Lawrence	KS	20	66044	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	76	104	104	$134.00	$43.64	$30.84	$33.80
1245477090	Ruiz Fullan	Francisco	J	MD	M	I	400 Ave Fd	Suite 405 C	San Juan	PR	72	918	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	79	104	104	$60.00	$48.14	$31.66	$31.19
1316947948	Schoenber	Erik	D	MD	M	I	200 N Mangoustine Ave		Sanford	FL	12	32771	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	77	104	104	$170.00	$46.39	$31.54	$30.86
1336133818	Jalukar	Vishram		MD	M	I	250 S Crescent	Dr	Mason City	IA	19	50401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	72	104	104	$121.92	$43.76	$28.50	$31.64
1356658595	Loney	Deborah	A	M.D.	F	I	6119 Eaton	St	West Palm	FL	12	33411	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	85	104	104	$105.00	$46.58	$33.79	$32.61
1376719054	Yang	Eric	C	M.D.	M	I	3524 E Milwaukee	St	Janesville	WI	55	53546	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	77	104	104	$54.49	$30.66	$19.21	$21.02
1386939023	Vasconcell	Adam	P	M.D.	M	I	985 Berkshire Blvd	Ste	Wyomissin	PA	42	19610	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	77	104	104	$160.96	$45.16	$31.85	$32.53
1407273659	Alloju	Les	M	M.D.	M	I	4401 Coit Rd	Ste 411	Frisco	TX	48	75035	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	81	104	104	$126.20	$45.66	$32.76	$34.22
1427019389	Sewell	Steven	K	MD	M	I	1608 S 5th	St	Leesville	LA	22	71446	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	79	104	104	$92.00	$45.20	$31.28	$32.34
1437114790	Staffel	Jon	G	MD	M	I	6133 Poplar	Pike	Memphis	TN	47	38119	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	79	104	104	$115.00	$39.60	$28.93	$31.55
1447375480	Wright	Richard	J	MD	M	I	3200 Kearney	St	Fremont	CA	6	94538	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	78	104	104	$176.42	$55.32	$40.37	$33.96
1497728877	Rebello	Brian	I	M.D.	M	I	13590 Jog F	Suite C3	Delray Bea	FL	12	33446	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	79	104	104	$71.81	$50.68	$39.31	$36.72
1528473543	Taylor	Robert	J	M.D.	M	I	6941 Elaine	Dr	Niagara Fal	NY	36	14304	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	90	104	104	$58.67	$31.43	$22.07	$22.57
1578859278	Day	Lauren	L		F	I	6035 Fairview	Rd	Charlotte	NC	37	28210	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	96	104	104	$95.91	$38.68	$27.98	$28.48
1619146602	Hardin	Laura	E	PA-C	F	I	18980 W Memorial Dr S		Humble	TX	48	77338	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	97	104	104	$103.85	$40.82	$32.52	$31.50
1619988680	Horn	Corinne	E	M.D., M.S.	F	I	36 E 36th S	Suite 200	New York	NY	36	10016	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	92	104	104	$357.00	$53.66	$39.88	$32.44
1639125529	Thomas	Stuart	N	MD	M	I	409 Central Park Dr.		Arlington	TX	48	76014	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	92	104	104	$110.00	$46.37	$31.46	$32.22
1689806580	Lopez-Alba	Andres		MD	M	I	3119 Newtown Ave	Ste	Astoria	NY	36	11102	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	92	104	104	$280.22	$46.88	$34.98	$27.35
1710912340	Eriksson	Tracy	P	MD	F	I	33501 1st Way	S	Federal Wa	WA	53	98003	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	65	104	104	$134.07	$52.81	$35.94	$31.95
1730189135	Mitrani	Moises		M.D.	M	I	21150 Bisc # 102		Aventura	FL	12	33180	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	93	104	104	$116.00	$52.22	$34.70	$30.18
1750388286	Hodge	Kenneth	M	MD	M	I	2944 Breckenridge Ln		Louisville	KY	21	40220	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	97	104	104	$91.00	$43.34	$31.09	$33.45
1760656540	King	Peter	J	M.D.	M	I	2002 Medic	Suite 230	Annapolis	MD	24	21401	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	97	104	104	$115.00	$49.94	$37.98	$34.99
1780112144	Globerson	Matthew	W	DO	M	I	2680 S Cleveland	Ave	Saint Josep	MI	26	49085	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	82	104	104	$114.00	$43.12	$34.01	$36.74
1780132472	Murray	Erin		FNP	F	I	2545 S Arizona	Ave	Yuma	AZ	4	85364	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	80	104	104	$54.77	$27.93	$19.00	$19.20
1780688606	Shapiro	Adam	M	M.D.	M	I	9149 Estat	Ste 308	St Thomas	VI	78	802	99	Unknown	US	Otolaryngo	Y	69210	Removal of	N	O	97	104	104	$49.79	$45.89	$26.20	$25.95
1790739746	Bates	Evan	S	MD	M	I	8230 Waln	Ste 420	Dallas	TX	48	75231	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	69	104	104	$152.88	$47.12	$32.59	$33.09
1841276425	Hoffmann	Michael	A	M.D.	M	I	460 Creamery	Way	Exton	PA	42	19341	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	80	104	104	$105.00	$50.20	$34.28	$32.12
1891123121	Eisenhart	Julee	A	CRNP	F	I	924 Colonial Ave	Ste E	York	PA	42	17403	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	83	104	104	$217.91	$38.82	$26.72	$28.24
1891797254	Fleming	Daniel		M.D.	M	I	4775 Hamilton Wolfe R		San Antoni	TX	48	78229	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	88	104	104	$131.42	$44.18	$33.10	$34.64
1912015033	Mcrae	Robert	G	MD	M	I	118 Dudley	St	Providence	RI	44	2905	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	99	104	104	$110.00	$48.62	$33.15	$31.66
1023628666	Wells	Jeffery		MD	M	I	6780 Mayfield	Rd	Mayfield H	OH	39	44124	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	89	103	103	$312.23	$32.10	$22.07	$22.09
1083868905	Bednarski	Brooke	N	MD	F	I	222 W New	Suite 200	Greensburg	PA	42	15601	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	83	103	103	$87.00	$43.90	$30.62	$31.86
1093751000	Requena	Ricardo		M.D.	M	I	6827 1st Ave S	Ste 100	St Petersbu	FL	12	33707	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	84	103	103	$105.00	$44.05	$32.31	$32.03
1114589181	Brandt	Nicolett	R	APRN, CNP	F	I	200 1st St	Sw	Rochester	MN	27	55905	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	75	103	103	$58.00	$26.53	$14.47	$15.39
1114916756	Gross	William	E	MD	M	I	1110 Hosp	Otolaryngo	Fort Walto	FL	12	32547	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	76	103	103	$100.00	$45.29	$32.77	$32.66
1174501340	Gugenheim	Stephen		M.D.	M	I	3230 Bearc	Suite 2	Napa	CA	6	94558	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	87	103	103	$129.00	$52.75	$36.79	$32.46
1205463312	Huxtable	Andrea	L	PAC	F	I	2222 Nw Lovejoy St	Ste	Portland	OR	41	97210	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	77	103	103	$147.00	$41.24	$27.64	$27.17
1215943493	Curtiss	Mary	E	M.D.	F	I	1583 N Mai	Suite B	Marion	VA	51	24354	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	49	103	103	$138.00	$26.55	$20.72	$20.75
1245201367	Simko	Eric	J	MD	M	I	860 Omni E	Suite 102	Newport N	VA	51	23606	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	91	103	103	$121.00	$45.88	$30.74	$30.25
1245202324	Gupta	Akash		MD	M	I	2526 London Grovepor		Grove City	OH	39	43123	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	89	103	103	$95.00	$45.71	$29.91	$31.48
1255336616	Bard	Michael		M.D.	M	I	107 Newto	2a	Danbury	CT	9	6810	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	81	103	103	$230.68	$50.15	$36.24	$33.10
1316998782	Bae	Han-Soo		M.D.	M	I	321 Stewart	Rd	Monroe	MI	26	48162	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	88	103	103	$79.17	$45.50	$32.01	$33.65
1366767766	Sappington	Joshua	M	M.D.	M	I	1225 S. Gra	Door 3	St. Louis	MO	29	63104	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	70	103	103	$94.48	$47.64	$33.23	$33.19
1386088995	Mccullough	Aubrey	S	D.O.	F	I	1 Union St	Ste 203	Robbinsvill	NJ	34	8691	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	94	103	103	$166.88	$50.47	$35.59	$31.32
1457670424	Archer	Kaete	A	MD	F	I	355 W 16th St	Ste 300(	Indianapoli	IN	18	46202	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	66	103	103	$53.00	$32.43	$24.92	$25.12
1487120523	Reed	Katherine	M	PA-C	F	I	10 Atherton	Ave	Roslindale	MA	25	2131	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	80	103	103	$204.40	$38.01	$26.46	$27.43

1508285891	Teasley	Rodney			M	I	34509 9th Ave S Ste 20	Federal Wa	WA	53	98003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	103	103	$135.45	$47.02	$33.64	$30.79
1588946214	Wallace	Micah	R	PA-C	F	I	100 Excela Health Dr S	Latrobe	PA	42	15650	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	76	103	103	$87.00	$38.74	$21.51	$22.51
1669473468	Yun	Kiro	J	MD	M	I	101 Financial Pl Ste 10	Elizabetho	KY	21	42701	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	103	103	$93.69	$40.41	$29.28	$31.82
1700814456	Clerico	Dean	M	M.D.	M	I	190 Welles St	Forty Fort	PA	42	18704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	103	103	$68.93	$45.94	$29.78	$30.57
1760682769	Grady	Jennifer	A	MD	F	I	6060 Hellyı	Suite 150	San Jose	CA	6	95138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	92	103	103	$87.00	$43.17	$32.16	$34.30
1790009215	Carter	Margaret			F	I	6060 Hellyı	Suite 150	San Jose	CA	6	95138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	103	103	$175.00	$52.44	$37.50	$31.01
1801044839	Geraylı	Afrouz	S	MD	F	I	500 Paseo	Suite 100	Camarillo	CA	6	93010	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	91	103	103	$63.00	$52.47	$39.99	$35.76
1861508665	Nguyen	Charly		M.D.	M	I	1000 Health Center Dr	Mattoon	IL	17	61938	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	87	103	103	$132.83	$30.70	$20.28	$20.10
1881797330	Lewis	Terrilyn		NP-C, MSN	F	I	405 Marion Ave	Mccomb	MS	28	39648	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	96	103	103	$99.85	$36.73	$22.60	$25.73
1912141086	Yan	Wayne		M.D.	M	I	13620 38th Ny Otolaryr	Flushing	NY	36	11354	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	90	103	103	$92.91	$43.72	$29.76	$32.66
1962729103	Isseroff	Tova	F	M.D.	F	I	134 Mineol	Suite 200	Mineola	NY	36	11501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	89	103	103	$763.00	$55.93	$41.51	$32.54
1003096819	Booth	Cherie	L	MD	F	I	5220 W University Dr S	Mckinney	TX	48	75071	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	102	102	$137.00	$45.36	$32.77	$34.48
1023307170	Cappelle	Quintin			M	I	191 Theater Rd	Onalaska	WI	55	54650	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	102	102	$171.63	$31.04	$21.01	$22.55
1104354661	Heilner	Kayla	C	PA-C	F	I	1500 E Mec	1st Floor Ta	Ann Arbor	MI	26	48109	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	86	102	102	$81.00	$29.80	$21.92	$20.66
1124068465	Jablon	Jeffrey	H	M.D.	M	I	3020 Westı	Suite 303	Purchase	NY	36	10577	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	93	102	102	$273.87	$48.51	$36.30	$28.41
1144489386	Bunevich	Jared	D	D.O.	M	I	1932 Niles Cortland Rc	Warren	OH	39	44484	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	102	101	$86.00	$45.94	$32.28	$33.17
1235492372	Durakovic	Nedim		MD	M	I	1044 N Mas	Ste L20	Creve Coeu	MO	29	63141	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	102	102	$155.00	$47.66	$34.83	$34.54
1275735581	Gilbert	John	S	D.O.	M	I	1753 Fulton St	Elkhart	IN	18	46514	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	102	102	$258.56	$41.52	$29.79	$32.73
1306816301	Brandeisky	Thomas	E	D.O.	M	I	1608 Route	Suite 240	Brick	NJ	34	8724	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	102	102	$164.80	$51.07	$38.17	$34.22
1336622281	Beasley	Michael	D	PA-C	M	I	825 Barret Ave	Louisville	KY	21	40204	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	74	102	102	$91.45	$37.46	$23.93	$26.39
1457594160	Kadin	Natalie	E	MD	F	I	100 Moody	Suite 200	Thousand C	CA	6	91360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	102	102	$330.00	$39.94	$30.11	$27.63
1467925149	Ward	Breanna	L		F	I	3385 Dexter Ct	Ste 101	Davenport	IA	19	52807	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	66	102	102	$102.00	$38.95	$26.48	$27.66
1518223981	Ortlip	Timothy	E	M.D.	M	I	2557 Mowry Ave	Ste 30	Fremont	CA	6	94538	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	87	102	102	$118.00	$55.96	$38.36	$32.39
1528250958	Ferris	James	M	PA-C	M	I	34910 Ih 10	Suite 301	Boerne	TX	48	78006	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	63	102	101	$119.00	$38.58	$26.02	$27.35
1558681171	Andross	Jay	M	FNP	M	I	9430 Park West Blvd	St	Knoxville	TN	47	37923	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	85	102	102	$125.00	$36.49	$24.32	$27.07
1598970220	Chen	Arthur	F	MD	M	I	1215 Duff Avenue		Ames	IA	19	50010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	86	102	102	$161.00	$48.75	$37.71	$36.86
1639847460	Martinez N	Diego		PA-C	M	I	6355 Walk	Suite 308	Alexandria	VA	51	22310	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	90	102	102	$162.00	$46.89	$30.89	$26.32
1649391616	Lee	Christopher		MD	M	I	2500 N State St		Jackson	MS	28	39216	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	93	102	102	$153.99	$41.13	$26.91	$30.53
1669664934	Durel	Jason	J	M.D.	M	I	1000 W Pin	Suite 201	Lafayette	LA	22	70503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	102	102	$107.00	$42.26	$30.46	$32.77
1720471352	Giordani	Julie	L	PA-C	F	I	104 Endicott St	Ste 10(	Danvers	MA	25	1923	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	101	102	102	$175.00	$40.81	$30.23	$28.96
1730476144	Nida	Andrew	M	MD	M	I	1605 S 28th Ave		Hattiesburg	MS	28	39402	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	97	102	102	$234.35	$40.74	$29.30	$32.44
1790724839	Holland	Bradford	W	M.D.	M	I	1507 W Main St		Gatesville	TX	48	76528	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	96	102	102	$196.09	$44.26	$30.74	$32.67
1821094194	Shah	Samir	V	M.D.	M	I	200 Bowman Dr Ste D2		Voorhees	NJ	34	8043	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	102	102	$154.00	$48.26	$32.57	$29.78
1821252974	Bedrosian	Jeffrey	C	MD	M	I	1250 Forest Ave		Portland	ME	23	4103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	102	102	$119.65	$44.04	$31.35	$30.63
1851567192	Hatlestad	Preston	J	M.D.	M	I	10150 Highland Manor		Tampa	FL	12	33610	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	90	102	102	$62.25	$47.72	$35.65	$35.36
1952823635	Jarrell	Lauren	B	NP	F	I	6633 Highway 10		Washingto	LA	22	70589	6	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	82	102	102	$100.00	$38.79	$27.60	$28.87
1982736427	Lavigne	Mark	K	MD	M	I	1705 Berwick Dr # B		Laurinburg	NC	37	28352	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	87	102	102	$119.16	$45.63	$30.20	$31.10
1124092671	Lano	Charles	F	M.D.	M	I	42 Gruene Park Dr		New Braun	TX	48	78130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	86	101	101	$106.04	$34.41	$25.37	$26.35
1184703613	Byrns	Daniel	J	MD	M	I	1470 154th St		Whitestone	NY	36	11357	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	67	101	101	$90.25	$56.43	$39.22	$32.60
1235247784	Knackstedt	James	J	M. D.	M	I	995 Willagillespie Rd S		Eugene	OR	41	97401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	101	101	$154.00	$45.06	$30.57	$32.58
1235685512	Payne	Ryan		PA	M	I	1755 N Florida Ave		Lakeland	FL	12	33805	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	92	101	101	$125.00	$36.26	$28.71	$28.66
1245534064	Herrera	Stephanie	J	MD	F	I	215 Oak Dr Suite F		Lake Jacks	TX	48	77566	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	89	101	101	$111.09	$46.55	$31.49	$31.05
1265641229	Friedman	Adam	I	MD	M	I	27879 Smyth Dr		Valencia	CA	6	91355	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	101	101	$58.21	$51.36	$39.73	$35.91
1285083717	Robinson	Corey		PA-C	M	I	7675 Wolf River Cir Ste		Germantov	TN	47	38138	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	85	101	101	$121.00	$36.96	$25.93	$28.17
1295836062	Teppig	Anna	K	P.A.	F	I	875 Poplar	Suite 320	Camp Hill	PA	42	17011	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	95	101	101	$98.76	$39.05	$24.25	$25.04
1326524919	Beranek	Marie		DNP, APNP	F	I	824 Illinois Ave		Stevens Po	WI	55	54481	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	81	101	101	$283.92	$37.72	$24.76	$26.63
1346231594	Mann	Christophe	J	M.D.	M	I	605 Pointe North Blvd		Albany	GA	13	31721	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	101	101	$90.00	$44.40	$28.00	$30.90
1346355310	Swim	Scott	C	MD	M	I	2101 Jackson St Ste 11		Anderson	IN	18	46016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	101	101	$136.63	$41.62	$28.23	$31.13
1356694525	Steiner	Elizabeth	K	PA-C	F	I	468 Cadieux Rd		Grosse Poi	MI	26	48230	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	87	101	101	$135.15	$28.83	$18.32	$17.95
1376971754	Hussain	Bibi			F	I	133 Benmo	Suite 100	Winter Park	FL	12	32792	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	86	101	101	$138.00	$40.75	$26.04	$25.92
1396230876	Broyles	Amy	D	APRN	F	I	525 Western Ave	Ste 3(	Conway	AR	5	72034	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	74	101	101	$89.00	$36.27	$23.92	$27.34
1407842248	Hughes	Robert	J	MD	M	I	400 Patroon Creek Blvc		Albany	NY	36	12206	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	99	101	101	$122.77	$41.19	$28.91	$29.53
1457836389	Young	Kathryn	E	PA-C	F	I	610 N Lincoln Ave		Urbana	IL	17	61801	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	74	101	101	$277.72	$27.98	$18.43	$18.16
1477789626	Wartmann	Christophe	T	MD	M	I	1749 Cleveland Rd		Wooster	OH	39	44691	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	101	101	$73.00	$46.01	$30.18	$31.44
1518590504	Ashby	Emily	P	RN, BSN, C	F	I	1111 Ronald Reagan Pl		Avon	IN	18	46123	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	75	101	101	$109.00	$35.46	$26.27	$28.74
1548209810	Potocki	Stan	E	M.D.	M	I	3621 22nd	Ste 300	Lubbock	TX	48	79410	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	101	101	$48.12	$44.82	$30.87	$33.40
1558381467	Breen	Donna	L	M.D.	F	I	198 Dr Childress Dr		Marksville	LA	22	71351	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	86	101	101	$125.00	$44.13	$28.56	$30.48
1578038337	Mathis	Byron	T	PA-C	M	I	4720 Washington Rd		Evans	GA	13	30809	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	95	101	101	$125.00	$37.79	$26.16	$28.09
1619179538	Ford	Reason	A	MD	M	I	101 Tower I	Suite 120	Dakota Dur	SD	46	57049	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	101	101	$121.00	$43.75	$29.38	$31.31
1639265614	Zimmerma	William	D	MD	M	I	61 Lincoln	Suite 207	Framingha	MA	25	1702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	97	101	101	$110.00	$41.68	$31.80	$29.00
1649363151	Chandrase	Sujana	S	MD	F	I	18 E 48th St	Fl 2	New York	NY	36	10017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	101	101	$245.19	$52.15	$40.85	$34.22
1679051106	Kistner	Melissa	J	FNP-BC	F	I	516 Innovation Dr Ste 1		Chesapeak	VA	51	23320	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	77	101	101	$96.02	$40.26	$30.89	$30.55
1699730515	Mckenzie	Bryan	A	M.D.	M	I	8316 Arling	Suite 300	Fairfax	VA	51	22031	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	101	101	$210.74	$52.05	$37.19	$32.33
1740242692	Lindman	Jonathan	P	MD	M	I	340 N Belair Rd		Evans	GA	13	30809	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	87	101	101	$125.00	$42.86	$30.29	$32.97
1750573994	Gaudet	Jacques	E	MD	M	I	604 N. Acadia	Ste 101	Thibodaux	LA	22	70301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	86	101	101	$130.00	$44.08	$28.60	$30.81
1831406933	Natili	Angelia	S	MD	F	I	707 Bryant St		Statesville	NC	37	28677	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	101	101	$119.00	$42.63	$29.69	$30.66
1932333895	Trythall	Kelly		PA-C	F	I	50 N Medical Dr Clinic		Salt Lake C	UT	49	84132	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	78	101	101	$114.55	$26.37	$17.66	$18.15
1013493451	Dwyer	Elizabeth	J	PA-C	F	I	55 Lake Ave N		Worcester	MA	25	1655	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	78	100	100	$221.00	$28.77	$18.76	$18.34
1093720419	Voorman	Gary	S	M.D.	M	I	301 S Moorpark Rd		Thousand C	CA	6	91361	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	100	100	$113.97	$51.36	$33.96	$30.81
1104803287	Gottlieb	Marc	D	M.D.	M	I	6740 4th Ave	Fl 3	Brooklyn	NY	36	11220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	100	100	$763.00	$58.33	$41.60	$32.78
1154092278	Leggerie	Benjamin	S		M	I	116 S Elmer Ave		Sayre	PA	42	18840	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	85	100	100	$189.00	$37.97	$28.69	$29.77
1154320133	Wood	David	E	D.O.	M	I	1623 Dutch Ln		Hermitage	PA	42	16148	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	100	100	$138.00	$43.90	$30.45	$31.15
1154447852	Sanders	Jessica	C	F.N.P.	F	I	1340 Wonder World Dr		San Marcos	TX	48	78666	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	72	100	100	$161.11	$37.40	$27.54	$28.91
1154507903	Sohi	Sameet	S	MD	M	I	6420 Dutch	#380	Louisville	KY	21	40205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	89	100	100	$86.95	$43.02	$32.64	$35.89
1245218858	Ng	Matthew		M.D.	M	I	5380 S Rair	Suite 324	Las Vegas	NV	32	89118	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	100	100	$102.00	$49.30	$33.72	$32.34
1285054122	Bones	Victoria	M	MD	F	I	3700 Route	Suite 202	Neptune	NJ	34	7753	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	100	100	$100.00	$52.11	$37.51	$33.80
1346251097	Harbart	Allison	F	MD	F	I	348 Budfield Street		Johnstown	PA	42	15904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	91	100	100	$138.00	$43.68	$31.59	$32.71

1376594291	Dillard	Michael	L	MD	M	I	220 Dr. Martin Luther K	Morristown	TN	47	37813	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	100	100	$84.00	$43.21	$30.77	$33.62
1427037985	Flowers	Brian	K	MD	M	I	924 Coloni: Bldg E	York	PA	42	17403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	100	100	$81.00	$44.39	$32.04	$32.51
1447227830	Lay	Kristopher	F	MD	M	I	7191 Caha Suite 301	Birminghan	AL	1	35242	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	100	100	$75.00	$44.61	$29.55	$31.74
1447367370	Michaelsor	Peter	G	M.D.	M	I	8439 Yankee St	Centerville	OH	39	45458	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	100	100	$94.00	$45.97	$29.77	$31.08
1447435490	Giles	Jerald	E	MD	M	I	1 Burnside	Wichita Fal	TX	48	76310	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	100	100	$117.00	$44.44	$30.67	$32.21
1467702332	Pisut	Emily	L	CNP	F	I	915 Olentangy River Rc	Columbus	OH	39	43212	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	86	100	100	$165.00	$39.71	$26.00	$26.67
1467740217	Sarcu	David		M.D.	M	I	1221 N Highland Ave	Aurora	IL	17	60506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	80	100	100	$127.26	$47.26	$33.15	$30.95
1497000863	Chater	Michael		MD, FRCSC	M	I	6119 St. Highway Rt 11	Canton	NY	36	13617	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	70	100	100	$134.58	$31.27	$21.30	$21.78
1558550996	Pugnale	Marci		MD	F	I	5999 New Wilke Rd Bld	Rolling Mea	IL	17	60008	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	100	100	$155.00	$46.36	$33.91	$31.69
1588828206	Dearking	Amy	C	M.D.	F	I	1528 Northway Dr	Saint Cloud	MN	27	56303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	100	100	$195.17	$45.11	$28.57	$29.82
1720080567	Murphy	Michael	P	M.D.	M	I	2211 Park Ave	Minneapoli	MN	27	55404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	100	100	$169.68	$45.77	$28.72	$29.79
1720425192	Phillips	David	R	MD, MS	M	I	721 W 13th St Ste 325	Jasper	IN	18	47546	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	90	100	100	$67.00	$41.82	$31.65	$33.75
1780973354	Chevallier	Keely		M.D.	F	I	9770 S Mccarran Blvd	Reno	NV	32	89523	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	100	100	$118.58	$48.60	$36.02	$34.97
1790786671	Toma	Vincent	S	M.D.	M	I	4640 W Alexis Rd	Toledo	OH	39	43623	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	91	100	100	$120.00	$41.38	$30.01	$31.29
1841801594	Le Nobel	Gavin	J	MD	M	I	14211 Fm 2 Suite 110	Tomball	TX	48	77377	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	96	100	100	$117.74	$40.43	$30.86	$29.98
1891775821	Morris	Barbara	K	MD	F	I	10201 Kanis Rd	Little Rock	AR	5	72205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	90	100	100	$216.20	$42.07	$25.47	$29.94
1912908161	Gould	James	D	M.D.	M	I	1390 Highv Suite 3100	Festus	MO	29	63028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	100	100	$95.04	$43.28	$32.01	$32.47
1942254859	Albernaz	Marcus	S	MD	M	I	850 Johns Hopkins Dr	Greenville	NC	37	27834	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	100	100	$117.75	$43.86	$29.46	$30.86
1952653859	Bohl	Rebecca	S	PA-C	F	I	1120 E Elizabeth St Ste	Fort Collins	CO	8	80524	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	86	100	100	$109.00	$40.76	$30.88	$30.39
1992788483	Heindel	N	H	M.D.	M	I	2080 Newnan Crossing	Newnan	GA	13	30265	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	100	100	$153.34	$41.04	$30.03	$31.64
1013686450	Almocherki	Joann		MMS, PA-C	F	I	116 S Elmer Ave	Sayre	PA	42	18840	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	79	99	99	$189.00	$38.94	$28.87	$29.99
1033171285	Scianna	Joseph	M	MD	M	I	2127 Midla Suite200	Sycamore	IL	17	60178	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	86	99	99	$149.00	$43.71	$29.06	$29.34
1033189527	Gaugler	Michael	D	M.D.	M	I	7580 Auburi #103	Painesville	OH	39	44077	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	99	99	$88.89	$45.53	$35.03	$36.12
1063590560	Wu	Min	H	MD	M	I	2010 Colorado Ave	Turlock	CA	6	95382	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	85	99	99	$85.00	$49.44	$37.78	$36.25
1073968376	Mchale	Stephen		MD	M	I	1021 Bandana Blvd E S	Saint Paul	MN	27	55108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	80	99	99	$206.98	$42.02	$30.64	$31.54
1194050500	Hassan	Katy	Y	PA-C	F	I	675 N Saint Galter 15-2	Chicago	IL	17	60611	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	80	99	99	$166.00	$43.61	$31.46	$28.29
1215461876	Miller	Luke			M	I	1200 S York St Ste 418(	Elmhurst	IL	17	60126	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	94	99	99	$131.00	$49.07	$36.24	$34.24
1255363008	Stiles	Warren	A	M.D.	M	I	1965 1st Ave	Opelika	AL	1	36801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	99	99	$51.00	$36.86	$25.78	$27.57
1285630780	Petchenik	Lon	J	M.D.	M	I	5999 New Wilke Rd Bld	Rolling Mea	IL	17	60008	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	93	99	99	$155.00	$47.34	$36.29	$33.14
1285821892	Ertamay	Ayse	Z	PA-C	F	I	7831 37th Ave	Jackson He	NY	36	11372	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	84	99	99	$207.28	$42.09	$29.69	$23.30
1366590820	Shah	Nilesh	S	M.D.	M	I	1536 N 115th St Ste 34	Seattle	WA	53	98133	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	99	99	$155.43	$52.27	$38.48	$34.43
1417005000	Tessema	Belachew		M.D.	M	I	21 South Rd	Farmington	CT	9	6032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	99	99	$153.00	$49.27	$35.48	$32.45
1427041631	Howard	Raymond		M.D.	M	I	107 John Maddox Drive	Rome	GA	13	30165	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	99	99	$154.39	$41.22	$30.12	$31.75
1447785415	Kent	Sean	L	M.D.	M	I	11234 Andi Westerly Bu	Loma Linda	CA	6	92354	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	89	99	99	$94.00	$45.15	$35.23	$36.48
1457410284	Burns	Erin	D	P.A.	F	I	645 Sierra Rose Dr., #1	Reno	NV	32	89511	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	75	99	99	$118.21	$41.81	$28.24	$27.38
1497786628	Doherty	Joni	K	M.D., PH.D	F	I	1450 San Pablo St Ste !	Los Angele	CA	6	90033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	77	99	99	$169.70	$34.93	$24.43	$22.81
1518967793	Hickham	Michael	J		M	I	4315 Houm Ste 401	Metairie	LA	22	70006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	86	99	99	$80.00	$44.84	$30.15	$30.66
1629161864	Burchett	Kelly	D	DO	M	I	1605 South Suite B	Kirksville	MO	29	63501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	99	99	$60.00	$42.65	$32.71	$35.07
1649703273	Hobelmanr	Kealan		M.D.	M	I	18111 Prince Philip Dr :	Olney	MD	24	20832	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	95	99	99	$193.99	$54.78	$42.88	$36.90
1679502421	Mcmurphy	Andrea	B	MD	F	I	2880 Dauphin St	Mobile	AL	1	36606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	99	99	$61.21	$45.10	$29.28	$31.50
1679538193	Hobson	Francis		M.D.	M	I	455 W Court St Ste 406	Kankakee	IL	17	60901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	99	99	$133.00	$45.75	$31.73	$32.75
1720243983	Roberts	Jason	M	MD	M	I	1065 Hendersonville R	Asheville	NC	37	28803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	99	99	$110.00	$40.22	$27.87	$29.51
1720246689	Brown	David	M	MD	M	I	3445 High I Suite 400	Bethlehem	PA	42	18017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	99	99	$120.00	$46.13	$32.15	$32.05
1780664888	Sorom	Abraham	J	M.D.	M	I	820 N Chelan Ave	Wenatchee	WA	53	98801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	86	99	99	$96.00	$32.64	$21.60	$21.65
1841227816	Schaefer	John	D	MD	M	I	3 Lyon Pl Ste 302	Ogdensbur	NY	36	13669	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	96	99	99	$102.00	$46.45	$36.38	$37.25
1881695757	Dalal	Karambir	S	M.D.	M	I	63 Lacey R Suitef	Whiting	NJ	34	8759	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	84	99	99	$75.00	$52.01	$37.05	$33.91
1891868337	Oak	Darla			F	I	7150 Tampa Ave	Reseda	CA	6	91335	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	93	99	99	$52.94	$43.87	$33.34	$30.41
1932268877	Seidman	David	A	M.D.	M	I	116-24 Met 2 Flr	Richmond I	NY	36	11418	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	99	99	$60.17	$51.68	$37.49	$29.24
1992743066	Mcdonald	Robert	H	DO	M	I	100 Mercy ' Ste 560	Joplin	MO	29	64804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	85	99	99	$32.69	$31.26	$24.39	$25.16
1013111673	Cowan	Alan	L	MD	M	I	3920 Capital Mall Dr S	Olympia	WA	53	98502	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	98	98	$116.22	$46.80	$34.93	$35.03
1023661709	Wild	Jessica		FNP	F	I	12303 Depaul Drive	Bridgeton	MO	29	63044	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	72	98	98	$95.04	$38.98	$29.46	$29.85
1093978355	Miller	Sean	M	M.D.	M	I	6420 Dutchmans Pkwy	Louisville	KY	21	40205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	98	98	$86.60	$43.07	$29.01	$31.85
1104486992	Gulzow	Michaela	A	APRN	F	I	945 E Zero St	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99284	Emergency N	F	93	98	98	$234.00	$95.86	$74.44	$80.14
1154581577	Gembecki	Kim		FNP	F	I	1428 Grasslands Road	Valhalla	NY	36	10595	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	52	98	98	$130.55	$45.05	$32.55	$29.26
1164940334	Mellott	Danielle	R	PA-C	F	I	2930 Maple St	Everett	WA	53	98201	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	84	98	98	$142.00	$44.90	$32.19	$28.61
1174589634	Pham	Joanne		MD	F	I	1600 W Bu: Suite A	Decatur	TX	48	76234	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	85	98	98	$138.18	$44.70	$32.15	$33.78
1235497207	Saunders	Stefanie			F	I	41 Mall Roi Lahey Hosp	Burlington	MA	25	1805	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	98	98	$200.82	$49.69	$36.66	$32.85
1255951323	Murray	Amelia	M	PA-C	F	I	116 S Elmer Ave	Sayre	PA	42	18840	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	88	98	98	$189.00	$38.23	$25.34	$26.28
1275516379	Feldman	Virginia	E	MD	F	I	75 Crystal I Building B,	Middletow	NY	36	10941	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	86	98	98	$265.02	$50.24	$29.58	$25.76
1295862365	Huang	Xinyan		MD	M	I	1025 S 6th St	Springfield	IL	17	62703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	86	98	98	$151.01	$41.73	$31.33	$32.68
1295868917	Gaut	Andrew	W	M.D.	M	I	6475 S Yale Ave Ste 40	Tulsa	OK	40	74136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	80	98	98	$114.00	$43.34	$30.21	$32.32
1326018995	Durland	William	F	MD	M	I	3010 Anderson Dr	Raleigh	NC	37	27609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	98	98	$103.00	$44.98	$29.57	$31.27
1356390876	Robb	Philip	K	MD	M	I	3400 C Old Ste 575	Alpharetta	GA	13	30005	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	98	98	$155.00	$42.30	$31.40	$31.41
1376705111	Kinder	Kimberly		M.D.	F	I	135 Mission Ranch Blv	Chico	CA	6	95926	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	98	98	$74.00	$32.72	$20.68	$20.45
1396728804	Lewis	Roy	S	MD	M	I	149 Planta Suite 190	Mooresville	NC	37	28117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	98	98	$95.00	$44.79	$33.42	$34.28
1407093644	Olrich	Kimberly	L	FNP	F	I	5639 W Genesee St	Camillus	NY	36	13031	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	69	98	98	$115.00	$37.91	$27.58	$28.11
1437153418	Kapadia	Lav	A	MD	M	I	4401 Coit F Suite 411	Frisco	TX	48	75035	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	98	98	$126.28	$43.72	$31.16	$32.82
1467551861	Roska	David	C	D.O.	M	I	620 John P: Naval Medi	Portsmouth	VA	51	23708	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	98	98	$95.00	$44.80	$34.06	$35.56
1578629432	Shaffer	Brian	T	MD	M	I	9155 Sw Barnes Rd Ste	Portland	OR	41	97225	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	98	98	$147.00	$43.82	$30.69	$30.15
1740648195	Webb	Tiffany	R	PA	F	I	18059 Highway 105 W	Montgome	TX	48	77356	2.1	Secondary	US	Physician A	Y	69210	Removal of N	O	85	98	98	$100.00	$50.84	$33.31	$25.81
1801876768	Maxwell	Kenneth	S	MD	M	I	110 Charlois Blvd	Winston Sa	NC	37	27103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	98	98	$139.79	$45.50	$31.32	$32.95
1821022690	Bianchi	David	A	M.D.	M	I	2415 Musg Suite 203	Silver Sprin	MD	24	20904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	98	98	$158.19	$53.11	$38.34	$33.58
1891757209	Simon	Troy	D	M.D.	M	I	800 Scott And White Dr	College Sta	TX	48	77845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	82	98	98	$153.00	$30.47	$20.94	$22.43
1932214699	Ulnick	Keith	M	DO	M	I	840 E Hill Ave	Moses Lak	WA	53	98837	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	98	98	$140.00	$46.67	$28.94	$28.58
1932426491	Lee	Christophe	T	M.D.	M	I	409 Central Park Dr	Arlington	TX	48	76014	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	94	98	98	$110.00	$44.76	$30.34	$31.26
1962617845	Smith	Edward	L	D.O.	M	I	1411 N Taylor Dr	Sheboygan	WI	55	53081	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	98	98	$286.86	$43.09	$26.20	$28.94
1982662672	Fewins	John	L	M.D.	M	I	2000 Cooper St Ste 10(	Fort Worth	TX	48	76104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	98	98	$148.50	$46.18	$32.44	$32.59

1003801606	Levy	Frederic	E	M.D.	M	I	2520 Aberdeen Blvd	Gastonia	NC	37	28054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	80	97	97	$139.02	$45.76	$31.69	$32.61
1023028354	Fariwa	Victor		MD	M	I	2153 E 3rd St	Brooklyn	NY	36	11223	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	72	97	97	$100.00	$58.72	$45.93	$36.98
1033354915	Morrill	Scott	P	PA-C	M	I	6052 W State St	Boise	ID	16	83703	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	71	97	97	$101.00	$35.79	$22.29	$25.43
1063643641	Pantelides	Harry		M.D.	M	I	170 Broadway	Brooklyn	NY	36	11211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	97	97	$200.00	$51.94	$36.98	$29.56
1083032825	Lippmann	Elise	R	MD	F	I	3601 The Vanderbilt Cl	Nashville	TN	47	37232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	87	97	97	$132.65	$35.60	$21.04	$19.39
1093716490	Bindra	Gurpal	S	MD	M	I	1716 Parr A Suite A	Dyersburg	TN	47	38024	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	97	97	$112.20	$40.85	$25.51	$28.16
1144873613	Sagiv	Doron		MD	M	I	2521 Stockton Blvd Ste	Sacrament	CA	6	95817	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	87	97	97	$196.00	$33.60	$24.03	$23.42
1164581575	Candell	Brian	J	M.D.	M	I	1 Country Club Plz	Orinda	CA	6	94563	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	88	97	97	$90.00	$55.63	$38.37	$32.69
1164706875	Schleimer	David		D.O.	M	I	43700 Woc Ste 201	Bloomfield	MI	26	48302	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	97	97	$118.00	$48.06	$35.56	$33.97
1174786115	Helton	William	B	MD	M	I	5322 Ky Ro Suite 2	Prestonsbu	KY	21	41653	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	66	97	97	$118.70	$43.14	$28.80	$31.12
1235141664	Chilson	Dale	R	D.O	M	I	4040 Progress Blvd	Peru	IL	17	61354	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	97	97	$82.99	$32.80	$20.74	$20.34
1316975220	Becker	Daniel	G	MD	M	I	570 Egg Harbor Rd Ste	Sewell	NJ	34	8080	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	97	97	$168.45	$41.81	$29.62	$26.89
1417042565	Krespi	Yosef		M.D.	M	I	425 W 59th 10th Floor	New York	NY	36	10019	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	97	97	$357.00	$56.93	$41.91	$34.17
1427172709	Berman	Andrew		MD	M	I	9001 Wilsh Suite 100	Beverly Hill	CA	6	90211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	97	97	$158.00	$51.37	$35.84	$32.51
1447273487	Brys	Agata	K	M.D.	F	I	900 Lanidex Plz Ste 30(	Parsippany	NJ	34	7054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	97	97	$270.87	$49.07	$35.27	$30.74
1447411715	Newman	John	R	M.D.	M	I	540 Hemlock St	Macon	GA	13	31201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	97	97	$124.74	$45.10	$30.15	$32.05
1467639971	Johny	Lemolls		CRNP	F	I	15245 Shac Suite 130	Rockville	MD	24	20850	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	74	97	97	$123.00	$47.47	$34.91	$29.72
1568510220	Parmar	Perminder	S	M.D.	M	I	10666 N To Ms 212	La Jolla	CA	6	92037	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	97	97	$185.24	$46.99	$33.66	$31.39
1609861871	Mitchell	Charles	F	M.D.	M	I	5258 Dijon Dr	Baton Roug	LA	22	70808	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	97	97	$151.55	$44.58	$31.60	$33.22
1619112216	Sweetland	Amanda	R	PA	F	I	12273 W Mcmillan Rd	Boise	ID	16	83713	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	62	97	97	$50.86	$25.10	$16.86	$18.76
1649269119	Lewis	Michael	R	MD	M	I	1136 E Grande Blvd	Tyler	TX	48	75703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	97	97	$90.00	$44.04	$31.53	$32.60
1710983267	Abbas	Gregory	M	M.D.	M	I	3515 Poplar Level Rd	Louisville	KY	21	40213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	91	97	97	$91.00	$42.25	$30.90	$33.27
1740806918	Robinson	Kayla	M	PHYSICIAN	F	I	350 W Columbia St	Evansville	IN	18	47710	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	81	97	97	$135.00	$36.93	$24.53	$27.64
1750503272	Beyer	Matthew			M	I	505 Dunn Street	Houma	LA	22	70360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	86	97	97	$282.47	$45.28	$32.06	$32.93
1770927683	Dobson	Brittany	C	M.D.	F	I	133 Benmore Dr Ste 10	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	97	97	$76.41	$42.53	$30.39	$30.67
1780773275	Ahn	Chadwick	N	M.D.	M	I	279 Kings D 202	Frankfort	KY	21	40601	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	97	97	$96.00	$42.75	$29.49	$31.96
1811257231	Weitzel	Mark	A	D.O.	M	I	122 12th St Ste A	Princeton	WV	54	24740	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	97	97	$108.00	$36.76	$24.42	$26.69
1891003125	Carlson	David	N	D.O.	M	I	3627 Unive Suite 700	Jacksonvill	FL	12	32216	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	97	97	$170.00	$44.78	$31.89	$31.16
1912347675	Allensworth	Jordan	J		M	I	417 Se 164th Ave Ste 3(	Vancouver	WA	53	98684	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	97	97	$126.95	$45.26	$32.60	$33.34
1972576668	Alperstein	Jeffrey	B	M.D.	M	I	4600 Milita Suite 205	Jupiter	FL	12	33458	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	97	97	$105.00	$48.57	$35.09	$32.97
1992781157	Podrebarac	Pierre		MD	M	I	9411 N Oal Ste 202	Kansas Cit	MO	29	64155	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	97	97	$93.26	$45.60	$26.53	$27.11
1003831298	Clinard	Martin	J	PA-C	M	I	501 S Drake Rd	Kalamazoo	MI	26	49009	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	68	96	96	$107.74	$38.28	$25.98	$27.35
1013487867	Williams	Paige	K	PA	F	I	5220 W University Dr S	Mckinney	TX	48	75071	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	82	96	96	$137.00	$38.52	$26.62	$28.13
1073617585	Leake	Deirdre		MD	F	I	1750 Tree E Suite 10	St Augustin	FL	12	32084	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	96	96	$96.66	$31.89	$22.70	$22.64
1083623268	Ferguson	Michael	O	M.D.	M	I	3024 New Bern Ave Ste	Raleigh	NC	37	27610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	96	96	$95.00	$46.06	$32.34	$33.38
1093220998	Alix	Christophe	S	AGACNP-B	M	I	2615 Chester Ave	Bakersfield	CA	6	93301	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	77	96	96	$178.27	$42.27	$33.28	$31.59
1114906732	Freeman	Gary	M	MD	M	I	4820 W Taf Ste 215	Liverpool	NY	36	13088	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	78	96	96	$85.00	$44.92	$33.97	$35.43
1194775429	Peters	Michael	D	M.D.	M	I	9825 Hosp Suite LL-10	Maple Grov	MN	27	55369	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	96	96	$75.00	$36.70	$26.31	$27.96
1235104720	Raz	Yael		MD	F	I	3181 Sw Sam Jackson I	Portland	OR	41	97239	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	68	96	96	$130.29	$32.93	$24.66	$24.10
1285613364	Brandes	Warren	L	D.O.	M	I	27483 Dequindre Rd St	Madison H	MI	26	48071	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	96	96	$106.98	$47.47	$34.56	$33.52
1295878817	Hilton	Christophe	W	MD	M	I	401 Phalen Mall Stop: 1	Saint Paul	MN	27	55130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	96	96	$191.00	$44.69	$29.24	$30.63
1306824578	Godfrey	Cameron		M.D.	M	I	1 Burnside	Wichita Fal	TX	48	76310	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	96	96	$117.00	$42.51	$28.31	$29.97
1306949300	Hechler	Mark	L	DO	M	I	706 N Burkarth Rd	Warrensbu	MO	29	64093	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	96	96	$77.63	$39.81	$27.55	$30.37
1316431968	Marks	Charlotte	I	PA	F	I	2920 S Mcintire Dr	Bloomingtc	IN	18	47403	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	86	96	96	$71.00	$36.39	$25.12	$28.11
1326637901	Sniffen	Jacqueline	N	MSN, APRN	F	I	4212 Maryland St Apt 5	San Diego	CA	6	92103	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	52	96	96	$103.34	$42.18	$31.39	$29.01
1386263010	Morrison	Mary	K		F	I	1 Long Wharf Dr Ste 30(	New Haven	CT	9	6511	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	90	96	96	$61.64	$42.21	$32.74	$30.48
1417215344	Longfield	Evan	A		M	I	800 W Central Texas Ex	Harker Heig	TX	48	76548	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	96	96	$103.00	$45.29	$33.59	$35.33
1518064310	Dorf	Steven	N	D.O.	M	I	810 Plaza Blvd	Lancaster	PA	42	17601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	89	96	96	$146.25	$42.42	$32.95	$34.41
1568647196	Levine	Sherry	L	MD	F	I	18501 Pines Blvd Ste 2	Pembroke I	FL	12	33029	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	96	96	$116.00	$49.33	$34.45	$32.14
1598747313	Brown	Laura	D	M.D., F.A.C	F	I	3010 Anderson Dr	Raleigh	NC	37	27609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	96	96	$103.00	$45.21	$29.70	$31.40
1619970043	Braud	Cheryl	L	M.D.	F	I	8080 Blueb Ste 2222	Baton Roug	LA	22	70810	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	96	96	$167.14	$44.44	$32.51	$33.54
1629069521	Lima	Jose	A	M.D.	M	I	10004 Kenr Ste 183b	St Louis	MO	29	63128	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	80	96	96	$106.92	$44.21	$29.20	$29.45
1629485586	Demesh	Daniel		M.D.	M	I	1855 W Taylor St Ste 3.	Chicago	IL	17	60612	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	96	96	$146.88	$46.60	$30.65	$26.12
1649288309	Ross	Erin	J	N.P.	F	I	9500 Euclic Desk A-71	Cleveland	OH	39	44195	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	58	96	96	$385.25	$27.66	$18.77	$19.03
1669400594	Mesaros	Glen	J	M.D.	M	I	927 Russell Dr	Lebanon	PA	42	17042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	96	96	$77.19	$43.54	$33.88	$34.47
1679507115	Myers	Ernest	M	MD	M	I	2041 Georgia Ave Nw	Washingtor	DC	11	20060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	80	96	96	$150.00	$55.46	$40.44	$34.35
1679794762	Reece	Timmothy	C	M.D.	M	I	1600 W Ho Suite 202	White Hall	AR	5	71602	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	93	96	96	$48.19	$41.45	$27.47	$31.92
1750350427	Barry	Robin	J	M.D.	M	I	4212 W Co Suite 1500	Lafayette	LA	22	70506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	96	96	$107.00	$44.37	$30.03	$31.59
1750386926	Thompson	Clark		MD	M	I	3099 River Rd S	Salem	OR	41	97302	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	96	96	$126.00	$44.93	$33.39	$34.68
1750574901	Banas	Sandra	L	M.D.	F	I	24600 W 127th St Ste 1	Plainfield	IL	17	60585	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	96	96	$116.00	$49.26	$33.72	$31.44
1780942243	Vong	Angela		M.D.	F	I	2080 Woodwinds Dr St	Woodbury	MN	27	55125	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	91	96	96	$152.00	$45.08	$33.98	$34.90
1821640624	Atwell	Emma	E	PA-C	F	I	3627 University Blvd S	Jacksonvill	FL	12	32216	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	72	96	96	$170.00	$39.81	$31.85	$32.53
1831206358	Hubacek	Lori	A	PA-C	F	I	2301 Sun Valley	Delafield	WI	55	53018	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	75	96	96	$163.48	$37.75	$22.89	$25.33
1841307014	Behm	Michele		PA-C	F	I	3316 Patriot Ct	Herrin	IL	17	62948	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	88	96	96	$202.50	$39.35	$29.18	$29.72
1851341085	Mcduffie	Chad	M	M.D.	M	I	4401 Coit F Suite 411	Frisco	TX	48	75035	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	89	96	96	$125.00	$43.70	$31.81	$34.42
1902250921	Martin	Daniel	D	M.D.	M	I	21000 E 12 Mile Rd Ste	Saint Clair :	MI	26	48081	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	89	96	96	$50.01	$36.69	$25.41	$24.47
1932695020	Franke	Katherine	M	FNP-C	F	I	1001 Broad Ripple Ave	Indianapoli	IN	18	46220	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	87	96	96	$192.56	$36.37	$21.52	$24.03
1982201570	Daniels	Heather	M	FNP-C	F	I	522 S 4th St	Fulton	NY	36	13069	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	77	96	96	$75.00	$38.60	$30.31	$31.50
1992165583	Mauldin	Kristen	L	PA-C	F	I	2295 Henry Tecklenbur	Charleston	SC	45	29414	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	84	96	96	$128.00	$37.08	$23.68	$25.73
1003049115	Carney	Cassie	N	D.O.	F	I	915 13th Ave N	Clinton	IA	19	52732	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	95	95	$161.73	$45.40	$31.48	$32.83
1013318088	Meiser	Jessie			F	I	801 N 29th St	Paducah	KY	21	42001	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	65	95	95	$102.28	$37.22	$25.69	$27.93
1093030926	Weng	Catherine		MD	F	I	403 Summi Ste 204	Broomfield	CO	8	80021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	89	95	95	$168.42	$48.83	$35.76	$33.23
1093750267	Levin	Allan	A	MD	M	I	11120 Queens Blvd	Forest Hills	NY	36	11375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	95	95	$85.00	$38.97	$28.72	$22.86
1093924359	Kostrzewa	John	P	M.D.	M	I	1963 Mem Suite 5	Huntsville	AL	1	35801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	95	95	$73.77	$42.19	$30.13	$32.66
1134237274	Ruhl	Charles	M	MD	M	I	118 Dudley St	Providence	RI	44	2905	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	95	95	$110.00	$49.24	$35.98	$34.63
1205167871	Salazar	Esperanza	F	M.D.	F	I	1218 S Pueblo Blvd	Pueblo	CO	8	81005	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	95	95	$160.00	$44.60	$29.26	$29.09
1245820489	Mondschei	Mikaela	N	PA-C	F	I	724 Aubrey Bell Dr	Matthews	NC	37	28105	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	91	95	95	$95.00	$38.61	$29.98	$31.52

1265491575	Jean	Serge		MD, PHD	M	I	1755 N Florida Ave	Lakeland	FL	12	33805	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	95	95	$125.00	$42.86	$30.64	$30.00
1457315954	Hulka	Gregory	F	MD	M	I	4102 N Roxboro St	Durham	NC	37	27704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	95	95	$119.00	$45.70	$29.96	$31.67
1467602821	Shafi	Amerah		PA-C	F	I	2040 W Devon Ave	Chicago	IL	17	60659	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	72	95	95	$60.42	$44.20	$34.91	$31.77
1477931988	Parasher	Shruthi		M.D.	F	I	8787 Bryan Dairy Rd St	Largo	FL	12	33777	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	95	95	$89.70	$43.65	$31.39	$31.21
1538332176	Nyland	Deanne	M	MD	F	I	6555 Coyle Ent Dept 3r	Carmichae	CA	6	95608	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	95	95	$178.00	$49.04	$34.64	$32.84
1649200825	De Silva	Wendy	W	GNP	F	I	7758 Wisc	Suite 211	Bethesda	MD	24	20814	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	59	95	95	$56.22	$47.32	$33.74	$28.88
1760641096	Perkins	Nora	W	M.D.	F	I	123 Everett Rd		Albany	NY	36	12205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	95	95	$127.37	$43.55	$27.90	$28.22
1770990467	Rivard-Cou	Gabrielle		PA	F	I	1021 Bandana Blvd E		Saint Paul	MN	27	55108	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	75	95	95	$204.40	$36.85	$24.01	$24.41
1821061854	Oringher	Seth	F	M.D.	M	I	5454 Wisc	Suite 1535	Chevy Cha	MD	24	20815	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	90	95	95	$115.00	$52.28	$36.17	$30.16
1861444176	Dodd	Jeffrey	D	MD	M	I	2891 Anderson Hwy		Powhatan	VA	51	23139	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	77	95	95	$163.21	$46.31	$33.63	$33.72
1891791059	Yates	Karen		M.D.	F	I	1413 N Mount Auburn F		Cape Girar	MO	29	63701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	64	95	95	$77.00	$29.05	$20.84	$22.11
1932562402	Stafford	John	A	M.D.	M	I	222 Piedmont Ave Ste 5		Cincinnati	OH	39	45219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	89	95	95	$61.64	$44.28	$34.00	$36.61
1942247713	Walls	Jason	K	PA	M	I	310 North S	Ste 103	Johnson Cit	TN	47	37604	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	76	95	95	$117.77	$36.85	$24.98	$27.71
1952383200	Powitzky	Eric	S	M.D.	M	I	4191 Bellaire Blvd Ste 2		Houston	TX	48	77025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	95	95	$69.78	$46.91	$34.61	$33.68
1962418806	Barkdull	Gregory		MD	M	I	2350 Buhn	Suite C	Eureka	CA	6	95501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	95	95	$129.00	$47.62	$35.36	$33.93
1003134081	Chiffer	Rebecca	C	MD	F	I	925 Chestnut St Fl 6		Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	62	94	94	$110.00	$33.65	$26.00	$23.90
1003173436	Johnson	Brandon	T	MD	M	I	4880 Ne Goodview Cir		Lees Sumr	MO	29	64064	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	94	94	$89.00	$45.72	$32.71	$33.76
1003361965	Smith	Ann	K	PA-C	F	I	4401 Coit Rd Ste 411		Frisco	TX	48	75035	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	87	94	94	$126.33	$38.64	$26.69	$27.91
1023438199	Alam	Suhyla		MD	F	I	550 Central Ave Ste 50		New Provid	NJ	34	7974	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	94	94	$282.68	$49.30	$36.56	$32.53
1073582995	Hemmersn	John	M	MD	M	I	5740 Crestwood Dr		Ogden	UT	49	84405	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	90	94	94	$79.42	$38.89	$27.86	$29.95
1073724076	Kakodkar	Kedar	A	MD	M	I	1950 45th St Ste 100		Munster	IN	18	46321	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	94	94	$100.00	$43.22	$31.85	$34.84
1174579031	Workman	Jonathan	R	MD	M	I	850 Johns Hopkins Dr		Greenville	NC	37	27834	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	94	94	$134.04	$45.36	$32.70	$34.16
1235484429	Bush	Benjamin	D	M.D.	M	I	140 Colemans Xing Ste		Marysville	OH	39	43040	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	94	94	$147.00	$45.50	$30.01	$31.25
1245584564	Janssen	Melissa	A	ANRP	F	I	202 10th Street Se		Cedar Rapi	IA	19	52403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	76	94	94	$124.00	$37.04	$24.59	$27.00
1265827356	Gardner	Philip		MD	M	I	323 N Spokane St Unit		Post Falls	ID	16	83854	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	94	94	$96.00	$43.13	$30.58	$33.56
1356665830	Fishero	Brian	A	MD	M	I	14051 St Fr	Suite 2211	Midlothian	VA	51	23114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	94	94	$134.00	$46.02	$32.85	$32.98
1366097693	Mauro	Matthew	J	PA	M	I	2365 S Clinton Ave Ste		Rochester	NY	36	14618	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	68	94	94	$180.00	$39.38	$25.68	$26.67
1396955589	Wagoner	Gwendolyn	F	M.D.	F	I	110 Charlois Blvd		Winston Sa	NC	37	27103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	94	94	$135.71	$45.39	$33.92	$35.55
1467443606	Mount	Lisa	E	MD	F	I	3361 Highway 9 E		Little River	SC	45	29566	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	79	94	94	$103.09	$45.14	$31.17	$33.23
1477506772	Cavalli	Giulio	I	M.D.	M	I	195 South St		Pittsfield	MA	25	1201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	86	94	94	$188.00	$45.09	$28.89	$27.78
1477527778	Slaughter	Daniel	P	M.D.	M	I	12221 Renf	Suite 110	Austin	TX	48	78758	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	94	94	$145.37	$46.51	$33.96	$33.41
1518223494	Southwood	Jessica	E	M.D.	F	I	2880 Dauphin St		Mobile	AL	1	36606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	94	94	$259.72	$44.02	$27.61	$29.87
1629000609	Scholer	Susan	G	M.D.	F	I	7100 W Center Rd		Omaha	NE	31	68106	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	71	94	94	$48.00	$43.40	$29.99	$33.54
1629375167	Turnbull	Megan	G	RN, BSN, M	F	I	16 Brentwood Dr		Ithaca	NY	36	14850	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	73	94	94	$160.00	$39.46	$23.81	$24.77
1689731085	Kelly	Timothy	J	M.D.	M	I	200 S Herlc	Suite A	Rock Hill	SC	45	29732	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	75	94	94	$96.01	$44.25	$31.26	$33.42
1730130808	Olds	Michael	J		M	I	217 W Cataldo Ave Fl	2	Spokane	WA	53	99201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	94	94	$121.70	$47.39	$29.63	$29.75
1790781250	Gergits	Franklyn	R	D.O.	M	I	8573 E Princess Dr # B		Scottsdale	AZ	4	85255	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	94	94	$177.45	$35.10	$27.18	$28.12
1790844348	Bird	Jose	M	M.D.	M	I	Cond. Torre	Suite 711 A	San Juan	PR	72	917	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	80	94	94	$48.43	$45.82	$31.05	$30.95
1801156161	Christenso	Jennifer	R	D.O.	F	I	1900 Woodland Dr		Coos Bay	OR	41	97420	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	94	94	$119.63	$40.89	$28.82	$30.92
1861550303	Vanhorn	Herbert	W	M.D.	M	I	9001 Summa Ave		Baton Roug	LA	22	70809	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	78	94	94	$110.40	$33.99	$24.17	$23.37
1972885705	Leslie	Audrey			F	I	5841 S Maryland Ave		Chicago	IL	17	60637	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	80	94	94	$258.49	$31.33	$23.48	$20.11
1013200740	Kozin	Elliott	D	MD	M	I	243 Charles St		Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	67	93	93	$132.19	$35.56	$27.10	$24.69
1053570184	Pham	Viet	H	MD	M	I	4775 Hami	Ear, Nose, A	San Antoni	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	93	93	$124.92	$45.12	$31.09	$32.81
1063483857	Chase	Daniel	W	M.D.	M	I	2405 N Col	Suite 230	Lancaster	OH	39	43130	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	75	93	93	$85.00	$43.77	$29.73	$31.39
1134124829	Tonn	Deanene	K	PA-C	F	I	310 S Hillside St		Wichita	KS	20	67211	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	76	93	93	$70.53	$36.86	$25.66	$27.98
1134503790	Boyd	Brandon		PA-C	M	I	12188a N M	Suite 375	Carmel	IN	18	46032	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	73	93	93	$116.24	$37.21	$23.69	$26.34
1154394708	Mesick	Christophe	P	M.D.	M	I	5454 Wisc	Suite 1535	Chevy Cha	MD	24	20815	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	93	93	$115.62	$53.14	$38.90	$33.58
1184264368	Karsten	Hannah		PA-C	F	I	3917 West Rd Ste 200		Los Alamos	NM	35	87544	7	Small town	US	Physician A	Y	69210	Removal of N	O	81	93	93	$100.00	$37.85	$28.00	$29.31
1184672107	Beach	Jeffrey	C	MD	M	I	12065 Old	Suite 205	Carmel	IN	18	46032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	93	93	$117.00	$40.92	$27.57	$33.43
1205924008	Stark	Thomas	W	MD	M	I	18059 High	Suite 115	Montgomer	TX	48	77356	2.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	77	93	93	$130.00	$42.80	$26.72	$30.19
1235455833	Hensler	Matthew	S	M.D.	M	I	2123 Auburi	Suite 209	Cincinnati	OH	39	45219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	93	93	$94.00	$45.45	$29.94	$31.15
1245692029	Shaigany	Kevin		M.D.	M	I	2002 Medical Pkwy Ste		Annapolis	MD	24	21401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	87	93	93	$116.24	$50.34	$39.25	$36.65
1285028753	Fullmer	Tanner	M		M	I	2311 N Prospect Ave		Milwaukee	WI	55	53211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	93	93	$210.56	$29.97	$22.58	$24.62
1285836478	Mattern	Jason	C	PA-C	M	I	787 Weath	Suite 200	Clarksville	TN	47	37043	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	80	93	93	$220.00	$37.09	$25.63	$28.29
1316987092	Perez	Kara	L	PHYSICIAN	F	I	310 6th St Ne		Auburn	WA	53	98002	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	52	93	93	$117.00	$40.46	$22.83	$22.89
1326433616	Agarwal	Jay			M	I	433 Hackensack Ave S		Hackensac	NJ	34	7601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	93	93	$232.18	$48.19	$33.56	$29.08
1346247103	Rinaldi	Michael	J	D.O.	M	I	150 E Reds Suite B		Crestview	FL	12	32539	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	93	93	$79.00	$46.04	$33.38	$33.06
1356334387	Knops	Joost	L	M.D.	M	I	2940 Squal	Ste 203	Bellingham	WA	53	98225	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	93	93	$145.42	$46.40	$32.43	$32.43
1407292873	Zhao	Xue		MD	F	I	2000 Washington St St		Newton	MA	25	2462	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	87	93	93	$198.71	$53.26	$39.38	$35.22
1528137262	Degennaro	Anthony		MD FACS	M	I	370 State H	Suite 100	Red Bank	NJ	34	7701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	93	93	$62.49	$46.57	$37.14	$34.10
1578188629	Makowski	Morgan	R	PA	F	I	360 Linden Oaks Ste 2		Rochester	NY	36	14625	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	67	93	93	$90.27	$38.99	$25.58	$26.94
1578531919	Sanderson	Alicia	R	M.D.	F	I	620 Singleton Ridge Rd		Conway	SC	45	29526	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	93	93	$124.49	$41.63	$28.81	$26.60
1609067040	Amini	Kamyar		M.D.	M	I	23929 Mcbean Pkwy		Valencia	CA	6	91355	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	93	93	$806.99	$49.42	$37.67	$34.10
1609870534	Lee	Wha Joon		MD	M	I	4000 Medical Pkwy		Greenville	TX	48	75401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	93	93	$92.99	$44.92	$27.95	$29.71
1649407487	Ifeanyi	Chuka	V	M.D.	M	I	1455 E Bert #206		Shreveport	LA	22	71105	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	93	93	$112.37	$40.79	$28.59	$30.45
1659580066	Gupta	Hina	T	M.D.	F	I	4515 Wiles Rd Ste 201		Coconut Cr	FL	12	33073	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	93	93	$116.00	$48.41	$35.21	$32.88
1679839922	Limjuco	Alexander	P	M.D.	M	I	3445 High Point Blvd St		Bethlehem	PA	42	18017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	93	93	$120.00	$44.97	$27.24	$28.04
1689769416	Iwanow	Ingrid	C	M.D.	F	I	1870 Amherst St Ste 2		Winchester	VA	51	22601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	93	93	$128.87	$47.06	$33.51	$33.35
1699973529	Paik	Young	S	M.D.	M	I	1401 Professional Blvd		Evansville	IN	18	47714	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	93	93	$104.31	$43.46	$27.63	$30.81
1700305265	Neilson	Molli	A	PA-C	F	I	4650 Harrison Blvd		Ogden	UT	49	84403	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	61	93	93	$79.00	$37.77	$27.59	$28.95
1700543360	Gardner	Kaile			F	I	320 W 18th St		Hopkinsvill	KY	21	42240	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	72	93	93	$92.50	$36.49	$27.88	$31.08
1700880408	Chen	Kurt	Y	M.D.	M	I	102 Highla	Ste 104	Roanoke	VA	51	24013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	93	93	$42.68	$32.75	$20.63	$20.79
1750465001	Baker	Leslie	L	M.D.	F	I	7557a Dan	Suite 210	Powell	TN	47	37849	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	93	93	$116.00	$40.33	$29.17	$31.78
1770585762	Wagle	Pryia	J	MD	F	I	2106 New F	C9	Linwood	NJ	34	8221	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	93	93	$106.00	$51.82	$38.18	$34.71
1790105997	Andera	Luke	N	M.D.	M	I	200 1st St Sw		Rochester	MN	27	55905	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	84	93	93	$158.93	$29.21	$19.40	$21.09
1811509953	Thelen	Trenton	T	PA-C	M	I	6420 Rockledge Dr Ste		Bethesda	MD	24	20817	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	74	93	93	$177.00	$44.48	$30.91	$27.29
1831730738	Seaborn	Jessica	M	NP	F	I	1010 Old Des Peres Rd		Saint Louis	MO	29	63131	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	83	93	93	$106.92	$39.94	$24.64	$25.02

1871183715	Kane	Jennifer	L	ARNP	F	I	2515 Cyclone Dr Ste B	Waterloo	IA	19	50701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	67	93	93	$122.00	$36.35	$26.41	$28.75
1902864903	Close	Heidi	L	MD	F	I	405 Monroe Ste A	Pella	IA	19	50219	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	61	93	93	$108.00	$41.13	$27.32	$30.05
1912390253	Oetken	Caitlin	C	PA-C	F	I	4601 Heritage Trace Pk	Fort Worth	TX	48	76244	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	74	93	93	$112.00	$39.50	$28.17	$28.85
1942202635	Wigley	Terry	L	MD	M	I	1200 N 14t Suite 350	Pasco	WA	53	99301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	80	93	93	$162.00	$29.14	$21.47	$21.74
1952367922	Rosenfeld	David	J	M.D.	M	I	2185 Oregon Pike	Lancaster	PA	42	17601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	93	93	$132.00	$45.42	$27.50	$29.39
1952375362	Bloomberg	Robert	J	MD	M	I	6301 S Mcc Suite 201	Tempe	AZ	4	85283	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	82	93	93	$100.00	$45.55	$33.00	$33.61
1952677742	Johnson	Andrew		MD	M	I	2002 Medical Pkwy Ste	Annapolis	MD	24	21401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	86	93	93	$115.00	$48.03	$36.80	$33.96
1972824555	Yen	Kaicheng	L	M.D.	M	I	2521 Stock Suite 7200	Sacrament	CA	6	95817	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	76	93	93	$196.00	$33.54	$24.09	$23.54
1992908594	Castillo	Michael	P	MD	M	I	10970 Shadow Creek P	Pearland	TX	48	77584	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	93	93	$114.84	$47.21	$32.68	$31.75
1023046372	Hill	Simon	D	PA-C	M	I	2180 Main St	Wailuku	HI	15	96793	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	70	92	92	$63.52	$41.25	$31.07	$29.36
1083813737	Ransbarger	Darron	M	MD	M	I	135 Mission Ranch Blv	Chico	CA	6	95926	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	92	92	$74.00	$33.20	$22.90	$22.78
1114380532	Ruffner	Randall	S	M.D.	M	I	6001 Stonewood Dr Ste	Wexford	PA	42	15090	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	92	92	$138.00	$46.14	$31.13	$32.45
1124020730	Thatcher	Gentry	W	MD	M	I	198 Massachusetts Av	N Andover	MA	25	1845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	89	92	92	$191.74	$47.50	$34.97	$33.75
1174112452	Dragun	Nicole		FNP-C	F	I	1 Cooper Plz	Camden	NJ	34	8103	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	71	92	92	$151.00	$44.04	$30.30	$27.64
1184221186	Gower	Paige	M	PA	F	I	417 Vance St Ste A	Clinton	NC	37	28328	7	Small town	US	Physician A	Y	69210	Removal of N	O	72	92	92	$139.00	$37.52	$29.42	$32.07
1245435429	Robinson	Lawrence	L	M.D.	M	I	80a Interstate South Dr	Jasper	GA	13	30143	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	92	92	$130.00	$44.03	$30.28	$31.60
1265410799	Tom	William	D	MD	M	I	330 S Gard Suite 300	Eugene	OR	41	97401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	92	92	$136.60	$43.57	$29.61	$31.54
1265439855	Quintero	Enrique	T	MD	M	I	9301 Pinec Suite 100	The Woodla	TX	48	77380	1.1	Secondary	US	Allergy/ Im	Y	69210	Removal of N	O	76	92	92	$87.00	$47.18	$33.92	$33.73
1275593196	Deitch	Robert	L	M.D.	M	I	1375 E Woodfield Rd S	Schaumbu	IL	17	60173	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	87	92	92	$105.00	$46.49	$34.12	$31.88
1285786475	Hixon	Frank	K	M.D.	M	I	188 Hospit Suite 101	Fairhope	AL	1	36532	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	84	92	92	$49.57	$44.13	$32.42	$34.23
1336180553	Weinman	Eric		MD	M	I	460 Northside Cheroke	Canton	GA	13	30115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	92	92	$122.55	$45.92	$29.38	$29.20
1346430816	Hanby	Duncan		M.D.	M	I	10310 The Grove Blvd	Baton Roug	LA	22	70836	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	73	92	92	$105.00	$32.64	$23.50	$23.04
1366480998	Landrum	Joe	T	D.O.	M	I	520 N Mont Suite B	Ada	OK	40	74820	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	92	92	$151.63	$43.46	$28.55	$31.05
1366708554	Murrill	Lauren		MD	F	I	29201 Telegraph Rd St	Southfield	MI	26	48034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	92	92	$85.00	$47.20	$34.32	$33.48
1407239015	Myint	Calvin	W	M.D	M	I	1370 Wellbrook Cir Ne	Conyers	GA	13	30012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	90	92	92	$145.00	$44.00	$30.49	$30.05
1477530756	Kimberly	Kara	E	MD	F	I	3341 Beale Ave	Altoona	PA	42	16601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	92	92	$75.00	$45.46	$30.12	$31.37
1477549210	Zlab	Mark	K	M.D.	M	I	5950 Unive Ste 265	West Des M	IA	19	50266	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	92	92	$139.46	$44.51	$32.30	$34.79
1477646917	Butler	Robert	E	M.D.	M	I	4315 James Suite 300	Austin	TX	48	78745	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	88	92	92	$162.86	$43.73	$31.33	$31.59
1487278313	Bascom	Charles	W	NP	M	I	2120 W Ina Rd	Tucson	AZ	4	85741	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	79	92	92	$99.00	$39.29	$28.23	$29.27
1609884063	Gurian	Josef		M.D.	M	I	8314 Trafor Ste C	Springfield	VA	51	22152	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	92	92	$80.00	$50.78	$35.68	$33.13
1679567234	Neumann	Alfred	M	M.D.	M	I	3701 Dauphin St	Mobile	AL	1	36608	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	92	92	$63.04	$42.68	$28.76	$31.09
1699810473	Lasalle Lop	Miguel	A	MD	M	I	55 E De Die Cpr Profess	Mayaguez	PR	72	680	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	92	92	$48.57	$29.85	$20.43	$20.21
1710439047	Bradford	Holly		NP	F	I	8865 W 400 N Ste 120	Michigan C	IN	18	46360	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	75	92	92	$95.00	$37.66	$27.94	$29.85
1720077761	Morgan	Justin	E	MD	M	I	3901 Central Pike Ste 3	Hermitage	TN	47	37076	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	92	92	$201.33	$41.89	$29.10	$31.99
1730154972	Mccool	Brian	J	M.D.	M	I	3055 Independence Dr	Homewooc	AL	1	35209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	80	92	92	$46.22	$45.05	$27.71	$30.02
1780784355	Key	Phillip	S	MD	M	I	801 N 29th St	Billings	MT	30	59101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	64	92	92	$98.00	$31.20	$20.55	$20.49
1841387602	Kahn	Jeffrey	B	M.D.	M	I	4515 Seton Suite 100	Austin	TX	48	78759	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	92	92	$161.78	$44.61	$32.06	$31.82
1841450962	Emani	Janaki	L	M.D.	F	I	15 Exchange Dr	Lugoff	SC	45	29078	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	92	92	$87.01	$44.31	$32.13	$33.73
1841526555	Cooper	Sarah	E	M.D.	F	I	4101 Greer Suite #320	Houston	TX	48	77098	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	92	92	$150.00	$49.04	$34.89	$33.90
1851371116	Potts	Stephen	B	MD	M	I	110 Charlois Blvd	Winston Sa	NC	37	27103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	92	92	$143.01	$44.96	$32.86	$34.43
1851604813	Dudley	Amy	J	ARNP	F	I	13880 Shel Suite 200	Fort Myers	FL	12	33908	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	78	92	92	$51.15	$43.11	$33.66	$31.58
1861500753	Gilliland	Richard	E	M.D.	M	I	985 Ninth A Suite 308	Bessemer	AL	1	35022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	92	92	$58.00	$38.46	$28.74	$30.31
1902034150	O'reilly	Ashley	G	MD	F	I	6231 Leesburg Pike Ste	Falls Churc	VA	51	22044	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	92	92	$80.00	$56.06	$40.63	$34.14
1902245194	Kevern	Erin	M	D.O.	F	I	1753 Fulton St	Elkhart	IN	18	46514	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	92	92	$231.60	$41.83	$28.72	$31.63
1932181138	Shih	Tyson		MD	M	I	151 W Willow St	Pomona	CA	6	91768	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	92	92	$85.59	$52.34	$38.35	$34.79
1952736845	Tucker	Taylor	E	MSN, FNP-I	F	I	901 Riverfro Suite 300	Chattanoo	TN	47	37402	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	66	92	92	$219.74	$36.24	$25.91	$28.53
1992759971	Williams	Andrea	M	MD	F	I	7006 Shannon Willow I	Charlotte	NC	37	28226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	92	92	$206.68	$39.04	$28.60	$30.56
1013371657	Fonseca Fil	Gileno	O	M.D.	M	I	1001 Sheppard Rd	Voorhees	NJ	34	8043	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	91	91	$168.65	$45.65	$31.35	$29.03
1033405139	Lawson	Bradley	R	M.D.	M	I	36 Mcmillen Dr	Newark	OH	39	43055	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	91	91	$98.00	$44.65	$32.39	$34.11
1053392597	Gretch	Gary	J	MD	M	I	2620 Whea Ste 1	Bremerton	WA	53	98310	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	85	91	91	$54.29	$46.94	$29.69	$30.25
1053716654	Baird	Hailey	B	PA-C	F	I	1727 Chuckwa Dr Ste 1	Durant	OK	40	74701	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	71	91	91	$98.30	$36.68	$25.27	$27.78
1063406619	Topping	John	W	MD	M	I	1601 Creekside Loop	Yakima	WA	53	98902	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	91	91	$108.56	$32.03	$21.11	$21.55
1063419232	Setzen	Gavin		MD	M	I	123 Everett Rd	Albany	NY	36	12205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	91	91	$123.63	$43.30	$30.75	$31.75
1083123103	Ambush	Maria		NP-C	F	I	7900 W Jefferson Blvd S	Fort Wayne	IN	18	46804	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	64	91	91	$107.00	$37.35	$23.94	$26.65
1104072354	Roberts	Daniel	S	M.D	M	I	Uconn Med 263 Farmin	Farmington	CT	9	6030			US	Otolaryngo	Y	69210	Removal of N	O	82	91	91	$145.27	$51.65	$35.39	$32.33
1184683484	Alexiades	George		M.D.	M	I	380 2nd Av 9th Floor	New York	NY	36	10010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	91	91	$284.07	$55.52	$41.03	$34.85
1184707143	Moore	Jeremy	A	MD	M	I	3650 W Ro Suite 110	Norman	OK	40	73072	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	72	91	89	$114.16	$43.48	$29.04	$31.71
1275709040	Aynehchi	Behrad		M.D.	M	I	3831 Hugh 504	Culver City	CA	6	90232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	80	91	91	$65.00	$38.98	$26.51	$23.79
1346244852	Badeaux	Joseph	A	MD	M	I	2108 Texas Ste 3061	Alexandria	LA	22	71301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	91	91	$142.94	$42.36	$32.64	$34.29
1447493416	Villari	Craig	R	M.D.	M	I	510 8th Ave Ne Ste 310	Issaquah	WA	53	98029	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	91	91	$168.00	$51.64	$35.18	$31.66
1447593371	Bizzell	Jamie		M.D.	F	I	10201 Kanis Rd	Little Rock	AR	5	72205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	91	91	$176.92	$40.77	$28.19	$31.97
1457422065	Sharifi	Jahangir		M.D.	M	I	1701 E Ces Suite 560	Los Angele	CA	6	90033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	91	91	$102.07	$51.53	$39.72	$36.10
1477787687	Kaplan	Seth	E	MD	M	I	462 1st Ave Nbv 5e5	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	91	91	$357.00	$47.09	$33.90	$28.19
1558392449	De Monteir	Chinnavutt	P	M.D.	M	I	2415 High S Suite 800	Concord	CA	6	94520	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	79	91	91	$85.00	$56.08	$38.07	$31.92
1558788877	Sweis	Auddie	M	MD	M	I	9669 Kenton Ave Ste 2(	Skokie	IL	17	60076	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	91	91	$128.90	$43.14	$28.04	$25.37
1568500189	Hegarty	Joseph	L	MD	M	I	2950 Professional Pl St	Colorado S	CO	8	80904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	91	91	$132.00	$48.12	$32.30	$31.84
1619171931	Colen	Tahl		MD	F	I	300 Cadman Plz W Ste	Brooklyn	NY	36	11201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	91	91	$268.81	$58.97	$38.64	$30.07
1629193214	Recupero	William	D	DO	M	I	535 Faunce Corner Rd	Dartmouth	MA	25	2747	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	91	91	$290.15	$47.06	$33.21	$31.95
1639622541	Wolbers	Donna	K	PA-C	F	I	7500 Challis Rd	Brighton	MI	26	48116	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	77	91	91	$81.89	$25.87	$19.16	$20.07
1679569586	Murphy	Jay	M	M.D.	M	I	3-3420 Kuh Suite B	Lihue	HI	15	96766	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	91	91	$128.00	$50.35	$31.31	$28.99
1700099546	Inman	Joseph	L	M.D.	M	I	110 Charlois Blvd	Winston Sa	NC	37	27103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	91	91	$139.42	$44.42	$32.20	$34.11
1700851615	Laurenzo	John	F	M.D.	M	I	497 Azalea Suite 101	Oxford	MS	28	38655	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	91	91	$176.00	$42.66	$30.02	$33.72
1700980984	Pollak	Natasha		MD	F	I	3509 N Broad St	Philadelphi	PA	42	19140	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	91	91	$160.00	$51.13	$32.77	$29.84
1710113345	Gallegos	David	K	M.D.	M	I	7557a Dan Suite 220	Powell	TN	47	37849	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	66	91	91	$175.78	$31.00	$21.42	$21.30
1760452270	Jacob	Rudolph	D	M.D.	M	I	4228 Houm Suite 340	Metairie	LA	22	70006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	73	91	91	$105.00	$33.43	$23.34	$22.41
1821146028	Wellendorf	Suzanne	L	P.A.-C	F	I	2521 Stockton Blvd	Sacrament	CA	6	95817	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	64	91	91	$196.00	$28.14	$19.67	$19.43
1831168202	Scaglione	Jamie	R	M.D.	F	I	645 Amalia St Ne	Concord	NC	37	28025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	91	91	$95.00	$43.69	$31.32	$33.12

1831844281	Gonzalez	Alexis	V	PA-C	F	I	3330 Preston Ridge Rd	Alpharetta	GA	13	30005	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	78	91	91	$122.55	$39.27	$29.88	$29.51
1871568816	Berryhill	Wayne	E	M.D.	M	I	3650 W Ro	Suite 110	Norman	OK	40	73072	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	74	91	91	$108.74	$43.97	$31.15	$33.56
1992740575	Cincinelli	Gina	M	PA	F	I	401 Phalen Blvd		Saint Paul	MN	27	55130	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	65	91	91	$162.25	$38.41	$27.90	$28.48
1033315411	Contreras	Jorge	I	M.D.	M	I	5959 Gatev	160	El Paso	TX	48	79925	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	86	90	90	$138.87	$41.63	$29.07	$32.40
1053466631	Hester	Ryan		M.D.	M	I	11842 Rocl	Suite 100	Newport Ne	VA	51	23606	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	78	90	90	$96.00	$47.72	$33.67	$33.64
1104203793	Eisen	Eric	A	M.D.	M	I	1231 116th Ave Ne	Ste	Bellevue	WA	53	98004	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	76	90	90	$168.00	$52.93	$38.50	$34.07
1144603234	Gilmore	Wesley		PA-C	M	I	3530 Foothills Rd		Las Cruces	NM	35	88011	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	68	90	90	$100.00	$39.01	$26.83	$27.91
1164687604	Dorton	Leighanne	H	M.D.	F	I	530 Corporate Cir		Salisbury	NC	37	28147	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	87	90	90	$125.33	$42.31	$27.26	$28.61
1184653834	Reyes	Rodolfo	C	MD	M	I	100 S 10th St		Lillington	NC	37	27546	2	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	78	90	90	$105.33	$46.08	$30.93	$32.24
1184971194	Gabarain	Gabriel		MD	M	I	6848 Magnolia Ave	Ste	Riverside	CA	6	92506	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	62	90	90	$125.30	$47.44	$34.29	$32.43
1205030806	Briscoe	Michael		MD	M	I	1501 River Pointe Dr	St	Conroe	TX	48	77304	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	76	90	90	$106.00	$45.43	$31.70	$33.35
1205351020	Larrea	Kelly			F	I	160 E Lake Howard Dr		Winter Hav	FL	12	33881	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	87	90	90	$116.00	$38.87	$28.33	$28.04
1235226648	Schultz	Barbara	A	MD	F	I	5323 Harry Hines Blvd		Dallas	TX	48	75390	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	69	90	90	$168.00	$42.63	$30.82	$30.84
1275539801	Gould	Andrew	R	MD	M	I	2944 Breckenridge Ln		Louisville	KY	21	40220	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	83	90	90	$91.00	$40.67	$30.08	$33.04
1427595651	Lilli	Megan	C	MS, CRNP,	F	I	827 Linden Ave		Baltimore	MD	24	21201	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	45	90	90	$158.00	$44.36	$30.38	$27.42
1457558546	Prichard	Christophe	N	M.D.	M	I	10740 N Ge	Ste. 310	Houston	TX	48	77064	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	77	90	90	$106.00	$46.49	$31.39	$30.65
1487744553	Rahimi	Danesh		MD	M	I	1160 E 390	G200	Salt Lake C	UT	49	84124	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	F	86	90	90	$146.58	$31.92	$23.43	$24.02
1497740542	Malinowski	Jill	C	NP	F	I	5100 W Taft Rd	Ste 4d	Liverpool	NY	36	13088	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	43	90	90	$92.96	$37.69	$26.70	$27.75
1528059797	Babu	Seilesh	C	MD	M	I	30055 Nort	Ste 101	Farmington	MI	26	48334	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	69	90	90	$108.89	$48.34	$36.71	$35.33
1538369756	Helming	Suzanne	C	D.O.	F	I	1451 Yauge	Ste 1b	Mount Vern	OH	39	43050	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	67	90	90	$43.00	$32.25	$23.22	$23.05
1558462937	Wilson	Ewain	P	M.D.	M	I	1914 W Park Dr		North Wilke	NC	37	28659	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	90	90	$214.50	$45.53	$30.82	$32.42
1598785149	Offerle	Andrew	J	M.D.	M	I	7950 W Jeff	Suite 2121	Fort Wayne	IN	18	46804	1	Metropolitz	US	Emergency	Y	69210	Removal of N	F	83	90	90	$60.00	$30.68	$23.11	$25.00
1699177360	Hittenmille	Trisha		ARNP	F	I	12499 Univ	Ste 200	Clive	IA	19	50325	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	79	90	90	$112.82	$37.34	$26.10	$28.57
1700127313	Negrete	Candice	A	FNP-BC	F	I	9900 Birch Run Rd	Ste I	Birch Run	MI	26	48415	3	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	87	90	90	$53.00	$39.27	$23.11	$24.24
1710989082	Lasak	John	M	M.D.	M	I	9350 E Central Ave		Wichita	KS	20	67206	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	89	90	90	$200.00	$43.51	$34.09	$37.49
1790440832	Henley	Courtney	B	FNP-BC	F	I	1 Hospital Dr		Columbia	MO	29	65212	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	73	90	90	$141.77	$26.55	$19.99	$21.23
1881364552	Buck	Corey	A	NP	M	I	1655 N Gladstone Ave		Columbus	IN	18	47201	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	72	90	90	$100.00	$36.04	$25.73	$29.22
1902803646	Hawkins	Brian	L	M.D.	M	I	4950 Norto	Suite 209	Louisville	KY	21	40241	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	78	90	90	$95.05	$44.44	$30.89	$33.04
1912901570	Whitt	David	L	M.D.	M	I	4214 Texas Blvd		Texarkana	TX	48	75503	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	85	90	90	$129.00	$44.01	$27.77	$29.66
1942437140	Mancell	Jered	M	D.O.	M	I	401 9th Ave Nw		Watertown	SD	46	57201	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	90	90	$142.13	$30.80	$23.13	$24.18
1972718617	Nadratows	Robert	J	P.A.	M	I	101 Wellness Way	Ste	Milford	DE	10	19963	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	86	90	90	$87.00	$41.36	$28.82	$27.71
1053316414	Bloch	Dov		M.D.	M	I	107 Newto	2a	Danbury	CT	9	6810	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	69	89	89	$235.11	$47.58	$34.07	$31.05
1053325357	Vastola	Anthony	P	MD	M	I	300 Cadm	Suite 1301	Brooklyn	NY	36	11201	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	79	89	89	$242.62	$55.92	$43.15	$33.93
1104077817	Crowley	James	D	PA-C	M	I	39 Professional Way	St	Payson	UT	49	84651	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	70	89	89	$107.00	$38.38	$26.73	$27.98
1114346251	Griffith	Shane		D.O.	M	I	81 Medical Center Dr	S	Brunswick	ME	23	4011	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	89	89	$124.04	$31.81	$21.67	$22.04
1144242777	Langdoc	Carol	J	MD	F	I	7851 S Elati	St Ste 102	Littleton	CO	8	80120	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	81	89	89	$72.00	$47.53	$35.40	$34.90
1144314337	Parker	John	T	MD	M	I	21616 76th	Suite 112	Edmonds	WA	53	98026	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	77	89	89	$174.67	$47.07	$31.43	$31.55
1194751859	Haberman	Rex	S	MD	M	I	1600 Sw Archer Rd		Gainesville	FL	12	32610	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	82	89	89	$266.00	$47.96	$32.73	$32.54
1205902673	Seidman	Michael	D	M.D.	M	I	410 Celebration Pl	Ste	Celebratior	FL	12	34747	2.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	75	89	89	$156.20	$47.61	$34.33	$33.91
1265801930	Bestudik	Leah	A	NP-C	F	I	1025 S 6th St		Springfield	IL	17	62703	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	82	89	89	$142.92	$39.62	$20.01	$20.34
1275557738	Dhingra	Jagdish	K	M.D.	M	I	35 Pearl St	Ste 100	Brockton	MA	25	2301	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	68	89	89	$150.00	$47.73	$30.67	$28.28
1295092096	Niyogi	Sayani		DO	F	I	485 Route 1 S	Bldg B St	Iselin	NJ	34	8830	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	79	89	89	$230.74	$50.41	$38.81	$34.43
1295289429	Mohamme	Hassen	O	M.D.	M	I	348 Budfield St		Johnstown	PA	42	15904	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	77	89	89	$138.00	$42.26	$31.12	$32.25
1306846837	Silver	Steven		MD	M	I	35 Hackett Blvd		Albany	NY	36	12208	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	61	89	89	$146.63	$44.93	$30.11	$31.05
1326052184	Lee	James	J	MD	M	I	44320 Pren	Suite 110	Ashburn	VA	51	20147	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	59	89	89	$150.00	$47.52	$32.61	$32.78
1326414376	Desai	Amrita		P.A.-C	F	I	20911 Earl	Suite 470	Torrance	CA	6	90503	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	73	89	89	$90.00	$44.15	$30.35	$27.16
1396139572	Wilson	Paul	F	MD	M	I	2320 Concord Rd		Lafayette	IN	18	47909	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	74	89	89	$91.00	$42.99	$29.65	$33.18
1447353313	Gordon	Martin	N	M.D.	M	I	9401 Wilsh	Suite 515	Beverly Hill	CA	6	90212	1	Metropolitz	US	Pulmonary	Y	69210	Removal of N	O	80	89	89	$125.00	$52.76	$39.49	$35.29
1447693973	Wester	Jacob	L	MD	M	I	200 Medic	Ucla Depar	Los Angele	CA	6	90095	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	89	89	89	$156.42	$30.61	$23.84	$23.65
1508952219	Stidham	Katrina	R	M.D.	F	I	19 Bradhurst Ave	Ste 3	Hawthorne	NY	36	10532	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	66	89	89	$194.00	$60.00	$44.19	$34.71
1568451862	Scallan	Patricia	E	M.D.	F	I	8080 Blueb	Ste. 2121	Baton Roug	LA	22	70810	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	68	89	89	$174.89	$44.80	$32.78	$34.04
1578881082	Grimes	Michelle	M	PA-C	F	I	4315 Jame	Suite 300	Austin	TX	48	78745	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	73	89	89	$161.94	$40.16	$26.92	$26.89
1609409184	Brewer	Marie	E	PA-C	F	I	3385 Dexter Ct	Ste 101	Davenport	IA	19	52807	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	49	89	89	$102.00	$38.91	$27.33	$28.49
1639402258	Korkigian	Shant	A	D.O.	M	I	25500 Meadowbrook R		Novi	MI	26	48375	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	79	89	89	$75.00	$42.71	$31.53	$31.34
1710470893	Brown	Monica	M	APRN	F	I	3147 Glenaire Dr		Cincinnati	OH	39	45251	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	89	89	89	$55.58	$39.57	$25.67	$26.49
1720303985	Chambers	Kyle	J	M.D.	M	I	15 Palomba Dr		Enfield	CT	9	6082	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	74	89	89	$180.00	$49.07	$34.88	$32.59
1720563984	Wilson	Savannah	L	PA	F	I	2101 N Waldron St		Hutchinson	KS	20	67502	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	67	89	89	$121.00	$37.55	$28.02	$29.42
1720596521	Carr	Robert		PA-C	M	I	1139 Nikki View Dr		Brandon	FL	12	33511	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	76	89	89	$105.00	$38.59	$28.37	$28.10
1730492141	Schuster	Rebecca	A	D.O.	F	I	310 W Union St	Ste 102	Athens	OH	39	45701	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	89	89	$66.96	$29.62	$22.23	$21.91
1740526748	Roberts	Benjamin	S	DO	M	I	25150 Hancock Ave	St	Murrieta	CA	6	92562	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	84	89	89	$92.00	$47.77	$33.79	$32.47
1760554877	Kellam	Paul	D	MD	M	I	102 Fairview Park Dr		Dublin	GA	13	31021	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	89	89	$73.00	$44.82	$32.04	$33.64
1780911586	De La Pena	Maritza	D	MD	F	I	72780 Country Club Dr		Rancho Mir	CA	6	92270	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	76	89	89	$48.37	$34.68	$26.21	$24.84
1790963924	Gomes	Heather	J	M.D.	F	I	555 N 30th St		Omaha	NE	31	68131	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	77	89	89	$115.00	$42.94	$29.62	$32.92
1831735547	Slay	Emily		APRN	F	I	303 Smith St		Lagrange	GA	13	30240	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	78	89	89	$122.55	$35.47	$24.71	$26.65
1912903469	Creely	Joseph	J	MD	M	I	4950 Norto	Suite 209	Louisville	KY	21	40241	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	76	89	89	$95.00	$43.36	$27.10	$29.38
1922091917	Alexiou	Michael	A	MD	M	I	2062 Pro Pointe Ln		Harrisonbu	VA	51	22801	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	87	89	89	$84.85	$45.44	$31.99	$32.36
1942266325	Foggia	David		M.D.	M	I	3195 Saint	Suite 210	Henderson	NV	32	89052	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	66	89	89	$99.42	$45.35	$30.27	$29.32
1982788188	Levine	Donald	T	M.D.	M	I	75 N Broadway		Nyack	NY	36	10960	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	67	89	89	$80.00	$58.15	$43.02	$34.43
1033403936	Nelson	Michael	H	PA-C, ATC	M	I	818 W King St	Ste 301	Owosso	MI	26	48867	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	63	88	88	$42.69	$27.83	$18.25	$18.45
1073944922	Mathew	Heidi	M	APN	F	I	1800 N Main St		Wheaton	IL	17	60187	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	40	88	88	$149.00	$44.25	$32.24	$29.35
1093776080	List	Jerome	O	D.D.S., M.D	M	I	3841 Piper	Suite T4-34	Anchorage	AK	2	99508	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	66	88	88	$230.00	$59.68	$44.23	$34.99
1093863722	Kaufman	Avrum	A	DO	M	I	800 Corpor	Suite 290	Ladera Ran	CA	6	92694	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	86	88	88	$149.75	$48.60	$34.68	$30.80
1134161094	Gilliam	Christine	L	MD	F	I	502 Madisc	Suite 140	San Antoni	TX	48	78258	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	71	88	88	$190.00	$43.54	$31.05	$32.67
1164087466	Schulte	Jessica	L	PA-C	F	I	1110 West Main Cross		Findlay	OH	39	45840	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	60	88	88	$109.00	$38.66	$21.85	$22.80
1194788760	Seal	Stephen	R	MD	M	I	1065 Hendersonville R		Asheville	NC	37	28803	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	68	88	87	$110.00	$44.91	$29.97	$31.62
1205949369	Takoudes	Thomas	G	M.D.	M	I	31 Broadway		North Have	CT	9	6473	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	69	88	88	$208.30	$47.75	$34.26	$31.31
1245448224	Tenney	Justin	M	M.D.	M	I	604 N. Acadia	Ste 101	Thibodaux	LA	22	70301	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	83	88	88	$130.00	$42.78	$28.33	$30.29

1255498663	Myers	Michael	W	M.D.	M	I	1115 Ronal	Suite 255	Avon	IN	18	46123	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	88	88	$97.00	$43.22	$30.79	$34.31
1346321650	Jones	Christophe	T	M.D.	M	I	200 S Herlong Ave Ste A		Rock Hill	SC	45	29732	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	74	88	88	$95.00	$43.50	$30.64	$32.43
1366554677	Ulrich	John	M	DO	M	I	9463 Holly	Suite 100	Grand Blan	MI	26	48439	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	88	88	$104.00	$45.48	$33.98	$35.52
1386624393	Davis	Gaither	G	MD	M	I	13910 Lake	Ste 120	Hudson	FL	12	34667	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	88	88	$96.00	$47.78	$26.12	$25.43
1386634491	Cantrell	Patricia	E	PAC	F	I	214 14th Ave Sw		Sidney	MT	30	59270	7	Small town	US	Physician A	Y	69210	Removal of N	O	64	88	88	$148.90	$41.15	$25.25	$24.77
1396034740	Hauser	Leah	J	M.D.	F	I	900 Ryland St		Reno	NV	32	89502	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	88	88	$136.54	$48.60	$32.36	$31.38
1396300067	Stiegler	Kelcie			F	I	6201 W Newberry Rd		Gainesville	FL	12	32605	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	72	88	88	$266.00	$40.69	$27.44	$27.35
1407808876	Kim	Hae-Ok		M.D	F	I	180 Fort Washington A		New York	NY	36	10032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	85	88	88	$400.00	$56.92	$40.53	$33.71
1437322310	Hall	Joseph	E	MD	M	I	6670 Perim	Ste 120	Dublin	OH	39	43016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	88	88	$95.00	$45.91	$28.57	$29.72
1447266820	Powell	Scott	A	MD	M	I	1139 Nikki View Dr		Brandon	FL	12	33511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	88	88	$105.00	$44.05	$32.57	$32.70
1447693973	Wester	Jacob	L	MD	M	I	200 Medica	Ucla Depar	Los Angele	CA	6	90095	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	83	88	88	$158.28	$31.26	$20.35	$19.79
1457340358	Raney	Rance	W	MD	M	I	9301 Pinec	Ste 150	Shenandoa	TX	48	77380	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	78	88	88	$99.55	$43.42	$29.36	$30.50
1477932861	Anzalone	Charles	L	M.D.	M	I	1000 W Pinhook Rd Ste		Lafayette	LA	22	70503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	88	88	$92.60	$45.57	$33.93	$35.40
1487603783	Parikh	Parmanand	K	DOCTOR	M	I	625 6th St		Niagara Fal	NY	36	14301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	88	88	$58.67	$32.40	$22.49	$22.97
1508192402	Forberg	Joanna		PA-C	F	I	1611 W Ha	550	Chicago	IL	17	60612	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	59	88	88	$162.00	$43.02	$29.93	$27.35
1528064201	Kowal	Keith	A	M.D.	M	I	20308 Beecher St		Fairhope	AL	1	36532	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	69	88	88	$56.80	$44.29	$34.10	$35.92
1598755449	Pogodzinsk	Matthew	S	MD	M	I	1821 S Stoughton Rd		Madison	WI	55	53716	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	88	88	$369.00	$41.36	$29.88	$32.66
1659515567	Osborne	Kyra	M	M.D.	F	I	9500 Euclid Ave		Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	88	88	$344.90	$31.97	$20.74	$20.61
1710942198	Saad	John	J	M.D.	M	I	10710 N Torrey Pines R		La Jolla	CA	6	92037	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	88	88	$181.55	$39.76	$29.85	$27.63
1740281229	Strunk	Chester	L	M.D.	M	I	333 N Texa	Suite 3100	Webster	TX	48	77598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	88	88	$122.52	$48.04	$37.81	$36.85
1811071525	Horton	William	D	M.D.	M	I	7557a Dan	Suite 210	Powell	TN	47	37849	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	88	88	$116.00	$41.88	$31.58	$33.93
1811230170	Nahm	Edmund	A		M	I	150 Broadway Rm 101		New York	NY	36	10038	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	88	88	$265.97	$53.36	$38.85	$31.65
1811982002	Wilson	John	S	M.D.	M	I	2880 Dauphin St		Mobile	AL	1	36606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	88	88	$60.45	$44.58	$27.94	$30.16
1851465991	Gabalski	Edward	C	MD	M	I	430 Lakeville Rd		New Hyde I	NY	36	11042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	88	88	$357.00	$55.70	$38.06	$30.00
1851502140	Burkart	Collin	M	MD	M	I	2123 Auburi	Suite 208	Cincinnati	OH	39	45219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	82	88	88	$94.00	$46.49	$24.74	$25.65
1871014662	Pagel	Chelsie	R	PA-C	F	I	512 S 28th Ave		Wausau	WI	55	54401	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	78	88	88	$275.00	$36.72	$23.25	$25.54
1962493296	Noorily	Allen	D	M.D.	M	I	7909 Frede	Suite 100	San Antonio	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	88	88	$134.66	$43.52	$31.65	$33.10
1992700736	Trone	Timothy	H	M.D.	M	I	1215 21st /	Suite 7209	Nashville	TN	47	37232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	75	88	88	$195.00	$30.32	$21.00	$22.58
1063473049	Moore	Robert	B	MD	M	I	1065 Hendersonville R		Asheville	NC	37	28803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	87	87	$111.26	$43.07	$28.84	$31.30
1063521896	Sorensen	Eric	N	M.D.	M	I	1028 N Douty St		Hanford	CA	6	93230	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	83	87	87	$82.93	$49.53	$35.68	$34.28
1073529590	Mahady Sn	Jacqueline		FNP	F	I	3906 E Genesee St		Syracuse	NY	36	13214	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	63	87	87	$93.00	$39.30	$27.88	$28.87
1073740684	Holdsworth	Sarah	M	A.P.R.N.	F	I	550 Peachtree St Ne Fl		Atlanta	GA	13	30308	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	60	87	87	$191.79	$41.00	$25.18	$24.62
1104024595	Lutz	Matthew	B	D.O.	M	I	4275 Steels Pointe		Stow	OH	39	44224	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	87	87	$133.00	$43.50	$31.36	$33.65
1124797840	Raber	Rachel			F	I	515 Union Ave Ste 157		Dover	OH	39	44622	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	83	87	87	$110.00	$38.75	$27.93	$28.83
1215926100	Farr	William		M.D.	M	I	8307 Brimhall Rd Ste 1		Bakersfield	CA	6	93312	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	77	87	87	$65.00	$49.97	$37.63	$35.74
1225124043	Downey	Timothy	J	M.D.	M	I	1 Commerce Blvd Ste 2		West Grove	PA	42	19390	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	87	87	$105.00	$46.08	$33.57	$31.30
1255970976	Butler	Robert			M	I	201 Lincoln St		Twin Falls	ID	16	83301	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	72	87	87	$66.00	$25.72	$17.13	$19.13
1275174377	Prasad	Cassandra	L	NP	F	I	11110 Medical Campu		Hagerstow	MD	24	21742	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	76	87	87	$138.00	$38.54	$25.74	$27.20
1316973811	Verneuil	Andrew	C	MD	M	I	2940 Squal	#203	Bellingham	WA	53	98225	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	87	87	$139.10	$47.10	$32.55	$32.33
1336133818	Jalukar	Vishram		MD	M	I	250 S Crescent Dr		Mason City	IA	19	50401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	65	87	87	$121.49	$30.63	$20.91	$22.93
1336237239	Martin	Philip	L	MD	M	I	11144 Tess	#205	St Louis	MO	29	63123	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	87	87	$50.24	$44.71	$29.82	$32.32
1376842997	Doshi	Maansi	V	DO	F	I	1801 Color	Suite 160	Turlock	CA	6	95382	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	66	87	87	$116.33	$32.38	$23.07	$22.84
1447644570	Ananth	Ashwin		M.D.	M	I	1851 N Mckenzie St Ste		Foley	AL	1	36535	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	87	87	$56.80	$44.09	$30.83	$32.89
1467435081	Cohen	Michael	S	MD	M	I	575 Underhill Blvd Ste		Syosset	NY	36	11791	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	87	87	$130.33	$48.41	$37.77	$30.34
1467663393	Cho	Allis	H	MD	F	I	1001 North	Suite 807	Arlington	TX	48	76012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	87	87	$94.46	$42.42	$31.42	$34.21
1518077767	Clayton	Robert	A	M.D.	M	I	120 Sister F	Suite 202	Towson	MD	24	21204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	87	87	$85.00	$51.80	$36.04	$33.18
1528232568	Shepard	Taylor	H	M.D.	M	I	4315 Jame	Suite 300	Austin	TX	48	78745	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	84	87	87	$159.66	$46.15	$31.19	$30.91
1609359413	Mason	Jennifer		FNP	F	I	803 Poplar St		Murray	KY	21	42071	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	66	87	87	$102.36	$38.13	$25.35	$27.31
1649354549	Hartemink	David	A	MD	M	I	7850 Vance	#225	Arvada	CO	8	80003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	87	87	$80.00	$48.16	$36.00	$35.17
1659593713	Weiss	Todd	M	M.D.	M	I	5641 Esplanade Drive		Corpus Chr	TX	48	78414	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	87	87	$106.49	$43.53	$31.38	$32.97
1679735104	Ksiazek	Jeffrey	M	M.D.	M	I	25 N Winfie	#519	Winfield	IL	17	60190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	87	87	$116.00	$50.04	$32.93	$30.52
1679884118	Chaudhary	Hamad	M	M.D.	M	I	1875 Dem	Ste 301	Park Ridge	IL	17	60068	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	87	87	$126.00	$49.30	$37.31	$34.05
1740219138	Mickey	Lauren	J	M.D.	F	I	102 Thoma	Suite 117	West Monr	LA	22	71291	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	87	87	$111.84	$40.83	$30.34	$32.20
1750559902	Pena	Rene	M	M.D.	M	I	409 Central Park Dr		Arlington	TX	48	76014	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	87	87	$110.00	$46.72	$35.13	$35.45
1861462467	Mcnamara	Scott	A	M.D.	M	I	4910 Mass	Suite #303	Washingto	DC	11	20016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	87	87	$72.91	$52.80	$38.83	$32.98
1902815996	Simpson	Lloyd	C	M.D.	M	I	833 Saint V	Pob 3 Suite	Birminghan	AL	1	35205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	87	87	$61.00	$44.23	$33.98	$36.34
1982218616	Iwema	Morgan	R	PA-C	F	I	5700 Monroe St Unit 31		Sylvania	OH	39	43560	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	79	87	87	$81.55	$37.79	$27.35	$29.42
1013972595	Kominsky	Alan	H	MD	M	I	9500 Euclid Ave		Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	86	86	$341.23	$31.00	$21.51	$21.64
1093702912	Carlyle	David	A	M.D.	M	I	2309 Buchanan Dr		Ames	IA	19	50010	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	71	86	86	$118.38	$43.99	$27.17	$29.82
1205221405	Oaks	Joshua	B	M.D.	M	I	520 Medical Dr Ste 300		Bountiful	UT	49	84010	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	74	86	86	$80.00	$44.17	$29.92	$32.26
1205897188	Rondinella	Louis	J	MD	M	I	647 Shore Road		Somers Poi	NJ	34	8244	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	86	86	$100.00	$50.24	$36.91	$33.71
1215291612	Olcott	Clara	M	M.D.	F	I	1030 E Foothill Blvd St		Upland	CA	6	91786	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	86	86	$155.00	$49.37	$36.58	$34.89
1225131634	Mehta	Govindram	K	M.D.	M	I	125 E Broa	Ste 322	Elyria	OH	39	44035	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	74	86	86	$127.94	$45.64	$34.48	$35.66
1306070198	Magne	Jacqueline	M	M.D.	F	I	3525 Prytai	Suite 606	New Orlear	LA	22	70115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	86	86	$65.00	$46.70	$35.02	$34.90
1346722790	Graves	Holly		CNP	F	I	1310 W 22nd St		Sioux Falls	SD	46	57105	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	72	86	86	$41.00	$26.69	$17.27	$18.17
1366889156	Soni	Resha			F	I	3003 W Good Hope Rd		Milwaukee	WI	55	53209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	86	86	$300.00	$41.75	$29.10	$31.29
1386739837	Jensen	Kevin	N	D.O.	M	I	3750 E Country Field C		Wasilla	AK	2	99654	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	62	86	86	$266.00	$59.08	$40.99	$32.39
1396741476	Robins	Kipp	M	MD	M	I	1055 N 500 W Bldg A		Provo	UT	49	84604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	86	86	$107.00	$44.07	$30.31	$31.96
1407849219	Prestridge	Barry	B	MD	M	I	1 Burnside		Wichita Fal	TX	48	76310	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	86	86	$117.00	$43.74	$29.49	$31.20
1417039637	Kalkanis	James	G	MD	M	I	341 Magno	Suite 206	Corona	CA	6	92879	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	86	86	$100.00	$48.50	$35.48	$33.82
1437251410	Berger	Joseph	H	M.D.	M	I	305 W Hansell St		Thomasvill	GA	13	31792	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	86	86	$114.00	$43.48	$31.53	$33.82
1447518857	Floyd	Elizabeth	M	MD	F	I	600 Northern Blvd Ste		Great Neck	NY	36	11021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	86	86	$357.00	$57.04	$42.34	$33.29
1467506873	Low	Nelman	C	M.D.	M	I	20911 Earl	Suite 260	Torrance	CA	6	90503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	86	86	$141.00	$51.41	$35.92	$32.14
1518569599	Attanasio	Melissa	A	MSN, CRNF	F	I	3400 Spruc	Floor 5 Rav	Philadelphi	PA	42	19104	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	78	86	86	$95.00	$29.18	$20.76	$19.49
1538591821	Regan	Laura	S	PA	F	I	4351 Booth	Suite 308	North Richl	TX	48	76180	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	62	86	86	$112.56	$39.73	$30.02	$30.64
1558554345	Carey	Jennifer		N.P.	F	I	925 Chestr	6th Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	51	86	86	$110.00	$30.22	$21.83	$20.04
1598026999	Patel	Ramya	S	M.D.	F	I	4101 Greer	Suite #320	Houston	TX	48	77098	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	86	86	$150.00	$47.58	$33.19	$32.28

1598076184	Patel	Amit		MD	M	I	3520 Post Rd	Warwick	RI	44	2886	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	86	86	$120.00	$43.72	$31.59	$30.43
1598923971	Schaberg	Madeleine	R	M.D.	F	I	925 Chestr	Departmen	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	86	86	$225.00	$45.83	$34.37	$28.09
1609867621	Young	Jayson	B	PA-C	M	I	8300 Floyd	Curl Dr	San Antoni	TX	48	78229	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	82	86	86	$138.00	$38.91	$27.35	$28.25
1649560707	Alkire	Blake		M.D.	M	I	800 Huntington Ave		Boston	MA	25	2115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	86	86	$132.66	$35.70	$22.80	$21.12
1689894420	Marshall	Allen	F	M.D.	M	I	3024 New Bern Ave		Raleigh	NC	37	27610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	86	86	$95.00	$45.46	$29.65	$30.56
1689938078	Bockenste	Patrick	L	MD	M	I	477 Cooper Rd Ste 480		Westerville	OH	39	43081	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	86	86	$95.00	$45.96	$32.95	$34.12
1700948650	Katz	Alvin		M.D.	M	I	45 E 72nd S	Suite 1a	New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	86	86	$85.00	$46.77	$36.58	$30.72
1710320510	Katsantoni	Nicolas-George		MD	M	I	4600 Lake Boone Trl St		Raleigh	NC	37	27607	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	86	86	$103.00	$44.67	$28.73	$30.16
1730220203	Thompson	Danita		PA-C	F	I	911 Bypass Rd Bldg A		Pikeville	KY	21	41501	7	Small town	US	Physician A	Y	69210	Removal of N	F	66	86	86	$115.14	$27.17	$20.75	$21.40
1760415178	Parhizkar	Nooshin		M.D.	F	I	747 52nd S	Ent Divisior	Oakland	CA	6	94609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	86	86	$140.00	$54.56	$38.86	$33.12
1760431142	Shah	Ashish	R	MD	M	I	6573 E Broa	Ste A	Columbus	OH	39	43213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	86	86	$95.00	$44.70	$29.66	$31.07
1760721195	Keenan	Sarah	C	FNP	F	I	1225 S. Gra	Door 3	Saint Louis	MO	29	63104	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	56	86	86	$94.79	$40.19	$25.14	$25.25
1790283067	Green	Susanna	L	PA-C	F	I	16651 Southwest Fwy S		Sugar Land	TX	48	77479	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	65	86	86	$136.57	$28.27	$19.10	$19.05
1801157854	Harris	Himena	V	ARNP	F	I	200 Hawkins Dr		Iowa City	IA	19	52242	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	63	86	86	$250.94	$25.07	$17.32	$19.02
1831284264	Absher	Jill		PA-C	F	I	2601 W Main St		Carbondale	IL	17	62901	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	69	86	86	$169.53	$38.93	$28.37	$29.12
1871569285	Nofsinger	Yoon	C	MD, PHD	M	I	Florida Ent	3000 Medic	Tampa	FL	12	33613	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	86	86	$105.00	$45.36	$31.26	$31.15
1871835249	Casey	Kevin	P	MD	M	I	330 Madison St # 220		Joliet	IL	17	60435	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	86	86	$116.00	$48.21	$31.64	$29.41
1891795779	Wilcox	Bryan	K	M.D.	M	I	2132 N Robins Dr Ste 3		Layton	UT	49	84041	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	86	86	$79.00	$44.82	$31.19	$33.12
1942834643	Mizyed	Nethaum	W		F	I	4600 W Loomis Rd		Greenfield	WI	55	53220	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	80	86	86	$300.00	$37.47	$26.05	$28.40
1972508463	Gilbert	Michael	E	M.D.	M	I	323 N Spokane St		Post Falls	ID	16	83854	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	86	86	$96.00	$43.29	$30.59	$33.65
1992203319	Layton	Ginger			F	I	195 Fore River Pkwy St		Portland	ME	23	4102	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	65	86	86	$132.73	$27.30	$20.62	$21.11
1083622450	Plachy	Lewis	W	MD	M	I	3901 Pine L	Suite 220	Lincoln	NE	31	68516	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	63	85	85	$108.00	$42.69	$29.18	$32.36
1104023993	Nicolau Cl	Yamileth	D	M.D	F	I	18648 Mck	Ste 120	Humble	TX	48	77338	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	85	85	$112.94	$46.80	$32.97	$32.52
1184625659	Barth	Gregory	L	M.D.	M	I	2211 Park Ave		Minneapoli	MN	27	55404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	85	85	$161.00	$46.36	$29.62	$30.58
1194776708	Iloabachie	Kenny	E	MD	M	I	1320 Summer Lee Dr		Rockwall	TX	48	75032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	85	85	$155.00	$45.25	$31.34	$33.16
1194876805	Kemp	Edgar	N	DO	M	I	1605 South	Suite B	Kirksville	MO	29	63501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	85	85	$104.59	$42.28	$28.57	$30.29
1215485073	Carroll	Alexandra		PA-C	F	I	2315 Sunset	Blvd	Steubenvill	OH	39	43952	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	83	85	85	$96.00	$39.10	$28.65	$29.35
1265515159	Mannel	Lindsey	M	PA	F	I	109 North 2	Suite 1	Norfolk	NE	31	68701	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	74	85	85	$146.82	$25.09	$17.26	$19.53
1366421307	Stewart	Michael	G	MD	M	I	1305 York A	Suite 5	New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	85	85	$278.24	$54.89	$39.28	$32.67
1396798641	Kropf	David	A	M.D.	M	I	525 N Keene St	Ste 201	Columbia	MO	29	65201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	85	85	$142.69	$31.70	$20.63	$21.75
1447489232	Jadidian	Armon		M.D.	M	I	133 Benmo	Suite 100	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	85	85	$138.00	$45.66	$28.40	$28.32
1457748576	Strand	Suzanne	F	DO	F	I	3099 River Rd S	Ste 150	Salem	OR	41	97302	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	85	85	$125.89	$40.17	$29.54	$31.31
1467445494	Stackhous	Thomas	L	M.D.	M	I	2940 Squal	Ste 203	Bellingham	WA	53	98225	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	85	85	$143.60	$45.81	$33.65	$33.81
1497738926	Tarver	Cynthia	P	MD	F	I	11454 Spa	#b	Houston	TX	48	77059	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	85	85	$140.00	$47.96	$32.00	$31.33
1508151580	Leach	Matthew	E	M.D.	M	I	39755 Date St		Murrieta	CA	6	92563	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	85	85	$150.00	$49.13	$32.94	$31.15
1508810581	Chmiel	James	F	MD	M	I	6041 Trans	Suite 101	E. Amherst	NY	36	14051	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	85	85	$100.00	$46.15	$28.88	$30.27
1558311431	Wilson	Charles	J	M.D.	M	I	1137 Ocean Springs Rd		Ocean Spri	MS	28	39564	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	79	85	85	$125.00	$43.00	$28.71	$32.38
1588636989	Tobin	Evan		MD	M	I	6573 E Broa	Ste A	Columbus	OH	39	43213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	85	85	$95.00	$41.31	$29.46	$30.55
1598754566	Campbell	Gregory	S	M.D.	M	I	525 N Keene St		Columbia	MO	29	65201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	58	85	85	$38.00	$30.99	$23.61	$24.40
1700975372	Namon	Ari	J	MD	M	I	30 Columbia St		Poughkeep	NY	36	12601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	85	85	$110.95	$51.88	$40.89	$37.40
1811932726	Chamberlir	G.	P	MD	M	I	4 Glen Cov	Suite 207	Rockport	ME	23	4856	10	Rural areas	US	Otolaryngo	Y	69210	Removal of N	F	66	85	85	$61.81	$31.16	$18.40	$19.73
1811982085	Hood	Clifton	R	DO	M	I	1134 N Mai	Suite 3100	Bellefontai	OH	39	43311	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	85	85	$118.00	$45.71	$26.83	$28.14
1821348384	Hecht	Avram		M.D., M.P.H	M	I	200 W Arbor Dr		San Diego	CA	6	92103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	85	85	$131.00	$43.05	$31.65	$32.88
1841467362	Anderson	Scott	R	MD	M	I	Florida Ent	5105 N Arm	Tampa	FL	12	33603	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	85	85	$105.00	$41.15	$29.57	$29.46
1861499576	Severtson	Mark	A	M.D.	M	I	6420 Dutch	380	Louisville	KY	21	40205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	85	85	$86.94	$42.36	$30.23	$33.00
1891396529	Sadler	Karen	M	ARNP	F	I	2515 Cyclone Dr Ste B		Waterloo	IA	19	50701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	56	85	85	$122.00	$35.84	$26.11	$28.38
1902434483	Swigart	Drew			F	I	1400 Bellinger St		Eau Claire	WI	55	54703	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	69	85	85	$80.36	$25.36	$18.93	$20.92
1922007988	Barns	Edward	L	MD	M	I	6475 S Yale Ave Ste 40		Tulsa	OK	40	74136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	85	85	$116.31	$45.10	$26.36	$28.60
1922031004	Groch	Nicholas	R	D.O.	M	I	140 W 6th S	Suite 210	Oswego	NY	36	13126	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	85	85	$75.00	$45.15	$32.37	$34.08
1962426452	Cadenhead	Thomas	A	MD	M	I	2210 San Jacinto Blvd	S	Denton	TX	48	76205	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	69	85	85	$95.00	$45.30	$33.44	$35.14
1992861629	Pedrotty	John	R	MD	M	I	1222 First S	Suite 1	Coronado	CA	6	92118	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	49	85	85	$102.48	$43.40	$31.02	$30.77
1992958565	Strickland	Tosha	K	AUD	F	I	1516 W Cayuse Creek I		Meridian	ID	16	83646	1	Metropolita	US	Audiologist	Y	69210	Removal of N	O	44	85	85	$75.00	$41.08	$26.81	$32.32
1073582789	Phelts	Angus	P	MD	M	I	2300 Manc	Ste A-005	Columbus	GA	13	31904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	69	84	84	$104.40	$32.27	$21.56	$22.17
1083680458	Mellema	Jonathan	W	MD	M	I	1801 19th Ave Sw		Willmar	MN	27	56201	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	84	84	$148.00	$45.17	$30.70	$31.89
1083920177	Souza	David	M	D.O.	M	I	2865 Daggett Ave		Klamath Fa	OR	41	97601	4	Micropolita	US	Plastic and	Y	69210	Removal of N	F	63	84	84	$102.00	$30.55	$22.35	$23.35
1104486992	Gulzow	Michaela	A	APRN	F	I	945 E Zero St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99285	Emergency N	F	78	84	84	$338.00	$139.02	$110.90	$119.22
1114347606	Medina	Melecio	J	MD	M	I	1100 E Dove Ave Ste 40		Mcallen	TX	48	78504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	66	84	84	$127.00	$30.06	$21.90	$22.66
1134210875	Dauer	Eileen	D	M.D.	F	I	1528 Northway Drive		St Cloud	MN	27	56303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	84	84	$161.14	$44.62	$27.85	$29.38
1184975096	Cho	John	J	MD	M	I	888 S King St		Honolulu	HI	15	96813	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	66	84	84	$66.74	$25.70	$19.24	$18.64
1255579561	Thacker	Melinda		M.D.	F	I	48 Elm St		Worcester	MA	25	1609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	84	84	$130.00	$40.27	$30.80	$29.16
1275526550	Gidley	Paul	W	M.D.	M	I	1515 Holcc	441	Houston	TX	48	77030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	76	84	84	$205.00	$33.32	$24.60	$24.11
1295052595	Pollack	Aron	Z	MD	M	I	200 Lothro	Suite 300	Pittsburgh	PA	42	15213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	84	84	$357.00	$49.78	$34.54	$28.32
1306806807	Cragle	Stephen		MD	M	I	1528 Northway Dr		Saint Clouc	MN	27	56303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	84	84	$177.00	$45.21	$29.47	$30.64
1326212523	Waters	Heather	H	M.D.	F	I	761 Main Ave Ste 101		Norwalk	CT	9	6851	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	84	84	$231.93	$46.53	$25.19	$23.07
1386640399	Wade	James	P	MD	M	I	180 S 3rd St	Ste 103	Belleville	IL	17	62220	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	76	84	84	$156.00	$47.79	$26.36	$25.62
1417419565	Liotta	Salvatore	J	PA	M	I	3501 N Scottsdale Rd S		Scottsdale	AZ	4	85251	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	76	84	84	$94.00	$38.70	$29.56	$30.42
1508282609	Wood	Leslie	J	FNP	F	I	15813 Paul Vega Md Dr		Hammond	LA	22	70403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	68	84	84	$101.64	$27.55	$19.61	$19.93
1518993559	Joseph	Bindu		MD	F	I	1150 Varnum St Ne		Washingto	DC	11	20017	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	73	84	84	$190.67	$55.69	$38.55	$32.93
1538124250	Nash	Eric	A	MD	M	I	3838 San Dimas St	Ste	Bakersfield	CA	6	93301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	84	84	$128.93	$48.47	$33.63	$32.96
1598751497	Coury	Pete	S	MD	M	I	5424 E Sou	Suite 101	Mesa	AZ	4	85206	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	77	84	84	$60.00	$45.27	$30.78	$31.88
1609351055	Dematta	Meghan	F	PA-C	F	I	601 Keisler	Ste 200	Cary	NC	37	27518	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	56	84	84	$144.00	$37.68	$25.47	$26.87
1619910551	Bell	Patricia	L	MD	F	I	1401 Mccoy Dr		Harrison	AR	5	72601	5	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	84	84	$88.00	$42.19	$29.04	$33.12
1629071287	Postigo	Luis	G	M.D.	M	I	115 Postigo	Lakeview	Webster	NY	36	14580	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	47	84	84	$71.40	$46.73	$35.64	$36.26
1629261532	Golub	Justin		MD	M	I	180 Fort Washington A		New York	NY	36	10032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	84	84	$400.00	$55.51	$41.29	$34.77
1720079106	Lehrer	Joel	F	MD	M	I	315 Cedar Ln		Teaneck	NJ	34	7666	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	84	84	$159.85	$48.79	$37.50	$32.78
1750729018	Papagiann	Peter		M.D.	M	I	2011 York Rd		Oak Brook	IL	17	60523	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	84	84	$162.00	$42.37	$29.50	$27.25
1760589733	Wood	Mark	W	M.D.	M	I	3824 S Boulevard	Ste 1	Edmond	OK	40	73013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	84	84	$113.86	$43.01	$29.66	$33.25

1790028199	Owens	Patrick	R	M.D.	M	I	833 Saint Vincents Dr S	Birminghan	AL	1	35205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	84	84	$61.00	$44.10	$31.01	$32.74
1790061919	Davis	Jeffrey	L	PA	M	I	389 S 900 E	Salt Lake C	UT	49	84102	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	66	84	84	$103.57	$37.60	$22.75	$24.76
1790238137	Weisz	Taylor	F	APRN	F	I	800 W Boise Cir	Broken Arrc	OK	40	74012	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	77	84	84	$95.25	$38.23	$26.45	$28.28
1871595850	Johnson	Michael	B	M.D.	M	I	347 Smith / Suite 602	Saint Paul	MN	27	55102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	84	84	$161.00	$45.43	$30.63	$32.47
1881665586	Waldman	Glenn	E	M.D.	M	I	415 Rolling Suite 190	Thousand C	CA	6	91361	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	84	84	$113.00	$52.02	$37.34	$33.39
1881935294	Vajen	Matthew		DO	M	I	4760 E Galbraith Rd St	Cincinnati	OH	39	45236	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	84	84	$86.00	$45.38	$28.75	$30.04
1891376273	Thompson	Allison			F	I	2950 Professional Pl	Colorado S	CO	8	80904	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	72	84	84	$132.00	$41.09	$28.46	$28.08
1891707857	Gilleon	Spencer	E	M.D.	M	I	1405 Cente Suite 5400	Tallahasse	FL	12	32308	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	84	84	$139.43	$46.19	$31.14	$30.22
1922024421	Espinola	Trina	E	M.D.	F	I	625 6th Ave Suite 385	St Petersbu	FL	12	33701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	84	84	$125.29	$45.20	$34.71	$33.78
1982635314	Abkes	Bruce	A	MD	M	I	215 E Watauga Ave	Johnson Cit	TN	47	37601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	84	84	$117.14	$42.47	$31.84	$34.88
1003810086	Williams	Neil	P	MD	M	I	400 W Ih 6(Ste 360	Irving	TX	48	75063	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	83	83	$137.29	$46.84	$33.21	$33.32
1023441672	Recktenwa	Kirstie	R	FNP	F	I	1409 Doctors Dr	West Plains	MO	29	65775	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	63	83	83	$79.00	$37.15	$20.43	$23.23
1043233091	Livingston	William	J	M.D.	M	I	1010 1st St Suite 301	Alabaster	AL	1	35007	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	83	83	$65.00	$42.34	$32.00	$34.31
1073539060	Kedeshian	Paul	A	MD	M	I	200 Medica #550	Los Angele	CA	6	90095	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	83	83	$330.00	$39.44	$31.02	$28.49
1093159634	Smith-Bron	Virginia	A	M.D.	F	I	11 Salt Creek Ln Ste 10	Hinsdale	IL	17	60521	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	83	83	$133.00	$51.11	$35.30	$32.94
1114366424	Brookes	Matthew	H	D.O.	M	I	9 Nixon Ct Apt 4a	Brooklyn	NY	36	11223	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	52	83	83	$246.54	$30.15	$22.94	$24.54
1124254602	Mulder	Corlyne	S	M.D.	F	I	1221 N Highland Ave	Aurora	IL	17	60506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	83	83	$126.00	$44.04	$31.24	$29.11
1134310162	Burkhead	Steven	K	M.D.	M	I	17700 Se 272nd St	Covington	WA	53	98042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	83	83	$117.00	$52.56	$38.06	$34.46
1144773185	Mcmullin	Morgan		PA	F	I	31 Broadway	North Have	CT	9	6473	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	74	83	83	$195.00	$43.81	$29.76	$27.24
1154671089	Dewyer	Nicholas	A	MD	M	I	3838 N Car Bldg 2, Clin	Tucson	AZ	4	85719	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	83	83	$59.00	$31.27	$22.45	$22.92
1174500037	Greb	Addie	T	ARNP	F	I	3460 N. Ric Suite 120	Wichita	KS	20	67205	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	52	83	83	$70.52	$37.27	$26.36	$28.64
1215960943	Quach	Quang	C	D.O.	M	I	9251 Bolsa Ave	Westminst	CA	6	92683	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	83	83	$60.00	$50.79	$39.50	$35.69
1255582680	Hoinkis	Odessa		M.D.	F	I	85 Kinderk Suite 1	Emerson	NJ	34	7630	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	53	83	83	$75.00	$53.72	$41.61	$36.61
1255689543	Dagdick	Laura	L	CNP	F	I	650 Dakota St Ste A	Crystal Lak	IL	17	60012	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	75	83	83	$149.00	$43.90	$26.62	$24.23
1346596624	Duke	Amanda	T	MSN, FNP-I	F	I	35 Windmill Cir	Abilene	TX	48	79606	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	69	83	83	$92.00	$38.76	$30.93	$32.28
1366412827	Bold	E.	L	M.D.	M	I	7580 Aubur #103	Painesville	OH	39	44077	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	83	83	$152.29	$45.37	$26.52	$27.09
1366443509	Emery	Mark	T	M.D.	M	I	330 Jake Al Suite 101	Salisbury	NC	37	28147	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	83	83	$127.37	$46.27	$33.46	$34.29
1437591823	Saunders	Christine		PA	F	I	4600 Montgomery Blvd	Albuquerq	NM	35	87109	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	60	83	83	$100.00	$37.97	$28.02	$29.39
1528430501	Smith	Stephen		PA-C	M	I	1001 W Broadway	Farmington	NM	35	87401	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	73	83	83	$175.00	$38.21	$26.58	$27.69
1568555910	Cass	Stephen		MD	M	I	12605 E 16th Ave	Aurora	CO	8	80045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	80	83	83	$169.00	$33.02	$24.02	$23.32
1568793388	Frias	Joshua	C	PA-C	M	I	299 Faunce Corner Rd	North Dartr	MA	25	2747	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	64	83	83	$153.00	$41.84	$29.67	$28.35
1588955785	Van Buren	Nicholas	C	M.D.	M	I	1424 N Mcdonald Rd S	Spokane Va	WA	53	99216	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	83	83	$86.02	$46.71	$32.20	$32.32
1598737801	Vanderwee	Jon	R	DO	M	I	15 S Main St Ste 240	Jamestown	NY	36	14701	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	83	83	$65.00	$45.94	$32.29	$32.92
1619291861	Golbin-Hal	Dina		D.O.	F	I	1750 N Randall Rd Ste	Elgin	IL	17	60123	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	83	83	$200.00	$49.09	$35.26	$32.76
1730107020	Phipps	Carl	D	MD	M	I	624 Quake Suite 208c	High Point	NC	37	27262	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	83	83	$145.49	$44.01	$32.08	$34.24
1730169798	Fitzgerald	Dennis	C	MD	M	I	925 Chestnut St Fl 6	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	83	83	$110.00	$50.73	$35.94	$33.40
1730712571	Humphreys	Emily	F	PA-C	F	I	3686 Grandview Pkwy S	Birminghan	AL	1	35243	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	64	83	83	$62.91	$37.37	$25.72	$28.03
1760457717	Walker	E	E	M.D.	M	I	2415 Helto Suite B	Florence	AL	1	35630	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	80	83	83	$85.54	$45.12	$18.31	$20.63
1780783860	Christenbe	Kenneth	W	MD	M	I	1318 W Clinch Ave	Knoxville	TN	47	37916	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	83	83	$75.00	$43.20	$32.91	$36.03
1790745933	Wilson	Adam	S	M.D.	M	I	1405 Se 164th Ave Ste	Vancouver	WA	53	98683	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	83	83	$131.00	$48.15	$30.23	$29.84
1861902934	Moneke	Siminibe		NURSE PR/	F	I	111 Executive Way Ste	Desoto	TX	48	75115	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	37	83	83	$55.99	$40.63	$32.45	$32.09
1881127355	Medina	Olga	M	APRN	F	I	2300 E County Road 54	Lakeland	FL	12	33813	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	78	83	83	$125.00	$37.87	$22.93	$22.30
1902838089	Dutcher	Paul	O	MD	M	I	2365 Clintc Suite 200	Rochester	NY	36	14618	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	83	83	$180.00	$45.17	$27.29	$28.25
1942442926	Waller	Sheila		CRNP	F	I	9114 Philadelphia Rd S	Baltimore	MD	24	21237	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	70	83	83	$115.00	$41.82	$30.83	$28.68
1003067745	Moles	Jeremiah		MD	M	I	5565 Gross Bldg 3 Suite	La Mesa	CA	6	91942	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	82	82	$95.00	$44.21	$33.19	$30.47
1003806225	Murray	Ellen	S	APRN	F	I	2802 Kilpatrick Blvd	Monroe	LA	22	71201	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	76	82	82	$90.00	$38.51	$26.24	$28.03
1003819368	Oliver	Robert	H	M.D.	M	I	1295 Portla Ste. 24	Rochester	NY	36	14621	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	82	82	$125.00	$45.56	$32.12	$33.40
1023428695	Hay	Casey	Y	MD	F	I	3515 Poplar Level Rd	Louisville	KY	21	40213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	82	82	$105.59	$42.07	$30.70	$33.37
1053450627	Tabibi	Reza		MD	M	I	11521 Ne 128th St Ste	Kirkland	WA	53	98034	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	73	82	82	$82.00	$33.91	$21.29	$20.56
1063570083	Edelstein	David	R	M.D.	M	I	1421 3rd Av 4th Flr	New York	NY	36	10028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	82	82	$60.04	$41.06	$29.71	$24.24
1063827590	Jandali	Danny		M.D.	M	I	808 Rickert Dr Ste 200	Naperville	IL	17	60540	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	82	82	$200.00	$49.71	$36.74	$33.91
1073025375	Kaleem	Kauser		NP	F	I	7440 Spring Village Dr	Springfield	VA	51	22150	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	63	82	82	$56.22	$47.44	$36.59	$30.95
1073559936	Di Pasquale	Paul	D	D.O.	M	I	27516 Casl Suite 101 - '	Wesley Cha	FL	12	33544	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	82	82	$127.00	$37.50	$28.08	$29.46
1104173319	Rohayem	Ziad		MD	M	I	250 Fame Ave Ste 201	Hanover	PA	42	17331	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	82	82	$209.28	$40.83	$30.89	$31.70
1114920378	Shariff	Afser		M.D.	M	I	4640 W Alexis Rd	Toledo	OH	39	43623	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	82	82	$96.50	$40.82	$29.51	$30.60
1174987242	Cebulko	Tyler	C	M.D.	M	I	25 N Winfield Rd Ste 51	Winfield	IL	17	60190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	82	82	$149.00	$50.49	$37.23	$34.27
1215418355	Tansy	Elena	C	FNP	F	I	3500 S Lafountain St	Kokomo	IN	18	46902	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	69	82	82	$127.51	$37.24	$28.51	$30.71
1225143027	Gopal	Harsha	V	MD, FACS	M	I	1244 Boyls Suite 303	Chestnut H	MA	25	2467	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	82	82	$210.00	$31.93	$23.83	$21.23
1255334298	Hunt	Jeffrey		MD	M	I	105 W Ston Ste 4d	Kingsport	TN	47	37660	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	82	82	$162.00	$43.47	$30.95	$33.92
1295356145	Ariasaif	Nilofar		PA-C	F	I	14000 Crown Ct Ste 20	Woodbridg	VA	51	22193	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	79	82	82	$115.00	$40.19	$30.20	$30.25
1326017336	Charous	Daniel	D	MD	M	I	13555 W Mcdowell Rd	Goodyear	AZ	4	85395	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	82	82	$280.92	$43.59	$32.51	$33.73
1346508249	Bagwell	Kenneth	A	MD	M	I	2450 Ne Mary Rose Pl S	Bend	OR	41	97701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	82	82	$127.90	$45.01	$32.61	$34.53
1356417570	Bezpalko	Lynn	E	D.O.	F	I	77 Nautilus Dr	Manahawk	NJ	34	8050	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	81	82	82	$153.17	$52.49	$39.24	$35.19
1366406621	Drew	Brian	R	M.D.	M	I	6525 Franc Suite 325	Edina	MN	27	55435	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	82	82	$161.00	$46.02	$32.65	$33.78
1366783805	Randall	Regina	M	ARNP	F	I	200 Hawkins Dr	Iowa City	IA	19	52242	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	69	82	82	$249.78	$25.60	$17.56	$19.54
1376733055	Rager	Jennifer	R	D.O.	F	I	100 N Academy Ave	Danville	PA	42	17822	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	82	82	$117.48	$45.50	$33.57	$34.87
1417918830	Walton	Audrey	A	NP	F	I	102 Thoma Suite 117	West Monr	LA	22	71291	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	62	82	82	$105.66	$38.96	$26.09	$27.24
1427162874	Anstrand	Charles	J	PA-C	M	I	4400 E Flamingo Ave	Nampa	ID	16	83687	1.1	Secondary	US	Physician A	Y	69210	Removal of N	F	60	82	82	$48.46	$24.98	$17.40	$19.27
1427498062	Joynt	Kimberly	L	D.O.	F	I	4400 Emile St	Omaha	NE	31	68198	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	51	82	82	$93.00	$27.58	$20.81	$23.10
1447494570	Stevens	Matthew	S	M.D.	M	I	618 Pegram Dr.	Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	82	82	$149.09	$41.64	$30.37	$33.84
1487733192	Pickett	Bradley	P	M.D.	M	I	2211 Lomas Blvd Ne	Albuquerq	NM	35	87106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	70	82	82	$104.88	$31.80	$24.35	$24.51
1508284209	Forgues	Mathieu		M.D	M	I	3400 Old Milton Pkwy S	Alpharetta	GA	13	30005	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	58	82	82	$165.95	$26.55	$17.74	$19.79
1508974361	Reid	Carol		MD	F	I	2200 Crow Ln	Myrtle Beac	SC	45	29577	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	82	82	$119.00	$43.16	$27.46	$29.83
1518070259	Burnett	Michael	C	MD	M	I	115 E 57th Suite 600	New York	NY	36	10022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	82	82	$250.00	$41.49	$32.35	$26.91
1538512967	Isaacs	Grace		PA-C	F	I	2944 Breckenridge Ln	Louisville	KY	21	40220	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	70	82	82	$91.00	$35.96	$26.59	$28.71
1548811425	Bock	Claire	E	MPAS, PA-(	F	I	2450 Ne Mary Rose Pl S	Bend	OR	41	97701	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	75	82	82	$132.04	$35.29	$25.55	$26.21
1609083336	Shianna	Shawn	A	MD	M	I	1030 S Kunkle Blvd	Freeport	IL	17	61032	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	82	82	$127.28	$46.21	$30.11	$30.87

1619367109	Hersel	Emily	D	PA-C	F	I	115 Whitmire Rd	Easley	SC	45	29640	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	63	82	82	$90.00	$37.96	$25.79	$27.76
1649640152	Kelly	Brittany	R	PA-C	F	I	401 Phalen Blvd	Saint Paul	MN	27	55130	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	55	82	82	$162.25	$38.76	$27.87	$28.45
1649785312	Morrow	Heather		ARNP	F	I	825 Se Bishop Blvd Sui	Pullman	WA	53	99163	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	53	82	82	$123.49	$39.23	$24.68	$24.61
1669565438	Krym	Irina		M.D.	F	I	8401 Fort Hamilton Pk	Brooklyn	NY	36	11209	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	64	82	82	$85.00	$59.47	$41.66	$33.12
1669740361	Wilson	Rachel	A	PA-C	F	I	601 W Country Club Rc	Roswell	NM	35	88201	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	66	82	82	$134.80	$38.43	$29.17	$30.47
1679241400	Breisch	Jordan		PA-C	F	I	675 N Saint Clair St Ste	Chicago	IL	17	60611	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	80	82	82	$163.43	$43.40	$33.47	$31.28
1700049731	Mazza	Jill		M.D.	F	I	191 S. Buer Suite 320	Burbank	CA	6	91505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	82	82	$74.88	$52.40	$37.56	$34.16
1700072659	Erickson	Vanessa	R	M.D.	F	I	3838 Califc Suite #505	San Francis	CA	6	94118	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	53	82	82	$175.00	$54.74	$42.58	$36.36
1700491354	Cross	Sarah		APRN, FNP	F	I	1300 Sw Saint Lucie W	Port Saint L	FL	12	34986	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	69	82	82	$105.00	$41.34	$31.69	$30.31
1730187881	Feinberg	Gary	M	M.D.	M	I	4646 Brock Suite 201	Riverside	CA	6	92506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	82	82	$124.28	$49.03	$37.31	$36.12
1770581852	Talley	Stephen		M.D.	M	I	4775 Hamilton Wolfe R	San Antonio	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	82	82	$129.20	$43.59	$33.23	$35.16
1871525709	Vora	Neil	M	MD	M	I	4000 Medical Pkwy	Greenville	TX	48	75401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	82	82	$94.24	$45.33	$29.48	$31.25
1871674150	Gottschalk	Barbara	B	C.N.M., C.F	F	I	Johns Hopk 601 N Caro	Baltimore	MD	24	21287	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	71	82	82	$177.00	$30.15	$22.40	$19.56
1881794311	Miller	John	W	M.D.	M	I	810 Plaza Blvd	Lancaster	PA	42	17601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	82	82	$153.66	$43.10	$30.61	$31.81
1932333465	Hurd	Jennifer	A	M.D.	F	I	16529 Coastal Hwy	Lewes	DE	10	19958	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	73	82	82	$70.00	$48.83	$33.19	$32.27
1962936880	Bauder	Krista	C		F	I	1113 Sherman St	Saint Paul	NE	31	68873	10.1	Secondary	US	Physician A	Y	69210	Removal of N	O	69	82	82	$93.00	$36.68	$27.46	$30.11
1972915403	Ostrom	Jonnae	Y	MD	F	I	2121 N Craycroft Rd Bl	Tucson	AZ	4	85712	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	82	82	$94.00	$46.09	$29.08	$29.68
1073693909	Highfill	Gary	R	MD	M	I	1500 Dodsı Ste 260	Fort Smith	AR	5	72901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	81	81	$116.44	$40.69	$29.44	$33.76
1104952225	Garner	Justin	M	M.D.	M	I	2430 5th St N	Columbus	MS	28	39705	7.2	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	68	81	81	$150.00	$41.73	$30.02	$34.58
1124364641	Kuczynski	Margaret	E	N.P.	F	I	1522 Pine Grove Ave St	Port Huron	MI	26	48060	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	64	81	81	$142.67	$36.53	$26.44	$28.90
1144347063	Turakhia	Bipin	K	M.D.	M	I	1009 Frederick Rd	Baltimore	MD	24	21228	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	60	81	81	$98.00	$51.40	$38.47	$35.75
1154391829	Schroeder	Ashley	A	MD	F	I	600 Gresha Evms Medi	Norfolk	VA	51	23507	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	81	81	$105.00	$46.65	$32.66	$31.99
1285029975	Rieger	Caroline			F	I	7373 Perkins Rd	Baton Roug	LA	22	70808	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	81	81	$120.00	$43.69	$30.50	$31.61
1285927244	Hayes	Cynthia	R	D.O.	F	I	3455 Regency Park Dr	Grand Blan	MI	26	48439	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	81	81	$90.00	$42.47	$30.09	$32.06
1295094480	Dushaj	Azem		MD	M	I	241 Elm St	Claremont	NH	33	3743	7	Small town	US	Internal Me	Y	69210	Removal of N	O	72	81	81	$212.35	$51.85	$35.16	$32.10
1295772077	Kot	Mark	R	M.D.	M	I	609 Hampton Rd	Southampt	NY	36	11968	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	77	81	81	$64.02	$47.79	$33.72	$34.10
1306880992	Gupta	Pankaj		MD	M	I	4102 N Rox North Caro	Durham	NC	37	27704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	81	81	$50.41	$45.45	$33.85	$35.11
1336100148	Pinkston	David	R	M.D.	M	I	2401 S 31st St	Temple	TX	48	76508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	66	81	81	$153.00	$30.63	$18.71	$19.94
1336158294	Edwards	John	D	MD	M	I	22999 Highway 59 N St	Kingwood	TX	48	77339	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	81	81	$140.00	$44.18	$30.12	$31.57
1336427798	Garber	Beverly	B	NP	F	I	2521 Stockton Blvd Ste	Sacrament	CA	6	95817	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	66	81	81	$196.00	$28.40	$19.95	$19.45
1336535657	Bolduan	Alyssa	J		F	I	302 Randall Rd Ste 202	Geneva	IL	17	60134	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	81	81	$149.00	$50.40	$37.46	$34.40
1407841539	Hammer	Howard	M	D.O.	M	I	301 Oxford Suite 1201	Yardley	PA	42	19067	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	81	81	$144.77	$43.78	$30.91	$34.13
1437387883	Vazquez	Luis		D.O.	M	I	2340 E Bea Suite 260	Phoenix	AZ	4	85024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	81	81	$90.00	$46.12	$33.73	$34.51
1467478750	Cobert	Stephen		MD	M	I	17700 Se 272nd St	Covington	WA	53	98042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	81	81	$117.00	$48.93	$36.13	$34.55
1477522340	Arya	Adrian		MD	M	I	4400 N 32n Suite 220	Phoenix	AZ	4	85018	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	81	81	$93.64	$43.79	$31.60	$32.96
1487758660	Jabourian	Zaven		MD	M	I	6139 Gov Gc Peery Hig	Richlands	VA	51	24641	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	73	81	81	$145.90	$44.57	$33.01	$33.36
1497165070	Lord	Christophe	A	M.D.	M	I	4150 Depu Ste 260	Cumming	GA	13	30040	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	81	81	$184.51	$43.43	$31.61	$32.67
1528096989	Libling	Elliot	M	MD	M	I	18700 N 64 Ste 312	Glendale	AZ	4	85308	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	81	81	$94.00	$43.78	$31.18	$32.21
1548255722	Leblanc	Charles	A	M.D.	M	I	5258 Dijon Dr	Baton Roug	LA	22	70808	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	81	81	$173.15	$45.35	$33.46	$35.44
1568443398	Varner	Cheryl	L	MD	F	I	1333 W 5th St, Ste 206	Sheridan	WY	56	82801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	81	81	$139.57	$47.43	$31.62	$31.31
1578731717	Duberstein	Aaron	J	MD	M	I	2320 Concord Rd	Lafayette	IN	18	47909	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	81	81	$91.00	$42.28	$29.58	$32.58
1619015328	Norris	William	B	M.D.	M	I	188 Hospit Suite 101	Fairhope	AL	1	36532	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	66	81	81	$48.46	$43.47	$31.97	$33.93
1619962990	Vondoerste	Peter	G	MD	M	I	700 W Kent Ave	Missoula	MT	30	59801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	81	81	$106.00	$47.01	$34.17	$34.00
1639623234	Vygon	Katherine	H		F	I	40 W Brighton Ave Ste :	Brooklyn	NY	36	11224	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	72	81	81	$166.90	$48.37	$37.46	$29.44
1679090971	Watson	Allie			F	I	12188a N Meridian St S	Carmel	IN	18	46032	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	66	81	81	$117.84	$36.40	$25.61	$28.96
1740265362	Agabigum	Mehmet	C	MD	M	I	5040 Villa L Ste A	Flint	MI	26	48532	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	78	81	81	$120.00	$44.43	$28.12	$30.28
1790194850	Wilson	Jeffery		PA-C	M	I	133 Benmore Dr Ste 10	Winter Park	FL	12	32792	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	76	81	81	$138.00	$40.32	$28.76	$28.37
1801243118	Derbyshire	Joseph		D.O.	M	I	6310 Fort King Rd	Zephyrhills	FL	12	33542	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	68	81	81	$127.00	$40.44	$28.65	$30.26
1811979941	Bhoori	Nafisa	Y	MD	F	I	30 Shrewsbury Plaza	Shrewsbury	NJ	34	7702	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	74	81	81	$99.00	$52.01	$32.03	$29.40
1831295815	Garcia	Philip		M.D.	M	I	1025 S 6th St	Springfield	IL	17	62703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	81	81	$147.23	$45.62	$30.03	$30.26
1871185421	Gomez	Tiffany	M	PA-C	F	I	6421 Squirrel Nest Dr	Lorain	OH	39	44053	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	67	81	81	$105.00	$39.09	$30.33	$31.48
1932395480	O'malley	Matthew	R	M.D.	M	I	3841 Green Hills Villag	Nashville	TN	47	37215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	50	81	81	$195.00	$28.71	$20.69	$24.44
1023592300	Rogers	Danielle	L	NP	F	I	2920 S Mcintire Dr Ste :	Bloomingtc	IN	18	47403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	61	80	80	$71.00	$37.38	$23.40	$26.11
1053317685	Lee	Michael	K	MD	M	I	1525 Hunt Club Blvd St	Gallatin	TN	47	37066	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	77	80	80	$231.00	$43.80	$28.82	$32.10
1053571794	Georgolios	Alexandros		MD	M	I	3100 Oak Grove Rd	Poplar Bluf	MO	29	63901	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	80	80	$132.38	$42.16	$29.67	$31.93
1083600498	Banyas	Jeffrey	B	M.D.	M	I	651 Colliers Way Ste 3(	Weirton	WV	54	26062	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	80	80	$69.00	$43.46	$28.55	$30.39
1083679005	Whitmer	Aimee	C	PA	F	I	4069 Lake I Suite 315	Grand Rapi	MI	26	49546	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	62	80	80	$132.00	$38.92	$25.75	$26.62
1114154663	Falls	William		MD	M	I	304 10th Ave Ne	Hickory	NC	37	28601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	80	80	$159.55	$44.87	$30.13	$32.07
1144290339	Rosenthal	Marc	D	M.D.	M	I	2180 Main St	Wailuku	HI	15	96793	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	80	80	$59.66	$49.77	$32.58	$30.61
1144646068	Wright	Jason		APRN	M	I	105 Greenbriar Dr	Campbells	KY	21	42718	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	71	80	80	$50.91	$26.78	$16.88	$18.03
1174726772	Mettman	Amy		MD	F	I	660 W Sout Suite 100	Southlake	TX	48	76092	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	80	80	$95.89	$45.02	$32.52	$33.24
1184966962	Barry	Rachel	A	MD	F	I	4212 W Congress St St	Lafayette	LA	22	70506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	80	80	$107.00	$44.99	$31.15	$33.25
1215146477	Sharp	Dawn		MD	F	I	1014 Saint Suite 2010	Gonzales	LA	22	70737	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	53	80	80	$109.00	$45.55	$33.55	$34.56
1225423601	Horton	Miranda	C	M.D.	F	I	620 Singleton Ridge Rd	Conway	SC	45	29526	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	80	80	$80.08	$29.79	$21.77	$23.07
1235638388	Richardson	Chad		FNP	M	I	1272 Garrison Drive	Murfreesbc	TN	47	37129	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	58	80	80	$95.00	$37.18	$23.95	$26.12
1265446694	Surana	Gyan	C	M.D.	M	I	5554 Muddy Creek Rd	Churchton	MD	24	20733	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	69	80	80	$105.00	$51.17	$31.58	$29.67
1285625210	Baker	Scott	A	MD	M	I	4175 N Euc Suite 10	Bay City	MI	26	48706	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	80	80	$138.69	$45.77	$30.21	$31.87
1306171996	Stoddard	Timothy	R	M.D.	M	I	1175 Clayt Apt 5	San Francis	CA	6	94117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	67	80	80	$66.78	$26.16	$18.91	$18.51
1316137995	Wang	Brian	S	MD	M	I	1200 Mckinney St Ste 4	Houston	TX	48	77010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	80	80	$116.73	$44.12	$31.56	$32.44
1376582924	Kase	Steven	B	M.D.	M	I	222 Bloomingdale Rd F	White Plain	NY	36	10605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	80	80	$302.00	$31.70	$24.79	$19.47
1396935920	Noel	Mark	D	DO	M	I	101- 3rd Ave Sw	Minot	ND	38	58701	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	80	80	$140.00	$45.29	$31.85	$30.86
1407826399	Talamayan	Randy	C	MD	M	I	1215 Route Suite 1005	Lakewood	NJ	34	8701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	74	80	80	$110.00	$52.59	$35.98	$32.43
1427027408	Gonzalez	J	G	MD	M	I	4140 E Bas Ste 211	Mesa	AZ	4	85206	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	80	80	$94.00	$45.62	$30.76	$31.76
1427119866	Schofield	Minka	L	MD	F	I	5175 Morse Rd	Gahanna	OH	39	43230	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	80	80	$165.00	$44.27	$33.20	$33.94
1437212594	Proctor	Jennifer	S	PA-C	F	I	3901 Rainbow Blvd Ms	Kansas City	KS	20	66160	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	46	80	80	$86.56	$26.04	$17.72	$19.10
1437461878	Blair	Matthew	L	D.O.	M	I	1200 S Farmerville St	Ruston	LA	22	71270	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	80	80	$177.45	$40.60	$31.53	$30.63
1467610196	Diggelmann	Henry	R	M.D.	M	I	250 S Crescent Dr	Mason City	IA	19	50401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	80	80	$125.38	$43.10	$29.74	$32.80

1497749766	Settle	Jamie	L	PA C	F	I	Rr 2 Box 61	New River F	Scarbro	WV	54	25917	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	66	80	80	$129.00	$37.19	$27.48	$29.15
1508938952	Donzelli	Joseph	J	M.D.	M	I	1247 Rickert Dr Ste 200		Naperville	IL	17	60540	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	80	80	$116.00	$49.87	$33.04	$30.78
1528040136	Burk	Ronald			M	I	1099 Florida Ave S		Rockledge	FL	12	32955	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	80	80	$70.00	$48.55	$33.53	$32.74
1558352443	Mcilwaine	James	W	M.D.	M	I	901 Patients First Dr		Washington	MO	29	63090	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	80	80	$114.00	$43.78	$33.32	$35.86
1558370734	Dorfman	Brett	E	M.D.	M	I	11200 Governor Manly		Raleigh	NC	37	27614	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	80	80	$139.00	$44.86	$30.86	$32.47
1558748640	Brown	Lauren		MD	F	I	1305 York Ave Fl 5		New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	80	79	$234.88	$56.10	$42.58	$34.41
1568489151	Sanford	Thomas	R	MD	M	I	1225 S. Gra	Door 3	St. Louis	MO	29	63104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	80	80	$94.89	$46.29	$31.94	$32.00
1629063599	Jindal	Jay	R	M.D.	M	I	6005 Monc Suite 320		Maumee	OH	39	43537	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	80	80	$99.23	$44.11	$27.65	$28.18
1629673702	Hughes	Sarah	L	APNP	F	I	440 Woodward Ave		Iron Mount	MI	26	49801	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	74	80	80	$175.00	$38.09	$29.15	$30.98
1659344182	Gill	Sarvjit	S	M.D.	M	I	3820 Grant Ave		Loveland	CO	8	80538	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	80	80	$109.00	$42.62	$30.48	$30.05
1689801482	Remenschn	Aaron	K	M.D.	M	I	333 Longwood Ave		Boston	MA	25	2115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	63	80	80	$221.00	$33.24	$23.87	$23.68
1699701557	Selesnick	Samuel		MD	M	I	1305 York / 5th Floor		New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	80	80	$302.50	$56.50	$40.12	$33.95
1700140639	Pate	Mariah	B	MD	F	I	1330 S Fort Harrison Av		Clearwater	FL	12	33756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	80	80	$82.71	$42.57	$24.37	$23.69
1730124041	Bond	William	R	M.D.	M	I	106 Irving S	Suite 312	Washington	DC	11	20010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	80	80	$56.77	$52.77	$39.61	$35.34
1821106089	Hinckley	Daniel	K	M.D.	M	I	2065 E 17th	Suite A	Idaho Falls	ID	16	83404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	65	80	80	$57.05	$30.43	$21.21	$22.84
1891713152	Goldman	Andrew	C	M.D.	M	I	4745 Arapa	Suite 130	Boulder	CO	8	80303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	80	80	$85.70	$47.91	$35.02	$34.12
1972529212	Reeck	Jay	B	MD	M	I	1170 Royal Ave		Medford	OR	41	97504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	53	80	80	$148.98	$43.81	$28.80	$30.33
1972860237	Welshhans	Jamie	L	MD	F	I	7810 5 Mile Rd		Cincinnati	OH	39	45230	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	80	80	$132.00	$45.59	$33.97	$34.34
1003130634	Grewal Pitt	Ameet	K	M.D.	F	I	880 Cass St	Ste 209	Monterey	CA	6	93940	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	79	79	$90.00	$50.66	$37.31	$34.61
1003883687	Ertel	Rachel	K	PA-C	F	I	7519 Hospital Dr		Gloucester	VA	51	23061	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	49	79	79	$96.02	$40.62	$29.60	$29.24
1023007044	O'halloran	Laurence	R	MD	M	I	3299 Wood	#300	Annandale	VA	51	22003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	79	79	$85.00	$52.54	$39.63	$33.54
1043262439	Isenberg	Jason	S	M.D.	M	I	1211 Fish Hatchery Rd		Madison	WI	55	53715	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	79	79	$369.00	$42.82	$29.34	$31.58
1124141825	Loughlin	Terrence	R	MD	M	I	698 Featherstone Rd		Rockford	IL	17	61107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	79	79	$242.44	$46.35	$30.46	$31.63
1154820504	Robinson	Riley		PA-C	F	I	1221 Pine Grove Ave		Port Huron	MI	26	48060	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	77	79	79	$134.81	$29.71	$23.01	$21.72
1174879720	Vanlanding	Ansley	T	FNP-C (MS	F	I	1699 S Colorado St		Greenville	MS	28	38703	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	62	79	79	$178.23	$36.75	$23.05	$26.28
1184835605	Hill	R	K	MD	M	I	1005 W Ma	Ste 8	Athens	AL	1	35611	5	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	79	79	$136.47	$36.75	$25.40	$27.53
1265917371	Mutua	Evans	M	FNP-BC	M	I	720 N Bond St		Springfield	IL	17	62702	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	62	79	79	$136.00	$39.57	$25.55	$25.96
1346602471	Kashlan	Khaled		MD	M	I	80 Lacy St Nw		Marietta	GA	13	30060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	79	79	$222.67	$42.78	$27.00	$27.14
1356317655	Pandit	Rajiv	T	M.D.	M	I	1411 N Bec Pav Iii Suite		Dallas	TX	48	75203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	79	79	$206.13	$47.38	$36.44	$35.56
1356395164	Weir	Richard	M	MD	M	I	1330 Boiling Springs Rd		Spartanbur	SC	45	29303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	79	79	$109.29	$43.06	$27.34	$29.75
1376532564	Ewing	James	E	MD	M	I	105 Greent	Suite A	Campbells	KY	21	42718	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	64	79	79	$50.94	$31.52	$19.36	$20.55
1376592576	Jacob	Abraham		M.D.	M	I	2450 E River Rd		Tucson	AZ	4	85718	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	79	79	$125.00	$29.80	$23.88	$23.81
1386613081	Siu	Curtis	W	MD	M	I	24221 Call	Suite 200	Laguna Hill	CA	6	92653	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	67	79	79	$107.00	$53.12	$39.40	$34.81
1396740791	Scalco	Steven	A	M.D.	M	I	3812 Ridge	Ste 2b	Metairie	LA	22	70002	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	79	79	$48.60	$45.45	$32.34	$34.17
1417168345	Dammert	Mark	O	M.D.	M	I	1180 Seton	Suite 420	Kyle	TX	48	78640	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	79	79	$159.78	$43.41	$30.52	$32.13
1437227196	Alch	Lloyd		MD	M	I	6001 Webb Rd		Tampa	FL	12	33615	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	74	79	79	$48.33	$47.90	$30.72	$30.39
1467832055	Rogghe	Amy		PA-C	F	I	655 Kenmoor Ave Se	St	Grand Rapi	MI	26	49546	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	58	79	79	$101.90	$38.90	$26.73	$28.10
1508827825	Abrams	Mark	J	MD	M	I	200 S Herlc	Suite A	Rock Hill	SC	45	29732	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	61	79	79	$95.00	$39.84	$30.52	$32.09
1518245166	Mcdonald	Amy	L	P.A.	F	I	300 S Nolen Dr	Ste 100	Southlake	TX	48	76092	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	68	79	79	$47.21	$39.16	$28.81	$29.51
1518988450	Riester	Jane	W	M.D.	F	I	1655 E Greenville	St	Anderson	SC	45	29621	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	79	79	$128.00	$44.48	$23.14	$25.28
1528116001	Wilson	Yushan	C	M.D.	F	I	308 Main St		Milford	MA	25	1757	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	79	79	$129.49	$47.87	$36.61	$34.29
1538130844	Johnson	Bradley	D	DO	M	I	3366 Oakd	150	Robbinsdal	MN	27	55422	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	79	79	$280.61	$46.26	$31.32	$32.55
1588777825	Shahade	George	W	D.O.	M	I	1611 27th St	Ste 202	Portsmouth	OH	39	45662	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	78	79	79	$127.05	$31.11	$23.49	$23.68
1609821297	Chernobils	Boris		M.D.	M	I	240 E 38th St	Fl 14	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	79	79	$763.00	$53.80	$38.02	$30.66
1619927845	Bartels	Loren	J	M.D.	M	I	5 Tampa General Cir	St	Tampa	FL	12	33606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	79	79	$105.00	$46.36	$32.93	$33.41
1629048004	Spector	Jared			M	I	601 Keisler	Suite 200	Cary	NC	37	27518	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	79	79	$144.00	$44.21	$30.71	$32.35
1659518744	Kenney	Jenna	L	PA-C	F	I	4014 Leavenworth	St	Omaha	NE	31	68105	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	68	79	79	$164.05	$25.53	$17.93	$20.04
1669589560	Nelson	Kimberly	A	M.D.	F	I	1400 S Pot	Suite 240	Aurora	CO	8	80012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	79	79	$148.00	$47.35	$33.66	$32.44
1679725048	Chu	Alan	C	M.D.	M	I	9275 Sw 15	Suite 212	Palmetto B	FL	12	33157	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	79	79	$116.00	$42.30	$28.24	$24.83
1689671885	Sanders	Anthony	D	MD	M	I	1655 N Gla	Ste E	Columbus	IN	18	47201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	79	79	$100.00	$42.35	$30.60	$34.17
1699005678	Vezzetti	Angela	M	PA-C	F	I	920 West S	Suite 312	Peru	IL	17	61354	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	72	79	79	$245.68	$38.99	$28.21	$28.78
1710973995	Richmond	Hunter		MD	M	I	204 Medical Dr	Ste 200	Sherman	TX	48	75092	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	79	79	$115.15	$45.02	$27.73	$29.03
1760603674	Tiu	Jeremy	J	MD	M	I	176 Anthoni Ave		Wheeling	WV	54	26003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	76	79	79	$185.00	$43.79	$17.27	$19.11
1770659674	Haupt	Donna	E	PA-C	F	I	107 Newtown Rd	Ste 2	Danbury	CT	9	6810	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	63	79	79	$227.28	$42.43	$30.30	$27.67
1851589410	Morton	Christine	G	MD	F	I	10710 N Torrey Pines R		La Jolla	CA	6	92037	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	79	79	$181.44	$43.01	$30.27	$28.58
1902039498	Tarafdar	Sabrina		RPA-C	F	I	423 E 23rd St		New York	NY	36	10010	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	65	79	79	$763.00	$46.08	$33.61	$27.42
1043214067	Mcclung	William	L	MD	M	I	1 Health Cir		Lexington	VA	51	24450	7	Small town	US	Family Prac	Y	69210	Removal of N	O	71	78	78	$66.00	$47.50	$31.04	$31.28
1073033395	Schmidt	Anna	T		F	I	600 Highland Ave		Madison	WI	55	53792	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	73	78	78	$198.00	$26.16	$16.42	$18.06
1073574166	Bianchi	Mark	S	MD	M	I	55 Lock Street		New Haven	CT	9	6511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	78	78	$285.00	$50.61	$39.39	$36.28
1083753339	Leahy	Kevin	P	M.D.	M	I	800 Spruce St		Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	47	78	78	$95.00	$29.15	$21.29	$18.89
1104435163	Verdeyen	Elyse			F	I	1309 Carthage St	Ste A	Sanford	NC	37	27330	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	70	78	78	$100.00	$40.82	$30.34	$28.35
1174512685	Bisla	Harinder	K	MD	F	I	151 N Sunr	#613	Roseville	CA	6	95661	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	62	78	78	$74.00	$48.95	$32.85	$32.16
1215349410	Mccabe	Matthew	R	PA	M	I	1 Medical Center Dr		Lebanon	NH	33	3756	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	68	78	78	$189.13	$28.19	$20.60	$20.37
1215904966	Crawford	James	V	MD	M	I	1209 N Summerbrook /		Meridian	ID	16	83642	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	47	78	78	$134.38	$43.18	$30.69	$34.38
1225049141	Lim	Victoria	L	MD	F	I	5625 Poplar Ave		Memphis	TN	47	38119	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	78	78	$115.00	$42.48	$31.43	$34.08
1235230707	Mccarley	Kenneth	H	MD	M	I	2414 Chambliss Ave N		Cleveland	TN	47	37311	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	78	78	$114.79	$43.50	$30.61	$31.96
1376937599	Brown	Lisa			F	I	302 Randall Rd	Ste 202	Geneva	IL	17	60134	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	78	78	$149.00	$50.50	$37.09	$33.92
1407121742	Chen	Si		MD	F	I	1345 Center Dr		Gainesville	FL	12	32610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	78	78	$266.00	$47.83	$34.81	$34.70
1417435793	Miller	Leah	J	APNP	F	I	923 Eliza St		Green Bay	WI	55	54301	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	63	78	78	$175.00	$37.82	$23.18	$25.55
1427100353	Ridenour	Janell	S	PHYSICIAN	F	I	3100 Broadway Street,		Kansas Cit	MO	29	64111	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	60	78	78	$89.00	$38.81	$30.38	$31.74
1457332934	Brown	Neil	E	MD	M	I	210 9th St Se		Rochester	MN	27	55904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	78	78	$161.24	$45.59	$33.14	$33.75
1548261928	Dorofi	David		M.D.	M	I	885 Kempsville Rd	Ste	Norfolk	VA	51	23502	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	74	78	78	$120.00	$46.86	$32.33	$32.25
1548393796	Favrot	Stephen	R	MD	M	I	833 Saint V	Suite 402	Birminghan	AL	1	35205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	78	78	$61.68	$44.91	$33.59	$35.00
1730675471	Wayne	Janna		CNP	F	I	5800 Park Center Ct	St	Toledo	OH	39	43615	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	63	78	78	$116.00	$37.95	$27.31	$28.37
1740285113	Carter	Eric	S	MD	M	I	108 W Daisy Ln		New Albany	IN	18	47150	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	73	78	78	$91.00	$44.15	$31.33	$34.19
1790770097	Warrick	Paul	D	MD	M	I	2101 Jackson St	Ste 20	Anderson	IN	18	46016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	78	78	$171.79	$43.59	$28.72	$31.08
1861407579	Cripanuk	Janet	M	ARNP	F	I	4847 David S Mack Dr		West Palm	FL	12	33417	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	54	78	78	$94.44	$30.67	$19.62	$17.93

1871699884	Logan	William	A	MD	M	I	800 Hospital Dr	Madisonvil	KY	21	42431	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	62	78	78	$102.49	$42.95	$27.59	$30.33
1881875961	Conoyer	John	M	M.D.	M	I	4790 Executive Centre	St. Peters	MO	29	63376	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	73	78	78	$80.00	$45.31	$34.41	$35.10
1912983032	Lebeau	David	J	D.O.	M	I	1950 S Country Club D	Mesa	AZ	4	85210	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	66	78	78	$123.00	$40.39	$29.24	$29.96
1922082445	Fernandez-	Lionel		MD	M	I	5 Calle Cris	Urb. Munoz	Guaynabo	PR	72	969	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	73	78	78	$48.73	$41.34	$26.22	$26.01
1922184647	Bateman	Scott	N	MD	M	I	330 W Dow St	Sheridan	WY	56	82801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	60	78	78	$147.00	$45.11	$30.60	$30.75
1942654769	Meraj	Taha	S		M	I	4201 Saint 5e-Uhc	Detroit	MI	26	48201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	77	78	78	$85.00	$45.38	$32.03	$30.58
1033174503	Yen	David	M	M.D.	M	I	3445 High I Suite 100	Bethlehem	PA	42	18017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	62	77	77	$120.00	$40.71	$29.61	$30.82
1114921020	Bertino	Michael		M.D.	M	I	4775 Hami Bldg 1	San Antonio	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	72	77	77	$130.60	$42.85	$30.83	$32.52
1124034491	Jones	Kent	P	MD	M	I	6811 Austin Center Blv	Austin	TX	48	78731	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	65	77	77	$96.00	$46.51	$31.61	$31.86
1134180870	Heatley	Mary	M	PA-C	F	I	2515 Cyclone Dr Ste B	Waterloo	IA	19	50701	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	59	77	77	$122.00	$28.08	$21.02	$23.01
1154439966	Zimmerma	Karl	A	MD	M	I	127 W Stre	Suite 101	Kennett Sq	PA	42	19348	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	69	77	77	$82.05	$50.70	$34.42	$31.43
1154490217	Vukovich	Mark	A	APNP, FNP	M	I	9200 W Wi	Departmen	Milwaukee	WI	55	53226	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	58	77	77	$268.86	$37.29	$20.47	$22.68
1194113860	Lovette	Leslie	G	PA-C	F	I	1705 Berwick Dr Ste B		Laurinburg	NC	37	28352	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	64	77	77	$118.00	$38.79	$27.85	$29.29
1225295033	Wang	Sean	X	MD	M	I	3200 Kearney St.		Fremont	CA	6	94538	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	75	77	77	$174.35	$54.56	$38.40	$32.62
1235134271	Mehendale	Neelesh	H	M.D.	M	I	4401 Coit F Ste 411		Frisco	TX	48	75035	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	59	77	77	$126.62	$45.65	$32.43	$34.09
1245547330	Heinecke	Megan	L	PAC	F	I	2222 Nw Lc Suite 622		Portland	OR	41	97210	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	66	77	77	$228.45	$36.61	$26.77	$19.88
1275649691	Lorenc	Ronald	B	MD	M	I	225 Laurel Heights Driv		Bridgeton	NJ	34	8302	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	49	77	77	$77.53	$52.02	$39.34	$36.01
1275818155	Gray	Jason		PA-C, MPAS	M	I	2230 N Uni Ste 9b		Provo	UT	49	84604	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	67	77	77	$107.00	$38.63	$24.76	$26.41
1336334465	Considine	Catherine	L	D.O.	F	I	1601 E 19th Suite 4000		Denver	CO	8	80218	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	62	77	77	$89.00	$47.42	$33.40	$32.67
1356344717	Devore	Richard	A	MD	M	I	630 W Main St Ste 300		Wilmington	OH	39	45177	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	49	77	77	$101.00	$46.14	$31.24	$32.57
1366444366	Reddan	Julie	C	M.D.	F	I	701 Dellwood St S		Cambridge	MN	27	55008	2	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	61	77	77	$178.47	$44.41	$31.29	$32.18
1366486359	Stroud	Robert		M.D.	M	I	6830 Plum Creek Dr		Amarillo	TX	48	79124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	63	77	77	$96.00	$37.68	$28.46	$31.51
1407822679	Chen	Mien-Chi		M.D.	M	I	904 7th Ave		Seattle	WA	53	98104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	56	77	77	$131.88	$48.23	$36.83	$33.30
1417496993	Gharst	Bridget	B	NP	F	I	9155 Sw Barnes Rd Ste		Portland	OR	41	97225	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	63	77	77	$147.00	$40.44	$28.38	$27.67
1427057397	Marcus	M	J	M.D.	M	I	821 Medical Ct E		Inverness	FL	12	34452	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	76	77	77	$68.00	$42.25	$10.45	$10.15
1437125069	Toh	Elizabeth	H	MD	F	I	41 Mall Rd		Burlington	MA	25	1805	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	69	77	77	$131.04	$36.14	$25.95	$23.59
1457371163	Debo	Richard		M.D., F.A.C	M	I	500 Indepe Suite 100		Chesapeak	VA	51	23320	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	66	77	77	$96.00	$47.10	$31.15	$31.16
1508108689	Shah-Beck	Shivani		M.D.	F	I	1500 E Medical Center		Ann Arbor	MI	26	48109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	75	77	77	$93.53	$52.00	$24.94	$22.54
1558322610	Pearson	David	C	M.D.	M	I	1835 East \ Suite 19		Orange Par	FL	12	32003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	66	77	77	$96.10	$45.06	$32.00	$31.89
1619973047	Osterhus	David	R	M.D.	M	I	5 Sheridan Sq		Kingsport	TN	47	37660	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	66	77	77	$214.42	$42.88	$29.25	$31.89
1629072426	Hoffmann	Karen	K	M.D.	F	I	1720 Peacl Suite 200		Atlanta	GA	13	30309	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	66	77	77	$137.00	$47.22	$37.09	$37.48
1629247481	Masri	Haitham		MD	M	I	13530 Mic	Suite 150	Dearborn	MI	26	48126	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	52	77	77	$75.00	$38.93	$23.64	$22.25
1669442141	Gujrathi	Chetan	S	M.D.	M	I	4530 E Shea Blvd Ste 1		Phoenix	AZ	4	85028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	56	77	77	$99.00	$44.12	$27.95	$28.92
1700042132	Imhof	Preston	L	D.O.	M	I	2675 N Dec	Suite 707	Decatur	GA	13	30033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	68	77	77	$193.22	$48.12	$33.57	$32.91
1720321599	Aydinyan	Kahren	K	DO	M	I	10 Crest Rd		Saint Alban	VT	50	5478	7.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	F	61	77	77	$65.88	$31.30	$19.61	$20.59
1780840421	Burgette	Ryan	C	M.D.	M	I	1247 Rickert Dr Ste 200		Naperville	IL	17	60540	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	69	77	77	$116.00	$50.44	$35.69	$33.29
1821397209	Brooks	Jennifer	A	PA	F	I	400 Nash Medical Arts		Rocky Mou	NC	37	27804	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	73	77	77	$139.23	$36.24	$26.51	$28.14
1831414234	Holliday	Michael	A	M.D.	M	I	200 Ucla M Suite 550		Los Angele	CA	6	90095	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	68	77	77	$330.00	$45.09	$31.44	$28.36
1841744158	Watabe	Brian		P.A.	M	I	3816 S 1st St		Austin	TX	48	78704	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	73	77	77	$96.00	$40.19	$28.12	$28.00
1942485099	Lupa	Michael	D	M.D.	M	I	2 Princess Rd Ste E		Lawrence T	NJ	34	8648	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	72	77	77	$169.03	$49.68	$33.71	$30.83
1013922335	Kumar	Manoj		MD	M	I	64 Pomeroy St		Cortland	NY	36	13045	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	55	76	76	$100.00	$34.24	$24.75	$25.44
1104808245	Bhatia	Pramod		MD	M	I	204 Medical Office Par		Talladega	AL	1	35160	6	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	63	76	76	$58.00	$43.20	$31.73	$34.46
1104826379	Obrien	Blaize		MD	M	I	974 Bethel Rd Ste A		Columbus	OH	39	43214	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	69	76	76	$95.00	$46.18	$30.48	$31.78
1134195407	Owen	Ralph	G	MD	M	I	340 N Belair Rd		Evans	GA	13	30809	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	67	76	76	$125.00	$40.47	$30.25	$32.85
1144253048	Oh	Kyong	C	M.D.	M	I	241 Golf Mill Ctr Ste 50		Niles	IL	17	60714	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	55	76	76	$60.00	$51.97	$34.45	$31.33
1164493342	Mann	Charles	H		M	I	601 Keisler Suite 200		Cary	NC	37	27511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	61	76	76	$144.00	$44.43	$32.32	$33.96
1235352394	Kung	Brian		M.D.	M	I	3692 E Sunset Rd		Las Vegas	NV	32	89120	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	60	76	76	$180.00	$47.25	$37.65	$36.23
1285716555	Kalika	Vladimir		DO	M	I	800 Cortel	Ste 1d	Brooklyn	NY	36	11218	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	69	76	76	$120.00	$59.56	$46.13	$36.59
1306434808	Wilkerson	Kayla	T	DNP, FNP-I	F	I	101 Manning Dr		Chapel Hill	NC	37	27514	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	66	76	76	$139.00	$38.83	$27.11	$28.53
1326290339	Patel	Monali	S	M.D.	F	I	7625 Mesa College Dr	S	San Diego	CA	6	92111	1	Metropolita	US	Neurology	Y	69210	Removal of	N	O	63	76	76	$60.00	$50.18	$40.08	$37.04
1346226867	Vogt	Misty	D	FNP	F	I	450 N New Dept Otola		Saint Louis	MO	29	63141	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	73	76	76	$133.42	$39.05	$21.54	$22.75
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	G0439	Annual wel	N	O	76	76	76	$151.97	$106.12	$106.12	$110.41
1376510073	Bowman	Michael	K	M.D.	M	I	614 E Main St		Radford	VA	51	24141	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	62	76	76	$171.00	$46.20	$31.53	$31.15
1376804369	Smith	Steven	P	MD	M	I	2430 5th St N		Columbus	MS	28	39705	7.2	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	71	76	76	$175.66	$42.04	$32.34	$35.82
1417435611	Gundale	Abhijit			M	I	726 Vine Pond Ct		Apex	NC	37	27523	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	67	76	76	$120.30	$39.68	$30.70	$33.08
1427105253	Behzadi	Hamid		MD, FCCP,	M	I	122 W 70th Suite 1c		New York	NY	36	10023	1	Metropolita	US	Pulmonary	Y	69210	Removal of	N	O	32	76	76	$150.00	$51.50	$40.42	$35.76
1427280007	Walton	Benjamin	F	M.D.	M	I	8080 Blueb Suite 2222		Baton Roug	LA	22	70810	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	59	76	76	$156.84	$41.94	$30.00	$31.73
1437157096	Montalvo	Gary	G	MD	M	I	400 Ave Do Ste 506		San Juan	PR	72	918	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	61	76	76	$48.65	$48.13	$32.33	$32.04
1487839981	Glass	Daniel	A	M.D.	M	I	1136 E Grande Blvd		Tyler	TX	48	75703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	62	76	76	$91.18	$41.48	$29.47	$30.64
1528172376	Pearl	Alden	J	M.D.	M	I	34 Plaza St Suite 106		Brooklyn	NY	36	11238	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	70	76	76	$84.66	$58.81	$45.69	$36.48
1598887861	Goodrich	Timothy	W	D.O.	M	I	825 Se Bishop Blvd Ste		Pullman	WA	53	99163	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	62	76	76	$122.00	$46.86	$30.61	$30.55
1629134929	Sjulin	David	H	M.D.	M	I	14040 Hospital Rd		Boys Town	NE	31	68010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	61	76	76	$115.00	$43.45	$28.11	$31.70
1639334154	Renukuntla	Shilpa		MD	F	I	6 Sand Hill Rd Ste 302		Flemington	NJ	34	8822	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	63	76	76	$558.53	$52.56	$32.83	$28.50
1659373256	Thompson	Dennis	F	MD	M	I	2680 S Cleveland Ave		Saint Josep	MI	26	49085	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	51	76	76	$147.11	$45.07	$30.15	$31.25
1669547675	Flaiz	Richard	A	MD FACS	M	I	600 Nw 11t Suite E 21		Hermiston	OR	41	97838	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	70	76	76	$191.07	$44.11	$30.17	$32.11
1679027353	Moreno Fal	Julie	F		F	I	701 Nw 13th St Fl 3		Boca Rator	FL	12	33486	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	65	76	76	$105.00	$39.94	$26.80	$25.24
1730439456	Adraincem	Lynn	N	PA-C	F	I	600 Broadway Ste 200		Seattle	WA	53	98122	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	67	76	76	$142.00	$44.64	$28.26	$25.46
1831143619	Taylor	Robert	E	M.D.	M	I	4210 N Rox	Suite 140	Durham	NC	37	27704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	57	76	76	$50.38	$45.37	$30.70	$32.40
1851356430	Fischer	Jana	L	NPC	F	I	1124 Medical Place		Seymour	IN	18	47274	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	65	76	76	$100.00	$36.78	$23.72	$26.75
1932127412	Proctor	Matthew	D	MD	M	I	1815 E 19th Ste 1		The Dalles	OR	41	97058	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	61	76	76	$140.00	$44.73	$31.29	$32.90
1942431408	Bee	Joseph	H	M.D.	M	I	3025 Shrin	Suite 480	Brunswick	GA	13	31520	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	73	76	76	$205.00	$44.82	$30.30	$32.38
1992754402	Roden	David	M	M.D.	M	I	4310 N Campus Ridge		Midland	MI	26	48640	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	52	76	76	$67.00	$44.49	$32.81	$34.70
1063738342	Parker	Charles	A	M.D.	M	I	1000 Langworthy St		Dubuque	IA	19	52001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	50	75	75	$136.78	$44.01	$26.46	$29.65
1063801900	Langsdorf	Morgan		PA-C	F	I	3800 Park Nicollet Blvc		St Louis Pa	MN	27	55416	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	60	75	75	$162.25	$38.67	$23.49	$24.46
1083383699	Perly	Brock		PA-C	M	I	661 E Altamonte Dr Ste		Altamonte	FL	12	32701	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	73	75	75	$138.00	$40.01	$26.44	$26.24
1124023874	Watkins	Glen	L	M.D.	M	I	1000 Chinaberry Dr Ste		Bossier Cit	LA	22	71111	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	62	75	75	$144.75	$45.57	$33.72	$34.58
1134486681	Choi	Kevin	J	M.D.	M	I	966 S Western Ave Ste		Los Angele	CA	6	90006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	55	75	75	$103.44	$51.44	$39.55	$35.83

1144652975	Olsen	Josephine	K	D.O.	F	I	10150 Highland Manor	Tampa	FL	12	33610	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	63	75	75	$62.87	$47.60	$27.29	$26.93
1154337681	Patel	Ajaykumar	S	MD	M	I	100 Brooksby Village D	Peabody	MA	25	1960	1	Metropolita	US	Hospice an	Y	69210	Removal of N	O	59	75	75	$49.98	$49.67	$37.55	$35.70
1154452787	Kelly	Kevin	E	M.D.	M	I	651 Colliers Way Ste 3(	Weirton	WV	54	26062	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	75	75	$69.00	$44.96	$28.29	$30.39
1164855532	Mccarthy	Angela		NP	F	I	1300 Anne St Nw	Bemidji	MN	27	56601	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	59	75	75	$41.00	$26.21	$19.39	$20.09
1225158819	Espelund	Joshua	J	M.D.	M	I	920 Grand Ave	Spencer	IA	19	51301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	75	75	$130.00	$41.46	$31.42	$34.11
1235530858	Patrick	Ashley	L	FNP-BC	F	I	2211 Lomas Blvd Ne	Albuquerqu	NM	35	87106	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	61	75	75	$100.00	$37.73	$25.34	$26.53
1255793147	Chin	Oliver	Y	M.D.	M	I	21097 Ne 27th Ct Ste 4	Aventura	FL	12	33180	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	75	75	$120.48	$51.53	$33.65	$30.64
1275756132	Stumpe	Matthew		M.D.	M	I	10090 E Shannon Woo	Wichita	KS	20	67226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	75	75	$70.41	$41.80	$30.04	$33.70
1386645463	Barnes	Richard	L	D.O.	M	I	2315 Dougl Ste. 103	St. Louis	MO	29	63122	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	75	75	$112.00	$45.77	$31.81	$32.37
1427152800	Alexander	Keith	J	MD	M	I	1720 Nichc Suite 500	Lexington	KY	21	40503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	75	75	$133.77	$41.80	$28.36	$30.84
1447294715	Javaherian	Jasmin		D.O	F	I	16661 Ventura Blvd Ste	Encino	CA	6	91436	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	58	75	75	$65.00	$52.33	$41.17	$37.47
1457993131	Weiss	Taylor			F	I	133 Benmore Dr Ste 10	Winter Park	FL	12	32792	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	70	75	75	$138.00	$40.11	$28.49	$28.42
1477507408	Hagood	Mark	L	M.D.	M	I	201 Whitesport Dr Sw	Huntsville	AL	1	35801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	75	75	$83.33	$42.34	$31.27	$33.52
1497051478	Rodriguez	Audrey	D	P.A.	F	I	9102 Floyd Curl Dr	San Antonio	TX	48	78240	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	66	75	75	$90.00	$38.99	$27.55	$28.56
1497103550	Costello	Mark	S	M.D.	M	I	169 Ashley Room 202 I	Charleston	SC	45	29425	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	75	75	$94.00	$42.67	$32.37	$34.72
1528285335	Ende	Kevin	H	MD	M	I	23 West Palisade Ave	Englewood	NJ	34	7631	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	75	75	$200.00	$51.86	$38.08	$33.69
1588745483	Roof	Shaun	R	DO	M	I	88 Mcmillen Drive	Newark	OH	39	43055	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	75	75	$118.40	$46.68	$35.86	$36.53
1598752248	Makdessian	Ara	S	M.D.	M	I	225 Hospit Suite 265, (	Winchester	KY	21	40391	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	75	75	$75.00	$43.73	$29.49	$32.03
1629045778	Abdulmass	Abdulmassih		M.D.	M	I	6201 W Touhy Ave	Chicago	IL	17	60646	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	61	75	75	$103.00	$49.03	$29.05	$27.46
1639445554	Kao	Michael	C		M	I	2240 N Harbor Blvd Ste	Fullerton	CA	6	92835	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	75	75	$108.00	$50.37	$37.94	$34.44
1649270174	Frattali	Mark	A	M.D.	M	I	300 Lackawanna Ave S	Scranton	PA	42	18503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	75	75	$101.33	$44.86	$32.91	$32.97
1659329084	Reddy	Pavan	G	MD	M	I	14500 Northline Rd	Southgate	MI	26	48195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	75	75	$109.00	$46.55	$31.30	$29.89
1679572853	Smith	Warren	L	MD	M	I	895 Adams Blvd	Boulder Cit	NV	32	89005	2	Metropolita	US	General Pra	Y	69210	Removal of N	O	58	75	75	$66.35	$47.79	$34.97	$33.94
1700880085	Cote	Christophe	R		M	I	2352 Meadows Blvd St	Castle Roc	CO	8	80109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	75	75	$138.00	$47.45	$35.69	$35.11
1700881448	Paul	Vimali		M.D.	F	I	85 Declara Ste 110	Chico	CA	6	95973	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	67	75	75	$57.00	$47.49	$33.80	$33.42
1720009236	Clark	Dana	G	MD	F	I	2314 Shadydale Dr	Arlington	TX	48	76012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	75	75	$110.00	$46.49	$35.70	$36.38
1770849317	Thoma	Trisha	L	M.D.	F	I	250 S Crescent Dr	Mason City	IA	19	50401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	59	75	75	$121.20	$29.78	$20.31	$22.30
1790846012	Chio	Eugene	G	MD	M	I	915 Olenta Suite 4000	Columbus	OH	39	43212	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	75	75	$165.00	$46.10	$32.05	$32.52
1861417156	Mac Donal	Robert	R	M.D.	M	I	4790 Executive Centre	Saint Peter	MO	29	63376	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	75	75	$80.00	$45.28	$32.61	$33.31
1871150565	Jolstad	Lucinda	D		F	I	11211 Live Oak Dr	Minnetonka	MN	27	55305	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	58	75	75	$262.00	$39.08	$28.20	$29.17
1871532374	Pitts	Robert	B	MD	M	I	219 W Boggs St	Lexington	GA	13	30648	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	75	75	75	$129.00	$38.67	$24.00	$26.34
1932208899	Veronneau	Mark	J	DO	M	I	5322 Ky Ro Suite 2	Prestonsbu	KY	21	41653	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	63	75	75	$117.61	$43.91	$27.67	$30.05
1952692394	Mcguire	Peter	J	MD	M	I	11700 W 2r Ste 435	Lakewood	CO	8	80228	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	75	75	$128.00	$46.79	$31.75	$30.96
1962485664	Hearnsberg	H	G	M.D.	M	I	500 S Univ Suite 423	Little Rock	AR	5	72205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	75	75	$194.73	$39.24	$27.19	$30.76
1992811418	Abbarah	Thabet	R	M.D.	M	I	4000 Highl Suite 115	Waterford	MI	26	48328	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	53	75	75	$100.00	$44.54	$31.80	$32.28
1033122742	Johnson	Carlton	D	MD	M	I	100 Far Horizons Ln	Asheville	NC	37	28803	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	46	74	74	$53.00	$45.75	$35.65	$37.14
1033598669	Stevens	Kristin	L	M.D.	F	I	325 Old Pleasant Grov	Mt Juliet	TN	47	37122	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	74	74	$132.32	$38.71	$29.30	$31.46
1053362103	Mandych	Alexander	K	M.D.	M	I	3075 South Suite 102	Orchard Pa	NY	36	14127	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	74	74	$114.45	$36.41	$25.19	$25.57
1083909543	Baker	Shaun	S	D.O.	M	I	1901 Floyd St	Sarasota	FL	12	34239	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	74	74	$75.00	$40.50	$30.00	$31.75
1124011945	Tran	Khoa	D	M.D.	M	I	10311 N El #b-4	Houston	TX	48	77065	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	74	74	$120.00	$45.36	$33.96	$33.01
1194739532	Golberg	Alexander		D.O.	M	I	2361 E 14th St	Brooklyn	NY	36	11229	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	66	74	74	$63.16	$59.44	$47.42	$37.98
1194818955	Yang	Caroline	Y	M.D	F	I	9800 Se Sunnyside Rd.	Clackamas	OR	41	97015	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	74	74	$143.00	$48.50	$31.23	$30.74
1215054556	Asbury	Leslie	A	M.D.	F	I	360 Amsde Suite 305	Versailles	KY	21	40383	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	55	74	74	$103.84	$43.12	$26.92	$29.76
1255750162	Hamblin	John	S	M.D.	M	I	726 N Greenfield Rd St	Gilbert	AZ	4	85234	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	74	74	$94.00	$44.67	$33.22	$34.35
1275558496	Giger	Charles	C	MD	M	I	1200 S Yorl 3250	Elmhurst	IL	17	60126	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	68	74	74	$85.00	$51.71	$35.23	$32.07
1275751612	Davis	John	J	M.D.	M	I	2120 Golde Suite 102	Paso Roble	CA	6	93446	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	63	74	74	$180.00	$44.42	$30.59	$29.26
1306287685	Miller	Kelli Jo	S	PA-C	F	I	270 Main S Suite 300	Stillwater	MN	27	55082	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	34	74	74	$60.78	$39.54	$27.42	$28.23
1326363656	Brown	Kristal	M	MD	F	I	375 N Wall St Ste P620	Kankakee	IL	17	60901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	74	74	$100.00	$46.99	$31.08	$31.11
1396997664	Busino	Rowley	S	MD	F	I	5565 Gross Bldg 3 Suit	La Mesa	CA	6	91942	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	74	74	$95.00	$50.21	$33.37	$31.44
1417472457	Kendrick	Emily	J	FNP-C	F	I	159 Executive Dr Ste C	Danville	VA	51	24541	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	71	74	74	$119.44	$40.28	$29.93	$30.15
1437474954	Ojo	Rosemary	B	M.D.	F	I	7100 W 20t Suite 608	Hialeah	FL	12	33016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	74	74	$132.00	$51.94	$33.77	$29.88
1447519178	Wannemue	Todd	J	M.D.	M	I	350 W Columbia St Ste	Evansville	IN	18	47710	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	74	74	$135.00	$39.11	$29.43	$31.86
1447547195	Zajdel	Matthew	L	MD	M	I	100 Susan Dr	Johnstown	PA	42	15905	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	70	74	74	$170.00	$45.29	$30.41	$31.89
1467478255	Hunt	Scott	M	MD	M	I	1715 Dousman St	Green Bay	WI	55	54303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	74	74	$176.14	$43.05	$27.40	$29.40
1548615834	Mothersole	Kelsey	H	M.D.	F	I	720 W 34th St Ste 110	Austin	TX	48	78705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	74	74	$153.97	$46.43	$32.88	$32.59
1548679509	Muller	John		PA-C	M	I	200 1st St Sw	Rochester	MN	27	55905	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	56	74	74	$193.99	$38.48	$27.28	$26.90
1568746139	Miller	Leila		PA-C	F	I	7450 Kessler St Ste 13(	Merriam	KS	20	66204	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	74	74	74	$124.00	$35.81	$26.61	$28.95
1578976627	Birch	Jessica	L	MD	F	I	1925 Mountain View Av	Longmont	CO	8	80501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	74	74	$81.65	$44.75	$32.55	$32.42
1598182990	Ahn	Annie	K		F	I	4033 Talbot Rd S Ste 5(	Renton	WA	53	98055	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	70	74	74	$82.09	$41.01	$30.61	$28.14
1619935137	Suarez	Lorenzo	H	MD	M	I	125 South 5th Street	Brawley	CA	6	92227	4.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	65	74	74	$90.00	$48.94	$34.83	$33.89
1669145629	Alkabasi	Ali			M	I	263 Farmington Ave	Farmington	CT	9	6030			US	Physician A	Y	69210	Removal of N	O	70	74	74	$140.00	$43.17	$33.48	$31.20
1720344344	Read	Amelia	K	M.D.	F	I	1501 Trousdale Dr	Burlingame	CA	6	94010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	74	74	$165.70	$51.45	$38.20	$31.56
1750602660	Seibert	Jared	R	M.D.	M	I	50 Buck Creek Rd Ste 2	Avon	CO	8	81620	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	69	74	74	$172.00	$28.09	$19.37	$19.22
1760520878	Hjelm	Mary	E	ARNP	F	I	1100 9th Ave	Seattle	WA	53	98101	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	57	74	74	$132.83	$41.04	$25.69	$25.03
1790056604	Malm	Ian-James		M.D.	M	I	1021 Bandana Blvd E S	Saint Paul	MN	27	55108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	74	74	$205.09	$44.30	$31.93	$32.50
1811130057	Undavia	Samir		MD	M	I	200 E 72nd Apartment	New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	74	74	$160.59	$49.01	$32.73	$29.51
1831198647	Wikholm	Richard	P	MD	M	I	116 S Palis Ste 206	Santa Mari	CA	6	93454	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	74	74	$110.00	$51.68	$38.05	$34.82
1891743910	Donaldson	Chadwick	J	MD, MS, MI	M	I	H200 Mercy Lane	Camp Penc	CA	6	92055	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	44	74	74	$101.00	$49.60	$35.92	$33.10
1003813932	Lee	Janet	I	M.D.	F	I	7425 Monika Manor Dr	Tampa	FL	12	33625	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	73	73	$105.00	$46.97	$32.57	$32.38
1003842964	Deforest	John		D.O.	M	I	715 S Dixie Hwy	Beecher	IL	17	60401	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	60	73	73	$125.00	$51.25	$30.22	$28.11
1003903832	Kubek	Douglas	C	D.O.	M	I	21000 E 12 Ste 111	Saint Clair	MI	26	48081	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	73	73	$44.59	$30.82	$22.92	$22.02
1013024975	Robinson	Kevin	L	M.D.	M	I	3030 Harden Blvd	Lakeland	FL	12	33803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	73	73	$121.00	$45.92	$31.60	$30.63
1023069101	Tomasulo	Daniel	V	P.A.	M	I	3075 South Suite 102	Orchard Pa	NY	36	14127	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	57	73	73	$160.00	$38.39	$23.31	$25.35
1043732472	Salvador	Kristine Joy	A	ARNP	F	I	1501 Sentinel Dr Ste 4(	Chesapeak	VA	51	23320	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	55	73	73	$53.45	$40.42	$30.30	$30.37
1073788915	Winter	Leslie	K	M.D.	F	I	1925 Mountain View Av	Longmont	CO	8	80501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	73	73	$123.00	$48.76	$34.82	$33.93
1104889054	Beros	Andrew	D	M.D.	M	I	3811 Valley Centre Dr	San Diego	CA	6	92130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	73	73	$181.46	$49.04	$35.75	$32.78
1124212998	Kovler	Yanina		M.D.	F	I	3066 Brighton 6th St	Brooklyn	NY	36	11235	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	42	73	73	$110.00	$59.50	$47.48	$37.98

1134129695	Hall	Jeffrey	A	MD	M	I	974 Bethel Rd Ste A	Columbus	OH	39	43214	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	73	73	$95.00	$45.55	$31.62	$32.87
1144226317	Elliott	Charles	L	MD	M	I	138 N Dixon Rd	Kokomo	IN	18	46901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	73	73	$184.32	$43.34	$31.49	$33.85
1144453242	Thom	Joshua	J	MD	M	I	200 1st St Sw	Rochester	MN	27	55905	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	73	73	$161.21	$44.89	$27.42	$28.99
1164411963	Ford	Andrew	H	MD	M	I	1111 Olive St	Montgomer	AL	1	36106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	73	73	$85.00	$45.09	$30.50	$32.67
1174001747	Leatzow	Gena	E	FNP	F	I	11800 Sunrise Valley D	Reston	VA	51	20191	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	67	73	73	$159.51	$46.69	$35.69	$31.06
1174556880	Moeller	Arthur		D.O.	M	I	27351 Dequindre Rd	Madison H	MI	26	48071	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	53	73	73	$46.41	$31.25	$21.48	$22.62
1265519680	Merenda	Daniel	J	MD	M	I	527 Medical Park Dr St	Bridgeport	WV	54	26330	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	45	73	73	$94.00	$30.73	$22.22	$22.19
1275602989	Chaudhry	Mohamma	R		M	I	1 Brookdal	Room 157 (	Brooklyn	NY	36	11212	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	73	73	$80.00	$45.58	$33.41	$26.74
1326341843	Farley	Anthony	P	NPC	M	I	1543 N State Road 1	Cambridge	IN	18	47327	5	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	72	73	73	$53.00	$37.11	$29.57	$32.29
1336199538	Kaczor	Janet	M	MD	F	I	9097 E Desert Cove Av	Scottsdale	AZ	4	85260	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	72	73	73	$128.97	$49.99	$31.09	$28.38
1376295220	Tryon	Jessica	R	FNP-C	F	I	1305 Paluxy Rd Ste A	Granbury	TX	48	76048	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	69	73	73	$92.12	$37.47	$29.43	$30.98
1396307443	Rubelt	Janell	M	FNP-C	F	I	4940 5th St Ste 2b	Rapid City	SD	46	57701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	53	73	73	$48.65	$37.52	$22.88	$24.37
1407052236	Cassis	Adam		MD	M	I	225 S Dobson Rd	Chandler	AZ	4	85224	1	Metropolita	US	Undefined	Y	69210	Removal of N	O	62	73	72	$94.00	$45.99	$35.48	$36.28
1407831191	Riesberg	Michael	V	M.D.	M	I	2411 Executive Plaza R	Pensacola	FL	12	32504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	73	73	$202.59	$45.20	$32.84	$34.58
1477788719	Dixon	Joshua	F	M.D.	M	I	1717 N E St Suite239	Pensacola	FL	12	32501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	73	73	$47.47	$32.88	$23.49	$22.77
1487601662	Kashima	Matthew		M.D.	M	I	4940 Eastern Ave	Baltimore	MD	24	21224	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	59	73	73	$177.00	$34.33	$23.54	$21.65
1487874624	Tollefsbol	Gregory	R	PA-C	M	I	2701 Princ	Suite 100	Desoto	TX	48	75115	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	50	73	73	$56.67	$40.75	$32.59	$32.28
1528454881	Dunlap	Quinn	A	MD	M	I	800 Rose St Pav Cc 2n		Lexington	KY	21	40536	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	73	73	$116.00	$42.95	$32.34	$35.08
1538159488	Williams	Amanda	L	PA	F	I	16777 Medical Center		Baton Roug	LA	22	70816	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	59	73	73	$105.00	$28.05	$18.59	$18.51
1538165139	Mccormick	Chad	D	MD	M	I	323 N Spokane St Unit		Post Falls	ID	16	83854	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	73	73	$96.00	$41.39	$29.94	$32.84
1538197173	Greenberg	Jayson	S	M.D.	M	I	7500 Chall	1st Floor	Brighton	MI	26	48116	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	73	73	$81.00	$29.70	$20.90	$21.07
1598291494	Kady	William	G	D.O.	M	I	29201 Telegraph Rd St		Southfield	MI	26	48034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	73	73	$85.00	$48.49	$38.07	$36.66
1609134063	Imbery	Terence			M	I	5841 S Maryland Ave		Chicago	IL	17	60637	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	61	73	73	$259.49	$36.78	$28.02	$24.85
1649400938	Mitchell	Derek	L	MD	M	I	3110 Wellons Blvd		New Bern	NC	37	28562	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	73	73	$91.23	$45.07	$31.59	$32.96
1700873940	Juengel	Paul	H	MD	M	I	3940 Arrow Ste 210		Mebane	NC	37	27302	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	73	73	$145.00	$42.91	$29.53	$31.71
1720369010	Wenaas	Ashley	E	M.D.	F	I	21216 Nort Ste 310		Cypress	TX	48	77429	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	73	73	$110.96	$44.06	$29.63	$28.50
1730168055	Dittmer	Monica	M	PAC	F	I	4515 Premier Dr Ste 40		High Point	NC	37	27265	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	62	73	73	$212.47	$38.82	$28.41	$29.57
1750319752	Hsu	Kenneth	S	M.D.	M	I	4001 W. 15 Suite 225		Plano	TX	48	75093	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	73	73	$137.00	$44.04	$32.75	$34.35
1790221687	Utley	Wendy		FNP-C	F	I	1490 E For	Suite 350	St George	UT	49	84790	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	73	73	73	$150.00	$37.59	$25.38	$26.92
1811369895	Steinfeld	Naomi		P.A.	F	I	107 Newtown Rd Ste 2		Danbury	CT	9	6810	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	62	73	73	$234.86	$43.76	$31.46	$28.80
1851841258	Knoll	Molly	M	PA-C	F	I	4731 Route	Suite 302	Greensburg	PA	42	15601	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	54	73	73	$87.00	$39.00	$25.21	$26.32
1881879005	Mudd	Jason	E	MD	M	I	1020 Tijeras Ave Ne	Ste	Albuquerq	NM	35	87106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	53	73	73	$105.00	$42.52	$32.47	$33.38
1952324907	Christense	Nathan	P	M.D.	M	I	1200 Hilya	Suite 620	Eugene	OR	41	97401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	73	73	$115.20	$43.69	$31.26	$32.56
1952379414	Cepero	Ralph		M.D.	M	I	540 W 5th	Suite 410	Odessa	TX	48	79761	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	73	73	$118.00	$45.03	$26.46	$27.94
1003390022	Hale	Becky		FNP-C	F	I	14546 Old Saint Augus		Jacksonvill	FL	12	32258	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	59	72	72	$107.67	$33.43	$22.36	$22.21
1003986142	Vambutas	Andrea		MD	F	I	Lijmc-Dept 270-05 76t		New Hyde	NY	36	11040	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	72	72	$357.00	$60.13	$44.63	$34.92
1063424331	Jones	Timothy	R	M.D.	M	I	330 S 5th St Ste 401		Enid	OK	40	73701	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	72	72	$94.00	$42.87	$31.48	$34.04
1083697692	Patel	Ankit	M	MD	M	I	2201 Glenwood Ave		Joliet	IL	17	60435	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	72	72	$99.00	$49.81	$30.67	$28.48
1104390087	Steinherz	Ariel	Y	NP	M	I	6010 Bay Pkwy Ste 901		Brooklyn	NY	36	11204	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	59	72	72	$138.48	$50.11	$39.96	$31.83
1124531934	Destefano	Rachel			F	I	800 S Loga	Suite 3100	Hollidaysb	PA	42	16648	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	51	72	72	$79.00	$39.69	$24.71	$25.44
1134182413	Jarrett	William	A	M.D.	M	I	304 10th Ave Ne		Hickory	NC	37	28601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	72	72	$152.82	$43.07	$30.89	$31.60
1194067819	Mcknight	Thomas	A	M.D.	M	I	1120 E Elizabeth St Ste		Fort Collins	CO	8	80524	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	72	72	$109.00	$47.79	$32.24	$31.71
1235170572	Martini	David	V	M.D., P.A.	M	I	312 Westside Dr		Douglas	GA	13	31533	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	72	72	$150.00	$42.28	$26.67	$30.38
1235383860	Madia	Marie	Z	M.S. RPA-C	F	I	1 Atwell Rd		Cooperstow	NY	36	13326	10	Rural areas	US	Physician A	Y	69210	Removal of N	O	49	72	72	$88.00	$27.55	$18.85	$19.27
1235665340	Pappa	Andrew	K	MD	M	I	2295 Henry Tecklenbur		Charleston	SC	45	29414	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	72	72	$128.00	$40.74	$31.96	$34.07
1275769754	Ashmead	Mary	G	MD	F	I	300 S Nolen Dr Ste 100		Southlake	TX	48	76092	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	72	72	$48.21	$45.98	$29.34	$29.64
1285623561	Hansbroug	Thomas	A	M.D.	M	I	8080 Blueb	Ste. 2121	Baton Roug	LA	22	70810	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	72	72	$150.76	$45.88	$33.02	$33.96
1336151349	Enelow	Robert	S	M.D.	M	I	6035 Burke	Suite 120	Burke	VA	51	22015	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	70	72	72	$126.57	$54.96	$41.44	$35.61
1407875503	Nadel	Douglas	M	MD	M	I	599 W Stat	The Pavilio	Doylestow	PA	42	18901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	72	72	$105.00	$48.15	$35.55	$33.23
1437152329	Marrero	Rafael	J	MD	M	I	2200 Ada A	Suite 202	Conway	AR	5	72034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	72	72	$135.00	$42.41	$27.28	$31.48
1497264709	Wilson	Heather	M	APRN, MA	F	I	1678 Asylum Ave		West Hartf	CT	9	6117	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	66	72	72	$127.40	$41.74	$28.41	$27.41
1538195961	Bateman	Blane	E	DO	M	I	901 Leight	Suite 506	Anniston	AL	1	36207	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	71	72	72	$46.00	$39.37	$29.32	$31.87
1548463144	Allen	Kyle	P	MD	M	I	5 Tampa General Cir St		Tampa	FL	12	33606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	72	72	$105.00	$48.05	$33.36	$33.06
1568595775	White	Deidra		NP	F	I	699 Churc	Suite 340	Marietta	GA	13	30060	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	58	72	72	$113.33	$40.28	$25.17	$24.94
1588676480	Rodriguez	Ignacio		MD	M	I	4850 W Oa	Suite 102	Lauderdale	FL	12	33313	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	72	72	$116.00	$50.11	$36.10	$33.46
1609126671	Olson	Lindsey	L	APNP	F	I	1836 South Ave		La Crosse	WI	55	54601	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	60	72	72	$188.28	$26.06	$17.07	$18.59
1639229750	Chen	Judy	L	M.D.	F	I	501 Skokie Blvd		Northbrook	IL	17	60062	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	72	72	$90.72	$35.25	$24.30	$22.04
1689621187	Mcintee	Geri	A	NP-C	F	I	715 E Broadway Ave		Bismarck	ND	38	58501	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	58	72	72	$41.00	$26.91	$18.16	$18.79
1740259043	Fierstein	Jeffrey		M.D.	M	I	2120 Madis	Suite 200	Granite Cit	IL	17	62040	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	68	72	72	$117.48	$48.67	$22.67	$21.99
1770679797	Mostafavi	Homan		D.O.	M	I	2051 W Chandler Blvd		Chandler	AZ	4	85224	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	72	72	$110.33	$45.93	$34.12	$35.27
1790771996	Ruparelia	Ashutosh	H	M.D.	M	I	2 Ascot Place		Ithica	NY	36	14850	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	72	72	$150.56	$45.12	$28.63	$29.71
1821223942	Brant	Jason	A	MD	M	I	3400 Spruc	5th Fl Silve	Philadelphi	PA	42	19104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	53	72	72	$95.00	$34.97	$25.96	$24.30
1871859959	Creighton	Francis	X	M.D.	M	I	601 N Caroline St Rm 6		Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	72	72	$177.00	$52.32	$33.88	$30.72
1922186253	Dantini	Daniel	C	MD	M	I	29 Old King	Suite 6a	Palm Coas	FL	12	32137	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	72	72	$166.00	$47.89	$34.68	$34.51
1932434412	Ludwin	Alyssa	F	PA	F	I	21 Reade Pl	Ste 3200	Poughkeep	NY	36	12601	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	71	72	72	$232.79	$43.24	$30.80	$27.06
1942439096	Nelson	Jennifer		MD	F	I	106 Wadsworth St		Radford	VA	51	24141	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	72	72	$171.00	$46.04	$33.11	$32.48
1972751915	Aye	Saw	W	M.D	M	I	104 Lynch	Ste 10	Petaluma	CA	6	94954	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	62	72	72	$261.00	$48.64	$34.09	$32.94
1992805253	O'connor	Peter	D	M.D., O.D.	M	I	331 Maine St Ste 4		Brunswick	ME	23	4011	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	72	72	$123.94	$30.74	$20.10	$20.48
1023018488	Hohn	Darren	J	DO	M	I	50 Moisey Dr Ste 202		Hazle Town	PA	42	18202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	71	71	$100.00	$44.88	$30.31	$31.56
1023228947	Kurichh	Anuja	G	MD	F	I	4700 Berw	Suite 105	College Par	MD	24	20740	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	45	71	71	$200.00	$54.84	$43.76	$38.11
1104398890	Damasco	George		NP-C	M	I	16162 Beach Blvd Ste		Huntington	CA	6	92647	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	54	71	71	$70.00	$43.67	$34.47	$31.92
1114399706	Graebener	Tracy	J	FNP	F	I	5701 W 119th St Ste 42		Shawnee M	KS	20	66209	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	50	71	71	$89.00	$37.69	$23.05	$25.49
1124183629	Stackpole	Sarah	A	M.D.	F	I	240 E 79th St Ph B		New York	NY	36	10075	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	71	71	$63.73	$56.19	$43.53	$35.10
1134616584	Arader	Shannon		PA-C	F	I	2680 S Cleveland Ave		Saint Josep	MI	26	49085	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	53	71	71	$44.00	$26.66	$15.45	$16.36
1144273566	Yun	James	M	MD	M	I	2423 Nw Troost St		Roseburg	OR	41	97471	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	71	71	$129.00	$40.74	$30.05	$32.89
1164400040	Durante	Bernard	J	MD	M	I	30 Aldrin Road		Plymouth	MA	25	2360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	71	71	$250.00	$49.98	$24.54	$22.77
1174670657	Fang	David	J	M.D.	M	I	5255 E Sto	Suite 400	Indianapoli	IN	18	46237	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	71	71	$98.37	$43.33	$26.69	$29.86

1205098530	Kabak	Jennifer	A	DO	F	I	67 Slades Ferry Ave	Somerset	MA	25	2726	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	62	71	71	$225.41	$48.83	$35.26	$34.59
1205473584	Zuleger	Mackenzie	L	NP	F	I	5300 Memorial Dr	Two Rivers	WI	55	54241	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	63	71	71	$235.00	$37.41	$25.54	$27.94
1235804584	Keeling	Ruth	L	PA-C	F	I	123 Everett Rd	Albany	NY	36	12205	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	64	71	71	$124.65	$37.75	$25.87	$27.03
1245523554	Campbell	Adam	P	MD	M	I	4750 Waters Ave Ste 1:	Savannah	GA	13	31404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	71	71	$142.00	$22.20	$16.73	$18.42
1255366449	Brundage	William	J	MD	M	I	111 Colche West Pavili	Burlington	VT	50	5401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	48	71	71	$39.97	$31.65	$22.43	$23.39
1265662969	Edala	Arpana		MD	F	I	2300 Andover Ct Ste 4(	Little Rock	AR	5	72227	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	58	71	71	$93.79	$43.01	$31.72	$35.40
1265965982	Fidler	Gina		NP	F	I	1076 S Gaylord St	Denver	CO	8	80209	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	43	71	71	$100.48	$38.49	$26.91	$29.10
1316938160	Faulkner	Jeffrey	A	M.D., D.D.S	M	I	1600 N Main Ave	Lovington	NM	35	88260	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	59	71	71	$170.00	$31.28	$23.53	$24.53
1326339219	Pesce	Julianna	E	M.D.	F	I	3831 Hughes Ave Ste 5	Culver City	CA	6	90232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	71	71	$65.00	$47.22	$34.53	$31.26
1336316819	Tebbit	Christophe	L	M.D.	M	I	400 Park St	Belmont	NC	37	28012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	71	71	$96.34	$44.71	$31.13	$32.11
1346267200	Hirokawa	Ronald	H	MD	M	I	1 Long Wha Suite 302	New Haven	CT	9	6511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	71	71	$53.49	$51.97	$37.49	$34.20
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	G0444	Annual dep	N	O	71	71	71	$30.00	$14.83	$14.83	$15.57
1376854570	Alammar	Nouha		D.O	F	I	24530 Michigan Ave	Dearborn	MI	26	48124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	71	71	$79.23	$47.68	$35.21	$33.70
1396721965	Nebelsieck	Jeffrey	A	MD	M	I	3333 E Camelback Rd !	Phoenix	AZ	4	85018	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	66	71	71	$51.79	$43.43	$28.19	$31.50
1427192988	Yu	Vivian	M	MD	F	I	104 27th Ave Se	Puyallup	WA	53	98374	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	71	71	$117.41	$48.11	$33.81	$32.42
1467004713	Bras	Orion	J		M	I	518 N H St	Salt Lake C	UT	49	84103	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	64	71	71	$117.00	$44.82	$29.20	$26.37
1477644078	Mccary	William	S	M.D.	M	I	1963 Mem Suite 5	Huntsville	AL	1	35801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	71	71	$74.03	$44.40	$31.69	$33.82
1497703276	Cravens	Robert	B	M.D.	M	I	1358 W. Orange Grove	Tucson	AZ	4	85704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	71	71	$94.00	$41.42	$29.57	$29.92
1508334756	Larson	Kristine	M	CNP	F	I	101 E Minnesota St Ste	Rapid City	SD	46	57701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	54	71	71	$46.41	$38.05	$25.77	$26.91
1558332767	Lakhani	Raam	S	MD	M	I	1755 N Florida Ave	Lakeland	FL	12	33805	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	71	71	$125.00	$33.45	$25.75	$25.20
1588041180	Vandelaar	Laura	J	M.D.	F	I	719 Thompson Ln Ste 3	Nashville	TN	47	37204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	71	71	$140.00	$44.80	$29.99	$30.52
1588251532	Ansel	Caitlin	C	FNP	F	I	1003 N Providence Dr S	Newberg	OR	41	97132	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	45	71	71	$158.00	$36.13	$25.95	$28.88
1609939743	Milewski	Jeffrey	S	D.O.	M	I	2551 Mcleod Dr S	Saginaw	MI	26	48604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	71	71	$83.97	$43.84	$33.63	$35.84
1619985249	Beatty	Todd	W	MD	M	I	6870 W 52nd Ave Ste 2	Arvada	CO	8	80002	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	71	71	$98.00	$46.05	$32.02	$31.51
1639135296	Stroschein	Mariel		M.D.	F	I	4212 N 16th St	Phoenix	AZ	4	85016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	58	71	71	$45.91	$31.21	$23.25	$23.60
1639140817	Jones	Richard	M	MD	M	I	10030 Green Level Chu	Cary	NC	37	27519	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	71	71	$139.00	$45.69	$33.59	$35.20
1649669433	Purkey	Matthew		M.D.	M	I	2359 Hassell Rd	Hoffman Es	IL	17	60169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	71	71	$116.00	$51.11	$34.28	$31.56
1750027603	Kim	Yu Seon			F	I	11 Franklin Pl	Woodmere	NY	36	11598	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	57	71	71	$85.00	$50.31	$40.09	$32.28
1780086488	Theobald	Ashley	P	PA-C	F	I	2 Roper Corners Cir	Greenville	SC	45	29615	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	58	71	71	$68.00	$37.60	$28.40	$30.53
1780800938	Watkins	Jeremy	P	M.D.	M	I	5751 Edwards Ranch R	Fort Worth	TX	48	76109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	71	71	$153.21	$42.96	$32.84	$33.35
1790984755	Pusz	Max	D	MD	M	I	1650 Coch Departmen	Fort Carson	CO	8	80913	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	71	71	$104.92	$41.25	$30.86	$31.99
1801115522	Fikhman	German	S	M.D.	M	I	2411 Ring Rd Ste 105	Elizabetht	KY	21	42701	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	71	71	$102.41	$43.99	$33.31	$35.32
1801878905	Fordice	James	O	MD	M	I	1370 Gatev Suite 100	Murfreesbo	TN	47	37129	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	50	71	71	$229.30	$42.30	$26.87	$30.11
1801969753	Damiano	Michael	J	MD	M	I	7500 Hano Suite 207	Greenbelt	MD	24	20770	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	71	71	$80.00	$55.59	$39.84	$34.08
1942828736	Babiarz	Rachel	A	FNP	F	I	5639 W Genesee St	Camillus	NY	36	13031	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	54	71	71	$85.00	$38.78	$29.54	$30.48
1962430801	Garraton - I	Miguel	R	M.D.	M	I	369 Ave. De Torre Medic	San Juan	PR	72	923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	71	71	$52.44	$35.37	$20.49	$20.90
1043358922	Egan	Timothy	J	M.D.	M	I	3299 Woodburn Rd	Annandale	VA	51	22003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	70	70	$85.00	$53.25	$38.64	$33.10
1073559738	De Vito	William	F	D.O.	M	I	2078 Willow Creek Rd	Prescott	AZ	4	86301	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	62	70	70	$123.00	$46.35	$30.54	$31.71
1073824983	Lerew	Melanie	R	M.D.	F	I	1 Burnside	Wichita Fal	TX	48	76310	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	70	70	$117.00	$45.26	$31.60	$33.07
1083683601	Duplechair	Gregory		M.D.	M	I	4809 Amba Suite 260	Lafayette	LA	22	70508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	70	70	$107.00	$43.74	$29.99	$32.31
1134474091	Marchand	Hector	J	M.D.	M	I	1231 Cumberland Xing	Valparaiso	IN	18	46383	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	64	70	70	$126.00	$43.41	$27.18	$30.95
1144646068	Wright	Jason		APRN	M	I	105 Greenbriar Dr	Campbells	KY	21	42718	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	51	70	70	$53.37	$26.78	$18.59	$19.68
1154565406	Tammared	Neelima		MD	F	I	7789 South Suite 470	Houston	TX	48	77074	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	70	70	$140.00	$45.50	$33.37	$32.98
1194759225	Wong	Gabriel	H	MD	M	I	406 Lippincott Dr	Marlton	NJ	34	8053	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	70	70	$158.00	$51.21	$39.00	$35.40
1235345489	Salgado	Moses	D	M.D.	M	I	6010 Hidden Valley Rd	Carlsbad	CA	6	92011	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	70	70	$150.00	$51.40	$35.98	$33.32
1245247311	Jackman	Alexis	H	MD	F	I	3020 Westr Ent And Allı	Purchase	NY	36	10577	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	70	70	$276.11	$52.52	$39.98	$31.47
1326094046	Cooter	Michael	S	M.D.	M	I	1 Doctors Drive	Greenville	SC	45	29605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	70	70	$160.00	$40.84	$26.96	$29.66
1356542476	Rohman	Grant	T	MD	M	I	100 W 4th St Ste 200	Cookeville	TN	47	38501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	70	70	$115.00	$43.18	$30.12	$33.27
1356754626	Awad	Mahmoud	I	MD	M	I	30 Harrison St Ste 350	Johnson Cit	NY	36	13790	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	59	70	70	$79.38	$29.59	$18.99	$19.75
1407054760	Melon	David	E	M.D.	M	I	304 10th Ave Ne	Hickory	NC	37	28601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	70	70	$157.82	$43.96	$30.98	$32.00
1417042730	Mitchell	Michael	J	M.D.	M	I	601 W Country Club Rc	Roswell	NM	35	88201	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	70	70	$143.06	$43.28	$32.74	$33.48
1518223908	Li	Mingsi		M.D.	M	I	9500 Euclid Ave	Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	70	70	$310.11	$32.38	$21.79	$21.54
1568994010	Chan	Stephen	A	M.D.	M	I	1700 N Rose Ave Ste 4(	Oxnard	CA	6	93030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	70	70	$82.16	$50.36	$37.93	$34.48
1598725350	Butler	John	E	M.D.	M	I	4000 S 700 Ste 10	Slc	UT	49	84107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	70	70	$141.00	$45.02	$30.68	$31.97
1598990996	Hansen	Lauren	A	MD	F	I	5255 East S Suite 400	Indianapoli	IN	18	46237	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	70	70	$97.00	$40.79	$27.46	$30.36
1609890573	Golden	Patrick	A	M.D.	M	I	1275 E Spri Suite 103	Fresno	CA	6	93720	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	55	70	70	$75.00	$49.06	$37.29	$35.81
1649429432	French	Adam	M	M.D.	M	I	1370 Wellbrook Cir Ne	Conyers	GA	13	30012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	70	70	$145.00	$47.60	$31.50	$30.97
1659481141	Matheson	Orly		PA-C	F	I	1905 Clint I Suite 202	Boca Rator	FL	12	33496	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	64	70	70	$90.00	$43.18	$32.28	$29.76
1659563955	Le	Mina	N	M.D.	F	I	311 Bay Ave Ste 300b	Glen Ridge	NJ	34	7028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	70	70	$166.29	$53.77	$41.69	$36.89
1669124558	Noah-Saye	Christophe	M	PA-C	M	I	38525 8 Mile Rd	Livonia	MI	26	48152	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	62	70	70	$90.00	$40.72	$32.47	$31.14
1699034181	Greene	Joshua	B	MD	M	I	2101 Jackson St Ste 11	Anderson	IN	18	46016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	53	70	70	$147.86	$42.27	$27.42	$29.66
1730169798	Fitzgerald	Dennis	C	MD	M	I	925 Chestnut St Fl 6	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	64	70	70	$110.00	$35.08	$25.78	$24.24
1740299924	Wingate	Jennifer		MD	F	I	3730 Rhon Suite 203	Anchorage	AK	2	99508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	70	70	$266.00	$56.57	$40.97	$32.28
1760746150	Lange	Jessica	L	MD	F	I	120 N Eagle Creek Dr S	Lexington	KY	21	40509	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	70	70	$90.43	$41.15	$29.75	$32.29
1770861478	Durvasula	Venkata	S	M.D.	M	I	403 W Oak St Ste 105	El Dorado	AR	5	71730	5	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	70	70	$88.49	$41.95	$32.47	$36.50
1831134717	He	Tina	Q	MD	F	I	139 Centre Ste 203	New York	NY	36	10013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	70	70	$170.00	$46.16	$33.54	$27.94
1831406040	Hemme	Troy	S	D.O.	M	I	3366 Oakd Suite 150	Robbinsdal	MN	27	55422	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	70	70	$321.34	$43.63	$30.01	$30.87
1841265071	Bhuta	Tarika		M.D.	F	I	3055 Independence Dr	Birminghan	AL	1	35209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	70	70	$46.22	$44.13	$31.87	$34.26
1841482866	Valencia	David	M	M.D.	M	I	700 West Ave S	La Crosse	WI	55	54601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	70	70	$158.14	$30.67	$19.07	$20.87
1841735388	Cunningha	Laura		PA-C	F	I	6802 W Rio Grande Ave	Kennewick	WA	53	99336	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	67	70	70	$89.00	$38.00	$27.76	$29.44
1871553446	Salata	James	A	MD	M	I	1870 Amherst St Ste 2t	Winchester	VA	51	22601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	70	70	$129.29	$46.46	$34.40	$34.21
1942266044	Lee	Patty		M.D.	F	I	8316 Arling Suite 300	Fairfax	VA	51	22031	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	70	70	$200.43	$50.80	$39.90	$35.95
1952621435	Nguyen	Josephine	H	MD	F	I	10200 Trinity Pkwy Ste	Stockton	CA	6	95219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	70	70	$165.00	$48.53	$35.81	$34.89
1952866451	Hultin	Michael	P		M	I	221 E Caldwell Ave	Visalia	CA	6	93277	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	70	70	70	$123.35	$40.68	$30.07	$29.28
1962822304	Reed	Robert	E		M	I	1870 Amherst St Ste 2t	Winchester	VA	51	22601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	69	70	70	$112.07	$45.19	$31.79	$32.49
1003845660	Rakhmanc	Emmanuil		MD	M	I	11 W End A Ste 1	Brooklyn	NY	36	11235	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	69	69	69	$100.00	$60.22	$44.97	$35.35
1013056985	Gambrell	William	B	M.D.	M	I	150 Clinic / Suite 201	Carrollton	GA	13	30117	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	65	69	69	$110.00	$43.93	$31.30	$33.50

1043298870	Gupta	Sanjay	K	MD	M	I	6500 29th S	Suite 106	Greeley	CO	8	80634	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	69	69	$109.00	$48.29	$28.83	$28.22
1043487531	Mccall	Andrew			M	I	10833 Le C	16-155 Chs	Los Angele	CA	6	90095	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	69	69	$138.00	$46.71	$33.41	$33.56
1053327783	Brown	Melvin	D	PA-C	M	I	1648 Alameda Blvd Nw		Albuquerq	NM	35	87114	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	61	69	69	$100.00	$38.54	$28.75	$29.87
1083700785	May	Bruce	C	M.D.	M	I	5333 Hollis	Suite #208	Santa Barb	CA	6	93111	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	69	69	$53.68	$47.67	$36.40	$32.82
1124361621	Succar	Eric	F	MD	M	I	5220 Highland Rd	Ste 2	Waterford	MI	26	48327	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	69	69	$83.41	$45.89	$28.08	$28.32
1154784866	Hannabass	Kyle	R	M.D.	M	I	300 Pasteur Dr		Stanford	CA	6	94305	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	69	69	$175.00	$54.66	$43.55	$37.43
1194011437	Baskin	Robert	M	MD	M	I	2406 Lighthouse Mano		Gainesville	GA	13	30501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	69	69	$95.00	$43.60	$30.52	$33.09
1205197407	Lentner	Mark			M	I	122 12th St	Ste A	Princeton	WV	54	24740	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	69	69	$108.00	$35.67	$26.67	$27.94
1215355086	Detorres	Alvin	T	M.D.	M	I	133 Benmore Dr	Ste 10	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	69	69	$138.00	$46.07	$33.11	$33.04
1255428082	Lebovics	Robert	S	M.D.	M	I	425 West 5	10th Floor	New York	NY	36	10019	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	69	69	$225.00	$55.03	$40.92	$33.74
1265721336	Hootnick	Jessica	L	M.D.	F	I	3 Meeting House Rd		Chelmsfor	MA	25	1824	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	69	69	$207.52	$51.02	$37.59	$33.58
1326022708	Aminpour	Shervin		MD	M	I	7345 Medical Center D		West Hills	CA	6	91307	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	69	69	$75.00	$46.92	$33.62	$32.16
1376532929	Liu	James	H	MD	M	I	17450 St Lu	200	The Woodla	TX	48	77384	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	54	69	69	$90.00	$42.30	$30.21	$31.45
1376545152	Snowden	Robert	T	MD	M	I	14546 Old :	Credentiali	Jacksonvill	FL	12	32258	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	69	69	$109.36	$35.45	$26.69	$27.19
1376997957	Jordan	Jaxon	W	MD	M	I	1233 N 18th St		Abilene	TX	48	79601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	69	69	$120.00	$45.31	$30.30	$32.02
1396011730	Demason	Christine	E		F	I	101 Manning Dr	Groun	Chapel Hill	NC	37	27599	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	69	69	$139.00	$44.37	$30.89	$32.51
1396132478	Mallen	Jonathan		MD	M	I	400 Middletown Blvd	S	Langhorne	PA	42	19047	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	69	69	$100.00	$48.16	$36.19	$33.44
1417998915	Connor	Tara		DO	F	I	2401 Forest Dr		Inverness	FL	12	34453	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	55	69	69	$75.00	$45.36	$35.90	$35.78
1477573327	Fuentes	Adan	A	D.O.	M	I	1222 S Patt	Suite 400	Dayton	OH	39	45402	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	69	69	$80.00	$44.44	$31.98	$33.24
1487726048	Bergman	Justin	A	MD	M	I	640 North E	Dr Justin Be	Elizabeth	NJ	34	7208	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	69	69	$63.00	$33.23	$26.51	$24.77
1497008023	Barbee	Katie		PA-C	F	I	1100 9th Ave		Seattle	WA	53	98101	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	56	69	69	$133.83	$44.17	$32.23	$29.12
1497890115	Crouch	Jason	M	D.O.	M	I	806 Manvel Ave		Chandler	OK	40	74834	7.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	57	69	69	$72.00	$42.73	$28.37	$31.46
1538118906	Benton	Nick	C	M.D.	M	I	444 Nw Elks Dr		Corvallis	OR	41	97330	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	69	69	$168.00	$45.68	$19.62	$21.35
1538169909	Clairvil	Jessie		D.O.	F	I	545 Becket	Suite 206	Swedesbor	NJ	34	8085	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	69	69	$107.16	$51.17	$36.23	$32.98
1548242100	Scott	Kirby	J	D.O.	M	I	1800 Dual I	Suite #303	Hagerstow	MD	24	21740	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	69	69	$116.23	$48.64	$30.41	$30.03
1558384255	Calamari	Tammy	L	PA-C	F	I	400 8th St N		Naples	FL	12	34102	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	65	69	69	$102.30	$42.76	$27.80	$25.64
1568680122	Lyman	Erik	M	M.D.	M	I	945 W Hos	Suite # 1	Price	UT	49	84501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	69	69	$114.63	$43.10	$31.73	$33.90
1588640015	Brown	Teddy	W	MD	M	I	13910 Fivay Road	Suite	Hudson	FL	12	34667	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	69	69	$144.78	$46.71	$35.64	$35.23
1588680516	Arthur	James	P	MD	M	I	340 S Willard St		Cottonwoo	AZ	4	86326	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	57	69	69	$91.00	$43.46	$29.28	$30.23
1639582273	L'esperanc	Heidi	E	M.D.	F	I	400 E 3rd St		Duluth	MN	27	55805	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	57	69	69	$164.00	$29.54	$20.82	$22.14
1649298936	Moore	David	F	MD	M	I	4515 Premier Dr	Ste 40	High Point	NC	37	27265	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	69	69	$223.59	$44.74	$29.06	$30.43
1649579996	Wheless	Stephen	A	M.D.	M	I	501 20th St	Suite 204	Knoxville	TN	47	37916	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	69	69	$125.00	$43.20	$30.86	$33.66
1669967808	Conley	Kellie			F	I	1679 N Wilson Rd	Ste 1	Radcliff	KY	21	40160	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	59	69	69	$102.28	$37.57	$26.11	$28.01
1679629349	Sawyer	Drew	S	MD	M	I	1305 W 34t	Suite 408	Austin	TX	48	78705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	69	69	$124.00	$46.14	$36.24	$36.05
1700841145	Sigmon	Jason	B	MD	M	I	940 Central Park Dr	Ste	Steamboat	CO	8	80487	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	69	69	$160.30	$48.40	$30.52	$30.11
1700975372	Namon	Ari	J	MD	M	I	30 Columbia St		Poughkeep	NY	36	12601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	61	69	69	$110.95	$34.47	$27.00	$25.00
1750386579	Johnson	Bruce		MD	M	I	3099 River Rd S		Salem	OR	41	97302	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	69	69	$125.87	$45.18	$30.69	$32.13
1750649760	Riccio	Jessica	L	MD	F	I	123 Everett Rd		Albany	NY	36	12205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	69	69	$122.46	$41.66	$28.49	$29.14
1770979684	Hutz	Michael		M.D	M	I	610 S Maple Ave	Ste 37	Oak Park	IL	17	60304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	69	69	$162.00	$35.02	$25.02	$22.33
1801981931	Levitin	Gregory		M.D.	M	I	200 W 57th St		New York	NY	36	10019	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	69	69	$225.00	$54.15	$40.01	$32.75
1821106089	Hinckley	Daniel	K	M.D.	M	I	2065 E 17th	Suite A	Idaho Falls	ID	16	83404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	69	69	$51.59	$30.34	$22.81	$24.35
1831133800	Schiff	Neil	F	M.D.	M	I	21 W Main :	One Exchar	Waterbury	CT	9	6702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	69	69	$215.00	$50.12	$37.21	$35.27
1851885420	Chapman	Jordan	C	NP	M	I	777 Hospital Way Ofc		Pocatello	ID	16	83201	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	55	69	69	$157.00	$36.02	$25.04	$27.74
1861966830	Lawley	Savannah	H	PA-C	F	I	2295 Henry Tecklenbur		Charleston	SC	45	29414	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	67	69	69	$128.00	$37.23	$25.92	$27.63
1891051827	Langford	Brian	R	M.D.	M	I	1136 E Grande Blvd		Tyler	TX	48	75703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	69	69	$91.30	$40.17	$29.76	$31.05
1922426501	Jensen	Brett	T		M	I	18400 Katy Fwy	Ste 47(	Houston	TX	48	77094	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	69	69	$96.52	$43.60	$31.05	$32.71
1013967371	Collazo	Antonio	E	MD	M	I	990 S Prosp	Suite 1	Marion	OH	39	43302	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	68	68	$148.00	$46.58	$28.58	$29.56
1043251051	Smith	Joseph	L	M.D.	M	I	111 Arrandale Blvd		Exton	PA	42	19341	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	68	68	$80.00	$48.75	$37.07	$34.35
1043307804	Carter	Kenny	B	M.D.	M	I	8380 Warre	Suite 504	Frisco	TX	48	75034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	68	68	$89.34	$45.59	$32.83	$34.54
1043319155	Lavine	Ferne	R	MD	F	I	2177 Oak Tree Rd	Ste 2	Edison	NJ	34	8820	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	68	68	$91.32	$53.89	$35.95	$31.68
1073552501	Sutton	Brian Paul		M.D.	M	I	115 W Silver St		Westfield	MA	25	1085	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	64	68	68	$109.92	$49.77	$32.05	$30.64
1083718456	Shah	Darsit	K	MD	M	I	1131 Broac	Ste 103	Shrewsbur	NJ	34	7702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	68	68	$270.91	$44.52	$32.55	$29.33
1114284536	Porter	Paul	W	MD	M	I	10021 Dupont Circle C		Fort Wayne	IN	18	46825	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	68	68	$107.00	$44.43	$25.22	$28.08
1174840565	Taheri	Kevin		M.D.	M	I	720 W 34th St	Ste 110	Austin	TX	48	78705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	68	68	$138.18	$43.54	$31.80	$33.46
1184053803	Gawel	Holly		PA-C	F	I	1250 S Ced	Suite 110	Allentown	PA	42	18103	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	52	68	68	$100.00	$37.35	$26.16	$26.29
1184884611	Seymour	Joseph	M	MD	M	I	5333 Mcau	Rm 2017	Ypsilanti	MI	26	48197	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	68	68	$78.97	$46.26	$29.42	$30.01
1184988685	Judge	Paul	D	MD	M	I	9045 Us Highway 31 St		Berrien Spr	MI	26	49103	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	59	68	68	$146.71	$44.98	$29.16	$30.23
1194159111	Leduc	Marc			M	I	1120 15th S	Suite Bp 41	Augusta	GA	13	30912	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	50	68	68	$143.00	$27.36	$19.01	$19.58
1225500846	Robinson	Katie	N	PA	F	I	1963 Mem	Suite 5	Huntsville	AL	1	35801	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	52	68	68	$73.00	$37.98	$26.22	$28.10
1245272806	Pezold	John	C	M.D.	M	I	150 Clinic /	Suite 201	Carrollton	GA	13	30117	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	58	68	68	$110.00	$44.14	$32.68	$35.31
1275500902	Muthu	Gerald		M.D,	M	I	1653 E Mcmurray Blvd		Casa Gran	AZ	4	85122	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	60	68	68	$90.00	$46.95	$33.73	$33.68
1295078228	Pfeiffer	Michael		D.O.	M	I	6301 University Comm		South Benc	IN	18	46635	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	68	68	$127.78	$42.67	$26.72	$29.84
1295080281	Moyle	Sarah	N	PA-C	F	I	1215 Duff Ave		Ames	IA	19	50010	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	43	68	68	$119.00	$37.82	$22.93	$25.25
1306844949	Hofmann	William	C	M.D.	M	I	512 Wilcox St		Fort Atkins	WI	55	53538	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	68	68	$120.21	$31.10	$19.14	$20.93
1316900178	Lin	James		M.D.	M	I	7777 Henn	Suite 709	Baton Roug	LA	22	70808	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	68	68	$148.34	$36.98	$24.30	$26.13
1316943624	Eaton	Deborah	A	MD	F	I	1099 Ohio River Blvd		Sewickley	PA	42	15143	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	68	68	$141.00	$45.26	$34.98	$36.36
1336169259	Sajjadi	Hamed		MD	M	I	14981 National Ave	Ste	Los Gatos	CA	6	95032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	68	68	$175.00	$56.39	$41.49	$34.44
1376817221	Clack	Tiffany	L	MSN-ANP	F	I	712 N. Was	Suite 415	Dallas	TX	48	75246	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	49	68	68	$157.67	$38.71	$30.16	$31.58
1407832728	Haack	Jason	P	M.D.	M	I	191 Overthrust Rd		Evanston	WY	56	82930	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	68	68	$105.00	$46.77	$31.79	$31.73
1417925504	Silver	John	R	M.D.	M	I	6035 Fairview Rd		Charlotte	NC	37	28210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	68	68	$96.40	$42.01	$29.51	$30.68
1447219365	Garlapaty	Vasudev	R	MD	M	I	14500 Northline Rd		Southgate	MI	26	48195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	68	68	$132.35	$49.54	$30.28	$28.94
1447258660	Maddox	James	B	M.D.	M	I	530 Clara E	Ste 200	Garland	TX	48	75042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	68	68	$100.00	$44.88	$31.26	$31.29
1457600298	Sumler	Todd		FNP	M	I	415 Woodrow Wilson D		Valdosta	GA	13	31602	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	50	68	68	$150.00	$37.74	$24.24	$26.40
1568524098	Edwards	Elena		MD	F	I	3907 S Jog Rd		Greenacres	FL	12	33467	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	55	68	68	$108.00	$51.87	$36.33	$32.68
1568980803	Hively	Christina	A	CNP	F	I	2131 E State St		Athens	OH	39	45701	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	55	68	68	$91.41	$27.79	$16.76	$16.68
1598730285	Page	Edwin	L	M.D.	M	I	1900 10th Ave	Ste 211	Columbus	GA	13	31901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	68	68	$172.84	$42.63	$25.11	$29.47
1609133099	Willingham	Yael	K	M.D.	F	I	2405 S Clear Creek Rd		Killeen	TX	48	76549	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	68	68	$153.00	$30.57	$21.77	$23.01

1619069887	Esmer	Ertan	R	MD	M	I	9250 Sw Hall Blvd	Tigard	OR	41	97223	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	68	68	$165.00	$41.49	$31.07	$32.27
1619937216	Villasuso	Eloy		M.D.	M	I	2950 Cleveland Clinic I	Weston	FL	12	33331	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	68	68	$249.00	$49.47	$31.80	$30.72
1629590583	Ravenell	Trina	N	PA-C	F	I	200 Patewood Dr Ste B	Greenville	SC	45	29615	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	57	68	68	$118.00	$36.86	$27.21	$29.51
1659409977	Roediger	Frederick	C	M.D.	M	I	1250 Fores Suite 301	Portland	ME	23	4103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	68	68	$125.34	$32.07	$23.76	$24.08
1659719664	Rachal	Larry	W	NP	M	I	221 Windermere Blvd	Alexandria	LA	22	71303	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	58	68	68	$144.00	$37.66	$27.84	$29.52
1669630653	Matsuoka	Akihiro		M.D.	M	I	200 W Arbor Dr	San Diego	CA	6	92103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	68	68	$166.00	$52.21	$39.19	$35.33
1689673972	Fratianni	Tamarah		D.O	F	I	1340 N Rim Dr	Flagstaff	AZ	4	86001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	53	68	68	$124.55	$42.93	$30.95	$31.97
1710050497	Mra	Zan		MD	M	I	1 Brookdale Plz Rm 17(	Brooklyn	NY	36	11212	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	68	68	$225.00	$55.39	$40.10	$31.56
1780635904	Rao	Arvin	K	M.D.	M	I	15 W Dry Creek Cir	Littleton	CO	8	80120	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	68	68	$101.00	$46.18	$35.69	$35.19
1790195675	Crabtree	Heather	F	MD	F	I	2311 N Prospect Ave	Milwaukee	WI	55	53211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	68	68	$190.99	$31.35	$18.83	$20.82
1790767119	Colson	Douglas		M.D.	M	I	4214 Andrews Hwy Ste	Midland	TX	48	79703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	68	68	$289.19	$45.12	$32.03	$33.53
1801885017	Kelsch	Timothy	A	MD	M	I	3501 N Scottsdale Rd #	Scottsdale	AZ	4	85251	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	68	68	$94.00	$44.22	$30.93	$31.75
1811925183	Henry	Stephen	D	M.D.	M	I	2319 E Wa: Suite 2	Pasadena	CA	6	91104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	46	68	68	$70.00	$49.88	$36.95	$33.41
1881691053	Kuhar	Siobhan		MD	F	I	400 Patroo Suite 205	Albany	NY	36	12206	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	68	68	$117.65	$41.27	$27.88	$28.50
1922078997	Piche	Jacques		M.D., F.R.S	M	I	10 Healey Ave	Plattsburgh	NY	36	12901	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	68	68	$75.00	$46.15	$34.38	$35.60
1952504169	Grigoryeva	Anna		MD	F	I	22 St Paul [Suite 202	Chambersk	PA	42	17201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	68	68	$130.00	$42.35	$30.10	$31.24
1972592368	Hung	Thomas	Y	M.D.	M	I	12720 Hillcrest Rd Ste	Dallas	TX	48	75230	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	68	68	$100.00	$45.52	$31.08	$31.18
1982923959	Dharamsi	Latif	M	M.D.	M	I	12309 N Mopac Expy S	Austin	TX	48	78758	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	68	68	$100.00	$47.65	$31.15	$30.96
1003368283	Delahunty	Mckie	A	PA-C	M	I	4000 S 700 E Ste 10	Salt Lake C	UT	49	84107	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	59	67	67	$125.02	$38.32	$25.00	$26.64
1023585858	Olshevskyy	Mykola		PA-C	M	I	3400 Bainbridge Ave Fl	Bronx	NY	36	10467	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	57	67	67	$250.00	$35.23	$26.50	$20.87
1053430397	Leavitt	Ron	J	AU.D.	M	I	1025 Nw 9t Suite D	Corvallis	OR	41	97330	1	Metropolita	US	Audiologist	Y	69210	Removal of N	O	40	67	67	$105.07	$45.36	$25.40	$27.53
1104213339	Estes	Matthew	L	NP-C	M	I	148 Bill Carruth Pkwy S	Hiram	GA	13	30141	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	50	67	67	$114.52	$40.83	$28.25	$27.74
1104284488	Griffin	Katelin	E	PA-C	F	I	715 S 8th St	Minneapoli	MN	27	55404	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	53	67	67	$98.00	$26.58	$19.06	$19.73
1124059647	Piccirillo	Jay	F	MD	M	I	1044 N Ma: Ste L20	Creve Coe	MO	29	63141	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	67	67	$155.00	$47.64	$32.32	$32.31
1134319858	Kriete	Brian	R	M.D.	M	I	1050 W 10th St	Rolla	MO	29	65401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	67	67	$135.00	$41.75	$29.18	$32.37
1144451691	Flohr	Jamie	K	M.D.	F	I	2080 Woodwinds Dr St	Woodbury	MN	27	55125	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	67	67	$152.00	$44.30	$34.74	$36.02
1154552388	Yoder	Nevin	D	NP	M	I	1046 Tulip Ter	Harrisonbu	VA	51	22801	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	58	67	67	$87.45	$40.93	$27.19	$26.83
1174713994	Hoskins	William	P	D.O.	M	I	911 Bypass Rd Bldg A	Pikeville	KY	21	41501	7	Small town	US	Otolaryngo	Y	69210	Removal of N	F	53	67	67	$115.67	$30.04	$21.98	$22.74
1174963532	Crane	Ryan	A	M.D.	M	I	6949 Good Samaritan I	Cincinnati	OH	39	45247	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	67	67	$132.00	$45.89	$36.15	$37.29
1184696221	Raymaker	Brian	D	MD	M	I	105 Mariner Health Wa	St Augustin	FL	12	32086	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	58	67	67	$81.60	$48.01	$35.35	$34.71
1194062638	Kuipers	Stefan	J	PA-C	M	I	3100 Wellness Dr	Holland	MI	26	49424	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	49	67	67	$105.00	$38.46	$22.46	$23.80
1194799965	Wells	William	A	MD	M	I	4711 Sunset Blvd	Lexington	SC	45	29072	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	67	67	$125.00	$42.86	$32.54	$35.01
1225010143	Martin	Pierre	T	MD	M	I	5818 Harbc Suite 230	Suffolk	VA	51	23435	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	67	67	$121.00	$45.81	$34.99	$34.74
1265515761	Caro	James	E		M	I	900 Se Oak Suite 201	Hillsboro	OR	41	97123	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	67	67	$127.51	$47.63	$32.57	$31.46
1285044669	Vaezeafsha	Reza			M	I	701 E El Camino Real	Mountain V	CA	6	94040	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	67	67	67	$154.85	$49.76	$38.05	$32.17
1285653535	Mendelsoh	Michael	G	M.D.	M	I	990 Stewar Suite 610	Garden Cit	NY	36	11530	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	67	67	$270.45	$57.19	$38.62	$30.33
1306055702	Rampey	Andrew	M	M.D.	M	I	1 Doctors Drive	Greenville	SC	45	29605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	67	67	$160.00	$43.91	$32.29	$34.78
1326365024	Lo	Emily		MD	F	I	2705 N Lebanon St Ste	Lebanon	IN	18	46052	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	38	67	67	$107.00	$43.19	$31.41	$33.80
1376648378	Sdano	Matthew	T	MD	M	I	1836 South Ave	La Crosse	WI	55	54601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	67	67	$187.28	$31.52	$20.24	$21.29
1396803474	Chen	Cheng		MD, PH.D.	M	I	9180 Bellai Suite E	Houston	TX	48	77036	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	56	67	67	$85.00	$47.16	$35.89	$36.17
1487643250	Solkovits	Andrew		D.O.	M	I	1920 California St Ste A	Redding	CA	6	96001	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	60	67	67	$70.45	$49.36	$35.35	$33.99
1487691432	Goodnight	Gary	D	D.O.	M	I	1233 N 18th St	Abilene	TX	48	79601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	67	67	$120.00	$45.25	$31.16	$32.91
1508931171	Rollins	Chester	P	MD	M	I	1720 Peacl Suite 200	Atlanta	GA	13	30309	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	67	67	$137.00	$47.30	$32.58	$32.36
1548325855	Trang	Tung	T	M.D.	M	I	6501 Truxtun Ave.	Bakersfield	CA	6	93309	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	67	67	$106.78	$49.89	$38.48	$35.43
1548666258	Smith	Hillary	A	APRN, FNP	F	I	925 Highland Blvd Ste :	Bozeman	MT	30	59715	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	58	67	67	$76.05	$27.84	$17.50	$17.04
1558533810	Ritchie	Michelle		CFNP	F	I	122 Pinnell St	Ripley	WV	54	25271	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	59	67	67	$138.00	$38.34	$27.18	$28.40
1588710446	Agrawal	Yuri		M.D.	F	I	1635 Aurora Ct	Aurora	CO	8	80045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	67	67	$177.00	$51.84	$32.76	$29.76
1598218364	Murphy	Douglas	M	PA-C	M	I	1 Medical C Otolaryngo	Lebanon	NH	33	3756	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	44	67	67	$191.49	$27.15	$17.98	$17.75
1598724619	Gottschalk	Douglas			M	I	16230 Sum Suite 215	Fort Myers	FL	12	33908	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	67	67	$108.01	$41.25	$29.86	$33.35
1619357282	Russo	Mark		M.D.	M	I	1133 21st St Nw Fl 5	Washingtor	DC	11	20036	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	67	67	$123.00	$53.23	$39.55	$33.76
1710030473	Ehmer	Dale	R	M.D.	M	I	4401 Coit F Suite 411	Frisco	TX	48	75035	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	67	67	$125.00	$44.02	$32.01	$33.86
1750590238	Hill	Justin	D	MD	M	I	2450 Ne Mary Rose Pl	Bend	OR	41	97701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	67	67	$139.73	$44.88	$29.24	$30.68
1770679730	Kenealy	James	F	MD	M	I	123 Summer St Ste 30(	Worcester	MA	25	1608	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	67	67	$140.00	$45.49	$33.65	$33.03
1821330168	Nelson	Kurt	L	MD	M	I	618 Pegram Dr	Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	67	67	$153.64	$42.87	$30.45	$33.82
1881699932	Douglis	Franklin	M	MD	M	I	3000 W Davis St	Conroe	TX	48	77304	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	57	67	67	$99.55	$43.99	$32.35	$35.01
1881747335	Atkinson	Elizabeth	A	M.D.	F	I	81 Northside Dawson I	Dawsonvill	GA	13	30534	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	67	67	$155.00	$43.76	$32.06	$32.05
1891707840	Botros	Sherif	B	M.D.	M	I	1625 Doctors Cir	Wilmingtor	NC	37	28401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	67	67	$181.00	$44.97	$32.98	$34.60
1891783411	Agnone	Frank	A	MD	M	I	345 E Virginia Ave	Phoenix	AZ	4	85004	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	60	67	67	$71.00	$45.57	$33.10	$34.25
1952660821	Dropcho	Deborah		PA	F	I	4000 Miam Ste 450	Miamisburg	OH	39	45342	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	48	67	67	$92.00	$38.38	$25.51	$26.58
1962434670	Meyer	Julie			F	I	2820 Mount Rushmore	Rapid City	SD	46	57701	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	48	67	67	$46.41	$39.14	$25.68	$26.87
1962898361	Pathak	Shivani	R	M.D.	F	I	Ent Of Den 4500 E 9th ,	Denver	CO	8	80220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	67	67	$90.41	$47.07	$35.17	$34.86
1043289739	Azar	Taraneh		MD	F	I	35 Walker St Ste 200	Kittery	ME	23	3904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	66	66	$95.00	$44.54	$29.95	$28.74
1053387464	Smith	Karen	S	PA-C	F	I	915 Olentangy River Rc	Columbus	OH	39	43212	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	45	66	66	$158.91	$39.73	$23.15	$23.64
1083817688	Peiffer	Nicholas	J	MD	M	I	4401 Coit F Suite 411	Frisco	TX	48	75035	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	66	66	$125.00	$44.21	$30.62	$32.30
1114189313	Klocke	Lindsey	E	M.D.	F	I	1500 Curve Crest Blvd '	Stillwater	MN	27	55082	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	66	66	$191.00	$44.29	$25.55	$26.36
1144305285	Veazey	Michelle	A	M.D.	F	I	20 Medical Suite 268	Edgewood	KY	21	41017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	66	66	$85.00	$42.79	$29.37	$31.57
1164461653	Smith	Jonathan	C	M.D.	M	I	1200 Wate Suite 110 S	Bronx	NY	36	10461	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	66	66	$247.09	$37.50	$27.84	$21.87
1174587331	Lapco	Paul	E	MD	M	I	1 W Sampl Suite 103	Pompano E	FL	12	33064	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	66	66	$105.00	$27.62	$22.04	$21.44
1184669061	Keith	Scott	H	MD	M	I	100 W 4th S Suite 200	Cookeville	TN	47	38501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	66	66	$115.00	$40.84	$29.95	$33.57
1184857492	Hartsock	Sahar			F	I	2650 Ridge Ave	Evanston	IL	17	60201	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	66	66	66	$92.58	$31.52	$9.83	$8.59
1205805462	Matheny	Keith	E	M.D.	M	I	8380 Warre Suite 504	Frisco	TX	48	75034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	66	66	$89.55	$45.53	$32.52	$34.29
1225232812	Son	Hwa	J	MD	F	I	73 Market St	Yonkers	NY	36	10710	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	66	66	$156.00	$57.06	$44.76	$35.68
1245673557	Smith	Aaron	M	MD	M	I	2944 Breckenridge Ln	Louisville	KY	21	40220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	66	66	$102.03	$42.09	$30.95	$33.71
1285630475	Benage	Charles		M.D.	M	I	1424 N. Mc Ste 101	Spokane Va	WA	53	99216	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	66	66	$85.00	$45.35	$32.52	$32.67
1316420052	Flohr	Elizabeth		CRNP	F	I	924 Colonial Ave Ste E	York	PA	42	17403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	49	66	66	$81.00	$37.98	$28.22	$28.47
1316924384	Ryan	Sheila	E	M.D.	F	I	2609 N Duk Suite 801	Durham	NC	37	27704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	66	66	$119.00	$45.84	$27.17	$28.54
1346274438	Hawkins	James	M	M.D.	M	I	617 Old Symsonia Rd	Benton	KY	21	42025	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	49	66	66	$97.88	$44.02	$31.60	$34.29

1407850852	Donovan	John		MD	M	I	3099 River Rd S	Salem	OR	41	97302	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	66	66	66	$126.00	$40.13	$27.87	$29.64
1407928112	Leedy	Daniel	A	MD	M	I	1508 Divisi Suite 115	Oregon City	OR	41	97045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	66	66	$147.00	$48.20	$29.55	$29.03
1417144577	Takata Ros	Janice	L	MD	F	I	465 E. Greenwood	Morton	IL	17	61550	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	48	66	66	$79.18	$45.79	$28.72	$29.79
1417363706	Kramer	Scott		MD	M	I	974 Bethel Rd Ste A	Columbus	OH	39	43214	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	66	66	$95.00	$44.45	$29.04	$30.29
1417935461	Francis	Sabina	P	MD	F	I	2053 Valley Suite 101	Fayetteville	NC	37	28304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	66	66	$115.07	$45.44	$31.41	$32.97
1427055854	Parham	Kourosh		MD	M	I	263 Farmington Ave	Farmington	CT	9	6030			US	Otolaryngo	Y	69210	Removal of N	O	59	66	66	$140.00	$46.85	$34.77	$31.43
1447340823	Langman	Alan	W	M.D.	M	I	9714 3rd Ave Ne Suite :	Renton	WA	53	98115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	66	66	$151.50	$53.32	$25.91	$23.02
1447570619	Thompson	Christophe	R	M.D.	M	I	1233 N 18th St	Abilene	TX	48	79601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	66	66	$120.00	$45.03	$28.25	$29.95
1497781785	Agrama	Mark		MD	M	I	550 Heritage Dr Ste 20	Jupiter	FL	12	33458	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	66	66	$116.00	$50.93	$40.64	$37.93
1528039765	Cihak	Robert	A	M.D.	M	I	820 1st Ave Se Ste 100	Aberdeen	SD	46	57401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	56	66	66	$46.18	$30.50	$20.88	$22.37
1598738189	Williams	Jack	B	M.D.	M	I	5454 Wisco Suite 1535	Chevy Cha	MD	24	20815	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	66	66	$116.76	$56.26	$39.99	$33.70
1598854978	Kalantar	Nader		M.D.	M	I	1334 W Co Suite 201	San Dimas	CA	6	91773	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	66	66	$60.00	$51.66	$39.57	$36.60
1619024544	Black	Ryan	D	D.O.	M	I	1601 Creekside Loop	Yakima	WA	53	98902	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	66	66	$110.44	$32.75	$17.85	$18.20
1619186319	Rocha	Rodrigo		M.D.	M	I	67 Union St Ste 407	Natick	MA	25	1760	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	61	66	66	$150.00	$53.48	$33.70	$30.00
1619934056	Suntra	Charles	R	MD	M	I	600 Coffee Rd	Modesto	CA	6	95355	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	66	66	$161.00	$48.16	$36.70	$35.38
1679556302	Cordes	Stephanie		MD	F	I	455 School Ste 26	Tomball	TX	48	77375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	66	66	$106.36	$46.88	$32.48	$32.21
1679745996	Fine	Esther	L	M.D.	F	I	101 The Cit Building 56	Orange	CA	6	92868	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	66	66	$161.00	$46.05	$34.92	$33.65
1699764290	Callender	Troy	A	MD	M	I	1136 E Grande Blvd	Tyler	TX	48	75703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	66	66	$90.00	$39.89	$29.75	$30.68
1720422207	Collins	Benjamin		MD	M	I	3048 Sw 89th St Ste B	Oklahoma	OK	40	73159	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	66	66	$110.27	$44.00	$32.33	$34.69
1720470727	Santana	Ambrosia		PA-C	F	I	42404 Leeds Field Dr	Chantilly	VA	51	20152	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	55	66	66	$200.50	$40.15	$29.43	$29.24
1750352316	Lindsay	Fred	W	D.O.	M	I	901 Enterp Suite 300	Hampton	VA	51	23666	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	66	66	$96.02	$46.45	$32.38	$32.17
1750378170	Baines	Pamela	B	MD	F	I	Florida Ent 5105 N Arm	Tampa	FL	12	33603	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	66	66	$105.00	$44.72	$31.84	$31.60
1821417056	Gelpi	Mark			M	I	3301 Mercy Health Blv	Cincinnati	OH	39	45211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	66	66	$86.00	$45.06	$34.25	$35.47
1912975772	Amar	John	D	MD	M	I	15247 Eleventh St Ste 2	Victorville	CA	6	92395	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	66	66	$52.39	$50.08	$31.78	$30.19
1942251806	Adams	Jeffrey	S	MD	M	I	220 Dr. Mai Healthstar	Morristown	TN	47	37813	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	66	66	$81.21	$43.75	$32.89	$35.35
1962489823	Leonetti	John		MD	M	I	2160 S Firs Maguire Ce	Maywood	IL	17	60153	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	63	66	66	$228.86	$35.46	$26.15	$23.57
1972550101	Sillman	Jonathon	S	M.D.	M	I	48 Elm St	Worcester	MA	25	1609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	57	66	66	$139.56	$35.50	$25.36	$22.93
1982601571	Kane	Nicole	M	C.N.P.	F	I	4640 W Alexis Rd	Toledo	OH	39	43623	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	54	66	66	$120.00	$38.63	$26.11	$27.83
1003838061	Akopyan	Asmik		M.D.	F	I	1030 S. Gle Suite 404	Glendale	CA	6	91205	1	Metropolita	US	Anesthesio	Y	69210	Removal of N	O	54	65	65	$120.23	$52.31	$37.81	$34.47
1023484052	Chang	Eun	H	MD	F	I	180 Avenue At The Cmr	Shrewsbury	NJ	34	7702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	65	65	$250.00	$45.61	$32.64	$30.60
1033120142	Daffeh	June	B	M.D.	F	I	101 Harris Drive	Kilmarnock	VA	51	22482	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	53	65	65	$74.00	$48.03	$34.89	$34.51
1043248503	Michaelide	Elias	M	M. D.	M	I	1611 W Harrison St Ste	Chicago	IL	17	60612	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	65	65	$162.00	$48.49	$33.67	$30.31
1083159610	Simpson	Sarah	M	PA-C	F	I	915 Olentangy River Rc	Columbus	OH	39	43212	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	62	65	65	$124.85	$41.72	$22.46	$21.69
1083690572	Johnson	Michael		MD, FACS	M	I	2707 Medical Office Pl	Goldsboro	NC	37	27534	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	65	65	$139.00	$45.33	$28.29	$29.70
1114218195	Martino	Benjamin	J	M.D.	M	I	5220 W Un Suite #150	Mckinney	TX	48	75071	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	65	65	$137.00	$42.98	$28.10	$31.80
1144684747	Cardon	Brandon		MD	M	I	50 N Medic Som 3c-12(	Salt Lake C	UT	49	84132	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	65	65	$150.00	$42.93	$30.86	$32.37
1174649784	Lorenz	Mark	B	MD	M	I	3730 Rhone Cir Ste 20	Anchorage	AK	2	99508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	65	65	$100.00	$58.61	$42.08	$33.41
1265912570	Filarski	Carolyn	F	PA-C	F	I	8700 Beverly Blvd	West Holly	CA	6	90048	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	59	65	65	$231.14	$44.99	$30.45	$27.31
1275032187	Rodriguez	Rosemary	C	PA-C	F	I	1020 Tijeras Ave Ne Ste	Albuquerq	NM	35	87106	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	61	65	65	$105.00	$39.57	$28.64	$29.32
1316916448	Wagner	Gisela	L	MD	F	I	1223 Gatev Suite 1e	Melbourne	FL	12	32901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	65	65	$134.75	$47.62	$28.99	$28.84
1336340710	Ruiz	Richard	A	M.D.	M	I	27403 Ynez Suite 107	Temecula	CA	6	92591	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	63	65	65	$85.00	$49.29	$30.93	$30.16
1336599679	Lee	Daniel		M.D.	M	I	250 S Crescent Dr	Mason City	IA	19	50401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	65	65	$123.23	$45.49	$30.17	$31.45
1376569707	Dic	Joseph		D.O.	M	I	2005 Deer I Suite D	Deer Park	NY	36	11729	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	44	65	65	$150.00	$59.60	$40.92	$32.72
1386887974	Rosen	Shawn	D	M.D.	M	I	1 Country Club Plz	Orinda	CA	6	94563	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	58	65	65	$90.00	$55.39	$41.43	$35.35
1407189806	Bright	Amanda	D		F	I	105a Greenbriar Dr	Campbells	KY	21	42718	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	49	65	65	$51.35	$26.78	$17.37	$18.51
1417096090	Joos	Nathan	D	M.D.	M	I	2000 S 900 E	Salt Lake C	UT	49	84105	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	53	65	65	$152.22	$46.33	$33.42	$33.83
1437121597	Carroll	Mark	P	M.D.	M	I	9320 Gran Suite 100	Colorado S	CO	8	80924	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	56	65	65	$75.00	$47.63	$37.11	$36.53
1447807532	Im	Esther		NP	F	I	1003 Providence Dr Ste	Newberg	OR	41	97132	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	44	65	65	$158.00	$38.28	$26.86	$28.47
1457745929	Hamilton	Thomas	K	M.D., M.SC	M	I	40 N Grand Ste 101	Fort Thoma	KY	21	41075	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	65	65	$86.31	$42.50	$28.54	$30.99
1487679700	Robertson	Mark	S	D.O.	M	I	950 29th Ave Sw	Albany	OR	41	97321	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	65	65	$150.00	$41.83	$26.65	$28.54
1497203327	Maha	Lauren	E		F	I	5200 Centre Ave Ste 21	Pittsburgh	PA	42	15232	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	51	65	65	$138.00	$39.69	$27.25	$27.91
1518114313	Simon	Patrick	E	M.D.	M	I	25 N Winfield Rd	Winfield	IL	17	60190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	65	65	$149.00	$50.54	$36.13	$32.57
1538127683	Danziger	Eliot		M.D.	M	I	2870 Hempstead Tpke	Levittown	NY	36	11756	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	65	65	$153.85	$49.44	$35.76	$28.63
1548932007	Driggers	Mckenzie	R	APRN	F	I	4003 Kresge Way Ste 2	Louisville	KY	21	40207	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	58	65	65	$80.20	$37.38	$27.04	$29.10
1568038792	Williams	Bethany		APRN	F	I	491 Tucker Dr	Maysville	KY	21	41056	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	51	65	65	$146.77	$37.09	$25.58	$27.93
1609863083	Toung	James	S	MD	M	I	21216 Nort Ste 310	Cypress	TX	48	77429	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	65	65	$98.77	$42.65	$32.22	$31.26
1659398246	Eisenbeis	John	F	MD	M	I	1225 S. Gra Door 3	St. Louis	MO	29	63104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	65	65	$95.00	$42.07	$31.04	$31.03
1679190441	Fitzpatrick	Antoaneta	A		F	I	1452 Chain Bridge Rd	Mc Lean	VA	51	22101	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	65	65	65	$90.00	$39.87	$8.89	$8.80
1699218842	Hussain	Jaffer		M.D.	M	I	104 Mark Dr	Edenton	NC	37	27932	7	Small town	US	Internal Me	Y	69210	Removal of N	O	60	65	65	$134.77	$45.31	$33.88	$35.78
1699726745	Gass	Frederick	C	M.D.	M	I	3075 South Suite 102	Orchard Pa	NY	36	14127	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	65	65	$160.00	$44.42	$24.97	$26.34
1710963905	Clasquin	Margot	E	M.D.	F	I	675 Baltimore Dr	Wilkes Barr	PA	42	18702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	64	65	65	$125.80	$50.37	$34.31	$32.33
1730506973	Hwa	Tiffany	P	MD	F	I	3509 N Broad St	Philadelphi	PA	42	19140	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	65	65	$160.00	$47.11	$37.47	$34.94
1740201599	Covington	Mark	O	M.D.	M	I	4880 Ne Goodview Cir	Lees Sumr	MO	29	64064	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	65	65	$106.32	$45.59	$31.54	$32.97
1760484661	Tsai	Gregory	P	M.D.	M	I	425 W. 59th St., 10th Fl	New York	NY	36	10019	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	65	65	$225.00	$52.61	$38.22	$31.21
1760748305	Perez	Enrique	R	MBA	M	I	1 Gustave L Levy Pl	New York	NY	36	10029	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	65	65	$225.00	$57.56	$40.68	$33.13
1770553646	Miller	Robert	A	MD	M	I	1492 S. Mil Suite 301	Tempe	AZ	4	85281	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	53	65	65	$50.00	$30.93	$21.35	$21.59
1801932454	Rodriguez	Hector		M.D.	M	I	620 Colum 2nd Floor	New York	NY	36	10024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	65	65	65	$290.38	$51.28	$37.92	$32.51
1811402951	Smith	Jonathan	R		M	I	322 Mulberry St Sw Ste	Lenoir	NC	37	28645	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	63	65	65	$50.00	$26.80	$19.31	$20.01
1811554207	Hsu	Anna			F	I	4100 Medic Suite 502	Fayetteville	NY	36	13066	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	45	65	65	$94.38	$38.73	$29.16	$30.44
1861035685	Malinowski	Tara			F	I	207 Landmark Dr Ste A	Normal	IL	17	61761	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	39	65	65	$247.69	$39.50	$25.64	$26.56
1871004838	Wiacek	Bridget	E	APN	F	I	1800 N Main St Fl 2	Wheaton	IL	17	60187	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	42	65	65	$149.00	$44.09	$30.52	$27.85
1891792149	Hollenkam	Nicholas	C	MD	M	I	1655 N Gladstone Ave	Columbus	IN	18	47201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	65	65	$100.00	$42.49	$24.57	$27.65
1891998159	Grageda	Marie Clau	D	MD	F	I	930 Sunnyslope Rd Ste	Hollister	CA	6	95023	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	53	65	65	$75.00	$57.89	$43.79	$35.99
1902810229	Lagmay	Victor	M	MD	M	I	919 49th St	Brooklyn	NY	36	11219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	65	65	$100.00	$55.61	$41.18	$32.43
1902919665	Bowhay	Thomas	A	MD	M	I	820 N Highway 49-88	Jackson	CA	6	95642	7	Small town	US	Family Prac	Y	69210	Removal of N	O	51	65	65	$92.00	$47.42	$25.63	$25.75
1922137231	Downing	Samuel	W	M.D.	M	I	802 Ainsworth Dr Ste B	Prescott	AZ	4	86301	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	56	65	65	$88.00	$46.43	$32.57	$33.61
1942302328	Cote	Donald	N	MD	M	I	1370 Wellbrook Cir Ne	Conyers	GA	13	30012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	65	65	$145.00	$48.21	$31.49	$31.03

1942512280	Czerny	Mary	S	MD	F	I	14546 Old Saint Augus	Jacksonvill	FL	12	32258	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	57	65	65	$109.73	$42.94	$29.98	$30.08
1942536362	Reed	Kevin	P	MSN, FNP-I	M	I	310 Racetrack Rd Nw	Fort Walton	FL	12	32547	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	60	65	65	$90.00	$39.74	$28.73	$28.36
1942610761	Hjelm	Nikolaus	S	MD	M	I	1611 Nw 1(	Central Bld	Miami	FL	12	33136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	52	65	65	$158.00	$49.56	$37.60	$35.21
1952409153	Musy	Pierre	Y	MD, PHD	M	I	Florida Ent	3000 Medic	Tampa	FL	12	33613	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	59	65	65	$105.00	$46.85	$31.83	$31.65
1952793416	Greenbaun	Brittany	S	D.O.	F	I	2210 King Blvd		Casper	WY	56	82604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	54	65	65	$118.00	$44.61	$30.36	$31.43
1992067987	Alger	Marla	N	FNP-C	F	I	1046 Tulip Ter		Harrisonbu	VA	51	22801	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	30	65	65	$78.29	$40.95	$27.64	$27.25
1013923598	Swanson	Shane	M	M.D.	M	I	1093 Hilltop Dr		Redding	CA	6	96003	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	60	64	64	$53.96	$46.84	$32.78	$33.43
1073514378	Hinrichs	Catherine	A	O.D.	F	I	305 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Optometry	Y	92004	New patien	N	O	64	64	64	$115.00	$114.14	$60.33	$91.18
1083652317	Gottlieb	Morris		M.D.	M	I	2821 E Pres	Suite 509	Richardson	TX	48	75082	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	45	64	64	$100.00	$45.87	$31.82	$31.80
1124295423	Young	William	G	M.D.	M	I	12333 Ne 130th Ln	Ste	Kirkland	WA	53	98034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	60	64	64	$125.77	$47.38	$35.73	$32.25
1144431503	Abu-Hamd	Maher		M.D.	M	I	6301 Unive	Suite 360	South Benc	IN	18	46635	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	52	64	64	$127.36	$41.69	$25.30	$28.59
1154385052	Robinson	Ann	B	MD	F	I	1004 Caror	Suite 450	Kansas Cit	MO	29	64114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	46	64	64	$85.28	$29.79	$21.70	$23.25
1154424240	Lane	Roger	I	MD	M	I	2030 Vibor	Suite 205	Solvang	CA	6	93463	4	Micropolita	US	Internal Me	Y	69210	Removal of	N	O	60	64	64	$130.00	$49.82	$38.45	$34.99
1164440822	Schlund	Daniel	J	M.D.	M	I	125 Mall Dr	Ste 307	Hanford	CA	6	93230	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	58	64	64	$90.00	$43.44	$32.02	$33.04
1164490975	Lovejoy	Hugh	M	M.D.	M	I	2325 W Art	Suite 201	Charlotte	NC	37	28262	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	58	64	64	$96.48	$44.34	$28.02	$29.67
1174082630	Kern	Kirsten	E	NP	F	I	1490 Rivers Edge Trl		Altoona	WI	55	54720	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	45	64	64	$189.89	$37.92	$25.02	$26.90
1174510556	Fucci	Michael	J	M.D.	M	I	225 S. Dobson Rd.		Chandler	AZ	4	85224	1	Metropolita	US	Undefined	Y	69210	Removal of	N	O	57	64	64	$94.00	$45.54	$33.40	$34.54
1174785182	Bowen	Matthew	A	M.D.	M	I	1450 Farr Rd		Norton Sho	MI	26	49444	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	48	64	64	$102.00	$44.30	$31.87	$33.44
1225482854	Park	Joshua		MD	M	I	1500 S Lak	Sp401	Hobart	IN	18	46342	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	57	64	64	$99.30	$40.23	$30.96	$34.35
1255305785	Barksdale	Crystal	C	PA	F	I	1930 Braeburn Cir		Salem	VA	51	24153	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	58	64	64	$171.00	$40.71	$27.45	$27.30
1255496766	Tempero	Richard	M	M.D.	M	I	7205 W Center Rd	Ste :	Omaha	NE	31	68124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	58	64	64	$115.00	$43.36	$27.81	$31.17
1275525305	Griebie	Matthew	S	M.D.	M	I	2211 Park Ave		Minneapoli	MN	27	55404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	52	64	64	$161.00	$45.63	$30.99	$32.10
1295771558	Cox	Victor	S	MD	M	I	2080 Wood	#240	Woodbury	MN	27	55125	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	63	64	64	$152.00	$40.26	$31.85	$33.75
1316913197	Lennard	Colleen	M	M.D.	F	I	537 Union Ave	Fl 2	Grants Pas	OR	41	97527	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	62	64	64	$132.28	$44.84	$32.16	$33.83
1376586412	Bromberg	David		M.D.	M	I	292 Hurffvi	Suite 100	Sewell	NJ	34	8080	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	51	64	64	$151.00	$51.99	$35.45	$32.11
1386615672	Hudson	Stacey	A	MD	M	I	10735 Double R Blvd		Reno	NV	32	89521	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	43	64	64	$100.00	$49.63	$34.12	$32.64
1437139656	Chu	Clifford	T	M.D.	M	I	1608 Route	Suite 240	Brick	NJ	34	8724	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	56	64	64	$164.53	$48.14	$31.91	$28.64
1508869926	Roberts	Douglas	E	M.D.	M	I	900 N Herit	Bldg E	Ridgecrest	CA	6	93555	4	Micropolita	US	Internal Me	Y	69210	Removal of	N	O	46	64	64	$125.00	$49.48	$33.06	$31.54
1518082056	Schuman	Rita	M	M.D.	F	I	1390 Us Hi	Suite 3100	Festus	MO	29	63028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	60	64	64	$95.04	$47.15	$15.28	$15.80
1568424653	Malek	Nancy	R	D.O.	F	I	9831 S Western Ave		Chicago	IL	17	60643	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	61	64	64	$189.25	$52.33	$38.21	$33.94
1578640918	Zavod	Matthew	B	M.D.	M	I	1321 Cotto	Suite 205	Woodland	CA	6	95695	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	45	64	64	$179.11	$49.14	$32.22	$30.68
1639289838	Severance	Douglas		M.D.	M	I	5601 Norris	330	San Ramon	CA	6	94583	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	55	64	64	$84.00	$54.98	$38.25	$32.34
1649460163	Leonard	Ryan	W	DO	M	I	2965 W 3500 S		West Valley	UT	49	84119	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	53	64	64	$95.00	$45.43	$31.85	$33.41
1669956249	Denmeade	Tyler	J	PA-C	M	I	600 Professional Dr	Ste	Lawrencevi	GA	13	30046	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	52	64	64	$122.55	$38.20	$21.78	$22.64
1699113472	Etter	Justin	D	DO	M	I	531 Faunce Corner Rd		Dartmouth	MA	25	2747	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	58	64	64	$173.58	$48.70	$35.68	$34.37
1699777201	Schmidt	Jonathan	L	MD	M	I	2525 W University Ave		Muncie	IN	18	47303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	51	64	64	$94.00	$42.19	$31.04	$33.96
1700118528	Sun	Daniel	Q		M	I	3113 Belle	Otolaryngo	Cincinnati	OH	39	45219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	60	64	64	$177.00	$35.12	$26.67	$24.41
1700304284	Musgrove	Carter	C	PA-C	F	I	6035 Fairview Rd		Charlotte	NC	37	28210	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	59	64	64	$95.00	$39.30	$25.25	$25.77
1700886116	Dutton	Jay	M	M.D.	M	I	3800 Highland Ave	Ste	Downers G	IL	17	60515	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	57	64	64	$150.00	$41.88	$30.13	$27.41
1710010103	Moche	Jason	A	MD	M	I	18 E 48th St	Fl 2	New York	NY	36	10017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	55	64	64	$266.61	$35.56	$28.46	$23.15
1770849317	Thoma	Trisha	L	M.D.	F	I	250 S Crescent Dr		Mason City	IA	19	50401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	44	64	64	$121.09	$43.99	$28.44	$30.65
1790001758	Tang	Shan		MD	F	I	1839 Quiet Cv		Fayettevill	NC	37	28304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	54	64	64	$117.00	$46.04	$33.75	$34.65
1801379029	Erlich	Shannon		NP	F	I	570 Egg Harbor Rd	Ste	Sewell	NJ	34	8080	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	55	64	64	$167.94	$40.97	$30.30	$27.24
1831171180	Wyllie	John	W	M.D.	M	I	456 Suite C Market Pla		Weston	WV	54	26452	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	48	64	64	$95.00	$42.23	$28.12	$30.84
1891025839	Peppers	Suzanne	M	PA	F	I	3385 Dexte	Ste 101	Davenport	IA	19	52807	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	34	64	64	$102.00	$36.87	$26.61	$29.70
1891040978	Holley	Benjamin		CNP	M	I	201 Cedar St	Se Ste 46	Albuquerq	NM	35	87106	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	47	64	64	$33.00	$26.68	$20.12	$19.94
1932301892	Alameda - I	Yadiel	A	M.D.	M	I	Carr 2, Km	Doctors' Ce	Manati	PR	72	674	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	55	64	64	$48.37	$47.13	$31.39	$31.36
1942411194	Berberian	Robert		M.D.	M	I	639 Teaneck Rd		Teaneck	NJ	34	7666	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	43	64	64	$165.00	$53.63	$38.39	$33.79
1952711574	Selleck	Anne	M	MD	F	I	2226 Nelson Hwy	Ste 1	Chapel Hill	NC	37	27517	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	47	64	64	$139.00	$44.94	$32.39	$33.74
1972876191	Gaydos	Kala	M	APRN-CNP	F	I	3336 E 32nd St	Ste 220	Tulsa	OK	40	74135	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	54	64	64	$103.00	$35.78	$23.14	$25.00
1982623864	Ahmed	Khwaja	A	M.D.	M	I	145 Innovation Dr		Jackson	TN	47	38305	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	54	64	64	$115.00	$41.26	$29.71	$32.13
1003808049	Manlove	Jeffrey	C	M.D.	M	I	2211 Park Ave		Minneapoli	MN	27	55404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	54	63	62	$161.00	$44.90	$28.72	$29.55
1013337492	Wang	Nancy		MD	F	I	3200 Kearney St		Fremont	CA	6	94538	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	51	63	63	$127.11	$48.43	$36.00	$34.81
1013982578	Cherukupa	Shilpa	R	MD	F	I	1801 S Higl	Ste 220	Lombard	IL	17	60148	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	42	63	63	$116.00	$48.30	$34.66	$32.26
1053354597	Diaz	Rodney	C	M.D.	M	I	2521 Stock	Suite 7200	Sacrament	CA	6	95817	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	56	63	63	$196.00	$33.51	$25.29	$24.65
1053705962	Magister	Marcus	J	MD	M	I	80 Landings Dr	Ste 207	Washingto	PA	42	15301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	56	63	63	$80.00	$44.68	$32.69	$33.89
1174638902	Cannon	Jeffrey	A	M.D	M	I	11901 Toep	Suite1201	Live Oak	TX	48	78233	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	49	63	63	$60.00	$45.62	$32.66	$34.35
1184744336	Roy	Deborshi		M.D.	M	I	8241 Rochester Ave	13	Rancho Cu	CA	6	91730	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	32	63	63	$91.00	$50.10	$39.35	$37.35
1184790495	Pierce	Keith	J	MD	M	I	38525 Eight Mile Rd		Livonia	MI	26	48152	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	62	63	63	$90.00	$43.32	$34.12	$33.89
1184905697	Tournas	Athanasios		MD	M	I	425 Guy Pa	Suite 100	Amsterdam	NY	36	12010	2	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	49	63	63	$86.58	$32.28	$25.03	$25.30
1205856937	Chin	Craighton		M.D.	M	I	1321 Cotto	Suite 205	Woodland	CA	6	95695	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	55	63	63	$178.00	$48.93	$32.64	$31.24
1306231212	Dickert	Ryan	S	MD	M	I	1250 N Vantage Point	D	Crystal Riv	FL	12	34429	2	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	62	63	63	$65.00	$46.82	$29.04	$28.91
1306886635	Kilo	Charles		MD	M	I	1495 Pine Ridge Rd	Ste	Naples	FL	12	34109	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	60	63	63	$102.30	$50.67	$35.90	$33.76
1326006131	Gonzales	Felix	E	MD	M	I	804 Kenyor	Suite F	Fort Dodge	IA	19	50501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	42	63	63	$111.00	$44.07	$23.48	$26.75
1336595271	Sharum	Matthew		M.D.	M	I	920 Stanton L Young Bl		Oklahoma	OK	40	73104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	58	63	63	$106.00	$41.85	$31.34	$35.43
1346698081	Quenville	Erica	M	PA-C	F	I	1450 San P	Suite 5100	Los Angele	CA	6	90033	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	34	63	63	$171.43	$44.75	$30.61	$27.67
1356314058	Podzimek	Jana		D.O.	F	I	77 Nelson St	Ste 130	Auburn	NY	36	13021	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	39	63	63	$94.29	$45.03	$33.51	$35.48
1366496903	Beaucham	Mary	M	M.D.	F	I	1825 Martha Berry Blvc		Rome	GA	13	30165	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	63	63	63	$131.43	$42.63	$32.38	$35.72
1366769796	Fasanello	Joseph	F	M.D.	M	I	3950 E Rob	Suite 207	West Amhe	NY	36	14228	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	63	63	63	$172.33	$39.25	$27.79	$28.81
1376561662	Leinbach	Robert	F	MD	M	I	624 Quake	Suite 208c	High Point	NC	37	27262	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	47	63	63	$165.00	$45.84	$32.49	$33.01
1407843956	Whitley	Karl		MD	M	I	3509 N Broad St		Phila	PA	42	19140	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	49	63	63	$160.00	$50.89	$32.98	$30.15
1467403246	Alonso	David	G	MD	M	I	564 Rio Lindo Ave	Ste 1	Chico	CA	6	95926	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	58	63	63	$86.00	$48.33	$32.84	$30.84
1477528149	Benoit	Craig	M	M.D.	M	I	302 Merch	Suite 100	Tuscaloos	AL	1	35406	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	44	63	63	$132.70	$42.18	$30.24	$32.26
1487804555	Davidson	Harold	C	MD, PHD	M	I	22 St Paul Dr	Ste 202	Chamberst	PA	42	17201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	53	63	63	$130.00	$45.08	$30.73	$31.61
1508309808	Shryock	Donnya	G	APRN	F	I	4200 Lawrenceburg Rd		Frankfort	KY	21	40601	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	60	63	63	$113.00	$37.59	$23.70	$26.26
1568639722	Hu	Melissa	S	MD	F	I	17099 N Texas Ave	Ste	Webster	TX	48	77598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	43	63	63	$91.10	$48.62	$37.22	$36.15
1578724852	Kaden	Andreas		M.D.	M	I	5959 S Sta	Ste 102	Corpus Chr	TX	48	78413	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	51	63	63	$185.90	$44.26	$26.08	$28.19

1609074343	Rimmey	Heather	M		F	I	635 Maple Ave	Du Bois	PA	42	15801	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	40	63	63	$117.75	$39.22	$27.17	$28.28
1629010343	Heichel	David	J	M.D.	M	I	1414 W Fai Suite 130	Marquette	MI	26	49855	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	63	63	$115.08	$44.46	$30.83	$32.99
1649254749	Balbuena	Luis		MD	M	I	703 S Washington Ave	Marshall	TX	48	75670	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	63	63	$159.71	$43.25	$28.36	$29.88
1699744052	Taffet	Jeffrey	M	MD	M	I	4400 N 32n Suite 220	Phoenix	AZ	4	85018	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	63	63	$93.64	$46.41	$32.89	$33.64
1700145182	Kuperstock	Jacob	E	M.D.	M	I	3801 University Dr Ste :	Fairfax	VA	51	22030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	63	63	$195.32	$54.73	$40.40	$34.48
1720469380	Densky	Jaron		MD	M	I	9430 Park West Blvd St	Knoxville	TN	47	37923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	63	63	$125.00	$43.82	$31.10	$34.27
1730162231	Clegg	Thomas	J	MD	M	I	22999 High Bldg B, Suit	Kingwood	TX	48	77339	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	63	63	$140.00	$44.87	$30.47	$32.21
1730273566	Rogerson	Anthony	R	MD	M	I	515 22nd Ave	Monroe	WI	55	53566	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	63	63	$159.95	$32.61	$22.70	$22.36
1730536749	Sanders	Brian			M	I	1086 N Broadway Ste 2	Yonkers	NY	36	10701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	63	63	$261.25	$47.64	$36.04	$28.82
1740329754	Bryan	Nicole		MD	F	I	1790 King A Suite 120	Carrollton	TX	48	75010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	63	63	$137.00	$46.03	$35.41	$36.61
1770568818	Song	Christophe	S	M.D.	M	I	9020 5th Ave Fl 3	Brooklyn	NY	36	11209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	62	63	63	$261.25	$46.40	$34.10	$26.83
1821030255	Awwad	Ramez		MD	M	I	1220 New S Suite 103	Slingerland	NY	36	12159	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	63	63	$101.00	$31.68	$21.43	$21.87
1821150426	Thomas	Kathaleen	L	FNP	F	I	10176 W 400 N Ste C	Michigan C	IN	18	46360	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	63	63	63	$53.00	$36.70	$28.53	$31.69
1831135243	Schissler	Peter	M	M.D.	M	I	7500 Greer Ste 430	Greenbelt	MD	24	20770	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	58	63	63	$80.00	$56.09	$43.00	$36.26
1831254002	Sachs	Marc	A	MD	M	I	150 S Mour Suite 420	Cape Girar	MO	29	63703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	63	63	$139.00	$43.32	$30.09	$33.82
1881620680	Doble	H	P	M.D.	M	I	526 Shoup Ave W Ste M	Twin Falls	ID	16	83301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	63	63	$112.10	$43.22	$29.80	$33.21
1881781904	Huber	Todd	C	M.D.	M	I	1622 Westgate Cir	Brentwood	TN	47	37027	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	63	63	$134.00	$41.75	$28.49	$31.24
1891868485	Byorth	Paul	J	M.D.	M	I	801 N 29th St	Billings	MT	30	59101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	37	63	63	$98.40	$32.91	$22.27	$22.20
1902389265	Hayden	Ariel		PA-C	F	I	234 Crooked Creek Pkv	Durham	NC	37	27713	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	43	63	63	$119.00	$37.85	$27.03	$28.46
1932148673	Scott	Larry	B	D.O.	M	I	13401 N W Suite 404	Oklahoma	OK	40	73114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	63	63	$116.62	$44.06	$27.67	$30.10
1932267663	Lanza	John	T	MD	M	I	1801 Se Hil Suite B105	Port St Luci	FL	12	34952	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	63	63	$105.00	$44.39	$29.49	$27.86
1932706744	Coburn	Brandon	L	PA-C	M	I	107 Staunton Dr	Weston	WV	54	26452	7	Small town	US	Physician A	Y	69210	Removal of N	F	61	63	63	$94.00	$27.50	$21.51	$21.80
1942416714	Miller	Matthew	W	M.D.	M	I	801 Broadway N	Fargo	ND	38	58122	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	42	63	63	$41.00	$31.13	$21.69	$22.57
1952526725	Horn	Karl	L	MD	M	I	415 Cedar St Se	Albuquerqu	NM	35	87106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	63	63	$95.00	$46.10	$29.84	$31.22
1972530616	Goldstein	Warren	S	M.D.	M	I	11373 Cortez Blvd Ste 4	Brooksville	FL	12	34613	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	58	63	63	$105.00	$41.55	$27.62	$27.41
1982682860	Patel	Anit	T	MD	M	I	30 Aldrin Road	Plymouth	MA	25	2360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	63	63	$250.00	$50.02	$21.05	$19.94
1982878062	Toy	Kenneth		P.A.	M	I	12730 Ih 10 #306	San Antoni	TX	48	78230	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	59	63	63	$90.00	$38.18	$24.22	$25.78
1033877527	Kearny	Tiffany		PA	F	I	900 N Liberty St Ste 40	Boise	ID	16	83704	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	58	62	62	$216.58	$36.04	$27.51	$30.58
1043605744	Pahls	Lindsay		PA-C	F	I	3311 E Murdock	Wichita	KS	20	67208	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	41	62	62	$146.52	$36.32	$22.90	$25.39
1053308098	Macias	John	D	MD	M	I	1515 N 9th Suite B	Phoenix	AZ	4	85006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	62	62	$94.00	$45.23	$33.37	$34.42
1063768810	Hohman	Timothy	E	CRNP	M	I	160 Gallery Dr Ste 300	Mc Murray	PA	42	15317	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	62	62	62	$54.12	$39.53	$31.60	$32.28
1063845519	Fitzpatrick	Jennifer	R	FNP-BC	F	I	1222 S Patt Ste 400	Dayton	OH	39	45402	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	55	62	62	$80.31	$36.40	$25.57	$26.56
1134388382	Neilan	Ryan	E	MD	M	I	9301 Pince Ste 150	Shenandoa	TX	48	77380	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	55	62	62	$109.35	$41.27	$26.84	$28.09
1164426425	Sterman	Bruce		M.D.	M	I	2708 Crawfis Blvd	Fairlawn	OH	39	44333	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	62	62	$142.45	$43.95	$27.90	$29.18
1174646012	Demas	Anita	N	M.D.	F	I	2340 Clay St Fl 6	San Francis	CA	6	94115	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	61	62	62	$125.00	$55.90	$39.84	$33.88
1184035628	Rawl	Jordan	W	M.D.	F	I	146 E Hospital Dr Ste 2	West Colur	SC	45	29169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	62	62	$146.00	$39.71	$29.73	$31.42
1205001898	Dreyfuss	Heath	F	M.D.	M	I	6845 Elm S Suite 303	Mc Lean	VA	51	22101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	62	62	$158.00	$55.77	$36.86	$31.45
1215480090	Cho	Isaac	K	PAC	M	I	910 W 5th Ave Ste 800	Spokane	WA	53	99204	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	58	62	62	$134.00	$39.73	$27.30	$28.11
1235147182	Marquez	Benjamin	P	MD	M	I	953 E Del Webb Blvd	Sun City Ce	FL	12	33573	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	55	62	62	$102.30	$47.09	$33.21	$33.09
1245239094	Yanta	Mark	J	M.D.	M	I	3400 Old M Ste 365	Alpharetta	GA	13	30005	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	62	62	$155.00	$46.91	$31.86	$31.90
1245717149	Poskochil	Nicole	K	PA-C	F	I	701 E Hampden Ave St	Englewood	CO	8	80113	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	39	62	62	$75.00	$41.31	$28.08	$27.50
1255350583	Blank	Andrew	L	M.D.	M	I	21033 26th Ave	Bayside	NY	36	11360	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	62	62	$263.03	$48.29	$36.71	$28.49
1255589776	Dunklebarg	Joshua	L	MD	M	I	22 St Paul [Suite 202	Chambersb	PA	42	17201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	62	62	$130.00	$42.54	$27.50	$28.25
1265635023	Fann	Karen	Y	D.O.	F	I	2495 Hospital Dr Ste 4!	Mountain V	CA	6	94040	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	62	62	$173.00	$58.15	$39.30	$31.82
1295734978	Woodson	Stephen	W	D.O.	M	I	907 Nw 5th St	Stigler	OK	40	74462	7	Small town	US	Family Prac	Y	69210	Removal of N	O	57	62	62	$47.20	$44.31	$24.77	$27.06
1326013624	Schaitkin	Barry	M	MD	M	I	5200 Centr Suite 211	Pittsburgh	PA	42	15232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	62	62	$138.00	$45.17	$29.45	$30.26
1326042987	Harrison	James	M	M.D.	M	I	3701 Dauphin St	Mobile	AL	1	36608	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	61	62	62	$80.65	$43.29	$24.92	$27.24
1336132315	Joseph	Jeffrey	J	MD	M	I	1000 W Pin Ste 201	Lafayette	LA	22	70503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	62	62	$92.60	$45.93	$27.80	$29.39
1417930157	Mclaughlin	Shauna	A	P.A.-C	F	I	2950 Culle Suite 202	Pearland	TX	48	77584	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	42	62	62	$122.45	$41.56	$29.43	$27.34
1437187630	Scott	Kenneth	M	MD	M	I	2315 W 57th St	Sioux Falls	SD	46	57108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	62	62	$184.63	$44.51	$34.30	$35.59
1447428909	Sharp	Amy	D	RN	F	I	1621 W Mo Suite B	Morristown	TN	47	37813	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	47	62	62	$82.58	$37.18	$26.12	$28.27
1487687489	Almand	Bond		MD	M	I	275 Cherokee Professi	Maryville	TN	47	37804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	62	62	$125.00	$43.32	$31.19	$34.45
1538131503	Dietz	Wolfgang	F	MD	M	I	1222 S Patt Suite 400	Dayton	OH	39	45402	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	62	62	$80.00	$42.50	$29.11	$29.94
1538189154	Gietzen	Kevin	L	D.O.	M	I	1114 Charlevoix Ave	Petoskey	MI	26	49770	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	49	62	62	$220.65	$41.24	$31.09	$32.45
1548755986	Sweeten	Bret		APRN	M	I	165 N University Ave	Farmingtor	UT	49	84025	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	52	62	62	$170.31	$26.72	$19.51	$19.84
1588827133	White	Margaret	L	NP	F	I	205 Se Howard Ave	Bartlesville	OK	40	74006	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	62	62	62	$109.00	$38.10	$28.12	$30.04
1598732216	Busquets	Jose	M	M.D.	M	I	150 Ave De Suite 605	San Juan	PR	72	907	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	62	62	$60.42	$35.28	$24.90	$24.70
1619952371	Grossman	Colby	H	M.D.	M	I	201 Oakbrc Suite 255	Summervill	SC	45	29485	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	46	62	62	$130.41	$44.01	$31.51	$33.88
1639452360	Preis	Michal		MD	F	I	919 49th St	Brooklyn	NY	36	11219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	62	62	$100.00	$60.24	$46.29	$36.38
1689223208	Bodfish	Emily	J		F	I	1204 N Main St	Marion	VA	51	24354	7	Small town	US	Physician A	Y	69210	Removal of N	O	50	62	62	$145.00	$40.05	$27.58	$27.75
1699860122	Rivera	Miguel	A	MD	M	I	Florida Ent 1139 Nikki '	Brandon	FL	12	33511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	62	62	$105.00	$42.84	$30.89	$30.77
1750401428	Starns	Katie			F	I	333 Washir Suite 5000	Minneapoli	MN	27	55401	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	42	62	62	$168.29	$38.73	$24.34	$25.34
1760901052	Casey	Maria	W	PA	F	I	240 E 38th St Fl 14	New York	NY	36	10016	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	53	62	62	$763.00	$48.32	$37.57	$30.79
1770727323	French	John	T	M.D.	M	I	1010 E Mcdowell Rd St	Phoenix	AZ	4	85006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	62	62	$93.64	$44.21	$31.48	$32.81
1790759934	Lizak	Mark	A	MD	M	I	14 Medical Center Driv	Supply	NC	37	28462	7	Small town	US	Ophthalmc	Y	69210	Removal of N	O	55	62	62	$46.13	$41.30	$19.69	$21.45
1831397363	Ma	Brandon		D.O.	M	I	124 N Park St	Asheboro	NC	37	27203	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	62	62	$117.58	$38.69	$28.24	$29.61
1841251873	Magnuson	Todd		MD	M	I	1528 Northway Dr	Saint Cloud	MN	27	56303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	56	62	62	$156.03	$45.93	$29.17	$30.40
1861687584	Chhabra	Nipun		M.D.	M	I	19490 Sandridge Way,	Leesburg	VA	51	20176	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	62	62	$144.52	$44.18	$29.70	$30.02
1861759870	Giurintano	Jonathan	P	M.D.	M	I	3800 Reservoir Rd Nw I	Washingto	DC	11	20007	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	58	62	62	$119.00	$37.37	$25.60	$22.08
1891715413	Hebert	Louis	C	M.D.	M	I	2050 Gause Blvd E Ste	Slidell	LA	22	70461	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	62	62	$108.61	$38.86	$29.98	$33.12
1912934555	Li	Chun-Lun	J	MD	M	I	128 Mott St Suite 608	New York	NY	36	10013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	62	62	$170.00	$43.84	$33.42	$27.57
1982649265	Tanner	April	M	MD	F	I	540 Hemlock St	Macon	GA	13	31201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	58	62	62	$124.90	$44.78	$29.24	$31.72
1992271316	Martin	Leslie-Ann	N	CRNP	F	I	711 Maiden Choice Ln	Catonsville	MD	24	21228	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	48	62	62	$52.34	$44.20	$27.77	$25.18
1033117775	Princeton	H.	J	M.D.	M	I	4025 W Ca Suite A	Visalia	CA	6	93277	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	50	61	61	$65.00	$48.44	$34.84	$33.68
1073991246	Dixit	Ronak			M	I	106 Irving St Nw Ste 27	Washingto	DC	11	20010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	56	61	61	$119.00	$36.95	$23.68	$20.34
1114099173	Weschler	Frank	J	M.D.	M	I	2501 Comp Suite 100	Glenview	IL	17	60026	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	56	61	61	$168.00	$52.09	$33.59	$30.30
1144371386	Maxa	Richard	R	M.D.	M	I	3505 Dulut Building 4, :	Duluth	GA	13	30096	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	57	61	61	$105.00	$48.22	$34.82	$33.97

1164997698	Kim	Jenifer	H	PA	F	I	8635 W 3rd St Ste 590	Los Angele	CA	6	90048	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	59	61	61	$279.02	$44.58	$28.21	$25.31
1174596290	Callari	Richard	H	MD	M	I	415 Se 12th St	Fort Lauder	FL	12	33316	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	54	61	61	$116.00	$50.87	$24.37	$22.44
1184272148	Johnson	Hilary	B		F	I	3893 E Market St	Warren	OH	39	44484	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	45	61	61	$80.00	$39.26	$23.82	$24.99
1184990962	Yan	Justin		M.D.	M	I	7850 Vance Dr Ste 225	Arvada	CO	8	80003	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	50	61	61	$80.00	$48.07	$35.80	$35.18
1215391222	Din-Lovine	Corina			F	I	1131 Broad St Ste 103	Shrewsbur	NJ	34	7702	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	58	61	61	$212.72	$48.81	$38.33	$34.61
1235499534	Weinheime	Wyatt	J	M.D.	M	I	6830 Plum Creek Dr	Amarillo	TX	48	79124	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	47	61	61	$96.00	$42.31	$29.19	$32.04
1245635929	Skinner	Callaway	A	PA-C	F	I	120 S Zetterower Ave	Statesboro	GA	13	30458	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	43	61	61	$100.00	$38.51	$30.32	$31.81
1265886949	Lambert	Paul	A		M	I	36500 Aurora Dr	Summit	WI	55	53066	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	55	61	61	$300.00	$42.93	$30.72	$33.35
1275563074	Hamlin	Erin	R	PA	F	I	1 Mercado Suite 205	Durango	CO	8	81301	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	57	61	61	$148.45	$40.91	$26.48	$26.01
1285662072	Sheft	Stanley	A	M.D.	M	I	6 Sand Hill Suite 302	Flemington	NJ	34	8822	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	55	61	61	$560.20	$52.06	$38.00	$33.67
1306051289	Quesnel	Alicia	M	M.D.	F	I	243 Charles St	Boston	MA	25	2114	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	49	61	61	$132.79	$35.37	$24.72	$22.67
1316001480	Fumo	Maryann	T	M.D.	F	I	8865 W 400 N Ste 130	Michigan C	IN	18	46360	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	45	61	61	$95.00	$44.25	$30.86	$33.60
1336625961	Padilla	Ramon		P.A.	M	I	145 Innovation Dr	Jackson	TN	47	38305	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	51	61	61	$116.89	$37.35	$24.07	$26.73
1366436677	Drury	Bradley	C	M.D.	M	I	914 W Ironwood Dr Ste	Coeur D Ale	ID	16	83814	1	Metropolit	US	Family Prac	Y	69210	Removal of N	F	54	61	61	$71.18	$29.15	$19.17	$21.03
1386030880	Mingo	Tyler		MD	M	I	7300 France Ave S Ste	Edina	MN	27	55435	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	45	61	61	$150.00	$42.45	$31.41	$32.17
1396782769	Schwartz	Jerome	S	M.D.	M	I	5454 Wisc	Suite 1535	Chevy Cha	MD	24	20815	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	57	61	61	$116.90	$45.01	$33.57	$28.51
1407827207	Decker	John	W	M.D.	M	I	253 County Route 47	Saranac La	NY	36	12983	7	Small town	US	Otolaryngo	Y	69210	Removal of N	F	52	61	61	$121.24	$30.33	$18.85	$19.32
1417117854	Doellman	Mary	S	DO	F	I	1050 W 10th St	Rolla	MO	29	65401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	61	61	$135.00	$43.27	$29.35	$32.01
1447343405	Dobleman	Thomas	J	M.D.	M	I	11704 W C	Suite 211	Omaha	NE	31	68144	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	40	61	61	$130.00	$38.49	$23.46	$26.67
1467425546	Dettelbach	Mark	A	M.D.	M	I	5454 Wisc	Suite 1535	Chevy Cha	MD	24	20815	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	58	61	61	$115.95	$47.01	$36.14	$30.51
1508847831	Michail	Reyadh	J	M.D	M	I	14860 Ros	Suite#201	Panorama	CA	6	91402	1	Metropolit	US	General Pra	Y	69210	Removal of N	O	58	61	61	$65.00	$52.53	$34.85	$31.44
1518974781	Maurice	Peter	F	M.D.	M	I	16259 Sylvester Rd Sw	Burien	WA	53	98166	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	49	61	61	$168.00	$49.02	$38.43	$35.31
1528072576	Hollander	Ira	J	MD	M	I	3060 Ocea	Suite Lo	Brooklyn	NY	36	11235	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	54	61	61	$75.00	$60.06	$34.09	$26.86
1538366828	Bergeron	Katey	P	PA-C	F	I	5000 Hennessy Blvd	Baton Roug	LA	22	70808	1	Metropolit	US	Physician A	Y	69210	Removal of N	F	51	61	61	$105.00	$28.03	$20.19	$20.25
1558533810	Ritchie	Michelle		CFNP	F	I	122 Pinnell St	Ripley	WV	54	25271	2	Metropolit	US	Nurse Prac	Y	69210	Removal of N	F	48	61	61	$94.00	$27.80	$18.01	$18.04
1598008997	Nickley	Katherine		M.D.	F	I	3 Meeting House Rd	Chelmsfor	MA	25	1824	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	44	61	61	$197.02	$50.63	$37.23	$34.91
1598859654	Hoff	James	S	M.D.	M	I	999 S Fairn	Suite 135	Lodi	CA	6	95240	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	50	61	61	$85.05	$47.67	$34.24	$33.00
1629068697	Heller	Kimberly	K	MD	F	I	9647 Huebner Rd	San Antoni	TX	48	78240	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	58	61	61	$50.47	$42.29	$30.92	$35.13
1639178486	Hoffman	Joel	A	M.D.	M	I	4150 Depu	Suite 260	Cumming	GA	13	30040	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	54	61	61	$188.93	$45.61	$34.50	$34.57
1639220965	March	Lois	R	M.D.	F	I	910 N 5th St	Cordele	GA	13	31015	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	60	61	61	$110.44	$43.80	$32.02	$34.97
1669683397	Thakkar	Jigarkumar		MD	M	I	1309 Macom Dr Ste 10	Naperville	IL	17	60564	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	48	61	61	$92.00	$51.18	$37.47	$34.87
1730583485	Dunifon	Crystal		CNP	F	I	770 W High	Ste. 460	Lima	OH	39	45801	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	40	61	61	$86.00	$39.54	$25.89	$26.73
1780660548	Richards	Bryan	L	MD	M	I	2121 N 1700 W		Layton	UT	49	84041	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	58	61	61	$92.00	$44.32	$31.77	$32.94
1790757748	Jones	Edward	B	M.D.	M	I	1190 Drexel Rd		Valdese	NC	37	28690	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	54	61	61	$86.00	$44.57	$31.07	$32.69
1790898807	Anderson	Douglas	K	MD	M	I	4650 Harrison Blvd		Ogden	UT	49	84403	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	55	61	61	$79.00	$42.88	$24.95	$26.81
1821540311	Onder	Megan	A	FNP-C	F	I	9701 Landmark Parkw		Saint Louis	MO	29	63127	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	61	61	61	$106.92	$40.59	$22.61	$22.62
1942404421	Athavale	Sanjay	M	M.D.	M	I	100 Dawso	Suite 140	Dawsonvill	GA	13	30534	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	44	61	61	$155.00	$44.41	$31.57	$33.93
1982672457	Mulcahy	Gregory	J	MD	M	I	2521 Glenr	Suite 104	Liberty	MO	29	64068	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	56	61	61	$107.23	$46.49	$31.84	$32.49
1003366808	Light	Tyler	J		M	I	444 Nw Elks Dr		Corvallis	OR	41	97330	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	53	60	60	$168.00	$44.29	$32.86	$35.78
1063486546	Schmitt	Kim	E	MD	F	I	3855 Pleasant Hill Rd S		Duluth	GA	13	30096	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	57	60	60	$172.25	$47.52	$35.79	$35.52
1063592277	Skelton	Sean	C	D.O.	M	I	5565 Grossmont Cente		La Mesa	CA	6	91942	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	52	60	60	$95.00	$50.53	$35.95	$33.29
1083609317	Lee	Phillip	C	M.D.	M	I	250 S Crescent Dr		Mason City	IA	19	50401	4	Micropolita	US	Sleep Medi	Y	69210	Removal of N	F	38	60	60	$121.00	$30.37	$21.29	$23.26
1093787434	Smith	Ronald	M	M.D.	M	I	435 South Burnett Roa		Springfield	OH	39	45505	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	47	60	60	$94.00	$45.80	$31.57	$32.84
1144275355	Mcdougal	Pedro	E	M.D. F.A.C.	M	I	1010 James St		Weslaco	TX	48	78596	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	58	60	60	$80.00	$45.66	$30.92	$32.63
1154740074	Brown	William	C	MD	M	I	6681 Ridge Rd Ste 205		Parma	OH	39	44129	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	49	60	60	$106.67	$31.33	$24.12	$24.36
1164458352	Agostino	Michael	A	MD	M	I	18051 Rive	Suite 104	Noblesville	IN	18	46062	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	50	60	60	$99.10	$42.81	$32.08	$35.03
1184292419	Park	Andrew			M	I	2373 G Rd	Ste 270	Grand Junc	CO	8	81505	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	59	60	60	$158.00	$38.98	$30.55	$31.23
1205800448	Mcadams	Christina	A	MD	F	I	1205 Langf	Suite 411	Langhorne	PA	42	19047	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	52	60	60	$110.08	$51.08	$33.21	$31.02
1235125626	Costello	Ann	R	MD	F	I	217 N Aurora St		Ithaca	NY	36	14850	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	49	60	60	$80.00	$46.40	$33.65	$34.34
1275018376	Davis	Reagan	D	PA-C	M	I	1600 W League City Pk		League Cit	TX	48	77573	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	53	60	60	$135.00	$28.13	$19.17	$19.09
1285680066	Buenting	John	E	M.D.	M	I	38 The Village Overlook		Sylva	NC	37	28779	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	60	60	$95.00	$45.32	$30.41	$32.09
1306866835	Timmis	Hilary	H	M.D.	M	I	112 Indepe	Suite 130	Sandusky	OH	39	44870	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	60	60	$195.67	$45.18	$32.95	$33.59
1316174733	Choudhury	Baishakhi		MD	F	I	11370 Anderson St Ste		Loma Linda	CA	6	92354	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	52	60	60	$310.00	$49.21	$36.20	$35.19
1336117779	Zajonc	Timothy	P	MD	M	I	2340 Knob Creek Rd 7(		Johnson Cit	TN	47	37604	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	50	60	60	$118.00	$42.32	$30.82	$34.68
1336218643	Mcjunkin	Jonathan	L	MD	M	I	3105 Fields South Dr		Champaign	IL	17	61822	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	50	60	60	$211.83	$34.25	$24.30	$23.84
1336466135	Reiersen	David	A	MD	M	I	1600 Medic	Suite 101	El Paso	TX	48	79902	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	53	60	60	$92.12	$44.09	$30.85	$32.52
1346303641	Gelfand	Vladimir		MD	M	I	1751 Clarkson Rd		Chesterfiel	MO	29	63017	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	50	60	60	$73.00	$43.55	$31.40	$31.85
1366483646	Clements	Kelly	S	M.D.	F	I	7373 Perkins Rd		Baton Roug	LA	22	70808	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	49	60	60	$120.00	$44.66	$33.75	$35.20
1386686293	Huh	Sam	K	M.D.	M	I	374 Stockh Care Of Fac		Brooklyn	NY	36	11237	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	53	60	60	$225.00	$50.75	$35.83	$28.17
1386718484	Bensenhav	Dewey	F	MD	M	I	100 Hospital Dr Ste 1		Petersburg	WV	54	26847	7	Small town	US	Family Prac	Y	69210	Removal of N	O	47	60	60	$105.85	$43.25	$28.08	$32.16
1396848990	Vanderzyl	John	R	MD	M	I	16902 Southwest Fwy S		Sugar Land	TX	48	77479	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	53	60	60	$75.00	$46.16	$29.69	$30.95
1417349713	Szekely	Jay			M	I	1 William Carls Dr		Commerce	MI	26	48382	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	53	60	60	$138.69	$45.85	$31.09	$32.64
1437122744	Orton	Tracy	C	DO	M	I	3100 N Wellness Dr		Holland	MI	26	49424	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	54	60	60	$105.00	$44.69	$31.05	$32.55
1447457825	Oxley	Kevin	S	MD	M	I	527 Medical Park Dr St		Bridgeport	WV	54	26330	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	53	60	60	$94.00	$31.60	$24.50	$24.22
1457521544	Cho	Edward	I	M.D.	M	I	8635 W 3rd St Ste 590		Los Angele	CA	6	90048	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	57	60	60	$164.07	$52.42	$37.44	$34.04
1467539585	Kirchhoff	Todd	M	M.D.	M	I	40 N Grand	Suite 101	Fort Thoma	KY	21	41075	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	52	60	60	$86.42	$42.84	$27.09	$29.49
1477531150	Larsen	Kristine	M	PAC	F	I	3800 Highland Ave Ste		Downers G	IL	17	60515	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	50	60	60	$151.25	$35.20	$25.50	$22.81
1487073649	Masterson	Caleb		D.O.	M	I	1949 Florence Blvd		Florence	AL	1	35630	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	52	60	60	$102.35	$43.53	$30.96	$33.47
1487100749	Davenport	Allison		PA-C	F	I	1430 Medical Center P		Murfreesbo	TN	47	37129	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	50	60	60	$115.00	$37.25	$28.95	$31.21
1487638177	Kluger	Paul		M.D.	M	I	885 Union S	Suite 145	Bangor	ME	23	4401	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	44	60	60	$57.97	$30.50	$21.06	$22.21
1528114550	Anderson	Jennifer	G	NP	F	I	300 Linden Ponds Way		Hingham	MA	25	2043	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	53	60	60	$49.98	$42.06	$31.92	$30.71
1538521869	Bakeman	Anna			F	I	217 Radio Dr		Woodbury	MN	27	55125	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	54	60	60	$317.85	$34.07	$25.09	$25.84
1538812805	Ross	Brook	L	PA-C	F	I	264 Highway 19 S Ste 4		Bryson City	NC	37	28713	10	Rural areas	US	Physician A	Y	69210	Removal of N	O	56	60	60	$105.00	$41.90	$31.68	$29.86
1558705327	Dobberpuh	Mitchell		M.D.	M	I	4600 W Loomis Rd Ste		Greenfield	WI	55	53220	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	52	60	60	$300.00	$41.44	$28.37	$31.73
1568436103	Siperstein-I	Moises		M.D.	M	I	10377 S Us	Suite 102	Port Saint L	FL	12	34952	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	45	60	60	$75.88	$49.85	$33.66	$32.44
1568484152	Erwin	Jack	R	M.D.	M	I	4740 Ne Stallings Dr		Nacogdoch	TX	48	75965	5	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	59	60	60	$45.90	$44.38	$32.83	$34.53
1568590586	Som	Joydeep		MD	M	I	2002 Medic	Suite 230	Annapolis	MD	24	21401	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	52	60	60	$116.92	$47.78	$36.09	$34.50

1588953210	Murphy	Christophe	M	M.D.	M	I	2900 Doctors Park Dr S	Medford	OR	41	97504	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	56	60	60	$148.00	$43.72	$27.90	$29.58
1598179756	Schlichting	Rachel	A	ARNP	F	I	2710 Saint Francis Dr S	Waterloo	IA	19	50702	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	F	53	60	60	$165.55	$25.90	$19.24	$21.04
1609163005	Hardy	Elliot	T	MD	M	I	7373 Perkir Baton Roug	Baton Roug	LA	22	70808	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	57	60	60	$120.00	$44.36	$28.98	$30.49
1619902442	Johnson	Joel	M	MD	M	I	93 Main St	Hilton Heac	SC	45	29926	1	Metropolitz	US	General Pra	Y	69210	Removal of N	O	52	60	60	$95.00	$44.12	$28.68	$31.82
1669424651	Bishop	Roy	L	M.D.	M	I	100 Independence Cir	Chico	CA	6	95973	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	55	60	60	$62.00	$49.05	$33.34	$31.97
1689763856	Anand	Vinod	K	MD	M	I	501 Marsha Suite # 602	Jackson	MS	28	39202	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	50	60	60	$100.00	$43.19	$31.96	$35.58
1700131950	Sorrel	Nicholas	C	MD	M	I	604 N. Acadia Ste 101	Thibodaux	LA	22	70301	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	48	60	60	$130.00	$43.64	$29.72	$30.79
1710949516	Morrison	Michele	P	D.O.	F	I	3001 6th St Naval Heal	Great Lake:	IL	17	60088	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	59	60	60	$109.00	$46.47	$35.45	$35.48
1730161621	Hayes	James	D	MD	M	I	675 Baltimore Dr	Wilkes Barr	PA	42	18702	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	46	60	60	$187.43	$45.87	$32.91	$34.05
1750677894	Johnson	Matthew	S	MD	M	I	615 W 39th St	Kearney	NE	31	68845	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	48	60	60	$125.00	$28.01	$21.74	$23.98
1760410146	Jones	Kecia	J	M.D.	F	I	225 Adams Suite 2	Demorest	GA	13	30535	4.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	46	60	60	$69.26	$45.26	$29.64	$31.64
1760547418	Knox	Christophe	J	D.O.	M	I	245 Roche: Unit 1b	Rochester	NH	33	3867	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	41	60	60	$269.13	$48.59	$35.58	$34.50
1780099150	Davenport	Andrew	A	D.O.	M	I	1601 Creekside Loop	Yakima	WA	53	98902	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	47	60	60	$109.77	$32.29	$22.22	$22.64
1790283067	Green	Susanna	L	PA-C	F	I	16651 Southwest Fwy S	Sugar Land	TX	48	77479	1	Metropolitz	US	Physician A	Y	69210	Removal of N	F	43	60	60	$135.00	$28.13	$20.26	$20.18
1790747889	Gillespie	Cameron	A	MD	M	I	104 Doctors Park	Galax	VA	51	24333	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	46	60	60	$129.20	$45.65	$34.66	$36.26
1790763142	Warner	Deborah		NP	F	I	711 Railroad St	De Ruyter	NY	36	13052	9	Small town	US	Nurse Prac	Y	69210	Removal of N	O	46	60	60	$100.00	$39.44	$27.18	$28.06
1861442915	Powell	Sarah	P	M.D.	F	I	101 Tower I Suite 120	Dakota Dur	SD	46	57049	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	49	60	60	$121.00	$40.99	$30.72	$32.63
1861922379	Orr	Debra	S	AGNP	F	I	3521 Haworth Dr	Raleigh	NC	37	27609	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	42	60	60	$142.00	$38.86	$24.31	$25.78
1871519900	Clemens	James	R	MD	M	I	1821 S Webster Ave	Green Bay	WI	55	54301	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	50	60	60	$171.50	$44.14	$26.60	$28.96
1871573121	Britt	John	C	MD	M	I	110 Charlois Blvd	Winston Sa	NC	37	27103	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	55	60	60	$138.35	$41.88	$31.38	$32.85
1881812543	Scalera	Joan	A	NP	F	I	205 N Belle Mead Rd	East Setaul	NY	36	11733	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	55	60	60	$150.00	$51.20	$34.44	$27.05
1891379582	Menezes	Kesha		NP	F	I	6740 4th Ave	Brooklyn	NY	36	11220	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	50	60	60	$763.00	$48.12	$33.88	$27.00
1902876402	Schwartz	Ronald	E	M.D	M	I	1100 Goethals Drive St	Richland	WA	53	99352	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	53	60	60	$162.00	$32.59	$21.95	$21.82
1942237003	Chamblee	Socorro	A	M.D.	F	I	2001 Inwood Rd	Dallas	TX	48	75390	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	54	60	60	$168.00	$43.92	$30.79	$33.03
1972776599	Dooley	Heather	R	PA	F	I	1622 Westgate Cir	Brentwood	TN	47	37027	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	47	60	60	$132.60	$35.97	$25.77	$28.28
1982675567	Ummat	Sunil	K	MD	M	I	3100 Carillon Point	Kirkland	WA	53	98033	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	53	60	60	$157.15	$49.80	$33.09	$30.16
1003807124	Rauch	Steven	D	M.D.	M	I	243 Charles St	Boston	MA	25	2114	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	46	59	59	$132.86	$35.63	$25.38	$23.53
1023242195	Rutledge	Jonathan	W	M.D.	M	I	340 N Belair Rd	Evans	GA	13	30809	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	53	59	59	$125.00	$41.98	$31.85	$34.56
1023394905	Doke	Bryan		DPT	M	I	212 N Main St	Ainsworth	NE	31	69210	10	Rural areas	US	Physical Th	Y	97035	Application	N	O	11	59	59	$40.00	$9.44	$6.35	$6.69
1033172507	Goldberg	Howard	R	MD	M	I	80 Landing Suite 207	Washingtor	PA	42	15301	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	42	59	59	$80.00	$45.81	$31.52	$32.75
1073596342	Chang	David	M	M.D.	M	I	6699 Alvarado Rd Ste 2	San Diego	CA	6	92120	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	50	59	59	$85.00	$51.46	$34.74	$32.19
1124177712	Gochee	Peter	A	MD	M	I	4880 Ne Goodview Cir	Lees Sumr	MO	29	64064	2	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	59	59	59	$89.00	$44.90	$33.31	$35.38
1144211061	Kleid	Robert		PA-C	M	I	6804 Cecelia Dr	New Port Ri	FL	12	34653	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	38	59	59	$96.85	$40.87	$31.53	$31.19
1144607912	Bernard	Stewart	H	MD	M	I	7557 Dannaher Dr Ste 2	Powell	TN	47	37849	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	41	59	59	$116.00	$43.08	$30.02	$32.76
1154520757	Box	Nathan	S	D.O.	M	I	1331 W 32nd St	Joplin	MO	29	64804	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	56	59	59	$93.47	$30.57	$21.40	$22.75
1164534343	Shao	Weiru		MD	M	I	1493 Camt Surgery	Cambridge	MA	25	2139	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	51	59	59	$114.92	$35.40	$26.31	$24.31
1235152638	Stratford	Donna	M	N.P.	F	I	115 Mill St	Belmont	MA	25	2478	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	F	49	59	59	$77.00	$30.22	$23.27	$21.62
1245752237	Schieler	Emily	J	APN	F	I	207 Landmark Dr Ste A	Normal	IL	17	61761	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	40	59	59	$242.80	$38.23	$26.74	$28.19
1245802040	Harp	Ernest	L	FNP-BC	M	I	15959 Hall Rd Ste LL10	Macomb	MI	26	48044	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	47	59	59	$84.38	$39.09	$28.29	$27.09
1265415780	Mcgraw-W:	Becky	L	MD	F	I	7789 South Suite 470	Houston	TX	48	77074	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	45	59	59	$140.00	$48.17	$34.41	$33.46
1285663799	Seicshnayc	Michael	A	M.D.	M	I	4300 15th St	Gulfport	MS	28	39501	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	54	59	59	$109.00	$34.06	$23.64	$26.24
1285682567	Anderson	Timothy	D	M.D.	M	I	Lahey Clini 41 Mall Rd	Burlington	MA	25	1805	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	45	59	59	$131.08	$36.14	$24.56	$22.29
1285974964	Manning	Drue	A	DO	M	I	15855 19 Mile Rd	Clinton Tov	MI	26	48038	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	42	59	59	$113.10	$42.32	$28.96	$32.10
1295096600	Erhardt	Benjamin	F	M.D.	M	I	1234 Napier Ave	Saint Josep	MI	26	49085	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	52	59	59	$146.68	$44.78	$31.46	$33.25
1356499081	Stafford	Edward	M	M.D.	M	I	80 Landing Suite 207	Washingtor	PA	42	15301	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	44	59	59	$80.00	$45.83	$25.93	$27.31
1356829774	Kleinpeter	Zachary	A	PA-C	M	I	1111 Medical Center B	Marrero	LA	22	70072	1	Metropolitz	US	Physician A	Y	69210	Removal of N	F	53	59	59	$105.00	$27.06	$19.54	$19.62
1386717247	Domenech	Edgar	E	MD	M	I	Torre Medic Suite 618	Ponce	PR	72	730	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	49	59	59	$48.60	$45.29	$29.11	$28.85
1396151882	Noel	Daniel	B	M.D.	M	I	221 Windermere Blvd	Alexandria	LA	22	71303	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	52	59	59	$144.00	$44.00	$34.50	$36.57
1407801103	Mackie	Eugene	S	M.D.	M	I	2709 Cornerstone Blvd	Edinburg	TX	48	78539	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	45	59	59	$75.00	$45.63	$32.83	$34.18
1407876550	Birenbaum	William	D	M.D.	M	I	3009 N Ball Ste 383c	Saint Louis	MO	29	63131	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	53	59	59	$156.00	$46.98	$33.16	$33.77
1427046259	Clarke	Lizabeth	F	MD	F	I	426 Charles St	New Iberia	LA	22	70560	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	54	59	59	$103.00	$44.22	$31.18	$32.72
1427407220	Ross	Haley		PA-C	F	I	9102 Babcock Blvd Ste	Pittsburgh	PA	42	15237	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	41	59	59	$120.59	$38.63	$26.14	$26.89
1447307244	Moss	Jonathan	R	MD	M	I	724 Aubrey Bell Dr	Matthews	NC	37	28105	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	46	59	59	$95.00	$45.87	$32.48	$33.55
1447656582	Reyes	Graciela	M	ARNP	F	I	1120 Nw 14th St	Miami	FL	12	33136	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	F	47	59	59	$132.00	$32.32	$23.58	$20.57
1487060554	Shilts	Kelli	M	PA	F	I	171 Ashley Ave	Charleston	SC	45	29425	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	58	59	59	$143.58	$36.64	$28.18	$30.18
1578593273	Odie	Dennis		M.D.	M	I	9106 Philac Suite 200	Baltimore	MD	24	21237	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	54	59	59	$220.00	$51.84	$37.75	$34.69
1619538683	Romero	Gabriella	N	PA-C, MSP/	F	I	1700 116th Suite 200	Bellevue	WA	53	98004	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	51	59	59	$127.00	$38.55	$30.18	$31.06
1629003413	Negus	Philip	E	M.D.	M	I	1500 Post F First Floor	Darien	CT	9	6820	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	42	59	59	$148.82	$51.93	$36.87	$33.65
1659441830	Tapson	Gregory	S	MD	M	I	26607 Carr Ste 104	Carmel	CA	6	93923	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	51	59	59	$54.00	$47.46	$34.51	$33.75
1669597308	Alburger	John	F	MD	M	I	311 Tamiar Suite210	Naples	FL	12	34102	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	48	59	59	$100.85	$45.63	$35.53	$32.62
1710277975	Cain	Rachel	B	M.D.	F	I	1 Mercado Suite 205	Durango	CO	8	81301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	59	59	$148.45	$43.81	$31.63	$31.22
1740285063	Marvel	Jeffrey	B	M.D.	M	I	1821 N Washington St	Tullahoma	TN	47	37388	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	59	59	$155.00	$42.09	$29.38	$33.91
1760700074	Fakheri	Benjamin	M	MD	M	I	10751 Falls Rd Ste 304	Lutherville	MD	24	21093	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	56	59	59	$158.37	$51.11	$35.85	$33.63
1760761902	Olson	Charla	R	APN	F	I	428 E Vann Rd	Greeneville	TN	47	37743	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	48	59	59	$82.71	$36.42	$25.08	$27.28
1770181927	Brooks	Kristen		PA-C	F	I	38 The Village Overlook	Sylva	NC	37	28779	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	51	59	59	$95.00	$38.83	$27.10	$28.52
1831159185	Rushing	George	V	MD	M	I	6799 Great 250	Memphis	TN	47	38138	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	55	59	59	$150.00	$43.85	$30.65	$33.44
1841413408	Lim	Jin	S	MD	M	I	7001 Heritage Village P	Gainesville	VA	51	20155	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	48	59	59	$120.00	$47.94	$33.60	$33.34
1841480274	Sheykholes	Kianoush		MD. PHD.F.	M	I	254 Easton Ave	New Brunsv	NJ	34	8901	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	50	59	59	$131.09	$31.68	$24.49	$24.32
1891790499	Fowler	James	J	M.D.	M	I	2510 Crockett Dr Ste A	Brownwoo	TX	48	76801	5	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	57	59	59	$125.00	$44.76	$31.07	$32.86
1891894986	Ho	Garman	T	MD	M	I	139 Centre Suite 607	New York	NY	36	10013	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	53	59	59	$120.00	$53.76	$38.02	$30.32
1922059997	Shields	Gordon	A	M.D.	M	I	302 Merchants Walk St	Tuscaloosa	AL	1	35406	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	47	59	59	$130.42	$44.64	$30.79	$32.66
1922340579	Thomas	Andrew	J	MD	M	I	123 Margaret Ln Ste B1	Grass Valle	CA	6	95945	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	59	59	$152.93	$47.18	$34.30	$33.47
1942200340	Kravecas	Morris		M.D.	M	I	11760 Sw 4 # 743	Miami	FL	12	33175	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	52	59	59	$116.00	$48.21	$33.82	$30.01
1962409573	Archer	Julie	A	M.D.	F	I	1645 Espla Ste # 1	Chico	CA	6	95926	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	49	59	59	$86.00	$48.93	$35.04	$33.80
1962496042	Marks	Steven	C	M.D.	M	I	456 Alliance St	Havre De G	MD	24	21078	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	50	59	59	$137.58	$45.61	$30.19	$31.63
1962688317	Castellano	Dominic	M	MD	M	I	Florida Ent 13015 Sum	Riverview	FL	12	33578	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	47	59	59	$105.00	$44.69	$28.93	$28.80
1962817098	Haft	Sunny	J	M.D.	M	I	James T. Fr 16 S Eutaw	Baltimore	MD	24	21201	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	50	59	59	$112.14	$51.33	$36.69	$33.80

1003889353	Loury	Mark	C	M.D.	M	I	2001 S Shields St Ste E	Fort Collins	CO	8	80526	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	51	58	58	$123.00	$45.12	$31.82	$31.29
1023051232	Shepard	Peter	M	M.D.	M	I	3917 West Ste 200	Los Alamos	NM	35	87544	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	50	58	58	$126.07	$43.38	$31.02	$32.86
1033177795	Hurst	Cecilia	T	M.D.	F	I	1244 Boyls Suite 303	Chestnut H	MA	25	2467	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	50	58	58	$134.28	$52.38	$37.41	$33.40
1043214307	Patni	Aftab		MD	M	I	133 Benmo Ste 100	Winter Park	FL	12	32792	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	51	58	58	$138.00	$39.47	$30.64	$30.63
1073848560	Leone	Meredith	K	PA-C	F	I	3520 Post Rd	Warwick	RI	44	2886	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	40	58	58	$140.00	$42.05	$29.31	$28.23
1073956074	Dang	Jennifer		M.D.	F	I	6550 Fannin St Ste 172	Houston	TX	48	77030	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	49	58	58	$137.00	$45.76	$29.56	$31.22
1073961678	Boggs	Tiffany	R	NP	F	I	100 Jackson Pike	Gallipolis	OH	39	45631	10.2	Secondary	US	Nurse Prac	Y	69210	Removal of N	F	47	58	58	$279.31	$28.19	$20.49	$20.15
1083635544	Markarian	Alexander		M.D.	M	I	1450 San Pablo St Ste !	Los Angele	CA	6	90033	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	43	58	58	$170.26	$27.96	$18.91	$17.47
1093891921	Gary	Thomas	D	M.D.	M	I	346 Deep South Farm F	Blairsville	GA	13	30512	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	50	58	58	$78.00	$44.81	$30.75	$33.14
1104037100	Blair	Michael	M	D.O.	M	I	1340 Wonder World Dr	San Marcos	TX	48	78666	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	52	58	58	$159.14	$42.20	$26.20	$27.76
1104923721	Te	Hianto	T	MD	M	I	1221 N May	Guymon	OK	40	73942	4	Micropolita	US	General Su	Y	69210	Removal of N	O	52	58	58	$80.00	$44.48	$29.23	$31.92
1144541772	Srinet	Prateek		M.D.	M	I	2 Good Sar Suite 420	Mount Vern	IL	17	62864	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	58	58	$143.00	$44.76	$30.00	$31.81
1164482683	Eller	Robert	L	MD	M	I	1 Doctors Dr	Greenville	SC	45	29605	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	57	58	58	$160.00	$36.74	$27.79	$29.69
1205070794	Nguyen	Amy	M	MD	F	I	7219 Westminster Blvc	Westminst	CA	6	92683	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	55	58	58	$163.14	$52.64	$41.32	$37.00
1215111885	Raedy	Douglas	J	D.O	M	I	3850 Glenkerry Ct	Portage	MI	26	49024	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	46	58	58	$192.00	$45.16	$30.20	$31.22
1215985700	Morpeth	James	F	M.D.	M	I	2300 Manc Ste C003	Columbus	GA	13	31904	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	58	58	58	$166.55	$42.08	$28.19	$32.99
1225303001	Gomez-Riv	Fernando		MD	M	I	11914 Astoria Blvd Ste	Houston	TX	48	77089	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	47	58	58	$140.00	$48.26	$31.09	$30.18
1225461643	Kilburn	Amy	L	CNP	F	I	1611 27th St	Portsmouth	OH	39	45662	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	57	58	58	$130.59	$26.91	$18.58	$19.24
1235200155	Arabshahi	Alidad		MD	M	I	14000 Crown Court Sui	Woodbridg	VA	51	22193	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	55	58	58	$115.00	$48.90	$35.42	$34.57
1235680745	Claridy	Crystal		N.P.	F	I	1900 10th Ave Ste 211	Columbus	GA	13	31901	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	57	58	58	$177.66	$36.48	$22.01	$25.75
1245208214	Robertson	Matthew	L	MD	M	I	1120 E Eliz: #f-101	Fort Collins	CO	8	80524	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	48	58	58	$109.00	$46.35	$31.99	$31.47
1265503197	Caughey	Robert	J	MD	M	I	3341 Beale Ave	Altoona	PA	42	16601	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	43	58	58	$97.00	$46.73	$27.02	$27.90
1306592092	James	Logan	E	PA-C	F	I	1229 E Seminole St Ste	Springfield	MO	29	65804	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	48	58	58	$127.00	$36.83	$27.27	$30.01
1316144223	Barclay	John	J	D.O.	M	I	2521 Glenn Hendren D	Liberty	MO	29	64068	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	53	58	58	$106.79	$45.69	$33.29	$34.66
1316935000	Stevenson	Sherman	A	M.D.	M	I	3205 Shrin	Suite 480	Brunswick	GA	13	31520	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	55	58	58	$205.00	$44.29	$31.99	$34.85
1336697457	Raley	Claire			F	I	2000 6th A	Tkc 1st Flo	Birminghan	AL	1	35233	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	41	58	58	$86.00	$38.42	$27.80	$28.87
1356445530	Page	Matthew	P	MD	M	I	4790 Executive Centre		Saint Peter	MO	29	63376	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	51	58	58	$80.00	$46.93	$36.13	$36.71
1376819524	Bennett	Gregory	H	DO	M	I	3535 Fishir Ste. 280		Hilliard	OH	39	43026	1	Metropolitz	US	Allergy/ Imı	Y	69210	Removal of N	O	58	58	58	$128.00	$42.45	$29.29	$31.18
1386727097	Dimarco	Claude	J	DO	M	I	8468 Herring Run Rd		Seaford	DE	10	19973	1	Metropolitz	US	Allergy/ Imı	Y	69210	Removal of N	O	53	58	58	$75.00	$48.65	$26.72	$25.84
1487668158	Young	Dayton	L	MD	M	I	1600 W League City Pk		League City	TX	48	77573	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	50	58	58	$137.33	$32.27	$23.15	$23.39
1487689709	Brown	George	T	MD	M	I	215 E Parkv	Ste A	Friendswoc	TX	48	77546	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	47	58	58	$47.66	$47.20	$35.68	$35.37
1487743787	May	Lawrence	A	M.D.	M	I	5525 Etiwa	Suite 222	Tarzana	CA	6	91356	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	43	58	58	$73.00	$50.19	$32.19	$29.27
1497915292	Cohen	Jonathan	D	MD	M	I	550 Central Ave Ste 50		New Provid	NJ	34	7974	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	44	58	58	$294.97	$50.41	$37.48	$33.16
1538549936	Simmonds	Jonathan	C	M.D.	M	I	210 Westchester Ave		White Plain	NY	36	10604	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	56	58	58	$166.76	$53.40	$39.41	$31.43
1568459592	Nadenik	Scott	A	D.O.	M	I	2120 Sw 22nd Pl		Ocala	FL	12	34471	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	52	58	58	$100.00	$46.19	$33.52	$33.41
1629393913	Hildrew	Douglas	M	M.D.	M	I	800 Howard Ave Fl	4	New Haven	CT	9	6519	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	39	58	58	$285.00	$51.82	$36.98	$33.82
1639236995	Peterson	Laryn	A	M.D.	F	I	8040 Clearvista Pkwy S		Indianapoli	IN	18	46256	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	50	58	58	$105.69	$42.29	$29.29	$32.82
1649698770	Wiebracht	Nathan		MD	M	I	40 N Grand Ave Ste 10		Fort Thoma	KY	21	41075	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	51	58	58	$85.00	$44.29	$27.10	$29.62
1649945171	Ritzel	Allison	N	PA-C	F	I	8501 Arlington Blvd Ste		Fairfax	VA	51	22031	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	55	58	58	$85.00	$46.86	$33.49	$28.64
1669456133	Chimenti	Jeffrey	S	MD	M	I	9301 Pinec Ste 150		Shenandoa	TX	48	77380	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	51	58	58	$111.72	$34.37	$25.51	$27.54
1669732673	Mcadams	Patricia	S	M.D.	F	I	5005 N Piedras St Ste 3		El Paso	TX	48	79930	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	52	58	58	$119.53	$42.08	$28.98	$30.58
1700069648	Frazier	William	D	M.D.	M	I	1 Doctors Drive		Greenville	SC	45	29605	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	52	58	58	$160.00	$43.15	$31.65	$33.98
1700190519	Preneta	Gretchen	F	PA-C	F	I	51 Us Route 1 Ste I		Scarborug	ME	23	4074	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	55	58	58	$130.98	$27.81	$14.16	$14.47
1730175944	Diasti	Sam		MD	M	I	2605 W Sw Ste. 100		Tampa	FL	12	33609	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	54	58	58	$89.45	$47.44	$32.12	$31.71
1750640512	Frank	Robert	W	M.D.	M	I	3901 Central Pike Ste 3		Hermitage	TN	47	37076	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	47	58	58	$201.33	$43.08	$28.53	$31.72
1770576365	Asin	Gerald	S	M.D.	M	I	10565 N Tatum Blvd St		Paradise V	AZ	4	85253	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	56	58	58	$60.09	$45.33	$26.14	$26.88
1780610477	Anthony	Paul		MD	M	I	2100 Hedgcoxe Drive,		Plano	TX	48	75025	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	58	58	58	$158.00	$44.79	$31.03	$32.77
1790723229	Bland	James	E	MD	M	I	100 N Academy Ave		Danville	PA	42	17822	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	45	58	58	$120.17	$46.23	$33.71	$34.47
1801986393	Johnson	Felicia		MD	F	I	601 W Maple Ave Ste 2		Springdale	AR	5	72764	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	40	58	58	$43.93	$40.96	$27.24	$30.74
1811202948	Sana	Said	S	D.O.	M	I	1111 Teneyck St		Jackson	MI	26	49201	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	55	58	58	$126.72	$32.52	$21.13	$21.61
1811315161	Small	Luke		MD	M	I	150 S Mount Auburn Rc		Cape Girar	MO	29	63703	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	45	58	58	$139.00	$42.31	$30.86	$34.32
1831163963	Romashko	Alexander	A	MD	M	I	4805 S Moc	Moorland R	New Berlin	WI	55	53151	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	45	58	58	$265.03	$44.33	$28.62	$31.09
1841215126	Boone	Karen	E	M.D.	F	I	4790 Executive Centre		Saint Peter	MO	29	63376	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	58	58	58	$80.00	$46.41	$34.83	$35.54
1841670007	Chen	Frank	S	MD/PHD	M	I	25500 Point Lookout R		Leonardtov	MD	24	20650	2	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	57	58	58	$120.52	$34.98	$27.53	$24.16
1841768777	Wylie	Lauren	M	PA-C	F	I	4069 Lake Dr Se Ste 31		Grand Rapi	MI	26	49546	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	46	58	58	$132.00	$38.07	$27.23	$28.02
1851329007	Vandermee	Joseph	B	MD	M	I	577 Michig	Suite 101	Holland	MI	26	49423	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	45	58	58	$33.00	$32.06	$22.11	$22.70
1861422826	Robin	Jeffrey	M	PA-C	M	I	21616 76th Ave W Ste 2		Edmonds	WA	53	98026	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	52	58	58	$168.00	$44.80	$23.22	$20.52
1881873271	Kauffman	Ryan	M	M.D.	M	I	80 Lacy St I	Northwest	Marietta	GA	13	30060	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	43	58	58	$222.67	$47.40	$31.99	$31.48
1891014726	Tartaglia	Jennifer		M.D.	F	I	1521 E Tan	Suite 331	Oro Valley	AZ	4	85755	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	46	58	58	$114.70	$45.32	$33.02	$34.60
1902007743	Sabour	Sarmad		MD	M	I	6870 W 52nd Ave Ste 2		Arvada	CO	8	80002	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	45	58	58	$98.00	$45.90	$32.58	$31.76
1922001213	Katzenmey	William	K	M.D.	M	I	7373 Perkins Rd		Baton Roug	LA	22	70808	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	54	58	58	$120.00	$45.06	$32.13	$33.29
1942257001	Fucci	Pasquale		MD	M	I	1815 W 13th St		Wilmington	DE	10	19806	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	49	58	58	$59.40	$47.71	$33.31	$32.25
1962156869	Degeneffe	Abigail	M	NP	F	I	2845 Greenbrier Rd		Green Bay	WI	55	54311	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	48	58	58	$235.00	$36.65	$27.13	$29.16
1962597831	Burke	Rosalia	C	MD	F	I	1501 River	Ste 120	Conroe	TX	48	77304	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	51	58	58	$114.83	$37.90	$27.10	$28.77
1982047494	Gerka Stuy	John	A	M.D.	M	I	11100 Euclid Ave		Cleveland	OH	39	44106	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	51	58	58	$93.79	$41.67	$32.37	$33.54
1992706428	Phillips	Scott	E	MD	M	I	12188a N M	Suite 375	Carmel	IN	18	46032	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	42	58	58	$115.00	$43.57	$28.85	$31.97
1003871971	Rubinstein	Mark	I	M.D.	M	I	8316 Arling	Suite 300	Fairfax	VA	51	22031	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	55	57	57	$185.61	$54.61	$40.41	$34.65
1023094992	Mellor	Robert	L	MD	M	I	2121 N 1700 W		Layton	UT	49	84041	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	52	57	57	$92.00	$41.04	$28.25	$29.63
1023490190	Madanick	Alyssa		PA	F	I	133 Benmore Dr Ste 10		Winter Park	FL	12	32792	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	55	57	57	$138.00	$40.66	$31.36	$30.87
1063440303	Mcbratney	Kathleen	R	MD	F	I	1004 Progr	Suite 200	Lansing	KS	20	66043	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	47	57	57	$90.00	$43.71	$27.33	$30.39
1073002952	Pressey	Milissa	D	AGPCNP-B	F	I	1604 Arrowhead		Harbor Spri	MI	26	49740	10.3	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	50	57	57	$138.41	$38.29	$23.67	$25.04
1093014300	Loochtan	Michael	J	MD	M	I	974 Bethel Rd Ste A		Columbus	OH	39	43214	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	51	57	57	$95.00	$44.95	$31.96	$33.18
1104152107	Farwell	Andrea	L	FNP	F	I	570 Egg Harbor Rd Ste		Sewell	NJ	34	8080	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	37	57	57	$169.21	$44.43	$31.97	$29.05
1114926672	Lee	Edward	S	M.D.	M	I	1140 W La '	Ste. 520	Orange	CA	6	92868	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	39	57	57	$103.18	$53.03	$38.73	$34.65
1124059555	Tipirneni	Prabhakar		MD	M	I	24 Salt Pon Building H-		Wakefield	RI	44	2879	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	50	57	57	$75.00	$49.58	$37.36	$35.87
1134164742	Hawke	Jess		D.O	M	I	2512 Tamiami Trl N		Nokomis	FL	12	34275	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	48	57	57	$80.00	$47.39	$34.14	$33.39
1184059214	Pierce	Benjamin	D	PA-C	M	I	107 Weeks Dr		Roxboro	NC	37	27573	7	Small town	US	Physician A	Y	69210	Removal of N	O	52	57	57	$119.00	$38.15	$27.26	$28.63

1194909531	Budd	Gerard	J	M.D.	M	I	880 A1a N Ste 16	Ponte Vedr	FL	12	32082	1	Metropolit	US	Emergency	Y	69210	Removal of N	O	45	57	57	$110.00	$47.88	$32.23	$32.13
1215987144	Shashy	Ronald		M.D.	M	I	1140 Lexin	Suite 102	Georgetow	KY	21	40324	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	55	57	57	$96.00	$41.60	$29.80	$32.36
1265749956	Nabizada	Veronica		M.D.	F	I	997 Us Higl	Suite 201	Venice	FL	12	34285	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	49	57	57	$101.00	$47.88	$31.23	$31.14
1285616193	Benson	Aaron	G	M.D.	M	I	4600 W Loomis Rd Ste		Greenfield	WI	55	53220	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	49	57	57	$300.00	$41.96	$33.06	$35.21
1285799056	Emdur	Abby	C	M.D.	F	I	1925 W Mountain View		Longmont	CO	8	80501	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	46	57	57	$123.00	$48.73	$30.72	$29.98
1295074458	Paquet	Christian		M.D.	M	I	4400 N 32nd St Ste 22(		Phoenix	AZ	4	85018	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	42	57	57	$93.64	$44.96	$31.88	$33.55
1295259844	Stewart	Ryan	D	PA-C	M	I	200 1st St Sw		Rochester	MN	27	55905	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	53	57	57	$196.26	$38.76	$27.62	$27.00
1316018153	Nass	Richard		MD	M	I	462 1st Ave # A-560		New York	NY	36	10016	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	48	57	57	$149.63	$54.46	$37.22	$31.48
1356349609	Piening	Kurt	A	M.D.	M	I	201 Bjc Sai Suite 100		Saint Peter	MO	29	63376	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	51	57	57	$47.52	$47.20	$28.79	$29.29
1417928128	Geraghty	James	A	MD	M	I	7301 N Knoxville Ave		Peoria	IL	17	61614	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	42	57	57	$169.30	$46.41	$31.13	$32.24
1447262415	Roberts	Adrian	P	M.D.	M	I	1405 Cente	Suite 5400	Tallahasse	FL	12	32308	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	48	57	57	$139.16	$47.89	$33.49	$32.89
1457607517	Lee	Sarah		NP	F	I	2380 Sutter St		San Francis	CA	6	94115	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	50	57	57	$278.14	$30.93	$23.39	$21.17
1477540292	Lykins	Christophe	L	M.D.	M	I	20201 N Sc Ste 230		Scottsdale	AZ	4	85255	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	55	57	57	$94.00	$46.76	$27.26	$28.13
1487622320	Sutherland	Clinton	H	MD	M	I	391 Falls Dr Nw		Abingdon	VA	51	24210	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	42	57	57	$96.42	$48.17	$31.12	$30.70
1538257886	Talbert	Ellis	J	MD	M	I	7000 S Ada Suite 240		Willowbroo	IL	17	60527	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	43	57	57	$160.00	$51.81	$33.84	$30.93
1558643486	Siy-Keane	Lauren	T	RPA-C	F	I	400 Patroon Creek Blvc		Albany	NY	36	12206	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	54	57	57	$117.54	$38.07	$25.29	$25.82
1578862744	Kirk	Caroline	E	APRN	F	I	401 E Chestnut St Unit		Louisville	KY	21	40202	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	46	57	57	$116.00	$36.72	$27.14	$29.77
1619134970	Clark	Michael	J	M.D.	M	I	420 Nokomis Ave S		Venice	FL	12	34285	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	49	57	57	$115.07	$44.49	$29.80	$29.29
1629456694	Coffee	Annsley	M	PA-C	F	I	312 Westside Dr		Douglas	GA	13	31533	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	53	57	57	$150.00	$38.08	$25.54	$27.62
1639285430	Gay	Crystal	D	PA	F	I	1235 Friendship Rd Ste		Braselton	GA	13	30517	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	54	57	57	$97.42	$37.49	$28.57	$30.14
1669841920	Larsen	Andrew		PA-C	M	I	123 Everett Rd		Albany	NY	36	12205	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	54	57	57	$124.56	$39.42	$25.16	$25.76
1679157978	Millard	Joshua			M	I	1920 Cloud Ct		Windsor	CO	8	80550	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	50	57	57	$109.00	$40.97	$31.49	$30.86
1699043968	Seabeck	Nicole	Y	NP	F	I	10021 Dupont Circle C		Fort Wayne	IN	18	46825	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	44	57	57	$107.00	$37.38	$22.96	$25.70
1710241054	Gegg	Ryan		D.O.	M	I	141 Mack Bayou Loop S		Santa Rosa	FL	12	32459	2	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	52	57	57	$65.00	$47.93	$32.04	$31.47
1740380534	Acevedo	Jason	L	MD	M	I	1665 Antilley Rd Ste 18		Abilene	TX	48	79606	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	46	57	57	$95.44	$45.74	$32.51	$33.67
1760966758	Carlson	Megan	M	PA-C	F	I	100 State Ave		Faribault	MN	27	55021	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	46	57	57	$204.40	$39.08	$25.02	$25.64
1760972715	Alexander	Carrie	G	FNP-C	F	I	1096 1350th St		Lincoln	IL	17	62656	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	41	57	57	$241.53	$38.12	$26.52	$27.34
1801092937	Jeyapalan	Gerald	R	M.D.	M	I	295 Essjay Rd		Williamsvil	NY	36	14221	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	51	57	57	$75.00	$42.58	$27.46	$29.14
1801820832	Oganessia	Janna		M.D.	F	I	18607 Vent # 101		Tarzana	CA	6	91356	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	50	57	57	$65.00	$52.38	$41.05	$37.31
1821223165	Givens	Daniel	J	M.D.	M	I	535 Cedar Cross Road		Dubuque	IA	19	52003	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	48	57	57	$130.00	$38.86	$27.87	$30.67
1841224177	Sigari	Farhad		MD	M	I	4640 Admi	Suite 718	Marina Del	CA	6	90292	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	44	57	57	$188.97	$50.14	$32.08	$29.84
1861442725	Danner	Christophe	J	M.D.	M	I	5 Tampa General Cir St		Tampa	FL	12	33606	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	45	57	57	$105.00	$47.89	$36.88	$36.66
1871584482	Van Leeuw	Richard		M.D.	M	I	2121 N 1700 W		Layton	UT	49	84041	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	48	57	57	$92.00	$43.03	$28.79	$30.62
1871601153	Berkower	Alan	S	MD PHD	M	I	3250 West	Suite 101	Bronx	NY	36	10461	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	47	57	57	$200.00	$50.12	$40.00	$31.99
1932333523	Hobbs	Bradley	A	M.D.	M	I	1963 Mem	Suite 5	Huntsville	AL	1	35801	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	53	57	57	$74.28	$43.08	$31.41	$33.09
1932595154	Moore	Kevin	A	MD	M	I	2449 Hospital Dr Ste 4		Bossier Cit	LA	22	71111	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	40	57	57	$105.00	$45.87	$31.13	$32.67
1942664784	Gentile	Andrea	L	M.D.	F	I	1753 Fulton St		Elkhart	IN	18	46514	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	50	57	57	$243.11	$35.84	$25.66	$28.97
1952348492	Langford	Francis	P	M.D.	M	I	645 Amalia St Ne		Concord	NC	37	28025	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	49	57	57	$95.00	$41.43	$30.26	$31.16
1972569192	Silva	Andrew	B	MD	M	I	19455 Deer	Suite 301	Lansdowne	VA	51	20176	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	51	57	57	$199.49	$47.15	$32.86	$32.98
1003897554	Benda	Thomas	J	M.D.	M	I	535 Cedar Cross Road		Dubuque	IA	19	52003	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	49	56	56	$130.00	$42.34	$29.78	$32.78
1023048238	Lakhan	Kimberly	J		F	I	400 E 3rd St		Duluth	MN	27	55805	1	Metropolit	US	Physician A	Y	69210	Removal of N	F	35	56	56	$164.00	$26.44	$17.64	$18.84
1023105178	Martinez	David		DO	M	I	3230 Beard	Suite B	Napa	CA	6	94558	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	53	56	56	$73.52	$52.60	$39.69	$35.61
1124538855	Kurien	George		MD FRCSC	M	I	111 Colchester Ave		Burlington	VT	50	5401	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	48	56	56	$62.42	$30.86	$22.73	$23.53
1134579519	Pang	Bo			F	I	35 Medical Center Pkw		Augusta	ME	23	4330	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	56	56	$90.60	$35.48	$28.27	$26.80
1144285669	Modi	Praveen	K	M.D	M	I	990 W Ann	Suite 102	Plymouth	MI	26	48170	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	47	56	56	$76.00	$49.87	$31.26	$29.89
1154424216	Loring	Karen		MD	F	I	252 Mechanic St		Lebanon	NH	33	3766	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	47	56	56	$85.00	$47.77	$31.74	$31.12
1154437077	Duong	Raymond	S	MD	M	I	370 17th St		Vero Beach	FL	12	32960	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	53	56	56	$60.00	$50.73	$34.76	$32.62
1225447287	Allen	Leslie	L	FNP-C	F	I	300 Steam	Suite 450	Gallatin	TN	47	37066	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	47	56	56	$223.93	$36.57	$25.27	$27.95
1235128588	Book	David	T	MD	M	I	595 Chapel Hills Dr Ste		Colorado S	CO	8	80920	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	27	56	56	$123.00	$47.86	$35.42	$34.55
1245298629	O'brien	Douglas	A	M.D.	M	I	35 Pearl St Ste 100		Brockton	MA	25	2301	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	49	56	56	$130.00	$49.52	$36.03	$34.31
1265474811	O'hare	Charles	D	MD	M	I	270 Main St N Ste 300		Stillwater	MN	27	55082	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	42	56	56	$60.54	$46.63	$35.27	$36.03
1346675170	Pena	Blanca	O	PA-C	F	I	2700 N 140th Ave Ste 1		Goodyear	AZ	4	85395	2	Metropolit	US	Physician A	Y	69210	Removal of N	O	45	56	56	$190.00	$38.69	$26.94	$27.88
1366439390	Kemker	Bryan	J	M.D.	M	I	101 E Miller Rd		Sterling	IL	17	61081	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	36	56	56	$116.29	$32.15	$22.88	$22.35
1376565895	Dicke	Frederick	C	MD	M	I	3501 N Scc	#334	Scottsdale	AZ	4	85251	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	52	56	56	$70.00	$46.54	$28.03	$28.67
1376961946	Langerman	Jared	R	M.D.	M	I	550 Heritage Dr Ste 20		Jupiter	FL	12	33458	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	55	56	56	$116.00	$48.17	$36.38	$34.42
1386030724	Gonzalez	Joseph	R	M.D.	M	I	13001 E 17 University (		Aurora	CO	8	80045	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	50	56	56	$72.00	$47.18	$34.20	$33.26
1407870652	Allan	Jeffrey	B	MD	M	I	58 West Loop Dr		Camarillo	CA	6	93010	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	48	56	56	$76.15	$51.93	$37.68	$33.91
1457905010	Herndon	Emily		FNP	F	I	1 Doctors Dr		Greenville	SC	45	29605	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	56	56	56	$160.00	$37.32	$26.18	$28.23
1487746178	Heidenreic	Katherine	D	MD	F	I	1500 East M	1st Floor Ta	Ann Arbor	MI	26	48109	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	40	56	56	$81.00	$35.14	$22.43	$20.88
1497056204	Buzek	Amy	L	PA	F	I	655 W 8th S	Ufjax - Dep	Jacksonvill	FL	12	32209	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	48	56	56	$154.00	$41.21	$31.93	$31.24
1508824152	Barak	Andrew	P	DO	M	I	6130 Prestley Mill Rd S		Douglasvill	GA	13	30134	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	52	56	56	$228.45	$38.30	$26.45	$27.34
1508967126	Dixon	Michael	J	MD	M	I	2550 E Broadway St		Helena	MT	30	59601	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	50	56	56	$81.84	$32.92	$18.45	$18.12
1518943877	Gonzalez-Y	German		M.D.	M	I	525 Ave Fd	Suite 811 L	San Juan	PR	72	918	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	51	56	56	$48.60	$47.30	$29.60	$29.33
1528324597	Lee	Edward		M.D.	M	I	3838 California St Rm 5		San Francis	CA	6	94118	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	42	56	56	$175.00	$53.87	$38.18	$32.46
1528353273	Kim	Soo Chong		MD	F	I	360 Essex St Ste 401		Hackensac	NJ	34	7601	1	Metropolit	US	Geriatric M	Y	69210	Removal of N	O	44	56	56	$164.82	$54.41	$39.75	$34.48
1548455942	Mcmullin	Diane	P	M.D.	F	I	300 Mount	Suite 517	Cambridge	MA	25	2138	1	Metropolit	US	Geriatric M	Y	69210	Removal of N	O	51	56	56	$100.00	$53.32	$37.83	$33.40
1568773935	Dunn	Amanda		PA	F	I	5770 S 250 E Ste 285		Murray	UT	49	84107	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	50	56	56	$123.18	$38.05	$19.75	$21.41
1609194802	Ginn	Stuart	D	M.D.	M	I	Medical Center Blvd		Winston Sa	NC	37	27157	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	51	56	56	$95.00	$44.63	$30.18	$31.24
1659358455	Weingarter	Jeffrey	S	MD.	M	I	29201 Tele	Suite 500	Southfield	MI	26	48034	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	53	56	56	$85.00	$48.57	$31.94	$30.48
1679992887	Edwards	Colin		M.D.	M	I	30 Canton St Ste 2		Mancheste	NH	33	3103	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	33	56	56	$356.82	$46.48	$29.59	$28.59
1689219875	Burka	Sophia	P	APRN	F	I	1514 Jefferson Hwy		New Orlear	LA	22	70121	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	F	54	56	56	$109.54	$28.84	$21.72	$21.18
1700881760	Tritt	Ramie	A	MD	M	I	5555 Peacl	Ste 125	Atlanta	GA	13	30342	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	51	56	56	$115.10	$38.70	$28.91	$28.51
1700892734	Lofton	Jason	D	MD	M	I	203 W Dequeen Ave		De Queen	AR	5	71832	7	Small town	US	Family Prac	Y	69210	Removal of N	O	51	56	56	$90.00	$42.26	$27.25	$31.06
1720159346	Medaris	Samuel	M	M.D.	M	I	501 W Pine St		Farmington	MO	29	63640	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	56	56	$99.74	$43.22	$27.96	$30.60
1720416407	Jorrey	Angela	M	PA-C	F	I	8080 State	Suite 210	Mckinney	TX	48	75070	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	47	56	56	$125.00	$38.25	$28.91	$30.45
1740244870	Strabbing	Richard	J	D.O.	M	I	3100 N. Wellness Dr		Holland	MI	26	49424	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	47	56	56	$105.00	$45.90	$31.82	$32.96
1770503484	Knappenbe	Scott	L	M.D.	M	I	9411 N Oal	Suite 202	Kansas Cit	MO	29	64155	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	52	56	56	$93.04	$44.02	$30.53	$31.91

1790740801	Kansal	Shalini		MD	F	I	1790 Mulke	Suite 7	Austell	GA	13	30106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	49	56	56	$113.43	$46.38	$34.01	$33.60
1801879895	Schneidern	Todd	A	MD	M	I	215 Union /	Suite C	Bridgewate	NJ	34	8807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	56	56	56	$96.52	$52.69	$38.12	$33.52
1811952336	Fina	Manuela			F	I	401 Phalen	Healthpart	St. Paul	MN	27	55130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	43	56	56	$191.00	$45.92	$32.81	$33.92
1821015546	Carvalho	Artur	M	MD	M	I	620 Essex	Street - 3rd F	Harrison	NJ	34	7029	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	51	56	56	$100.00	$53.74	$29.23	$25.95
1841258019	Knapp	Calvin	H	MD	M	I	515 Minor /	Suite 140	Seattle	WA	53	98104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	50	56	56	$168.00	$52.03	$31.22	$27.67
1841605102	Blecha	Jonathan		M.D.	M	I	981225 Nebraska Med		Omaha	NE	31	68198	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	50	56	56	$125.00	$42.64	$30.26	$33.72
1871501437	Ryzenman	John	M	M.D.	M	I	387 County	Suite 115	Westerville	OH	39	43082	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	35	56	56	$102.00	$46.14	$30.16	$31.53
1871521245	Strand	Duane	D	MD	M	I	275 11th St S		Wahpeton	ND	38	58075	4	Micropolita	US	Internal Me	Y	69210	Removal of	N	O	47	56	56	$130.00	$43.23	$29.73	$31.00
1871852244	Hixon	Brian	W	M.D.	M	I	800 Rose St # C236		Lexington	KY	21	40536	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	48	56	56	$49.67	$43.60	$32.94	$35.64
1891132726	Paisley	Allison	M	CRNP	F	I	51 N. 39th Street		Philadelphi	PA	42	19104	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	44	56	56	$97.46	$29.36	$21.73	$20.38
1942347364	Smith	Ian	M	M.D.	M	I	700 W Iron	Suite 278	Coeur D Al	ID	16	83814	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	49	56	56	$64.00	$30.42	$18.67	$20.65
1003302514	Lamparek	Margaret	R	ARNP	F	I	5950 University Ave	Ste	West Des M	IA	19	50266	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	51	55	55	$250.60	$25.78	$15.22	$17.04
1063702835	Stater	Brian	J	M.D.	M	I	9155 Sw Barnes Rd	Ste	Portland	OR	41	97225	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	41	55	55	$147.00	$46.33	$33.41	$32.80
1083685176	Kresge	Dale	L	M.D.	M	I	1010 Blymire Rd		Dallastown	PA	42	17313	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	47	55	55	$75.00	$45.67	$27.53	$29.43
1104850288	Aboul-Nas	Gamal		MD	M	I	7525 E Bro	Ste 2	Mesa	AZ	4	85208	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	51	55	55	$80.47	$41.71	$29.54	$30.55
1114191194	Kochhar	Amit		MD	M	I	2125 Arizona Ave		Santa Moni	CA	6	90404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	39	55	55	$231.00	$50.22	$32.25	$30.03
1154490217	Vukovich	Mark	A	APNP, FNP	M	I	9200 W Wi	Departmen	Milwaukee	WI	55	53226	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	44	55	55	$563.55	$26.10	$18.96	$20.35
1164880944	Wynsma	Kayla		AGNP	F	I	300 N Main St	Ste D	Crown Poin	IN	18	46307	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	38	55	55	$70.76	$37.34	$29.52	$32.01
1174643894	Gaslin	Michael	T	MD	M	I	2520 Aberdeen Blvd		Gastonia	NC	37	28054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	54	55	55	$134.82	$37.92	$26.17	$27.01
1174727010	Jones	Todd	D	M.D.	M	I	104 27th Ave Se		Puyallup	WA	53	98374	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	49	55	55	$168.00	$46.73	$31.77	$31.45
1184989220	Query	Mark	E	M.D.	M	I	100 Hospital Ln	Ste 22	Danville	IN	18	46122	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	49	55	55	$107.00	$42.34	$31.85	$34.75
1194249664	Gray	Katey		PA-C	F	I	1 Doctors Dr		Greenville	SC	45	29605	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	54	55	55	$160.00	$37.61	$28.32	$30.36
1235337130	Mccusker	Scott	B	M.D.	M	I	3000 Q St	Fl 5	Sacrament	CA	6	95816	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	48	55	55	$178.00	$50.07	$32.75	$31.02
1245464692	Hunter	Mark		M.D.	M	I	2750 Broadway St		Boulder	CO	8	80304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	49	55	55	$111.58	$47.88	$36.02	$34.76
1245794437	Yee	Betty		FNP	F	I	300 Pasteur Dr		Stanford	CA	6	94305	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	46	55	55	$97.00	$31.45	$21.69	$19.26
1265455216	Casillas	Giovanni	C	M.D.	M	I	Calle B, Es	Edificio Me	Bayamon	PR	72	959	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	41	55	55	$37.49	$36.43	$24.17	$32.49
1265815187	Zimmerma	Zachary	A	M.D.	M	I	Beloit Clini	1905 E Hue	Beloit	WI	55	53511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	42	55	55	$137.45	$28.30	$19.89	$21.82
1285955203	Lalich	Ian	J	MD	M	I	290 Main St Nw	Ste 10	Elk River	MN	27	55330	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	42	55	55	$161.25	$41.48	$30.56	$32.06
1295113496	Luryi	Alexander	L	M.D.	M	I	3 Cooper Plz	Rm 403	Camden	NJ	34	8103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	54	55	55	$151.00	$49.35	$38.59	$35.22
1306180781	Nader	Marc-Elie		MD	M	I	1515 Holcombe Blvd		Houston	TX	48	77030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	51	55	55	$206.09	$33.97	$26.63	$25.84
1316208804	Woods	Ong-Dee	L	NP, RN	F	I	2452 Wats	Suite 1700	Palo Alto	CA	6	94303	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	39	55	55	$108.45	$32.33	$19.63	$17.29
1326063678	Danielson	Gregory	P	M.D.	M	I	2315 W 57th St		Sioux Falls	SD	46	57108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	47	55	55	$168.73	$42.19	$29.62	$30.95
1326256967	Criddle	Michael	W	M.D.	M	I	201 Cedar St Se	Ste 46	Albuquerq	NM	35	87106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	40	55	54	$34.20	$30.68	$21.41	$20.88
1407858384	Matorin	Philip	A	M.D.	M	I	12121 Richmond Ave	S	Houston	TX	48	77082	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	48	55	55	$145.51	$46.34	$34.66	$33.69
1407939523	Ubell	Matthew	L	M.D.	M	I	1111 Delaf	Suite 102	Waukesha	WI	55	53188	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	43	55	55	$285.36	$42.41	$25.71	$28.44
1437569613	Bansal	Amy	P	M.D.	F	I	2080 Century Park E	St	Los Angele	CA	6	90067	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	53	55	55	$79.51	$50.24	$37.79	$34.53
1477550499	Noel	Phillip	E	MD	M	I	2615 North Dr		Abbeville	LA	22	70510	2	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	51	55	55	$98.00	$42.42	$26.50	$29.92
1497174189	Raggio	Blake	S	MD	M	I	1111 Olive St		Montgome	AL	1	36106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	47	55	55	$85.00	$42.18	$30.32	$32.35
1508065558	Klemens	James	J	M.D.	M	I	7301 N Knoxville Ave		Peoria	IL	17	61614	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	45	55	55	$167.55	$44.93	$29.39	$30.28
1508209792	Duhon	Danielle	K	MD	F	I	717 Curtis Dr		Rayne	LA	22	70578	2	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	45	55	55	$70.00	$43.39	$26.08	$27.63
1508963661	Dyer	Robert	K	M.D.	M	I	3400 Nw 56th St		Oklahoma	OK	40	73112	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	50	55	55	$109.00	$43.23	$34.12	$37.44
1538508437	White	Joseph	F	M.D.	M	I	301 N 8th St		Springfield	IL	17	62701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	40	55	55	$116.00	$43.18	$31.36	$33.87
1548226558	Jerles	Matthew	L	M.D.	M	I	540 Hemlcok St.		Macon	GA	13	31201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	52	55	55	$121.00	$44.43	$32.70	$34.53
1568585776	Kimbrough	James	F	MD	M	I	340 North Belair Road		Evans	GA	13	30809	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	50	55	55	$125.00	$42.52	$27.82	$30.42
1578566931	Orfaly	M Tarek		MD	M	I	6355 Walk	Ste 308	Alexandria	VA	51	22310	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	51	55	55	$162.00	$54.47	$40.88	$35.09
1578570727	Strauss	Guy	S	D.O.	M	I	404 Nw Hall Of Fame D		Lake City	FL	12	32055	4	Micropolita	US	Internal Me	Y	69210	Removal of	N	O	50	55	55	$100.00	$48.33	$33.67	$33.08
1609951383	Underbrink	Michael	P	MD	M	I	915 Gessner Rd	Ste 28	Houston	TX	48	77024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	48	55	55	$140.00	$46.76	$34.80	$33.84
1619057064	Roberts	Justin	W	DO	M	I	501 West Pine Street		Farmington	MO	29	63640	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	43	55	55	$99.74	$42.02	$30.41	$32.82
1619520640	Mcfarland	Brittany		PA-C	F	I	4069 Lake Dr Se	Ste 31	Grand Rapi	MI	26	49546	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	52	55	55	$350.84	$27.90	$17.97	$18.16
1639102254	Mamikunia	Creed	K	M.D.	M	I	2401 E 42n	Suite 206	Anchorage	AK	2	99508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	54	55	55	$65.03	$59.98	$40.70	$32.20
1639478431	Clark	James	H	MB, BCH, B	M	I	4940 Eastern Ave		Baltimore	MD	24	21224	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	47	55	55	$173.80	$49.33	$34.11	$31.09
1659991313	Pratt	Jason		APRN	M	I	4919 Charlestown Rd		New Alban	IN	18	47150	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	43	55	55	$91.00	$37.63	$28.43	$30.75
1700145091	Lewoczko	Kenneth	B	M.D.	M	I	600 Highla	Uw Hospita	Madison	WI	55	53792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	42	55	55	$118.18	$39.38	$27.26	$30.20
1730114380	Boyev	Kestutis	P	MD	M	I	12901 Bruce B Downs I		Tampa	FL	12	33612	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	36	55	55	$145.00	$48.57	$34.11	$33.29
1740221761	Garcia	Rafael	I	MD	M	I	7100 W 20th Ave	Ste 6	Hialeah	FL	12	33016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	46	55	55	$116.00	$52.35	$41.02	$35.44
1740660638	Prummer	Christoph	M	M.D.	M	I	104 27th Ave Se		Puyallup	WA	53	98374	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	40	55	55	$168.00	$47.70	$27.02	$26.72
1760466528	Mahnensm	Rex	L	M.D.	M	I	80 Phoenix Ave		Waterbury	CT	9	6702	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	53	55	55	$108.40	$51.36	$32.42	$30.04
1770242083	Hesseling	Heidi	N	APRN	F	I	10021 Dupont Circle C		Fort Wayne	IN	18	46825	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	51	55	55	$107.00	$37.80	$27.94	$30.19
1801259403	Straka	David	M	MD	M	I	974 Bethel Rd	Ste A	Columbus	OH	39	43214	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	52	55	55	$96.73	$45.49	$34.89	$36.32
1801894621	Kirkwood	Tom	S	MD	M	I	510 W 11th St		Bicknell	IN	18	47512	5	Micropolita	US	Family Prac	Y	69210	Removal of	N	O	46	55	55	$71.27	$43.90	$29.48	$32.65
1811241029	Reyes	Jeanette	A	APRN	F	I	931 Se Ocean Blvd	Ste	Stuart	FL	12	34994	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	50	55	55	$65.00	$38.13	$24.85	$22.89
1831327089	Gross	Brian	C	MD	M	I	1902 Brael	Suite 130	Salem	VA	51	24153	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	50	55	55	$171.00	$46.37	$31.81	$31.41
1841604956	Le	Phong		M.D.	M	I	10090 E Shannon Woo		Wichita	KS	20	67226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	51	55	55	$70.42	$41.97	$27.06	$30.53
1881195139	Platisha	Kate		PA-C	F	I	270 Main St N	Ste 300	Stillwater	MN	27	55082	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	42	55	55	$60.79	$39.68	$29.41	$30.03
1881622843	Pachorek	Joseph	J	M.D.	M	I	630 S Rayn	Suite 320	Pasadena	CA	6	91105	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	49	55	54	$81.55	$52.45	$40.32	$35.91
1881870905	Singh	Anujit		DO	F	I	761 Johnso	Suite 220	Saint Mary	PA	42	15857	7	Small town	US	Internal Me	Y	69210	Removal of	N	O	35	55	55	$36.00	$31.29	$25.06	$25.12
1891757209	Simon	Troy	D	M.D.	M	I	800 Scott And White Dr		College Sta	TX	48	77845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	41	55	55	$153.00	$43.59	$29.97	$31.58
1902885221	Holley	Steven	J	DO	M	I	2900 Lamb Cir		Christiansb	VA	51	24073	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	53	55	55	$106.91	$46.26	$34.36	$34.44
1912393687	Willman	Tyler	J	M.D.	M	I	1000 Langworthy St		Dubuque	IA	19	52001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	45	55	55	$126.56	$41.18	$23.00	$26.55
1922058031	Ahlstrom	Karen		MD	F	I	700 W Kent Ave		Missoula	MT	30	59801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	50	55	55	$104.42	$46.21	$28.96	$29.63
1922236868	Olarte	Lucia	S	M.D.	F	I	2080 Centu	Suite 1700	Los Angele	CA	6	90067	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	53	55	55	$175.00	$50.53	$25.80	$23.13
1952343501	Pasha	Raza		MD	M	I	12121 Rich	Suite 304	Houston	TX	48	77082	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	43	55	55	$143.69	$36.84	$26.66	$26.32
1982662540	Bilofsky	Elliott	J	DO	M	I	202 Memor	Suite 1	Everett	PA	42	15537	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	43	55	55	$79.00	$46.21	$30.65	$31.49
1063440444	Hoffman	Sanford	R	M.D.	M	I	14510 W Shumway Dr		Sun City W	AZ	4	85375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	53	54	54	$70.23	$43.96	$33.73	$34.17
1104862523	Rosario	Inell	C	MD	F	I	5565 Blain	Suite 225	Inver Grove	MN	27	55076	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	46	54	54	$147.00	$45.25	$32.00	$33.77
1174686893	Karcioglu	Amanda	S	M.D.	F	I	71 Waukegan Rd	Ste 7	Lake Bluff	IL	17	60044	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	52	54	54	$84.19	$32.39	$25.90	$23.15
1215996038	Bloom	David	C	MD	M	I	2621 Ne 134th St	Ste 3	Vancouver	WA	53	98686	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	50	54	54	$140.72	$42.33	$29.61	$32.30

1255430211	Zeringue	Guy	P	MD	M	I	604 N. Acadia Ste 101	Thibodaux	LA	22	70301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	54	54	$130.00	$44.99	$31.78	$33.28
1275709958	Yates	Charles	W	M.D.	M	I	550 Univers	Suite 3170	Indianapoli	IN	18	46202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	54	54	$109.00	$43.48	$33.38	$36.37
1295739266	Theilen	Frank	W	MD	M	I	400 W Ih 6(	Ste 360	Irving	TX	48	75063	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	54	54	$136.43	$46.35	$31.08	$30.79
1356336515	Nola	Bounsavath		MD	M	I	1431 S Bluffview Dr	Ste	Wichita	KS	20	67218	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	48	54	54	$80.00	$39.18	$25.92	$28.64
1356662936	O'connell	Brendan	P	MD	M	I	6035 Fairview Rd		Charlotte	NC	37	28210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	54	54	$95.00	$45.25	$33.09	$34.69
1386216257	Riparip	Charmine		NP	F	I	15959 Hall Rd	Ste Ll10	Macomb	MI	26	48044	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	44	54	54	$84.38	$38.79	$29.24	$27.96
1396963922	Janning	Martin	H	M.D.	M	I	1801 19th Ave	Sw	Willmar	MN	27	56201	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	54	54	$148.00	$45.53	$29.63	$30.74
1417938309	Stevens	Ryan	R	M.D.	M	I	1867 Nw Kings	Blvd	Corvallis	OR	41	97330	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	54	54	$150.00	$42.50	$30.99	$32.66
1447242557	Katrib	Abdul	K	M.D.	M	I	400 Divisio	Suite 12	South Char	WV	54	25309	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	54	54	$105.81	$42.37	$26.92	$28.84
1447257530	Moore	Kristin	A	M.D.	F	I	7707 Fanni	Ste 195	Houston	TX	48	77054	1	Metropolita	US	Allergy/ Imı	Y	69210	Removal of N	O	47	54	54	$87.00	$49.07	$37.16	$36.04
1477960474	Isabell	Lisa	J	NP	F	I	5100 W Taft	Rd	Liverpool	NY	36	13088	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	36	54	54	$135.00	$27.00	$19.92	$20.59
1497748792	Silveira	Jeffrey	L	M.D.	M	I	312 Westside	Drive	Douglas	GA	13	31533	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	54	54	$150.00	$43.03	$30.31	$33.59
1518329341	Hoshal	Steven	G	M.D.	M	I	1132 N Church	St Ste 2	Greensbor	NC	37	27401	1	Metropolita	US	Plastic and	Y	69210	Removal of N	O	52	54	54	$203.00	$46.43	$36.99	$35.87
1528133170	Koltzova-Ra	Yulia	K	M.D.	F	I	10900 N Scottsdale	Rd	Scottsdale	AZ	4	85254	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	47	54	54	$70.00	$46.41	$28.35	$29.52
1528166287	Webster	William	W	MD	M	I	1900 Woodland	Drive	Coos Bay	OR	41	97420	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	54	54	$130.00	$38.65	$26.33	$27.97
1538547583	Machala	Maria	C	NP	F	I	12605 E 16th	Ave	Aurora	CO	8	80045	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	47	54	54	$237.87	$41.60	$31.97	$30.99
1558327072	Dillard	David	G	MD	M	I	1000 Hawti	Suite O	Athens	GA	13	30606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	54	54	$147.69	$45.02	$35.35	$36.05
1598358640	Smith	Anna	B		F	I	833 Saint Vincents	Dr	Birminghan	AL	1	35205	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	48	54	54	$61.00	$37.91	$28.05	$29.86
1598783789	Parker	Peter	J	M.D.	M	I	1100 W Glenoaks	Blvd	Glendale	CA	6	91202	1	Metropolita	US	Allergy/ Imı	Y	69210	Removal of N	O	48	54	54	$116.30	$52.11	$37.35	$32.91
1629437447	Flores	Sandra	R	PNP- AC	F	I	1600 Medical	Center D	El Paso	TX	48	79902	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	43	54	54	$92.12	$38.78	$28.05	$29.48
1629591383	Stephen	Matthew	J	PA-C	M	I	12 Shreve	Ln	Lafayette	CA	6	94549	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	41	54	54	$278.67	$37.89	$26.98	$23.74
1639283914	Abbass	Fadi		M.D.	M	I	1220 E Elm St	Ste 106	Lima	OH	39	45804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	42	54	54	$50.00	$32.78	$21.76	$22.02
1669665964	Mitchell	Shannon	L	RN-ACNP	F	I	5002 Cowhorn Creek	R	Texarkana	TX	48	75503	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	51	54	54	$110.00	$38.82	$28.24	$29.63
1699158337	Sadat-Aala	Misagh		M.D.	M	I	14 Prospect	St	Milford	MA	25	1757	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	49	54	54	$153.00	$53.37	$36.89	$32.94
1720278385	Lebert	Brad	W	M.D.	M	I	728 W 11th	Ave	Covington	LA	22	70433	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	54	54	$109.00	$44.74	$32.15	$33.55
1750923397	Spears	Julie	K	APRN	F	I	911 Bypass Rd	Bldg A	Pikeville	KY	21	41501	7	Small town	US	Nurse Prac	Y	69210	Removal of N	F	48	54	54	$115.43	$26.75	$18.94	$20.05
1801282355	Husen	Brian			M	I	2400 Unser Blvd	Se	Rio Rancho	NM	35	87124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	43	54	52	$33.00	$30.90	$21.46	$20.70
1801999107	Tsou	Robert	M	M.D.	M	I	15963 Qua	Suite B	Apple Valle	CA	6	92307	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	54	54	$100.00	$49.92	$34.10	$32.57
1831730886	O'neill	Meaghan		PA-C	F	I	1250 Waters	Pl	Bronx	NY	36	10461	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	45	54	54	$250.00	$34.98	$25.66	$20.57
1841232840	Larsen	Christophe	G	M.D.	M	I	3901 Rainbow	Blvd # M	Kansas Cit	KS	20	66160	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	54	54	$160.33	$44.52	$32.93	$34.05
1841235389	Bringaze	Virginia		MD	F	I	7373 Perkins	Rd	Baton Roug	LA	22	70808	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	54	54	$120.00	$43.74	$33.03	$34.04
1851321053	Blythe	William	R	M.D.	M	I	1965 1st	Ave	Opelika	AL	1	36801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	54	54	$51.00	$41.44	$24.12	$26.16
1851384473	Hornyak	Timothy	J	PA-C	M	I	1310 24th Ave	S	Nashville	TN	47	37212	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	50	54	54	$266.00	$38.83	$26.12	$26.02
1871715011	Rigas	Peter	N	D.O.	M	I	12188a N M	Suite 375	Carmel	IN	18	46032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	54	54	$117.13	$41.83	$29.52	$32.55
1902471444	Hall	Jennifer	L	FNP-C	F	I	200 Dettro	Dr	Mattoon	IL	17	61938	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	52	54	54	$134.63	$27.62	$16.03	$16.03
1942662713	Szczupak	Mikhaylo	B	M.D.	M	I	4401 Penn	Ave	Pittsburgh	PA	42	15224	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	54	54	$138.00	$41.81	$31.47	$32.63
1962001974	Lumingu	Julie	S	MD	F	I	75 Beekman	St	Plattsburgh	NY	36	12901	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	47	54	54	$73.80	$30.86	$21.26	$22.08
1962179697	Munsell	Lauren	C	DNP, FNP-(	F	I	2030 Bluegrass	Cir	Cheyenne	WY	56	82009	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	49	54	54	$113.56	$39.77	$30.49	$30.81
1972563286	Carpenter	Alan	L	D.O.	M	I	121 E Redd	Rd	El Paso	TX	48	79932	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	51	54	54	$110.00	$45.61	$31.50	$33.24
1982662094	Botts	Kevin	M	M.D.	M	I	1717 N E St	Suite 239	Pensacola	FL	12	32501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	54	54	$50.56	$32.14	$22.60	$21.93
1982763959	Sonander	Jan	O	MD	M	I	11 Doctors	Park Dr	Santa Rosa	CA	6	95405	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	49	54	54	$68.00	$50.52	$35.66	$32.71
1992236079	Carpenter	Delaney	J		F	I	2665 Ivy	Rd	Charlottes	VA	51	22903	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	54	54	54	$127.59	$43.36	$33.84	$34.12
1013000660	Khosh	Maurice	M	M.D.	M	I	425 West 5 10th	Floor	New York	NY	36	10019	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	53	53	$271.70	$57.24	$41.35	$34.28
1023081601	Jorgensen	Keith	D	M.D.	M	I	44 Birch	St Suite 304	Derry	NH	33	3038	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	53	53	$111.19	$47.77	$32.21	$31.53
1033108980	Dziadziola	James	K	MD	M	I	645 Amalia	St Ne	Concord	NC	37	28025	1	Metropolita	US	Pediatric M	Y	69210	Removal of N	O	52	53	53	$98.58	$45.19	$29.78	$30.84
1033563705	Morrel	William	G	MD	M	I	3010 Anderson	Dr	Raleigh	NC	37	27609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	53	53	$103.00	$45.18	$30.14	$31.91
1043308695	Elfenbein	Jeffrey	N	D.O.	M	I	3921 Merrick	Rd	Seaford	NY	36	11783	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	43	53	53	$60.12	$59.53	$41.34	$32.97
1063656296	Friedmann	David	R	M.D.	M	I	550 1st Ave	Skirball Sui	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	53	53	$664.58	$57.66	$40.01	$32.96
1083971048	Poteet	Perry	S	M.D.	M	I	40 N Grand	Ste.101	Fort Thoma	KY	21	41075	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	53	53	$85.00	$43.28	$27.59	$30.65
1093159071	Schumm	Maggie		FNP-BC	F	I	595 Chapel Hills	Dr Ste	Colorado S	CO	8	80920	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	42	53	53	$123.00	$41.29	$31.23	$29.88
1104036516	Cohen	Adam		M.D.	M	I	1000 North	Ste 340	Great Neck	NY	36	11021	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	38	53	53	$80.00	$60.38	$43.81	$34.40
1104486992	Gulzow	Michaela	A	APRN	F	I	945 E Zero	St	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99283	Emergency N	F	52	53	53	$138.00	$56.52	$42.69	$46.34
1104937622	Hanlon	Matthew	S	D.O.	M	I	4061 W 95th	St Ste 3	Oak Lawn	IL	17	60453	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	48	53	53	$116.00	$51.94	$37.62	$34.46
1124434071	Kinzinger	Michael	R	M.D.	M	I	2240 N Harbor	Blvd Ste	Fullerton	CA	6	92835	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	51	53	53	$97.43	$46.16	$29.52	$29.69
1134195894	Flaming	Michael	B	M.D.	M	I	5050 Ne Hc	Suite 655	Portland	OR	41	97213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	53	53	$147.00	$48.18	$26.66	$26.61
1154331452	Kipp	Joseph		MD	M	I	11 Friends	Suite 101	Newtown	PA	42	18940	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	49	53	53	$160.00	$50.51	$33.44	$30.91
1154364370	Correa	Alejandro	J	MD	M	I	540 Hemlock	St	Macon	GA	13	31201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	53	53	$121.00	$45.33	$33.56	$35.35
1164419560	Blakeburn	Robert	V	MD	M	I	800 Frisco	Ave	Clinton	OK	40	73601	7	Small town	US	Emergency	Y	69210	Removal of N	O	46	53	53	$60.00	$44.48	$29.83	$32.53
1164788667	Howard	Troy	B		M	I	101 E Minn	Suite 210	Rapid City	SD	46	57701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	53	53	$46.41	$44.23	$33.50	$34.44
1174517189	Harrill	Willard	C	M.D.	M	I	304 10th	Ave Ne	Hickory	NC	37	28601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	53	53	$158.26	$44.56	$31.05	$31.71
1174784300	Sidhu	Jaisimaran	K	MD	F	I	590 W Putn	Suite # 9	Porterville	CA	6	93257	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	38	53	53	$80.00	$46.96	$31.19	$31.81
1205828985	Disher	Michael	J	MD	M	I	9604 Coldwater	Rd Ste	Fort Wayne	IN	18	46825	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	53	53	$134.98	$43.22	$34.20	$37.51
1275554867	Pritchett	Jon	R	M.D.	M	I	360 Sierra (	Suite 120	Grass Valle	CA	6	95945	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	43	53	53	$62.00	$49.53	$35.91	$34.36
1275980989	Brown	Jens		D.O.	M	I	3119 Woodman	Dr	Altoona	WI	55	54720	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	53	53	$190.25	$43.13	$29.68	$32.36
1295216414	Vanjaria	Ashley	B	ARNP	F	I	3 San Bartola	Dr	St Augustin	FL	12	32086	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	47	53	53	$96.66	$34.89	$25.66	$25.28
1295754497	Senchak	Andrew		D.O.	M	I	1441 Redbud	Blvd Ste :	Mckinney	TX	48	75069	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	53	53	$92.12	$45.32	$31.75	$33.31
1346289865	Wolfe	Michael	J	M.D.	M	I	515 Minor	Ave Ste 140	Seattle	WA	53	98104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	53	53	$135.14	$50.52	$37.73	$34.55
1346767084	Whonsetler	Daniel		PA-C	M	I	Clark Mem	1220 Missc	Jeffersonvil	IN	18	47130	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	44	53	53	$172.00	$27.84	$21.83	$21.74
1396731402	Pachigolla	Ravi	V	M.D.	M	I	2016 Fort Worth	Hwy	Weatherfor	TX	48	76086	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	47	53	53	$93.44	$45.15	$32.55	$34.26
1427283340	Hershcovit	Meir	D	M.D.	M	I	7345 Medic	Suite 510	West Hills	CA	6	91307	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	53	53	$174.53	$37.09	$28.82	$27.24
1437218211	Smith	Floyd	D	M.D.	M	I	1611 Kresk	Suite 112	Centralia	WA	53	98531	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	50	53	53	$95.00	$48.21	$37.16	$36.56
1447323563	Mabrie	Herman	J	M. D.	M	I	150 W Park	Suite 506	Houston	TX	48	77076	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	53	53	$101.00	$48.62	$35.82	$34.76
1477553543	Bailey	Richard	L	M.D.	M	I	3750 Hwy S	Suite 101	Bullhead C	AZ	4	86442	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	52	53	53	$141.00	$42.78	$30.37	$31.47
1477788719	Dixon	Joshua	F	M.D.	M	I	1717 N E St	Suite239	Pensacola	FL	12	32501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	44	53	53	$52.36	$31.76	$24.23	$23.52
1497210272	Morency	Joanne		FNP	F	I	155 Crystal Run	Rd	Middletow	NY	36	10941	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	51	53	53	$145.00	$45.36	$30.52	$26.88
1508120064	Weber	Amber	L	ARNP	F	I	312 9th	St Sw	Waverly	IA	19	50677	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	40	53	53	$108.92	$36.34	$23.71	$26.30
1558312074	Culviner	William	T	M.D.	M	I	36 Watson	St	Willimantic	CT	9	6226	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	44	53	53	$103.77	$50.75	$35.71	$33.19

1578855433	Russell	Joseph	L	M.D.	M	I	7555 Northside Dr	North Char	SC	45	29420	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	41	53	53	$137.00	$37.11	$27.57	$29.21
1588753719	Gadlage	Robert	A	M.D.	M	I	3855 Pleasant Hill Rd S	Duluth	GA	13	30096	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	51	53	53	$172.23	$47.03	$36.14	$36.74
1639518673	Yoon	Jonathan		M.D.	M	I	9701 Landmark Parkwa	Saint Louis	MO	29	63127	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	45	53	53	$106.92	$44.98	$29.22	$30.54
1649597006	Lerner	Michael		M.D.	M	I	20 York Str	Yale-New H	New Haven	CT	9	6510	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	44	53	53	$285.00	$46.31	$34.50	$31.72
1679579023	Zimmerma	Jeffrey	M	MD	M	I	30 Canton	Ste 2	Mancheste	NH	33	3103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	42	53	53	$366.42	$45.78	$32.16	$31.17
1689663981	Traxler	Jon	G	MD	M	I	8080 Blueb	Ste. 2121	Baton Roug	LA	22	70810	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	41	53	53	$152.55	$44.09	$34.09	$36.38
1699870899	Needham	Grant		PA-C	M	I	1380 E Medical Center		St George	UT	49	84790	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	41	53	53	$65.38	$38.52	$29.54	$31.14
1700435898	Hisim	Rachel		CRNP	F	I	601 N Caroline St		Baltimore	MD	24	21287	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	47	53	53	$177.00	$43.23	$30.39	$28.01
1740614890	Locaputo	Jenna		PA-C	F	I	123 Everett Rd		Albany	NY	36	12205	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	49	53	53	$129.25	$38.53	$26.42	$27.08
1760492821	Poopat	Natee		MD	M	I	1030 East F	Ste 101	Upland	CA	6	91786	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	40	53	53	$155.00	$49.52	$35.84	$34.13
1790217149	Bergeron	Jeffrey	M	M.D.	M	I	10970 Shadow Creek P		Pearland	TX	48	77584	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	51	53	53	$153.00	$29.86	$23.79	$25.08
1801420427	Burch	Rachel	C	PA-C	F	I	3480 Wake Forest Rd S		Raleigh	NC	37	27609	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	50	53	53	$119.00	$38.29	$26.38	$27.30
1831338730	Mirabal	Christine	A	MD	F	I	1801 W 40th Ave	Ste 1(	Pine Bluff	AR	5	71603	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	30	53	53	$99.34	$49.11	$35.05	$33.66
1851424949	Schenck	Nicholas	L	MD	M	I	8631 W 3rd	Suite 440e	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	43	53	53	$100.00	$50.18	$36.18	$32.10
1902990385	Onyia	Joseph	N	MD	M	I	201 Cedar St Se	Ste 46	Albuquerq	NM	35	87106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	44	53	52	$33.00	$32.44	$23.97	$23.63
1912938176	Patel	Suresh	A	M.D.	M	I	3575 Old W	Suite A	Waldorf	MD	24	20602	2	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	46	53	53	$120.00	$49.33	$31.88	$30.35
1922053636	Agbassi	Innocent	E	M.D.	M	I	15357 Farn	Suite 2	Livonia	MI	26	48154	1	Metropolita	US	Pediatric M	Y	69210	Removal of	N	O	40	53	53	$90.00	$49.95	$39.13	$37.26
1942308119	Samuelson	Todd	E	M.D.	M	I	1250 8th A	Suite 205	Fort Worth	TX	48	76104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	49	53	53	$155.32	$47.49	$34.60	$34.27
1972500270	Kittrell	Andrea	E	M.D.	F	I	3029 Old Forest Rd		Lynchburg	VA	51	24501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	31	53	53	$98.00	$44.89	$28.08	$28.26
1003027038	Nguyen	Ninh	H	D.O.	M	I	11302 Falll	Ste 206	Houston	TX	48	77065	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	46	52	52	$149.00	$47.62	$33.43	$32.50
1003843202	Robke	Gregory	J	MD	M	I	45 Resnik F	Suite 302	Plymouth	MA	25	2360	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	42	52	52	$110.00	$49.20	$34.90	$33.43
1013278654	Hiebert	Jared		MD	M	I	3099 River Rd S	Ste 15(	Salem	OR	41	97302	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	51	52	52	$114.30	$42.22	$29.92	$31.77
1023049079	Sachdeva	Ashish		MD	M	I	9401 W Thu	Suite 155	Peoria	AZ	4	85381	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	49	52	52	$53.09	$44.95	$30.29	$31.42
1043574783	Bauer	Leah	R	CNP	F	I	270 Main St N	Ste 300	Stillwater	MN	27	55082	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	37	52	52	$60.79	$39.61	$29.41	$30.10
1063564243	Callahan	Michael	H	M.D.	M	I	584 Lanier Park Dr		Gainesville	GA	13	30501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	40	52	52	$95.00	$43.96	$33.01	$35.24
1104932839	Snow	Russell	T	DO	M	I	119 West L	Ste A	Caldwell	ID	16	83605	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	37	52	52	$110.00	$41.67	$27.32	$30.10
1114229176	Trythall	Elizabeth	P	ARNP	F	I	1959 Ne Pacific St		Seattle	WA	53	98195	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	45	52	52	$97.04	$27.69	$18.79	$18.89
1114915964	Kanagy	David	A	M.D.	M	I	1401 S Arch Ave		Alliance	OH	39	44601	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	39	52	52	$88.85	$45.69	$32.51	$33.51
1144275827	Murphy	Thomas	R	MD	M	I	2295 Henry Tecklenbur		Charleston	SC	45	29414	1	Metropolita	US	Allergy/ Im	Y	69210	Removal of	N	O	50	52	52	$128.00	$43.64	$32.09	$34.21
1184610446	Yencha	Myron	W	MD	M	I	3001 6th St	Dept Otola	Great Lake	IL	17	60088	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	39	52	52	$84.69	$41.89	$28.14	$30.46
1194136838	Rhodes	Cecil	B	MD	M	I	2300 Manchester Expy		Columbus	GA	13	31904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	39	52	52	$104.40	$32.22	$24.59	$25.15
1194962977	Moreland-V	Tracy		NURSE PR/	F	I	3000 Essex Rd		Tinton Falls	NJ	34	7753	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	49	52	52	$52.52	$44.07	$33.08	$30.42
1215005699	Powell	Angela	M	MD	F	I	79 Hammond Ln	Ste 12	Plattsburgh	NY	36	12901	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	51	52	52	$105.69	$38.44	$30.04	$31.81
1285897470	Burkhalter	Neal	W	MD	M	I	146 E Hospital Dr	Ste 2	West Colur	SC	45	29169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	49	52	52	$128.00	$43.94	$32.69	$34.49
1295705614	Chernoff	David	B	MD	M	I	40 Lambert	Suite 522	Staunton	VA	51	24401	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	48	52	52	$105.00	$47.60	$32.57	$32.67
1306802269	Rydlund	Kelly	W	MD	M	I	1508 Divisi	Suite 115	Oregon Cit	OR	41	97045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	49	52	52	$147.00	$46.26	$28.17	$27.65
1326092891	Kaesler	Cecilia	T	DO	F	I	1113 Footh	Suite A	La Canada	CA	6	91011	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	38	52	52	$75.00	$51.46	$37.65	$34.03
1336311927	Grover	Manisha	B	M.D.	F	I	94 Old Short Hills Rd		Livingston	NJ	34	7039	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	46	52	52	$211.00	$53.88	$43.04	$37.98
1336800200	Pingrey	Stephanie	L	PA	F	I	360 Linden Oaks Ste 2(		Rochester	NY	36	14625	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	45	52	52	$79.20	$39.02	$30.49	$31.69
1346403839	Samra	Faraj		M.D.	M	I	358 Kingston Ave		Brooklyn	NY	36	11213	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	44	52	52	$144.76	$58.52	$40.27	$32.14
1356439889	Jones Jr	Raleigh	O	MD	M	I	740 S Limestone C300		Lexington	KY	21	40536	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	43	52	52	$156.81	$44.82	$30.37	$32.70
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	96372	Injection of	N	O	16	52	41	$25.00	$11.48	$9.00	$9.51
1356601280	Calloway	Nathan	H	MD	M	I	3024 New Bern Ave		Raleigh	NC	37	27610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	38	52	52	$95.00	$45.85	$34.53	$35.51
1356681985	Sherk	Denise	L	FNP	F	I	28062 Baxter Rd		Murrieta	CA	6	92563	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	44	52	52	$150.00	$42.44	$33.20	$31.66
1376540500	Coppa	Stephen	P	D.O.	M	I	6110 53rd Ave E		Bradenton	FL	12	34203	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	51	52	52	$97.00	$47.93	$34.54	$34.34
1386062495	Sioshansi	Pedrom	C	M.D.	M	I	801 Welch Rd		Palo Alto	CA	6	94304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	26	52	52	$120.27	$31.99	$24.52	$25.34
1386633824	Affleck	Brian	D	MD	M	I	215 E Haw	Saltzer Mec	Nampa	ID	16	83686	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	39	52	52	$109.66	$42.82	$30.83	$34.03
1396158507	Haser	Erin		M.D.	F	I	800 Washir	Departmen	Boston	MA	25	2111	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	46	52	52	$203.67	$48.54	$36.81	$33.63
1437159340	Cooley	Susan	M	P.A.	F	I	69 Allen St	Suite 1	Rutland	VT	50	5701	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	45	52	52	$130.62	$26.84	$17.30	$18.17
1447261862	Mcdermott	Glenn	R	MD	M	I	1368 N Great Neck Ro		Virginia Be	VA	51	23454	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	46	52	52	$110.00	$47.53	$30.71	$30.19
1447426432	Da Costa	Victor	M	M.D.	M	I	16 S Eutaw	Suite 500	Baltimore	MD	24	21201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	52	52	52	$138.46	$42.11	$30.06	$31.26
1447656582	Reyes	Graciela	M	ARNP	F	I	1120 Nw 14th St		Miami	FL	12	33136	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	41	52	52	$132.00	$30.48	$22.43	$20.44
1477559706	Mercadant	Gino		D.O.	M	I	200 Center St		Ludlow	MA	25	1056	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	48	52	52	$100.00	$49.07	$25.66	$25.03
1497217400	Wissekerke	Libbi		PA-C	F	I	55 Lake Ave N		Worcester	MA	25	1655	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	43	52	52	$221.00	$28.24	$20.75	$20.23
1548286453	Liu	Richard	M	MD	M	I	5565 Gross	Bldg 3, Suit	La Mesa	CA	6	91942	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	33	52	52	$77.00	$43.98	$30.71	$28.49
1568463347	Abdo	Moufid-Joh	H	MD	M	I	1901 Floyd St		Sarasota	FL	12	34239	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	46	52	52	$101.00	$45.18	$32.44	$31.78
1578781845	Geissler	Evan	H	D.O.	M	I	7134 Calumet Ave		Hammond	IN	18	46324	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	37	52	52	$80.00	$44.13	$23.19	$26.42
1609971605	Maddox	Patrick	T	MD	M	I	80 Doctors Dr	Ste 2	Henderson	NC	37	28792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	48	52	52	$136.47	$43.97	$26.15	$27.85
1619902582	Rullan Mari	Pedro	J	MD, FACS	M	I	735 Ave Po	Torre Auxili	San Juan	PR	72	917	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	42	52	52	$48.14	$26.36	$21.03	$22.19
1639161185	Hayes	Anne	B	M.D.	F	I	755 Norman Dr		Lebanon	PA	42	17042	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	45	52	52	$70.00	$45.63	$30.13	$31.08
1639487499	Voth	Spencer	E	D.O.	M	I	6475 S Yale Ave	Ste 40	Tulsa	OK	40	74136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	45	52	52	$114.00	$43.67	$30.81	$32.91
1649278714	Shternfeld	Michael	A	M.D.	M	I	2800 Tama	Suite 102	South Winc	CT	9	6074	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	41	52	52	$120.00	$46.88	$31.64	$29.34
1649423617	Willis	Mark		M.D.	M	I	12605 E 16th Ave		Aurora	CO	8	80045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	46	52	52	$237.75	$48.50	$36.63	$35.58
1669819322	Clarkinson	Andrew	W	DO	M	I	316 Sawyer Dr		Durango	CO	8	81303	5	Micropolita	US	Family Prac	Y	69210	Removal of	N	O	50	52	52	$118.46	$43.21	$18.16	$19.13
1699704510	Kluszynski	Brendan	A	MD	M	I	100 Hospit	Suite 220	Danville	IN	18	46122	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	37	52	52	$104.62	$43.63	$30.52	$33.03
1710254743	Oommen	Sowmya	M	PA-C	F	I	2222 Nw Lovejoy St	Ste	Portland	OR	41	97210	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	48	52	52	$116.00	$37.58	$26.51	$27.70
1720039555	Swartz	Keith	A	MD	M	I	850 E Harvard Ave	Ste !	Denver	CO	8	80210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	37	52	52	$138.00	$46.51	$34.85	$34.33
1720501315	Dresden	Melanie		APRN	F	I	2821 S 108th St		Omaha	NE	31	68144	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	36	52	52	$150.00	$36.95	$21.36	$24.52
1730370941	Megwalu	Uchechukw	C	M.D.	M	I	8268 164th N	Building,	Jamaica	NY	36	11432	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	46	52	52	$97.00	$33.73	$25.25	$22.02
1750677894	Johnson	Matthew	S	MD	M	I	615 W 39th St		Kearney	NE	31	68845	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	42	52	52	$125.00	$40.50	$30.36	$33.54
1760581706	Broussard	James	V	MD	M	I	604 N. Acadia Rd	Ste 1(	Thibodaux	LA	22	70301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	49	52	52	$130.00	$42.31	$27.33	$28.83
1801305859	Baker	Mckenzie		CNP	F	I	1260 Independence Av		Akron	OH	39	44310	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	52	52	52	$53.00	$39.54	$25.36	$26.21
1801886445	Porter	William	C	M.D.	M	I	712 S Casc	Ste 608	Fergus Fall	MN	27	56537	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	F	48	52	52	$105.90	$31.00	$21.93	$22.74
1821417833	Vaughn	Cory	A	MD	M	I	6823 Isaacs Orchard R		Springdale	AR	5	72762	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	48	52	52	$45.80	$41.09	$28.60	$32.07
1851938948	Schalk	Kathleen			F	I	2001 Anderson Ferry R		Cincinnati	OH	39	45238	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	52	52	52	$53.00	$39.64	$15.62	$16.35
1861507758	Lu	Zhen		M.D.	M	I	2115 N Tustin St		Orange	CA	6	92865	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	46	52	52	$124.23	$51.91	$38.16	$34.69
1871614297	Moretz	William	H	MD	M	I	5201 Frederick Street		Savannah	GA	13	31405	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	43	52	52	$115.10	$41.41	$28.54	$33.42

1912902941	Arriaga	Moises	A	MD	M	I	7777 Henn	Suite 709	Baton Roug	LA	22	70808	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	41	52	52	$100.00	$44.44	$30.32	$30.41
1962066043	Huerta	Aubrey		PA	F	I	3791 Southern Blvd	Se	Rio Rancho	NM	35	87124	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	34	52	52	$100.00	$38.77	$21.36	$22.30
1962660266	Uribe	Jose	I	M.D.	M	I	3445 High I	Suite 100	Bethlehem	PA	42	18017	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	38	52	52	$120.06	$41.89	$33.44	$33.86
1043276272	Diaz-Stanc	Maria	A	M.D.	F	I	2700 Silver	Suite 3	Wilmington	DE	10	19810	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	47	51	51	$75.00	$48.41	$30.97	$30.53
1043745524	Ashman	Peter			M	I	150 E 58th St	Fl 34	New York	NY	36	10155	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	50	51	51	$257.59	$49.60	$39.52	$33.14
1063412583	Pritchyk	Keith	M	M.D.	M	I	300 Lackawanna	Ave S	Scranton	PA	42	18503	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	51	51	51	$105.88	$44.29	$32.84	$33.14
1063955375	Frankenfel	Shara		APN, CNS-I	F	I	3200 Grant	St	Evanston	IL	17	60201	1	Metropolit	US	Certified Cl	Y	69210	Removal of	N	O	30	51	51	$97.08	$44.12	$31.70	$28.80
1073505327	Bordofsky	Michael	C	MD	M	I	515 E Mich	Suite C	Santa Barb	CA	6	93103	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	46	51	51	$60.00	$51.81	$35.64	$32.77
1073507786	Debruin	Robert	J	M.D.	M	I	1600 Creek	Suite 3800	Folsom	CA	6	95630	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	44	51	51	$102.00	$44.37	$34.00	$32.48
1083771489	Tan	Yong		M.D.	M	I	751 West Legion	Road,	Brawley	CA	6	92227	4.1	Secondary	US	Family Prac	Y	69210	Removal of	N	O	32	51	51	$90.00	$48.91	$35.75	$34.80
1083775126	Cullen	Edward	T	MD	M	I	6188 Oxon	Suite 704	Oxon Hill	MD	24	20745	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	36	51	50	$161.24	$55.70	$42.10	$34.67
1114439197	Norton	Erin	B	NURSE PR/	F	I	3841 Piper	Suite T-230	Anchorage	AK	2	99508	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	43	51	51	$100.00	$50.67	$30.76	$24.38
1124028337	Manthei	Scott	E	D.O.	M	I	3692 E Sunset	Rd	Las Vegas	NV	32	89120	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	40	51	51	$183.53	$47.74	$36.48	$35.29
1144266834	Cichon	John	V	M.D.	M	I	3030 N Circ	Ste 300	Colorado S	CO	8	80909	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	47	51	51	$124.00	$45.26	$32.24	$31.10
1154310209	Hayes	Sarah	M	M.D.	F	I	1215 Duff	Ave	Ames	IA	19	50010	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	49	51	51	$119.00	$44.51	$27.46	$30.13
1174632061	Shehan	Joseph	F	M.D.	M	I	7100 W Center	Rd	Omaha	NE	31	68106	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	41	51	51	$48.00	$40.44	$27.32	$30.65
1205836194	Fortson	James		MD MBA MI	M	I	1136 Cleve	Suite 300	East Point	GA	13	30344	1	Metropolit	US	General Su	Y	69210	Removal of	N	O	36	51	51	$180.00	$46.20	$33.18	$32.80
1235639709	Timberlake	Meaghan	N	APRN, MSN	F	I	602 31st	St	Hondo	TX	48	78861	7.1	Secondary	US	Nurse Prac	Y	69210	Removal of	N	O	41	51	51	$100.00	$38.90	$27.15	$28.49
1255409843	Greget	Martin	R	MD	M	I	401 South	200	Renton	WA	53	98055	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	38	51	51	$90.00	$52.71	$34.41	$31.14
1265546832	Schafer	Gregory	J	M.D.	M	I	4508 38th St	Ste 157	Columbus	NE	31	68601	4	Micropolit	US	Internal Me	Y	69210	Removal of	N	O	45	51	51	$100.00	$42.58	$28.48	$31.99
1265736607	Shete	Mona	M	MD	F	I	3838 San Dimas	St Ste	Bakersfield	CA	6	93301	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	43	51	51	$120.04	$43.79	$33.58	$36.67
1316187347	Naylor	Michelle	C	M.D.	F	I	347 Smith /	Suite 602	Saint Paul	MN	27	55102	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	48	51	51	$161.35	$45.99	$30.79	$31.37
1316189350	Chen	Leon	M		M	I	802 64th St	Suite 3a-E	Brooklyn	NY	36	11220	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	49	51	51	$266.47	$46.08	$31.70	$25.42
1376520049	Bowen	Vaughan	R	MD	M	I	4447 S Canyon Rd	Ste (	Rapid City	SD	46	57702	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	47	51	51	$57.06	$31.14	$18.32	$19.41
1396719787	Nienhuis	David		M.D.	M	I	N14w2390	Prohealth C	Waukesha	WI	55	53188	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	49	51	51	$193.00	$44.70	$23.89	$26.59
1427045848	Gruidl	Mark	R	NP	M	I	1020 Fava	Ct	Templeton	CA	6	93465	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	40	51	51	$78.00	$41.86	$32.71	$31.01
1457392136	St Martin	Dacelin		MD	M	I	1990 N Prospect	Ave	Lecanto	FL	12	34461	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	42	51	51	$105.00	$47.31	$36.82	$35.97
1457457483	Shomer	Marc	H	M.D., PH.D	M	I	820 N Mountain	Ave St	Upland	CA	6	91786	1	Metropolit	US	Ophthalmc	Y	69210	Removal of	N	O	46	51	51	$100.10	$49.48	$34.31	$33.51
1487602066	Totten	Mary	C	MD	F	I	4335 Southpark	Bluff D	Anchorage	AK	2	99516	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	33	51	51	$213.10	$59.14	$36.69	$29.40
1497014740	Yang	Robert	Z	M.D.	M	I	7920 Cedar	Ave S	Bloomingtc	MN	27	55425	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	46	51	51	$204.40	$39.91	$29.37	$29.90
1508816901	Weiner	Lawrence	K	M.D.	M	I	7900 N Mil	18	Niles	IL	17	60714	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	45	51	51	$108.00	$51.94	$36.95	$33.63
1518055755	Kaczaj	Olga		M.D.	F	I	1317 S Mai	Unit 2c	Vineland	NJ	34	8360	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	45	51	51	$94.51	$51.87	$37.49	$33.21
1518294065	Noland	Bret	M	PA-C	M	I	477 N El Cc	A202	Encinitas	CA	6	92024	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	48	51	51	$156.61	$40.33	$30.02	$29.72
1528018819	Fazil	Irfan		M.D.	M	I	11518 N Frontage	Rd	Yuma	AZ	4	85367	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	47	51	51	$74.12	$44.99	$32.64	$33.69
1528027836	Lew	Edmund	H	M.D.	M	I	1505 Wilso	Ste. 250	Glendale	CA	6	91206	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	46	51	51	$90.00	$52.83	$36.43	$32.39
1538694468	Kay	Tyson	K	PA	M	I	1106 Centre	Ct	Las Cruces	NM	35	88011	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	45	51	51	$80.00	$39.03	$28.19	$29.44
1548259922	Shaw	Kelvin	S	MD	M	I	1850 W Lak	Suite 100	Kingwood	TX	48	77339	1	Metropolit	US	Allergy/ Imi	Y	69210	Removal of	N	O	42	51	51	$87.00	$48.10	$36.91	$36.68
1568962868	Brewer	Shelton	W	PA-C	M	I	3601 The Vanderbilt	Cl	Nashville	TN	47	37232	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	48	51	51	$95.00	$36.50	$26.39	$29.44
1578519435	Brechtelsb	Paul	B	MD	M	I	850 Johns Hopkins	Dr	Greenville	NC	37	27834	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	48	51	51	$108.82	$45.46	$31.06	$32.50
1609805985	Kotler	Howard	S	M.D.	M	I	2555 S. Martin Luther K		Chicago	IL	17	60616	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	48	51	51	$126.00	$51.96	$38.58	$35.33
1619263753	Grubey	Jamie	S	MD	F	I	850 Johns Hopkins	Dr	Greenville	NC	37	27834	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	34	51	51	$111.76	$43.07	$32.06	$33.49
1619930708	Zarek	Deborah	T	M.D.	F	I	3521 Silver Concord	Pl	Wilmington	DE	10	19810	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	46	51	51	$57.00	$48.36	$32.28	$31.82
1639375884	Demello	David	W	D.O.	M	I	39379 Garfield	Rd	Clinton Tov	MI	26	48038	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	46	51	51	$131.43	$49.65	$36.52	$34.59
1639531627	Kerr	John	H	D.O.	M	I	525 N Keene St	Ste 201	Columbia	MO	29	65201	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	51	51	51	$120.45	$45.49	$35.50	$35.24
1639617673	Ocasio	Joseph	P	PA-C	M	I	777 Kimole Ln	Ste 240	Adrian	MI	26	49221	4	Micropolit	US	Physician A	Y	69210	Removal of	N	O	48	51	51	$98.00	$39.00	$29.36	$30.17
1669638243	Zald	Philip	B	M.D.	M	I	5050 Ne Hoyt St	Ste 65	Portland	OR	41	97213	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	41	51	51	$146.82	$44.76	$29.35	$31.00
1699159186	Oberloh	Kimberly			F	I	101 E Minn	Suite 210	Rapid City	SD	46	57701	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	45	51	51	$48.01	$37.98	$24.13	$26.13
1699292052	Wood	Lexi	J	PA-C	F	I	1310 W 22nd	St	Sioux Falls	SD	46	57105	1	Metropolit	US	Physician A	Y	69210	Removal of	N	F	43	51	51	$41.00	$26.86	$18.82	$19.78
1700107851	Pogodina	Corina		M.D.	F	I	2100 Stantonsburg	Rd	Greenville	NC	37	27834	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	44	51	51	$125.35	$45.36	$29.08	$30.79
1700970977	Stegmoyer	Robert	J	M.D.	M	I	2500 Metrohealth	Dr	Cleveland	OH	39	44109	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	33	51	51	$182.82	$32.44	$22.88	$23.11
1710229208	Adams	Katherine	M	ARNP	F	I	8150 Sw St	Unit 400	Ocala	FL	12	34481	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	45	51	51	$170.00	$41.14	$26.07	$25.58
1720287139	Nelson	Rick	F	M.D.,PH.D	M	I	705 Riley H	Suite 0860	Indianapoli	IN	18	46202	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	40	51	51	$110.08	$41.82	$26.38	$29.40
1720428519	Strand	Mark		DO	M	I	4440 S Washington	St	Grand Fork	ND	38	58201	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	40	51	51	$48.61	$28.76	$18.88	$19.73
1730268764	Clay	Bryan	M	MD	M	I	970 Lakeland	Dr Ste 40	Jackson	MS	28	39216	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	48	51	51	$114.00	$40.72	$29.37	$32.76
1730299371	Lunseth	Christophe	P	PA-C	M	I	1414 W Fai	Suite 134	Marquette	MI	26	49855	4	Micropolit	US	Physician A	Y	69210	Removal of	N	O	46	51	51	$94.00	$37.83	$24.24	$25.23
1740284405	Muzyka	Lillian		M.D.	F	I	11282 N Frontage	Rd	Yuma	AZ	4	85367	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	39	51	51	$77.21	$45.36	$31.78	$32.96
1740487305	White	Stephen	A	MD	M	I	2289 Rudolphtown	Rd	Clarksville	TN	47	37043	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	46	51	51	$70.00	$43.69	$32.89	$36.10
1780325449	Janjua	Tyler	R	NP	F	I	1790 King Arthur	Blvd S	Carrollton	TX	48	75010	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	48	51	51	$137.00	$38.53	$30.09	$31.69
1780843953	Liang	Fen		M.D.	F	I	314 E Carri	Suite 7	Santa Barb	CA	6	93101	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	49	51	51	$101.00	$51.83	$31.13	$28.59
1821319963	Hobson	Candace	E	M.D.	F	I	550 Peachtree St	Ne Fl	Atlanta	GA	13	30308	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	46	51	51	$191.47	$48.23	$32.85	$32.34
1881665222	Chang	Khai	S	MD	M	I	18550 Us Highway	441	Mount Dora	FL	12	32757	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	46	51	51	$75.00	$46.65	$31.92	$32.04
1881784791	Ehrhard	Robert	A	MD	M	I	251 S Truman	Rd	Jasper	IN	18	47546	4	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	O	49	51	51	$172.00	$39.29	$24.58	$27.00
1891837480	Byers	Robert	D	M.D.	M	I	2323 De La	303	Santa Barb	CA	6	93105	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	45	51	51	$57.14	$49.13	$39.19	$37.24
1912958836	Mcnamar	Justin	P	M.D.	M	I	1821 S Stoughton	Rd	Madison	WI	55	53716	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	44	51	51	$369.00	$44.85	$31.71	$33.96
1932176252	Littlejohn	Mark	C	MD	M	I	8380 Warren Pkwy	Ste	Frisco	TX	48	75034	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	46	51	51	$164.76	$29.28	$22.35	$23.55
1942218177	Lomeo	Paul	E	DO	M	I	1450 Farr	Rd Ste 5000	Norton Sho	MI	26	49444	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	33	51	51	$104.00	$45.79	$32.19	$33.77
1942448410	Specht	Kristen		PA-C	F	I	10243 Gen	Departmen	San Diego	CA	6	92121	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	42	51	51	$156.61	$43.54	$27.34	$25.11
1942873450	Romero	Raquel	A	PHYSICIAN	F	I	2420 Castillo St	Ste 10	Santa Barb	CA	6	93105	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	45	51	51	$112.00	$43.05	$30.78	$28.38
1952664609	Pfaff	Julia	A	D.O.	F	I	625 6th Ave	S Ste 385	St Petersbu	FL	12	33701	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	38	51	51	$130.18	$43.82	$33.59	$32.77
1972531358	Altman	Jerald	S	MD	M	I	18700 N 64	Ste 201	Glendale	AZ	4	85308	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	45	51	51	$94.00	$45.98	$33.51	$34.49
1972895845	Shockley	Ross		M.D.	M	I	12605 E 16th	Ave	Aurora	CO	8	80045	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	43	51	51	$128.00	$50.17	$39.79	$36.88
1982708558	Friedman	Rick	A	MD, PHD	M	I	1520 San P	4th Floor	Los Angele	CA	6	90033	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	48	51	51	$239.00	$51.43	$37.52	$33.99
1992136154	Ambron	Brice	R	PA-C	M	I	3701 Corriere Rd	Ste 2(	Palmer Tow	PA	42	18045	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	38	51	51	$100.00	$39.31	$29.60	$30.15
1003574286	Cochran	Courtney	L	PA-C	F	I	200 W County Line Rd	S	Highlands I	CO	8	80129	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	42	50	50	$105.00	$40.19	$31.39	$30.99
1013528256	Barrett	Corinne		NP	F	I	2600 Western	Ave	Connersvil	IN	18	47331	4	Micropolit	US	Nurse Prac	Y	69210	Removal of	N	O	31	50	50	$70.00	$37.40	$28.05	$30.56
1013670348	Schuster	Raluca		APRN	F	I	988 Silas Deane	Hwy	Wethersfie	CT	9	6109	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	44	50	50	$180.00	$43.23	$32.82	$30.74
1093745168	Allison	Curt	A	M.D.	M	I	2081 W Frye	Rd Ste 10(	Chandler	AZ	4	85224	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	47	50	50	$94.00	$45.66	$35.65	$36.87

1124264825	Wiley	Rebecca		M.D.	F	I	960 E Walnut Lawn St S	Springfield	MO	29	65807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	50	50	$144.00	$42.23	$25.20	$28.32
1134104888	Naik	Janak		MD	M	I	6800 Harrison Park Dr	Harrison	TN	47	37341	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	45	50	50	$105.00	$41.35	$28.79	$32.59
1134240625	Weiner	Jordan	S	MD	M	I	8952 E Des Suite 205	Scottsdale	AZ	4	85260	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	50	50	$94.00	$44.17	$33.20	$34.06
1144219700	Miller	Deborah	W	M.D.	F	I	333 N Texa Suite 3100	Webster	TX	48	77598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	50	50	$122.92	$47.31	$35.43	$34.18
1154595619	Harlor	Evan	J	D.O.	M	I	132 Abigail Ln	Port Matilda	PA	42	16870	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	50	50	$121.01	$43.83	$29.81	$31.06
1154909513	Hughes	Tyla			F	I	217 Radio Dr	Woodbury	MN	27	55125	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	50	50	50	$152.00	$39.10	$31.15	$31.96
1164866646	Connelly	John	T	PA-C	M	I	146 E Hospital Dr Ste 2	West Colur	SC	45	29169	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	48	50	50	$146.00	$35.89	$27.98	$30.08
1174985915	Newberry	Christophe	I	M.D.	M	I	1 Childrens Pl	Saint Louis	MO	29	63110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	50	50	50	$100.00	$47.73	$37.78	$35.84
1184621138	Superczyns	Christophe	J	M.D.	M	I	652 George Washingto	Lincoln	RI	44	2865	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	47	50	50	$71.20	$49.83	$18.00	$17.22
1205070612	De La Garz	Gabriel	O	MD	M	I	10090 E Shannon Woo	Wichita	KS	20	67226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	50	50	$70.52	$41.89	$28.44	$31.30
1255388831	Novakovic	Petar	N	M.D.	M	I	604 W War Suite E101	Chandler	AZ	4	85225	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	49	50	50	$94.00	$46.74	$35.03	$35.70
1275952756	Helman	Samuel	N		M	I	2315 Broadway Frnt 3	New York	NY	36	10024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	50	50	$286.00	$53.20	$36.35	$30.21
1306106794	Hilton	Aaron	M	M.D.	M	I	157 Corley Mill Rd	Lexington	SC	45	29072	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	50	50	$179.96	$44.80	$30.62	$32.54
1326097619	Moss	Richard		M.D.	M	I	721 W 13th Suite 208	Jasper	IN	18	47546	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	50	50	$120.00	$40.82	$29.73	$32.60
1346382900	Edmundson	Warner Lee	W	MD	M	I	3521 Haworth Drive	Raleigh	NC	37	27609	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	40	50	50	$140.18	$45.00	$30.05	$31.51
1346458247	Christenso	Thomas	E	M.D.	M	I	2211 Park Avenue S	Minneapoli	MN	27	55404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	50	50	$161.00	$46.31	$32.10	$33.26
1366487258	Starkweath	Lisa	A	FNP	F	I	51 High St	Dexter	ME	23	4930	10.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	F	46	50	50	$115.28	$26.49	$20.97	$21.94
1386855468	Kane	Emily	W	APRN	F	I	161 Wadsworth Dr	North Ches	VA	51	23236	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	44	50	50	$90.00	$39.69	$28.40	$28.42
1396149282	Penrod	Ashley		PA-C	F	I	9450 S 1300 E	Sandy	UT	49	84094	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	44	50	50	$103.90	$38.18	$26.54	$28.56
1487041653	Seyyedi	Mohammad		M.D.	M	I	1120 15th Street	Augusta	GA	13	30912	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	41	50	50	$143.00	$31.24	$21.47	$22.09
1487692364	Amadei	Michael	A	M.D.	M	I	3700 W Hwy 89a	Sedona	AZ	4	86336	7	Small town	US	Family Prac	Y	69210	Removal of N	O	42	50	50	$74.00	$45.99	$31.68	$32.69
1518980911	Makishima	Tomoko		MD	F	I	700 University Blvd	Galveston	TX	48	77550	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	50	50	$135.00	$32.37	$23.83	$24.40
1528358074	Greulich	Matthew	T	M.D.	M	I	420 Delaw Mmc 396	Minneapoli	MN	27	55455	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	50	50	$165.96	$43.92	$29.80	$32.18
1578865416	Buchanan	Patrick	C	D.O.	M	I	800 W Bois Suite 320	Broken Arr	OK	40	74012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	50	50	$109.00	$43.75	$34.32	$35.77
1649301227	Hoff	Paul	T	MD	M	I	1500 E Medical Center	Ann Arbor	MI	26	48109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	50	50	$86.20	$49.26	$36.78	$35.22
1649542317	Baumann	Erica	J	PA-C	F	I	3800 Park Nicollet Blvc	St Louis Pa	MN	27	55416	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	43	50	50	$162.25	$39.70	$27.30	$27.96
1659373058	Regenboge	Elliot		M.D.	M	I	180 Fort W Harkness P	New York	NY	36	10032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	50	50	$400.00	$55.08	$41.10	$33.61
1689610636	Kearney	James	J	MD	M	I	800 Spruce Street	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	46	50	50	$95.00	$28.56	$20.27	$18.69
1699064618	Boehm	Allison	G	FNP-BC	F	I	325 Old Pleasant Grov	Mt Juliet	TN	47	37122	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	43	50	50	$132.48	$34.56	$27.39	$30.67
1699953604	Gorelikova	Svetlana		M.D.	F	I	38780 Trade Center Dr	Palmdale	CA	6	93551	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	45	50	50	$60.00	$52.38	$41.79	$37.98
1720268220	Khaski	David		MD	M	I	372 Avenue Suite 1b	Brooklyn	NY	36	11223	1	Metropolita	US	Cardiology	Y	69210	Removal of N	O	41	50	50	$763.00	$60.07	$46.12	$36.46
1720519325	Coffin	Steven		MD	M	I	246 Maple St	Marlboroug	MA	25	1752	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	44	50	50	$150.00	$52.65	$35.86	$32.47
1790051431	Silva Merez	Valeria		M.D.	F	I	9500 Euclid Ave # A71	Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	50	50	$247.45	$28.67	$22.93	$18.95
1790151165	Mckinnond	Andrea	E	PA	F	I	Departmen Medical Ce	Winston Sa	NC	37	27157	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	35	50	50	$158.12	$26.93	$21.47	$21.46
1841498300	Huffaker	Richard	K	DO	M	I	537 Sw Union Ave	Grants Pas	OR	41	97527	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	50	50	$124.00	$38.22	$28.78	$30.20
1861774309	George	Ryan	M	M.D.	M	I	6600 Van Aalst Blvd	Fort Bennin	GA	13	31905	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	50	50	$143.00	$46.90	$28.79	$28.84
1881696342	Desai	Devang	P	M.D.	M	I	4775 Hamilton Wolfe R	San Antoni	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	50	50	$133.44	$40.01	$30.43	$32.00
1922072321	Ravry	Mario	E	M.D.	M	I	5505 Peacl Suite 650	Atlanta	GA	13	30342	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	48	50	50	$155.00	$47.60	$33.17	$33.27
1992026579	Rhoden	Carl	R	MD	M	I	865 W Lake Dr	Mount Airy	NC	37	27030	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	42	50	50	$62.18	$31.98	$19.10	$20.09
1992153076	Horton	Joshua	D	MD	M	I	10755 Eagle Way Ste 2	Hopkinsvill	KY	21	42240	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	50	50	$89.56	$40.72	$29.25	$31.58
1003105867	Shikary	Tasneem	A	MD	F	I	12800 Bothell Everett H	Everett	WA	53	98208	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	49	49	$127.00	$47.08	$30.26	$29.95
1023317450	Kay	Seth		M.D.	M	I	25 N Winfield Rd	Winfield	IL	17	60190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	49	49	$149.00	$49.37	$37.81	$34.10
1023644010	Folchert	Morgan		CNP	F	I	241 Minnesota St	Rapid City	SD	46	57701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	36	49	49	$51.41	$38.95	$29.13	$30.41
1023689338	Gomer	Megan	E	NP	F	I	1512 English Pine Ln	O Fallon	IL	17	62269	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	47	49	49	$106.92	$39.69	$22.54	$23.12
1033189758	Goto	Mark	M	M.D.	M	I	1301 Belleville Ave	Brewton	AL	1	36426	7	Small town	US	Otolaryngo	Y	69210	Removal of N	F	42	49	49	$74.82	$30.72	$21.25	$22.29
1053323063	Soto	Joseph	C	M.D.	M	I	1405 Cente Suite 5400	Tallahasse	FL	12	32308	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	49	49	$142.92	$48.11	$31.27	$30.89
1063495356	Cherry	Deborah	A	M.D.	F	I	4251 S Higuera St Ste 7	San Luis Ot	CA	6	93401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	46	49	49	$70.00	$48.40	$31.88	$30.75
1073710133	Bruggers	Seth	D	M.D.	M	I	12065 Old Suite 205	Carmel	IN	18	46032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	49	49	$117.00	$41.07	$24.94	$30.52
1093793010	Liu	David	A	MD, DDS	M	I	1180 College Dr	Rock Spring	WY	56	82901	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	49	49	$151.41	$46.67	$31.41	$31.48
1144339276	Bradley	Dewayne	T	MD	M	I	904 7th Ave	Seattle	WA	53	98104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	49	49	$131.00	$51.70	$34.88	$31.39
1184228017	Mcelroy	Amber			F	I	108 W Daisy Ln	New Albany	IN	18	47150	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	44	49	49	$91.00	$37.18	$27.80	$30.52
1184654642	Gaylis	Brendan		M.D.	M	I	10666 N Torrey Pines R	La Jolla	CA	6	92037	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	49	49	$181.41	$48.29	$33.23	$30.77
1205839370	Dubin	Stephen		M.D.	M	I	221 Broad St Ste 201	Oneida	NY	36	13421	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	49	49	$92.98	$44.29	$28.35	$29.63
1235301342	Meier	Joshua	C	M.D.	M	I	9770 S Mccarran Blvd	Reno	NV	32	89523	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	49	49	$119.43	$45.54	$34.67	$33.20
1245522234	Jackson	Neal	M	M.D.	M	I	533 Bolivar St Ste 566	New Orlear	LA	22	70112	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	28	49	49	$101.10	$33.22	$24.52	$23.25
1265057871	Sukalac	Caitlin		PA-C	F	I	537 Penny Ln	Jefferson	OH	39	44047	7	Small town	US	Physician A	Y	69210	Removal of N	F	43	49	49	$328.16	$27.56	$20.86	$21.32
1265548713	Klug	Dean	A	M.D.	M	I	7600 Wolf I Suite 220	Germantov	TN	47	38138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	49	49	$135.00	$37.58	$24.15	$27.44
1265799274	Tawfik	Kareem		M.D.	M	I	3601 The Vanderbilt Cl	Nashville	TN	47	37232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	38	49	49	$195.00	$29.02	$18.75	$21.12
1306044086	Shen	Jessica	C	MD	F	I	5454 Wisc #1535	Chevy Cha	MD	24	20815	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	49	49	$115.00	$49.20	$38.42	$33.53
1376581041	Caspary	Hans	E	M.D.	M	I	724 W 19th St	Panama Ci	FL	12	32405	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	49	49	$154.00	$47.79	$36.63	$36.14
1407167489	Wilkerson	Brent	J	M.D.	M	I	200 Patewood Dr Ste B	Greenville	SC	45	29615	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	49	49	$118.00	$43.90	$28.18	$29.72
1407409113	Shumway	Morgan		PA-C	F	I	50 New Scotland Ave #	Albany	NY	36	12208	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	45	49	49	$145.00	$37.38	$26.48	$27.34
1407877509	Rabiee	Abdolreza		MD	M	I	1221 S Broadway	Lexington	KY	21	40504	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	45	49	49	$50.00	$44.27	$30.94	$33.77
1417253212	Sterling	Sara	L	PA-C	F	I	217 Radio Dr	Woodbury	MN	27	55125	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	49	49	49	$154.90	$38.32	$29.88	$30.66
1417912015	Froymovich	Oleg		M.D.	M	I	701 25th Av Suite 200	Minneapoli	MN	27	55454	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	49	49	$161.31	$45.57	$30.68	$31.99
1427354208	Byerly	Tracy	A	M.D.	M	I	205 W Windcrest St Ste	Fredericks	TX	48	78624	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	49	49	$139.00	$35.22	$24.95	$27.16
1437108701	Chen	Yanni		D.O.	F	I	410 N Willowbrook Rd	Coldwater	MI	26	49036	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	38	49	49	$72.00	$45.75	$31.98	$33.60
1437718335	Vellookunn	Shilpa		PA-C	F	I	675 N Saint Clair St Ste	Chicago	IL	17	60611	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	49	49	49	$166.00	$44.56	$24.07	$21.40
1447762018	Truong	Melissa	M		F	I	5841 S Maryland Ave	Chicago	IL	17	60637	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	45	49	49	$259.24	$30.84	$22.44	$19.66
1467453613	Christophe	Indumathi		MD	F	I	131 E. Reds Suite 107	Crestview	FL	12	32539	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	37	49	49	$20.00	$19.98	$13.92	$36.53
1497778112	Rose	James	G	M.D.	M	I	130 Fisher I Suite 3-1	Berlin	VT	50	5602	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	40	49	49	$48.47	$30.97	$18.40	$19.38
1497848592	Arsuaga	Jose	L	MD	M	I	Edf 1503 5t Profesor Au	San Juan	PR	72	909	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	49	49	$48.60	$39.20	$30.36	$30.13
1497984835	Salinas	Jonathan	B	M.D.	M	I	3195 Saint Rose Pkwy S	Henderson	NV	32	89052	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	49	49	$99.37	$32.61	$25.21	$24.42
1528551991	Naizer	Brian		MD	M	I	6701 Jefferson St Ne	Albuquerq	NM	35	87109	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	49	49	49	$105.00	$42.60	$28.29	$29.75
1538169180	Falk	Arthur	N	MD	M	I	35 Hackett Blvd	Albany	NY	36	12208	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	49	49	$145.00	$45.79	$29.09	$29.83
1538186150	Vories	Andrew	A	MD	M	I	923 Penns Suite 200	Fort Worth	TX	48	76104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	49	49	$147.00	$45.71	$29.78	$30.71
1538309711	Chmielews	Monika		D.O.	F	I	3455 Regency Park Dr	Grand Blan	MI	26	48439	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	49	49	$90.00	$42.98	$30.86	$32.32

1558449561	Duguay	Brian	M	AUD	M	I	3443 Villa L	Suite 3	Napa	CA	6	94558	1	Metropolita	US	Audiologist	Y	69210	Removal of N	O	45	49	49	$154.00	$52.34	$32.95	$29.99
1568411429	Kmucha	Steven	T	MD, JD	M	I	2545 W Hammer Ln		Stockton	CA	6	95209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	49	49	$103.00	$56.02	$34.93	$29.38
1568834901	Stroble	Ashleigh		FNP-BC	F	I	1222 S Patt	Ste 400	Dayton	OH	39	45402	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	43	49	49	$80.00	$38.08	$25.93	$26.95
1588187488	Kincheloe	Kelly		FNP-C	F	I	3801 S Congress Ave	S	Austin	TX	48	78704	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	36	49	49	$120.00	$38.04	$26.35	$27.69
1588673826	Paradela	Grace	J	MD	F	I	292 S 1470 E	Ste 200	Saint Georg	UT	49	84790	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	44	49	49	$86.00	$43.97	$31.00	$32.48
1598129579	Shenouda	Kerolos		MD	M	I	44200 Woodward Ave	S	Pontiac	MI	26	48341	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	49	49	$100.00	$47.58	$37.86	$36.36
1598938433	Glaser	Aylon	Y	M.D.	M	I	79 Hudson	Suite 303	Hoboken	NJ	34	7030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	49	49	$286.59	$39.45	$29.83	$25.97
1609346378	Rodriguez	Nicole		NURSE PR/	F	I	4106 W Lake Mary Blvd		Lake Mary	FL	12	32746	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	47	49	49	$65.00	$40.43	$31.54	$31.62
1629005228	Chicoine	Brian	A	MD	M	I	1610 Luther Ln		Park Ridge	IL	17	60068	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	44	49	49	$126.00	$50.98	$34.10	$31.76
1639406598	Gerry	Daniel	R	MD	M	I	1107 Reynolds St		Monroe	NC	37	28112	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	49	49	$159.00	$46.15	$32.21	$33.39
1659518744	Kenney	Jenna	L	PA-C	F	I	4014 Leavenworth St		Omaha	NE	31	68105	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	44	49	49	$144.49	$25.74	$16.74	$18.96
1669676268	Buyten	Jeffrey	A	MD	M	I	3650 W Ro	110a	Norman	OK	40	73072	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	47	49	49	$101.00	$42.88	$34.18	$36.82
1669831244	Ramirez	Chelsea	S	NP	F	I	3950 Austell Rd		Austell	GA	13	30106	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	37	49	49	$117.29	$38.58	$26.84	$27.15
1700856978	Roberts	John	W	M.D.	M	I	4165 Black #	100	Danville	CA	6	94506	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	48	49	49	$175.00	$55.10	$38.26	$32.28
1740214626	Whatley	Wesley	S	MD	M	I	1965 First Ave		Opelika	AL	1	36801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	49	49	$51.00	$43.16	$31.01	$33.13
1770531816	First	Brian	P	M.D.	M	I	4282 Gene	#103	San Diego	CA	6	92117	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	39	49	49	$102.04	$51.45	$35.14	$32.55
1831430750	Ammermar	Amanda	M	PA-C	F	I	6811 Austin Center Blv		Austin	TX	48	78731	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	41	49	49	$96.00	$40.81	$28.49	$27.87
1841225125	Routman	Marc	H	M.D.	M	I	2018 Brook	Suite 314	Birminghan	AL	1	35209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	49	49	$214.12	$45.09	$32.22	$33.86
1841517604	Funnell	Ian	D	M.D.	M	I	595 Chapel Hills Dr	Ste	Colorado S	CO	8	80920	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	49	49	$106.12	$45.46	$35.46	$36.85
1861494627	Philippsen	Luke	P	MD	M	I	2525 W Un	Ste 501	Muncie	IN	18	47303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	49	49	$94.00	$41.24	$29.03	$33.39
1871561035	Bennett	Brent	L	M.D.	M	I	2300 Lohm	#106	Lakeway	TX	48	78734	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	44	49	49	$85.00	$47.93	$32.66	$32.51
1891910907	Maeso	Patricia	A	M.D.	F	I	915 Gessn	Suite 280	Houston	TX	48	77024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	49	49	$140.00	$48.07	$31.85	$30.93
1932160215	Sikoski	Daniela	M	MD	F	I	1231 Cumberland Xing		Valparaiso	IN	18	46383	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	45	49	49	$126.00	$43.89	$30.67	$33.82
1932330495	Vivas	Esther	X	MD	F	I	Emory Univ	1364 Clifto	Atlanta	GA	13	30322	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	49	49	$191.20	$48.27	$33.48	$32.92
1952302341	Bunting	Eric	C	MD	M	I	10090 E Shannon Woo		Wichita	KS	20	67226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	49	49	49	$70.43	$40.02	$30.47	$33.10
1962032946	Casey	Samuel	J		M	I	330 Brookline Ave	Ste S	Boston	MA	25	2215	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	43	49	49	$109.00	$29.30	$22.36	$20.32
1972746766	Sapthavee	Andrew		M.D.	M	I	2701 W 68th St		Chicago	IL	17	60629	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	49	49	$203.56	$42.65	$29.31	$26.99
1992822704	Silver	Jerome	D	MD	M	I	3850 Shore	Suite #300	Indianapoli	IN	18	46254	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	49	49	$83.00	$43.92	$31.53	$34.59
1992851455	Zwart	Jonathan	E	MD	M	I	2525 Ne 139th St		Vancouver	WA	53	98686	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	49	49	$145.19	$45.61	$27.98	$27.71
1003134081	Chiffer	Rebecca	C	MD	F	I	925 Chestnut St	Fl 6	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	48	48	$110.00	$45.81	$35.82	$33.83
1013942564	Wawrose	Stephen	F	MD	M	I	2000 Oxfor	Suite 201	Bethel Park	PA	42	15102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	48	48	$97.88	$42.53	$24.66	$25.77
1023079100	Mechlin	David	C	M.D.	M	I	303 N Keen	Suite 401	Columbia	MO	29	65201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	48	48	$142.00	$31.44	$17.55	$18.68
1053313023	Schreck	Stephen	J	M.D.	M	I	10021 Dupont Circle	C	Fort Wayne	IN	18	46825	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	48	48	$107.00	$44.41	$28.98	$31.69
1053351965	Bates	Dwight	D	MD	M	I	1132 N Ch	Suite 200	Greensbor	NC	37	27401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	48	48	$202.81	$45.71	$32.63	$33.86
1053377903	Bahadori	Robert	S	M.D.	M	I	8316 Arling	Suite 300	Fairfax	VA	51	22031	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	48	48	$210.83	$52.12	$41.61	$34.82
1073004636	Conroy	Kara	L	MMS, PA-C	F	I	2500 Metrohealth Dr		Cleveland	OH	39	44109	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	42	48	48	$170.63	$26.95	$17.30	$18.14
1073961678	Boggs	Tiffany	R	NP	F	I	100 Jackson Pike		Gallipolis	OH	39	45631	10.2	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	47	48	48	$258.33	$28.15	$18.93	$18.85
1093717704	Govett	Gregg	S	M.D.	M	I	1201 S. Post Rd.		Midwest Ci	OK	40	73130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	48	48	$46.95	$44.52	$27.11	$29.89
1093742801	Shah	Hirenkuma	N	MD	M	I	65 Thomas	Suite C	Frederick	MD	24	21702	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	46	48	48	$105.00	$49.35	$34.89	$33.68
1104816255	Chang	Bayard	W	M.D.	M	I	500 Univer	Suite 111	Sacrament	CA	6	95825	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	39	48	48	$60.00	$48.51	$28.31	$26.68
1144368358	Lombardi	David		MD	M	I	3522 Us Hi	Suite 301	Howell	NJ	34	7731	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	41	48	48	$85.00	$52.01	$37.40	$34.22
1144439548	Telisak	Michael	S	M.D.	M	I	202 10th St	Suite 200	Cedar Rapi	IA	19	52403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	48	48	$124.00	$41.57	$29.08	$32.11
1144576885	Keltner	Sarah	M	PA	F	I	21 Spurs Lr	Ste 100	San Antoni	TX	48	78240	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	43	48	48	$90.00	$39.03	$25.09	$26.35
1164871505	Ohlstein	Jason		MD	M	I	3445 High Point Blvd	St	Bethlehem	PA	42	18017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	48	48	$121.25	$45.60	$32.25	$33.58
1194832592	Chan	Vincent	T	MD	M	I	1801 Nw M	Suite 411	Seattle	WA	53	98107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	48	48	$142.56	$51.04	$35.48	$31.56
1215019179	Chadwick	Jonathan	L	MD	M	I	225 Medical Center Dr		Paducah	KY	21	42003	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	48	48	$95.94	$44.50	$32.17	$34.35
1215604194	Addison	Kelsie			F	I	418 E Main St		Abingdon	VA	51	24210	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	43	48	48	$145.00	$39.94	$29.08	$29.24
1225284763	Rourke	Adam		DO	M	I	11080 Hall	Suite A	Sterling He	MI	26	48314	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	48	48	$109.42	$48.34	$36.19	$35.61
1255575817	Whited	Chad	W	M.D.	M	I	3705 Medic	Suite 320	Austin	TX	48	78705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	48	48	$163.19	$41.52	$28.21	$28.00
1285877316	Meacham	Ryan	K	MD	M	I	3181 Sw Sam Jackson		Portland	OR	41	97239	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	48	48	$92.00	$44.98	$31.74	$33.55
1306038450	Kumar	Naveen		D.O.	M	I	3485 S Mer	Suite 104	Gilbert	AZ	4	85297	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	48	48	$169.64	$34.10	$27.18	$28.09
1306224308	Cox	Steven		M.D.	M	I	1555 44th St Sw		Wyoming	MI	26	49509	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	48	48	$67.00	$41.95	$31.04	$32.47
1356405559	Kraucak	Nelson		M.D.	M	I	1501 N Us	1704	The Village	FL	12	32159	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	45	48	48	$104.00	$47.88	$36.08	$35.89
1366586893	Jankowski	Edward	G	M.D.	M	I	20867 Mac	Suite 2	Grosse Poi	MI	26	48236	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	48	48	$98.00	$45.36	$26.81	$27.98
1376092973	Middleton	David	S	PA-C	M	I	9711 Commerce Cente		Fort Myers	FL	12	33908	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	43	48	48	$133.75	$42.20	$31.81	$29.42
1376532275	Ervin	Daniel	H	DO	M	I	22 South St		Westminst	MA	25	1473	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	48	48	$130.00	$49.13	$31.26	$29.50
1386030542	English	Katie	M	MD	F	I	1705 Anne St Nw		Bemidji	MN	27	56601	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	48	48	$45.04	$31.71	$22.22	$23.16
1386848877	Stowell	Nicholas		MD	M	I	645 Amalia St Ne		Concord	NC	37	28025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	48	48	$96.98	$44.82	$31.61	$33.15
1407111404	Riganati	Kyle	P	DO	M	I	517 South St		Lykens	PA	42	17048	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	46	48	48	$123.96	$43.76	$28.66	$31.89
1407113533	Walsh	Erika			F	I	619 19th St S		Birminghan	AL	1	35249	99	Unknown	US	Otolaryngo	Y	69210	Removal of N	F	35	48	48	$150.00	$31.76	$23.82	$23.65
1407811490	Helou	Beshara	N	MD	M	I	20930 Dup	Suite 101	Georgetow	DE	10	19947	7	Small town	US	Internal Me	Y	69210	Removal of N	O	45	48	48	$74.00	$46.91	$31.33	$30.86
1417909938	Hickson	Charlene	J	M.D.	F	I	1218 S Pueblo Blvd		Pueblo	CO	8	81005	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	48	48	$160.00	$47.17	$28.87	$28.21
1427089028	Southall	Alger	R	M.D.	M	I	101 Woolfolk Ave.		Louisa	VA	51	23093	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	40	48	48	$71.77	$47.05	$31.49	$32.15
1467716548	Hunt	April		FNP-C	F	I	107 Millsaps Dr		Hattiesburg	MS	28	39402	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	41	48	48	$135.88	$36.78	$21.65	$24.92
1477625200	Finn	Robert		MD	M	I	3 Medical Plaza Dr	Ste	Roseville	CA	6	95661	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	47	48	48	$161.00	$49.12	$32.52	$30.29
1487386959	Murillo	Melody		APN, FNP-C	F	I	1 Cedar Crest Village	D	Pompton P	NJ	34	7444	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	41	48	48	$54.18	$45.31	$36.08	$32.26
1508834847	Sicard	Michael	W	M.D.	M	I	6035 Fairview Rd		Charlotte	NC	37	28210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	48	48	$95.00	$43.22	$29.72	$31.01
1558320945	Caserio	James	J	M.D.	M	I	547 N Justice St		Henderson	NC	37	28739	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	42	48	48	$97.98	$45.79	$30.16	$30.90
1558704700	Zaveri Mall	Rishi		MD	F	I	1200 S York St	Ste 418(	Elmhurst	IL	17	60126	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	48	48	$269.27	$35.83	$25.06	$23.27
1568464642	Massey	Caleb	R	M.D.	M	I	1708 Fall H	Suite 100	Fredericks	VA	51	22401	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	45	48	48	$150.00	$42.58	$32.97	$33.04
1609224880	Stewart	Sara	A	MD	F	I	1325 Research Park Dr		Manhattan	KS	20	66502	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	42	48	48	$106.25	$44.59	$31.97	$34.42
1609837863	Paolini	Raymond	V	M.D.	M	I	6645 Main St		Williamsvil	NY	36	14221	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	48	48	48	$175.58	$39.69	$30.58	$32.32
1619170529	Blanks	Deidra		M.D.	F	I	1839 Quiet Cv		Fayettevill	NC	37	28304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	48	48	$117.00	$44.09	$31.99	$35.22
1619311875	Alvi	Sameer	A	MD	M	I	5140 N California Ave	S	Chicago	IL	17	60625	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	48	48	$124.83	$47.86	$36.79	$32.84
1619917028	Cummings	Anne	M	M.D.	F	I	1300 S Elis	Ste. 201	Greenbrae	CA	6	94904	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	47	48	48	$80.00	$55.81	$40.12	$33.81
1619969045	Bassett	Mark	R	MD	M	I	400 E 5th Ave		Spokane	WA	53	99202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	48	48	$134.00	$45.94	$33.53	$33.75
1649284308	Aland	Jack	W	M.D.	M	I	833 Saint V Pob	# 3 Suit	Birminghan	AL	1	35205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	48	48	$62.10	$43.67	$30.94	$32.11

1649338468	Kardell	Richard	G	DO	M	I	59 Page Hill Rd	Berlin	NH	33	3570	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	28	48	48	$164.75	$46.74	$29.03	$29.36
1659355832	Cotler	Harold	M	D.O.	M	I	1937 Hwy 3	Suite 2	Wall Towns	NJ	34	7719	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	42	48	48	$200.00	$52.07	$36.16	$33.08
1669475299	Wenburg	Justin		MD	M	I	2115 N Kansas Ave		Hastings	NE	31	68901	4	Micropolita	US	Internal Me	Y	69210	Removal of	N	O	44	48	48	$45.84	$43.41	$30.62	$34.11
1740539568	Johnson	Sarah	E	PA-C	F	I	3500 Tower	Essentia He	Superior	WI	55	54880	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	40	48	48	$164.00	$26.61	$19.09	$20.30
1760644322	Kepchar	Jessica	J	D.O.	F	I	3551 Roger Brooke Dr		San Antonio	TX	48	78234	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	41	48	48	$96.85	$41.26	$31.37	$32.93
1770841934	Eazazuddin	Kaashif			M	I	1 Diamond Hill Rd		Berkeley He	NJ	34	7922	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	46	48	48	$132.06	$42.87	$32.09	$29.01
1811259302	Richardson	Jared	C	MD	M	I	15575 Wells Hwy		Seneca	SC	45	29678	4	Micropolita	US	Family Prac	Y	69210	Removal of	N	O	46	48	48	$62.00	$44.04	$27.88	$31.13
1811428436	Pappal	Robin	B	MD	F	I	825 Main St		Weymouth	MA	25	2190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	47	48	48	$202.13	$52.53	$40.07	$36.00
1821554718	Savage	Kimberly	A	PA	F	I	4315 James Casey St	S	Austin	TX	48	78745	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	48	48	48	$100.50	$38.92	$26.54	$27.19
1831139062	Moneyhun	Jeanne	R	MD	F	I	9420 Key W	Suite 310	Rockville	MD	24	20850	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	46	48	48	$115.00	$53.62	$41.79	$36.00
1831269406	Garner	James	W	MD	M	I	503 D Highland Terrace		Murfreesbo	TN	47	37130	1.1	Secondary	US	Internal Me	Y	69210	Removal of	N	O	43	48	48	$90.00	$43.86	$27.94	$31.20
1841209798	Ivey	Chandra	M	MD	F	I	150 E 58th St	Fl 34	New York	NY	36	10155	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	41	48	48	$273.69	$49.15	$35.33	$28.57
1841339850	Brainard	Laura		MD	F	I	West Bloor	6777 W. Ma	West Bloon	MI	26	48322	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	34	48	48	$106.25	$34.41	$24.89	$23.36
1871936112	Galaiya	Deepa	J	M.D.	F	I	601 N Caroline St	Ste 6	Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	47	48	48	$177.00	$55.96	$36.34	$30.86
1891203097	Guragain	Kavita		NP	F	I	4401 Coit Rd	Ste 411	Frisco	TX	48	75035	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	46	48	48	$125.00	$38.52	$30.69	$32.28
1891779138	Tetz	Mark	V	M.D.	M	I	311 W Noble Ave		Visalia	CA	6	93277	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	43	48	48	$50.45	$47.30	$34.32	$33.49
1902168545	Lavingia	Sneh		M.D.	F	I	241 Charles H Dimmoc		Colonial He	VA	51	23834	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	45	48	48	$139.00	$47.04	$34.42	$33.64
1912094442	Prebonich	Mark		M.D.	M	I	2343 Aaron St		Port Charlo	FL	12	33952	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	46	48	48	$178.94	$44.94	$26.53	$27.71
1942308002	Yunus	Tariq	M	MD	M	I	12001 S. Fr	Suite 201	Burleson	TX	48	76026			US	Otolaryngo	Y	69210	Removal of	N	O	32	48	48	$94.46	$46.88	$30.92	$31.64
1972101533	Pelzer	Lindy		ARNP	F	I	200 Hawkins Dr		Iowa City	IA	19	52242	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	F	40	48	48	$248.06	$25.72	$18.88	$20.63
1972748119	Kuderer	James	E	D.O.	M	I	4170 City A	C/O Gradu	Philadelphi	PA	42	19131	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	38	48	48	$191.00	$41.03	$29.14	$30.11
1992350292	Smith	Sharon-Marie		DNP, CRNF	F	I	2003 Medic	Suite 100	Annapolis	MD	24	21401	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	43	48	48	$123.00	$43.55	$25.47	$23.87
1023061629	Lindbeck	Eric	O	MD	M	I	850 Johns Hopkins Dr		Greenville	NC	37	27834	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	39	47	47	$145.21	$31.13	$22.12	$22.80
1043284128	Bryan	Michael	D	MD	M	I	660 W Sout	Suite 100	Southlake	TX	48	76092	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	37	47	47	$95.00	$45.32	$34.57	$35.20
1063517308	Kleeman	Eric	F	MD	M	I	421 7th St		Tell City	IN	18	47586	7	Small town	US	Family Prac	Y	69210	Removal of	N	O	43	47	47	$118.00	$42.57	$26.98	$30.05
1063770519	Liudahl	Danielle	S	M.D.	F	I	5950 University Ave	Ste	West Des M	IA	19	50266	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	34	47	47	$138.40	$41.27	$28.80	$31.07
1063894913	Bliss	Tyler	A	M.D.	M	I	981225 Nebraska Med		Omaha	NE	31	68198	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	40	47	47	$93.00	$41.52	$33.03	$36.27
1073550950	Kobobel	Jasen	S	MD	M	I	1950 Rockledge Blvd	S	Rockledge	FL	12	32955	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	42	47	46	$107.23	$47.44	$28.30	$27.80
1093753626	Parey	Stephen	E	MD	M	I	927 N Jame	Suite 101	Columbia	TN	47	38401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	44	47	47	$90.11	$42.73	$30.44	$33.68
1104187525	Tsang	Christophe	W	M.D.	M	I	6845 Elm St	Ste 303	Mc Lean	VA	51	22101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	40	47	47	$160.34	$55.18	$38.91	$33.18
1104879691	Brodish	Brian	N	MD	M	I	850 Johns Hopkins Dr		Greenville	NC	37	27834	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	42	47	47	$126.06	$43.38	$29.29	$30.77
1114994951	Redtfeldt	Raquel	A	MD	F	I	4140 E Bas	Suite 211	Mesa	AZ	4	85206	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	31	47	47	$94.00	$39.95	$30.23	$31.13
1134112865	Fell	William	R	MD	M	I	3802 22nd	#100	Lubbock	TX	48	79410	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	34	47	47	$47.04	$45.13	$30.66	$32.39
1134577711	Juergens	Collin	M	M.D.	M	I	2401 S 31st St		Temple	TX	48	76508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	44	47	47	$100.00	$45.20	$30.50	$31.01
1164480026	Cox	Robert	W	MD	M	I	1850 W Arlington Blvd		Greenville	NC	37	27834	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	41	47	47	$127.00	$46.35	$26.24	$27.44
1164492203	Won	Johnny		MD	M	I	6916 Mcgir	Ste 100	Suwanee	GA	13	30024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	39	47	47	$122.55	$46.27	$29.57	$29.96
1184605495	Rodriguez-I	Arturo		MD PL	M	I	22099 Elmira Blvd		Port Charlo	FL	12	33952	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	39	47	47	$99.00	$46.86	$31.30	$31.17
1194766824	Huo	Jerry		M.D.	M	I	38-08 Unio	Ny Otolaryn	Flushing	NY	36	11354	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	39	47	46	$203.19	$47.54	$33.86	$26.52
1215314422	Guan	Jean	Y		F	I	1001 E Primrose St		Springfield	MO	29	65807	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	42	47	47	$144.00	$43.87	$31.04	$33.76
1215583430	Adams	Gracie		FNP	F	I	3804 S Jackson Rd	Ste	Edinburg	TX	48	78539	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	36	47	47	$123.32	$37.84	$26.18	$27.73
1215924691	Merwin	William	H	M.D.	M	I	11201 Wes	Suite 103	Knoxville	TN	47	37934	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	40	47	47	$89.00	$42.68	$30.39	$33.19
1225118979	Kim	Jason H	H	MD	M	I	1950 Sunny Crest Dr	St	Fullerton	CA	6	92835	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	47	47	47	$106.00	$51.48	$40.33	$36.41
1275537797	Grogg	Steven	R	D.O.	M	I	1931 S Tuttle Ave		Sarasota	FL	12	34239	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	47	47	47	$113.00	$48.51	$35.55	$34.76
1275733180	Mikesell	Darren	L	D.O	M	I	2710 Harney St	Ste 10(	Laramie	WY	56	82072	4	Micropolita	US	Family Prac	Y	69210	Removal of	N	O	41	47	47	$147.45	$47.12	$30.29	$29.99
1316902349	Rizzo	Lorraine			F	I	636 Del Prado Blvd	S	Cape Coral	FL	12	33990	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	41	47	47	$102.30	$43.47	$31.81	$29.19
1336166115	Gesiotto	Ernest	J	M.D.	M	I	6311 S Pointe Blvd		Fort Myers	FL	12	33919	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	40	47	47	$51.23	$50.37	$34.11	$32.14
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	G0442	Annual alc	N	O	47	47	47	$30.00	$15.07	$15.07	$15.85
1376598508	Ferraro	Richard	E	MD	M	I	9 Brookwood Ave		Carlisle	PA	42	17015	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	36	47	47	$80.00	$46.08	$34.17	$34.96
1396181483	Taher Naze	Fareeda		M.D.	F	I	1025 Marsh St		Mankato	MN	27	56001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	41	47	47	$45.40	$30.38	$20.01	$21.04
1396736690	Tandon	Raj		MD	M	I	79 Hudson	Suite 303	Hoboken	NJ	34	7030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	42	47	47	$282.72	$45.70	$31.51	$27.47
1407201486	Harper	Christophe	W	MD	M	I	150 Clinic /	Suite 201	Carrollton	GA	13	30117	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	40	47	47	$110.00	$44.72	$33.82	$36.18
1427115849	Miner	James	D	M.D.	M	I	8040 Clear	Suite 350	Indianapoli	IN	18	46256	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	43	47	47	$97.00	$43.98	$29.72	$32.81
1457818965	Chiossone	Juan	A	MD	M	I	8100 Sw 10th St		Plantation	FL	12	33324	1	Metropolita	US	Ophthalmo	Y	69210	Removal of	N	O	36	47	47	$132.00	$50.33	$37.81	$35.56
1487611570	Visor	Rick	L	MD	M	I	4140 W Me	Suite 115	Oklahoma	OK	40	73120	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	41	47	47	$123.06	$43.59	$27.95	$30.18
1497364111	Stephens	Tianna			F	I	165 N Village Ave	Ste 5	Rockville C	NY	36	11570	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	29	47	47	$85.00	$50.67	$39.58	$31.25
1518055730	Garay	Kenneth	F	M.D.	M	I	475 Grand Ave		Englewood	NJ	34	7631	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	27	47	47	$316.00	$50.14	$38.66	$35.86
1548423122	Chung	Wayne		MD	M	I	802 64th St	Suite 3a-E	Brooklyn	NY	36	11220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	42	47	47	$250.60	$50.06	$36.20	$28.29
1588082945	Blasco	Michael	A	M.D.	M	I	378 Seaview Ave		Staten Isla	NY	36	10305	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	43	47	47	$357.00	$53.89	$42.84	$34.17
1588662829	Mantia	Augustus	G	MD	M	I	59 Southern Blvd		Nesconset	NY	36	11767	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	42	47	47	$200.00	$60.42	$45.33	$35.56
1588909261	Bailey	Jessica		PA	F	I	333 N 18th	Suite #b	Pocatello	ID	16	83201	1	Metropolita	US	Physician A	Y	69210	Removal of	N	F	45	47	47	$195.98	$26.78	$17.70	$18.29
1649790221	Marsiglia	Amanda	C	PA-C	F	I	2222 Nw Lovejoy St	Ste	Portland	OR	41	97210	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	34	47	47	$147.00	$41.26	$24.60	$24.21
1659578250	Dunham	Elizabeth	A	M.D.	F	I	820 N Chelan Ave		Wenatchee	WA	53	98801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	36	47	47	$96.94	$31.59	$18.79	$18.58
1679094601	Smith Chas	Jessica	G	FNP-C	F	I	3874 Renee Dr	Unit B	Myrtle Bea	SC	45	29579	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	42	47	47	$48.29	$38.20	$22.69	$24.74
1689335101	Uhlenhake	Elizabeth	A	PA	F	I	1210 Commerce Dr	Ste	Greensbor	GA	13	30642	7	Small town	US	Physician A	Y	69210	Removal of	N	O	40	47	47	$122.55	$36.28	$27.97	$30.00
1699307389	Pszczolkow	Colleen		PA-C	F	I	15761 New Hampshire		Fort Myers	FL	12	33908	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	42	47	47	$166.30	$42.32	$33.72	$31.59
1700887981	Owens	Michael	H	M.D.	M	I	6705 S Red #	704	South Mian	FL	12	33143	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	44	47	47	$116.00	$52.60	$38.33	$33.94
1740796606	Corcoran	Virginia			F	I	1717 S Utica Ave	Ste A	Tulsa	OK	40	74104	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	43	47	47	$103.00	$37.83	$27.49	$29.25
1821047747	Rockwell	James	C	MD	M	I	901 Boren /	Ste 1530	Seattle	WA	53	98104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	30	47	47	$201.00	$50.02	$35.60	$33.94
1821048091	Killian	Peter	J	M.D.	M	I	1157 N Summerbrook /		Meridian	ID	16	83642	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	40	47	47	$130.95	$22.10	$17.64	$19.39
1821315367	York	Christopher		MD	M	I	4775 Hamilton Wolfe	R	San Antonio	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	43	47	47	$129.91	$43.65	$29.83	$31.52
1841208592	Estupigan	Rolando	M	D.O., P.C.	M	I	1777 Axtell	Suite 105	Troy	MI	26	48084	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	38	47	47	$60.00	$49.25	$37.69	$36.57
1841283496	Brown	Matthew	R	M.D.	M	I	3901 Ingersoll Ave		Des Moines	IA	19	50312	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	30	47	47	$51.53	$30.91	$18.71	$20.25
1851412829	Clarke	Brett	M	MD	M	I	2300 E 30th	Bldg D-102	Farmington	NM	35	87401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	38	47	47	$175.00	$43.18	$25.83	$27.16
1902834823	Beal	Michael	J	MD	M	I	7847 Youree Dr		Shreveport	LA	22	71105	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	41	47	47	$105.00	$43.21	$29.82	$30.98
1912321589	Harvey	Sarah	A	FNP	F	I	7557 Dannaher Dr	Ste 2	Powell	TN	47	37849	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	40	47	47	$116.00	$37.32	$19.19	$21.71
1932139227	Zipfel	Terrence	E	M.D.	M	I	16761 Saint Clair Ave	#	East Liverp	OH	39	43920	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	38	47	47	$139.00	$46.04	$33.54	$34.90
1932174745	Vang	Pao		MD	M	I	1400 Bellinger St		Eau Claire	WI	55	54703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	30	47	47	$135.92	$46.92	$34.39	$34.89

1952538456	Falcone	Todd	E	M.D.	M	I	263 Farmington Ave	Farmington	CT	9	6030		US	Otolaryngo	Y	69210	Removal of N	O	34	47	47	$140.00	$50.24	$32.35	$29.51
1962632547	Cohen	Marc		M.D.	M	I	5525 Etiwa Suite 312	Tarzana	CA	6	91356	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	47	47	$80.00	$49.53	$38.71	$34.34
1982679452	Jordan	Carl	C	M.D.	M	I	740 Hospit Suite 300	Beaumont	TX	48	77701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	47	47	$127.66	$44.33	$31.11	$33.04
1023457991	Harris	Jeffrey		D.O.	M	I	10510 Jeffe Suite A	Newport Ne	VA	51	23601	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	41	46	46	$121.00	$48.14	$33.10	$31.84
1033138110	Owens	Othella	T	MD	F	I	1127 Wilsh Suite 1604	Los Angele	CA	6	90017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	46	46	$125.00	$49.89	$35.58	$33.94
1053371021	Childers	Tracey	W	D.O.	F	I	1203 E Ros Suite A	Tahlequah	OK	40	74464	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	46	46	$242.13	$35.84	$26.16	$26.93
1073687539	Combs	William	A	M.D.	M	I	1701 4th St Ste 120	Santa Rosa	CA	6	95404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	46	46	$261.00	$48.87	$37.39	$36.02
1073785945	Anderson-C	Lauren	C	M.D.	F	I	601 Keyser Ave	Natchitoch	LA	22	71457	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	37	46	46	$140.00	$32.32	$21.14	$21.19
1083053094	Morell Diaz	Fernando	J	M.D.	M	I	2101 Jackson St Ste 11	Anderson	IN	18	46016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	44	46	46	$63.50	$32.42	$22.47	$22.34
1083784557	Hosea	Robert	H		M	I	701 Doctors Dr Ste K	Kinston	NC	37	28501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	46	46	$155.48	$43.16	$31.42	$32.99
1093740714	Boeve	Thomas	J	M.D.	M	I	870 State Farm Rd	Boone	NC	37	28607	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	46	46	$98.98	$46.72	$32.48	$33.21
1093898397	Corry	Mark	L	M.D.	M	I	169 Tequesta Dr Ste 12	Tequesta	FL	12	33469	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	40	46	46	$76.00	$50.71	$32.48	$30.55
1104912021	Eskew	James	R	M.D.	M	I	4315 James Suite 300	Austin	TX	48	78745	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	46	46	$159.63	$47.11	$35.11	$34.68
1124037635	Roesler	John	M	M.D.	M	I	24025 Park Suite 405	Calabasas	CA	6	91302	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	46	46	$108.80	$46.72	$33.94	$30.81
1134188295	Saadat	Daryoush	D	MD	M	I	27879 Smyth Dr	Valencia	CA	6	91355	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	46	46	$52.97	$51.95	$37.65	$34.05
1144212077	Kaiser	Adam	R	MD	M	I	10021 Dupont Circle C	Fort Wayne	IN	18	46825	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	46	46	$107.00	$45.45	$32.31	$34.09
1154346377	Bloom	Jeffrey	M	MD	M	I	1318 Johnson Ave	San Luis Ot	CA	6	93401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	42	46	46	$74.00	$49.48	$33.92	$32.22
1164493896	Bruderly	Thomas	E	DO	M	I	395 E Market St	Akron	OH	39	44304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	46	46	$80.00	$47.06	$23.59	$24.22
1174753594	White	Erinn		M.D.	F	I	3906 E Genesee St	Syracuse	NY	36	13214	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	46	46	$93.00	$41.11	$29.56	$31.23
1174920441	Pick	Patrick	R	PA-C	M	I	8303 Dodg	Suite 304	Omaha	NE	31	68114	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	35	46	46	$111.20	$41.52	$25.70	$24.63
1205920873	Sherbin	Michael		D.O.	M	I	309 Northbound Gratic	Mount Cler	MI	26	48043	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	46	46	$75.00	$45.01	$30.79	$29.38
1225015670	Nelson	Mary	A	MD	F	I	411 10th St Ste 1400	Cedar Rapi	IA	19	52403	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	40	46	46	$115.00	$43.94	$28.58	$31.75
1255309928	Boger	Gregory	N	MD	M	I	2828 Casa Aloma Way	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	46	46	$105.00	$46.86	$33.46	$33.29
1255530580	Miller	Melinda	F	MSN, CRNI	F	I	501 E Cam	Heron Poin	Chestertow	MD	24	21620	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	33	46	46	$49.80	$41.79	$31.85	$30.88
1265089544	Arms	Amy	S	CRNP	F	I	446 N Reading Rd Ste 3		Ephrata	PA	42	17522	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	46	46	$89.00	$39.66	$29.67	$29.92
1295057610	Ofisi	Joseph	W	MD	M	I	908 S Laflin St		Chicago	IL	17	60607	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	36	46	46	$50.00	$36.75	$29.33	$27.66
1295715563	Mcguirt	William	F	MD	M	I	110 Charlois Blvd		Winston Sa	NC	37	27103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	46	46	$142.28	$44.15	$32.22	$33.83
1316188345	Mcnulty	Beth	N	MD	F	I	740 S Limestone E300		Lexington	KY	21	40536	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	46	46	$156.78	$42.90	$32.60	$34.24
1326021841	Moore	Walter	P	MD	M	I	401 N 9th St		Bismarck	ND	38	58501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	46	46	$115.00	$46.49	$31.68	$32.43
1376900563	Vaughan	Courtney		PA	F	I	2406 Lighthouse Mano		Gainesville	GA	13	30501	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	43	46	46	$90.33	$37.78	$18.13	$20.32
1396787073	Sismanis	Aristides		M.D.	M	I	1201 E Mar Suite 401		Richmond	VA	51	23219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	46	46	$221.00	$46.73	$34.83	$35.74
1407243934	Lee	Andrew	Y	MD	M	I	13950 Brandywine Rd		Brandywine	MD	24	20613	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	41	46	46	$119.00	$36.69	$26.65	$23.17
1407849896	Hedges	Harold	H	M.D.	M	I	4208 N Rodney Parhan		Little Rock	AR	5	72212	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	44	46	46	$108.80	$42.22	$28.07	$32.23
1437244852	Phan	Au		M.D.	M	I	3185 Rt. 27		Franklin Pa	NJ	34	8823	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	43	46	46	$60.00	$53.62	$39.96	$35.50
1457643793	Cox	Matthew	D		M	I	7251 University Blvd St		Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	46	46	$71.52	$43.76	$27.97	$27.85
1457648123	Taylor	Steven	R	M.D.	M	I	1 Hospital Dr # Ma	314	Columbia	MO	29	65201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	46	46	$141.00	$45.90	$28.16	$29.70
1467458729	Spiering	Robin	F	MD	M	I	278 Avocado Ave		El Cajon	CA	6	92020	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	41	46	46	$80.00	$49.14	$35.60	$33.03
1467491423	Bhayani	Rajendra	D	MD	M	I	1783 W 6th St		Brooklyn	NY	36	11223	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	46	46	$125.32	$47.91	$34.12	$27.25
1487696431	Levin	Richard	A	M.D, D.M.D	M	I	1305 Post F	Suite 302	Fairfield	CT	9	6824	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	46	46	$150.00	$45.70	$32.86	$30.55
1487969101	Kichline	Andrea	L	APRN	F	I	985 State Road 436		Casselberr	FL	12	32707	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	40	46	46	$68.74	$40.88	$31.24	$30.88
1497765812	Conlon	William	S	M.D.	M	I	1032 Luke St		Fort Collins	CO	8	80524	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	46	46	$91.00	$45.83	$33.71	$33.12
1518076926	Noyes	Willard		M.D.	M	I	2502 E Empire St Ste C		Bloomingtc	IL	17	61704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	46	46	$150.00	$42.40	$27.70	$28.72
1528046919	Livermore	George	H	M.D.	M	I	1595 Highway 34 E		Newnan	GA	13	30265	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	46	46	$122.55	$43.32	$26.32	$28.77
1538372800	Ogden	Margaret	A	MD	F	I	1 Childrens Ste 3s		Saint Louis	MO	29	63110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	46	46	$155.00	$47.10	$25.09	$25.27
1568714632	Howerton	Mary	A	PA	F	I	171 Ashley Ave		Charleston	SC	45	29425	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	40	46	46	$137.80	$38.11	$24.42	$26.50
1619993953	Chambers	David	W	MD	M	I	1170 Royal Ave		Medford	OR	41	97504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	46	46	$149.00	$43.76	$28.90	$30.42
1649274218	Sherrerd	Paul	S	MD	M	I	6751 N 72n	Ste 207	Omaha	NE	31	68122	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	46	46	$109.79	$43.65	$24.89	$28.48
1669495552	Riney	Jeffrey	L	MD	M	I	225 Medica	Suite 209b	Paducah	KY	21	42003	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	42	46	46	$80.00	$44.29	$27.27	$29.81
1679682892	Abraham	Manoj	T	M.D., F.A.C	M	I	82 N Water St		Poughkeep	NY	36	12601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	46	46	$120.00	$42.09	$30.79	$27.66
1679764773	Arnold	Daniel	V	M.D.	M	I	1 Boston M	Boston Me	Boston	MA	25	2118	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	43	46	46	$103.00	$50.06	$37.56	$35.58
1689327512	Rogers	Riley			F	I	1605 S Locust Ave		Lawrenceb	TN	47	38464	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	42	46	46	$100.86	$37.30	$26.39	$27.99
1699972307	Ramakrishn	Jeevan	B	M.D.	M	I	4600 Lake I	Suite 100	Raleigh	NC	37	27607	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	46	46	$103.00	$44.74	$28.58	$30.25
1710334933	Sticker	Alan	L	M.D.	M	I	Medical Ce	Departmen	Winston Sa	NC	37	27157	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	39	46	46	$105.00	$32.24	$25.71	$25.74
1740641646	Tu	Nathan		M.D.	M	I	1200 N Sta	Ct A2e	Los Angele	CA	6	90033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	46	46	$145.00	$46.05	$34.93	$36.23
1750764221	Beams	Pamela		DO	F	I	1111 Olive St		Montgome	AL	1	36106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	46	46	$74.20	$42.15	$28.13	$29.76
1801396064	Al-Zaghal	Zaid	A	MD	M	I	720 N Bond St		Springfield	IL	17	62702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	46	46	$136.00	$45.77	$33.34	$34.61
1801907399	Laramie	Mythe		M.D.	M	I	1515 E Alluvial Ave # 1		Fresno	CA	6	93720	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	38	46	46	$75.00	$49.18	$31.86	$30.80
1811006786	Mcclain	Albert	A	M. D.	M	I	830 Washington St		Watertown	NY	36	13601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	46	46	46	$132.00	$39.81	$30.23	$31.65
1831420967	Ostreicher	Marc	J	M.D.	M	I	123 Maple .	Suite 202	Cedarhurst	NY	36	11516	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	43	46	46	$197.83	$59.57	$46.50	$37.15
1851314413	Lazarus	Leonard	H	M.D.	M	I	7450 Olivetas Ave		La Jolla	CA	6	92037	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	36	46	46	$82.70	$50.35	$34.82	$32.20
1871989350	Sanford	Evan		M.D.	M	I	100 W 4th St Ste 200		Cookeville	TN	47	38501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	46	46	$115.00	$42.93	$31.44	$34.43
1891255113	Abbood	Emily	A	PA-C	F	I	1351 S County Trl Ste 3		East Green	RI	44	2818	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	42	46	46	$110.00	$41.92	$31.95	$30.88
1902956998	Gillespie	Christina		M.D.	F	I	953 Fischer Blvd Ste 2		Toms River	NJ	34	8753	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	46	46	$318.96	$52.55	$40.56	$36.59
1912113085	Chiara	Joseph	A	M.D.	M	I	3806 East E	Suite 5800	Phoenix	AZ	4	85032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	46	46	$84.00	$44.40	$30.10	$31.12
1912160185	De Leon	Tate		MD	M	I	72780 Country Club Dr		Rancho Mir	CA	6	92270	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	42	46	46	$48.77	$33.17	$24.44	$24.21
1942379573	Martin	Jeffrey	M		M	I	46440 Ben	Suite 107	Sterling	VA	51	20164	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	44	46	46	$162.00	$47.66	$36.39	$36.35
1992119101	Mertz	Jeanette	M	NP	F	I	135 E Main St Ste D		Saint Clairs	OH	39	43950	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	46	46	$147.00	$38.02	$26.45	$28.74
1992245179	Papajohn	Paul	M	D.O.	M	I	4190 City Ave		Philadelphi	PA	42	19131	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	46	46	$136.47	$40.89	$31.79	$33.92
1992766968	Linker	Seth	P	MD	M	I	10 Trieble Dr		Tunkhanno	PA	42	18657	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	46	46	$121.64	$44.86	$29.14	$30.42
1013950096	Lyon	Steven	L	MD	M	I	3200 E Racine St		Janesville	WI	55	53546	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	45	45	$369.00	$40.09	$26.14	$29.07
1023472438	Soldatova	Liuba		M.D.	F	I	2180 Immokalee Rd St		Naples	FL	12	34110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	45	45	45	$102.18	$42.97	$34.24	$33.13
1033593025	Fontaine	Taylor		PA-C	M	I	1800 21st Ave S		Fargo	ND	38	58103	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	37	45	45	$142.00	$38.43	$25.38	$26.07
1063483097	Capobianc	Leo	J	D.O.	M	I	2801 N Tenaya Way St		Las Vegas	NV	32	89128	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	42	45	45	$90.00	$49.10	$35.64	$34.60
1093743825	Ruggiero	Francis	P	MD	M	I	2160 Noll Dr Ste 200		Lancaster	PA	42	17603	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	45	45	$95.00	$46.29	$28.69	$29.42
1093756645	Hall	Alan	R	M.D.	M	I	201 S Oakridge Dr		Hudson Oa	TX	48	76087	5.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	44	45	44	$140.00	$45.55	$33.88	$35.18
1134227374	Mcfadden	Michael	D	M.D.	M	I	1963 Mem	Suite 5	Huntsville	AL	1	35801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	43	45	45	$73.00	$41.18	$26.85	$29.40
1134560311	Burns	Laurie	L	FNP	F	I	7851 S Elati St Ste 102		Littleton	CO	8	80120	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	31	45	45	$124.85	$40.52	$29.79	$29.48

1154431609	Graham	Scott	M	DO	M	I	20 Granite State Ct	Brewster	MA	25	2631	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	41	45	45	$135.33	$47.87	$32.43	$31.23
1164803847	Schlewet	Michael		M.D	M	I	736 Cambr Smc-8	Brighton	MA	25	2135	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	33	45	45	$293.38	$34.86	$23.33	$22.37
1184042855	Wickenhau	Keith		MD	M	I	201 Bjc Saint Peters Dr	Saint Peter	MO	29	63376	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	40	45	45	$47.52	$46.61	$29.61	$30.12
1184857492	Hartsock	Sahar			F	I	2650 Ridge Ave	Evanston	IL	17	60201	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	45	45	45	$90.20	$30.61	$22.90	$20.43
1215690094	Hanes	Cadie	E	DNP, APRN	F	I	2001 Inwood Rd Fl 6	Dallas	TX	48	75390	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	38	45	45	$117.33	$39.28	$28.49	$29.14
1225201171	Wu	Jonathan		M.D.	M	I	7269 Hawkins View Dr	Fort Worth	TX	48	76132	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	45	45	$94.10	$42.67	$25.95	$30.04
1245274778	Fortune	David	S	M.D.	M	I	3901 Centr Suite 351	Hermitage	TN	47	37076	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	45	45	$201.33	$42.84	$29.32	$32.46
1265435515	Salamone	Frank	N	M.D.	M	I	360 Linden Suite 220	Rochester	NY	36	14625	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	45	45	$80.96	$44.35	$32.32	$34.30
1316163066	Hendricker	Ryan	M	M.D.	M	I	304 10th Ave Ne	Hickory	NC	37	28601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	45	45	$160.18	$41.66	$31.71	$32.60
1336181189	Lansford	Christophe	D	MD	M	I	2502 E Empire St Ste A	Bloomingtc	IL	17	61704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	45	45	$150.00	$47.07	$32.29	$32.73
1336686492	Ange	Jetta		PA-C	F	I	619 N Main Building D	Muskogee	OK	40	74401	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	43	45	45	$109.00	$30.20	$23.50	$26.17
1417977125	Grubb	Gregory	A	D.O.	M	I	3501 Health Center Blv	Estero	FL	12	34135	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	45	45	45	$49.96	$49.77	$20.86	$20.49
1437146966	Nguyen	Khoa	D	MD	M	I	8313 South Suite 105	Houston	TX	48	77074	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	41	45	45	$100.00	$49.04	$38.92	$37.76
1437314895	Forney	John	P	MD	M	I	100 S First Street	Millersburg	PA	42	17061	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	37	45	45	$103.89	$43.64	$26.85	$28.10
1447310768	Adkins	Angela	P	M.D.	F	I	2225 Coun Suite 123	Pearland	TX	48	77584	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	45	45	$87.00	$46.71	$32.04	$32.01
1457307316	Gendron	Kristin		M.D.	F	I	2080 Woodwinds Drive	Woodbury	MN	27	55125	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	45	45	$152.00	$40.40	$31.36	$32.11
1457384232	Wathen	Christian	F	M.D.	F	I	9184 Buckley Hall Rd	Mathews	VA	51	23109	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	36	45	45	$121.00	$45.89	$31.91	$32.12
1467003459	Messer	Angela	C		F	I	5565 Blaine Ave Ste 22	Inver Grove	MN	27	55076	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	37	45	45	$147.00	$39.28	$28.03	$29.08
1467667550	Tacia	Brandy	M	DO	F	I	750 N Syringa St Ste 20	Post Falls	ID	16	83854	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	33	45	45	$67.35	$30.17	$19.55	$22.03
1487818944	Tubbs	Kyle	J	M.D.	M	I	160 Heritage Way	Kalispell	MT	30	59901	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	45	45	$106.00	$47.35	$28.21	$28.19
1487880985	Abdul-Aziz	Dunia	E	MD	F	I	243 Charles St	Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	38	45	45	$132.60	$35.25	$27.41	$25.36
1497938567	King	Justin	M	M.D.	M	I	403 Summi Suite 204	Broomfield	CO	8	80021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	45	45	$75.00	$47.85	$34.81	$33.76
1508851940	Swain	Ronnie	E	M.D.	M	I	2880 Dauphin St	Mobile	AL	1	36606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	45	45	$60.00	$45.09	$28.53	$30.36
1518559228	Kolikant	Lindsey			F	I	3791 Southern Blvd Se	Rio Rancho	NM	35	87124	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	41	45	45	$100.00	$37.84	$25.99	$27.12
1558550731	Swigert	Jason		MD	M	I	292 South ' Suite 100	St. George	UT	49	84790	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	40	45	45	$80.00	$44.91	$29.42	$30.83
1578950531	Kita	Ashley			F	I	23550 Hawthorne Blvd	Torrance	CA	6	90505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	45	45	$330.00	$50.46	$35.64	$31.65
1588628010	Lejeune	Horace	B	M.D.	M	I	2700 10th / Suite 502	Birminghan	AL	1	35205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	45	45	$61.00	$41.96	$24.48	$26.26
1598146409	Ross	Andrew		M.D.	M	I	737 E Crawford St	Salina	KS	20	67401	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	39	45	45	$97.00	$42.37	$26.30	$29.03
1598763641	Shaw	Collie	B	M.D.	M	I	2200 Ada A Suite 202	Conway	AR	5	72034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	45	45	$135.00	$42.23	$25.49	$29.74
1609228279	Harford	Jeffrey		FNP	M	I	1206 Driving Park Ave	Newark	NY	36	14513	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	40	45	45	$80.96	$37.25	$21.29	$22.00
1609878974	Cope	John	T	M.D.	M	I	590 Historic Hwy 441 N	Demorest	GA	13	30535	4.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	40	45	45	$119.00	$45.27	$28.67	$30.68
1619015229	Lin	Frank	R	MD	M	I	601 N Caroline St	Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	45	45	$177.00	$49.87	$29.24	$26.20
1619977519	Murphy	Bryan	D	MD	M	I	4003 Kresg Ste. 227	Louisville	KY	21	40207	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	45	45	$77.44	$43.30	$30.11	$32.87
1649242652	Powell	David	M	MD	M	I	974 Bethel Rd Ste A	Columbus	OH	39	43214	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	45	45	$95.00	$44.11	$32.85	$34.01
1669665303	Brady-Pow	Shannon		N.P.	F	I	925 Chestr Sixth Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	28	45	45	$110.00	$30.20	$20.44	$18.90
1699058636	Jennings	Jacob	A	PA-C	M	I	120 Riverview St	Franklin	NC	37	28734	8	Small town	US	Physician A	Y	69210	Removal of N	O	44	45	45	$115.00	$39.03	$23.86	$25.19
1700118528	Sun	Daniel	Q		M	I	3113 Belle\	Otolaryngo	Cincinnati	OH	39	45219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	45	45	$177.00	$49.94	$38.97	$35.87
1700830221	Sloman-Mc	Erik	R		M	I	10410 Medical Loop Ur	Laredo	TX	48	78045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	45	45	$100.00	$43.10	$32.97	$33.96
1700846334	Byrnes	John	M	M.D.	M	I	115 Enon Springs Rd E	Smyrna	TN	47	37167	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	45	45	$75.00	$43.26	$34.11	$37.18
1720054646	Freeman	Frederick	E	MD	M	I	1010 Medic Suite 210	Hardeeville	SC	45	29927	2.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	33	45	45	$185.20	$47.15	$34.84	$34.79
1720088107	Ballarin	Leszek	J	M.D.	M	I	7045 W Belmont Ave	Chicago	IL	17	60634	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	38	45	45	$116.00	$52.10	$38.17	$34.81
1720280753	Petty	Jared	B	DO	M	I	209 E Broadway St	Winnsboro	TX	48	75494	8	Small town	US	Internal Me	Y	69210	Removal of N	O	39	45	45	$120.00	$45.17	$31.06	$32.71
1740242569	Roh	Lynn	H	MD	F	I	10787 Nall Ave Ste 220	Overland P	KS	20	66211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	45	44	$89.56	$29.65	$19.10	$21.09
1760494074	Iversen	Michael	G	MD	M	I	525 N Brentwood	Lufkin	TX	48	75904	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	43	45	45	$100.00	$46.21	$30.11	$31.45
1760777577	Whitaker	Graham	T	M.D.	M	I	1405 Cente Suite 5400	Tallahasse	FL	12	32308	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	45	45	$143.33	$45.75	$28.03	$27.46
1770018012	Morris	Mercedes		FNP-C	F	I	13555 W Mcdowell Rd	Goodyear	AZ	4	85395	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	35	45	45	$280.92	$39.46	$25.84	$26.78
1770551657	Strader	Christine	D	PA	F	I	3200 North Ste 200	Greensbor	NC	37	27408	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	45	45	45	$129.82	$37.99	$27.26	$28.60
1811194020	Avitia	Sofia		MD.	F	I	11333 Sepulveda Blvd	Mission Hil	CA	6	91345	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	45	45	$141.00	$51.93	$36.87	$32.92
1811341076	Stevens	Levi	D	MD	M	I	2000 Foundation Way S	Martinsbur	WV	54	25401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	45	45	$138.00	$43.27	$27.75	$29.72
1811959661	Triana	Rudolph	J	M.D.	M	I	1111 Medical Center C	Mayfield	KY	21	42066	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	45	45	$156.70	$42.34	$27.42	$30.19
1811983679	Fuenmayor	Joaquin	J	MD	M	I	11880 Bird Rd Ste 402	Miami	FL	12	33175	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	45	45	$100.00	$53.53	$38.97	$34.61
1821066481	Gold	Steven	R	M.D.	M	I	6035 Fairview Rd	Charlotte	NC	37	28210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	45	45	$95.00	$45.76	$30.07	$30.79
1851387146	Hertler	Craig	K	M.D.	M	I	2222 Nw Lovejoy St	Portland	OR	41	97210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	45	45	$106.09	$45.15	$28.07	$29.39
1851812291	Peterman	Fiona		PA-C	F	I	675 N Saint Clair St Ste	Chicago	IL	17	60611	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	42	45	45	$166.00	$44.43	$35.51	$32.28
1891099776	Abasolo	Rowena		A.P.N.	F	I	800 Biesterfield Rd Ste	Elk Grove V	IL	17	60007	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	33	45	45	$134.47	$44.02	$31.46	$28.93
1902216310	Spock	Todd		M.D.	M	I	700 Prides Xing Ste 200	Newark	DE	10	19713	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	45	45	$102.00	$46.62	$36.42	$35.45
1902260672	Novak	Raia Ivanka	C	PA	F	I	2572 Atlantic Ave	Long Beach	CA	6	90806	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	32	45	45	$198.53	$42.99	$33.49	$30.13
1912365198	Miller	Yvette		NP-C	F	I	31137 131st St	Princeton	MN	27	55371	7.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	32	45	45	$60.79	$39.80	$27.61	$28.16
1932105400	Dobberfuhl	Steven	B	MD	M	I	7201 Manchaca Rd Ste	Austin	TX	48	78745	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	42	45	45	$48.47	$47.87	$35.37	$35.23
1932153111	Arthurs	David	A	DO	M	I	81-6587 Mamalahoa H	Kealakekua	HI	15	96750	7.2	Secondary	US	Family Prac	Y	69210	Removal of N	O	35	45	45	$94.41	$48.95	$33.73	$31.23
1952311425	Endres	Donald	R	M.D.	M	I	3730 Rhon Ste 203	Anchorage	AK	2	99508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	45	45	$266.00	$56.68	$38.75	$30.81
1992140131	Claydon	Elizabeth	M	M.D.	F	I	150 Catherine Ln Ste B	Grass Valle	CA	6	95945	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	39	45	45	$90.00	$49.29	$28.54	$27.49
1013356120	Pruthi	Kapil		DO	M	I	2140 Fisher Rd	Mechanics	PA	42	17055	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	40	44	44	$205.43	$46.69	$34.83	$35.51
1013972595	Kominsky	Alan	H	MD	M	I	9500 Euclid Ave	Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	37	44	44	$315.20	$31.22	$22.51	$22.78
1023217064	Lemonnier	Lori	A	M.D.	F	I	1104 Cass St	Traverse Ci	MI	26	49684	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	44	44	$75.00	$40.52	$32.43	$32.80
1023339041	Smith	Chelsey		MD	F	I	920 Sl Your Wp 1290	Oklahoma	OK	40	73104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	44	44	$69.22	$44.32	$28.08	$30.02
1033404082	Cockerill	Cara	C	MD	F	I	404 W Fountain St	Albert Lea	MN	27	56007	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	44	44	$165.02	$42.52	$29.10	$30.17
1043206980	Duchicela	Jorge	A	M.D.	M	I	402 Youens Dr	Weimar	TX	48	78962	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	31	44	44	$119.00	$45.65	$35.60	$37.17
1053991828	Vetter	Katerina			F	I	1025 Marsh St	Mankato	MN	27	56001	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	43	44	44	$44.00	$25.90	$20.15	$21.40
1063492361	Berge	Jennifer	K	M.D.	F	I	1225 S Gea Ste 255	West Burlir	IA	19	52655	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	44	44	$160.00	$44.01	$28.67	$31.80
1063772945	Dorotik	Brooke	A	M.D.	F	I	305 Sandy Corner Rd	El Campo	TX	48	77437	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	39	44	44	$97.00	$45.59	$31.85	$33.59
1063852085	Minadakis	Dimitrios	N	PA-C	M	I	495 Station Ave	South Yarm	MA	25	2664	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	43	44	44	$127.40	$42.10	$27.42	$26.41
1114364197	Lesser	Carina		FNP	F	I	3725 W 4100 S	West Valley	UT	49	84120	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	43	44	44	$107.39	$37.37	$28.42	$30.73
1124481668	Talmage	Garrick		M.D.	M	I	9399 Crown Crest Blvd	Parker	CO	8	80138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	44	44	$128.00	$45.18	$32.51	$31.94
1164954525	Faulks	Steven	L	M.D.	M	I	264 New Shackle Islan	Henderson	TN	47	37075	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	42	44	44	$85.00	$44.14	$30.02	$32.93
1174765549	Mosson	Mark	D	M.D.	M	I	4060 Fourth Ave Ste 50	San Diego	CA	6	92103	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	40	44	44	$78.00	$50.29	$32.92	$30.47
1184699621	Byrd	Eric	W	MD	M	I	735 6th Ave W	Henderson	NC	37	28739	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	37	44	44	$50.00	$45.71	$30.83	$32.49

1215953211	Wong	Donna	L	D.O.	F	I	10800 Para	Suite 402	Downey	CA	6	90241	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	44	44	$159.00	$52.52	$41.93	$37.98
1225033434	Willis	Robert	A	MD	M	I	800 Hospital Dr		Madisonvil	KY	21	42431	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	44	44	$135.73	$47.05	$36.68	$36.77
1265410211	Lee	Jonathan	H	M.D.	M	I	1170 Royal Ave		Medford	OR	41	97504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	44	44	$149.00	$42.57	$31.36	$32.36
1265540363	Beckford	Neal	S	M.D.	M	I	7675 Wolf River Cir	Ste	Germantov	TN	47	38138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	44	44	$121.00	$41.72	$25.96	$27.85
1275633851	Price	Scott	D	MD	M	I	1827 S Cou	Ste A	Visalia	CA	6	93277	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	44	44	$183.14	$45.00	$35.72	$36.97
1285753913	Dawson	Margaret	R	FNP,BC	F	I	100 Medical Dr		Elizabeth C	NC	37	27909	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	42	44	44	$96.00	$39.07	$26.07	$27.28
1295754133	Yuan	Stephen		M.D.	M	I	162 Mountain Rd		Suffield	CT	9	6078	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	40	44	44	$98.52	$51.26	$36.35	$33.64
1326083551	Gonsalves	Tara	L	NP	F	I	1 Del Pond Dr		Canton	MA	25	2021	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	37	44	44	$77.00	$30.25	$24.13	$22.38
1326099508	Hinsley	Matthew	L	M.D.	M	I	2450 Ne Mary Rose Pl	S	Bend	OR	41	97701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	44	44	$125.91	$41.25	$28.90	$30.63
1326191669	Lockette	Christophe	E	P.A.-C	M	I	189 Brooklawn St		Knoxville	TN	47	37934	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	42	44	44	$99.00	$41.16	$26.77	$26.00
1326235789	Tannas	Henri	C	MD	M	I	133 Brookline Ave		Boston	MA	25	2215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	44	44	$153.05	$45.67	$31.36	$32.18
1326641630	Gill	Joseph	L	FNP	M	I	3901 Georgia St Ne	Ste	Albuquerq	NM	35	87110	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	40	44	44	$100.00	$38.53	$19.77	$20.83
1346315017	Wiet	Richard	M	M.D.	M	I	25 N Winfield Rd	Ste 42	Winfield	IL	17	60190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	36	44	44	$162.00	$36.20	$24.96	$22.13
1356754105	Klug	Michael		M.D.	M	I	560 E Herndon Ave # 2(		Fresno	CA	6	93720	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	35	44	44	$148.00	$49.26	$34.11	$32.89
1376513341	Milligan	John	M	M.D.	M	I	4530 E Shea Blvd Ste 1		Phoenix	AZ	4	85028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	44	44	$99.00	$43.76	$32.09	$32.63
1376733055	Rager	Jennifer	R	D.O.	F	I	100 N Academy Ave		Danville	PA	42	17822	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	31	44	44	$132.67	$32.01	$21.11	$21.69
1386626034	Samarasin	Kosala		M.D.	M	I	501 Washington St		San Diego	CA	6	92103	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	40	44	44	$189.95	$49.64	$34.62	$33.71
1417981333	Guillemett	Roger	R	M.D.	M	I	3009 N Ballas Rd Ste 3		Saint Louis	MO	29	63131	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	40	44	44	$156.00	$46.48	$31.21	$31.82
1427102425	Kozara	Kevin	L	D.O.	M	I	360 Linden Suite 220		Rochester	NY	36	14625	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	44	44	$79.20	$43.93	$29.25	$31.17
1447312822	Mccoy	Loren	E	MD FACP	M	I	2400 East A Ste C		Muscle Shc	AL	1	35661	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	34	44	44	$65.00	$41.62	$30.59	$34.12
1467416149	Franklin	E	A	MD	M	I	6799 Great Suite 250		Memphis	TN	47	38138	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	43	44	44	$150.00	$43.78	$32.70	$35.79
1477862852	Podjed	Nicole	L	P.A.-C	F	I	826 Main St Ste 201		Phoenixvill	PA	42	19460	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	40	44	44	$170.00	$38.41	$30.74	$29.17
1497012793	Ballentine	Danny	P	PA-C	M	I	185 Grafton Road		Townshend	VT	50	5353	10	Rural areas	US	Physician A	Y	69210	Removal of N	O	35	44	43	$123.89	$38.77	$26.20	$26.48
1508938499	Ramirez	Eddie	A	M.D.	M	I	1131 Wilshire Blvd	Ste	Santa Moni	CA	6	90401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	44	44	$154.39	$46.23	$33.29	$33.97
1528200482	Klausing	Andrew	M	PA-C	M	I	801 Pro Dr	Ste D4	Celina	OH	39	45822	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	33	44	44	$105.55	$39.54	$26.48	$27.29
1528324605	Shuaib	Stefan		MD	M	I	909 Business Park Dr		Mission	TX	48	78572	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	37	44	44	$127.00	$30.70	$22.46	$23.77
1538111422	Maguire	James	M	MD	M	I	1 Blackburn Dr		Gloucester	MA	25	1930	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	40	44	44	$150.00	$50.06	$35.52	$33.23
1538695333	Flores	Aracely	P		F	I	4579 Maple Ave	Ste 1	La Mesa	CA	6	91941	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	44	44	44	$100.00	$43.73	$33.29	$30.45
1548654825	Mammoott	Lizy			F	I	300 Old Mill Rd		Sunnyvale	TX	48	75182	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	42	44	44	$246.27	$27.65	$20.53	$20.63
1558974451	Ott	Heather	N	NP-C	F	I	801 Pro Dr	Ste D4	Celina	OH	39	45822	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	39	44	44	$102.23	$38.78	$25.95	$27.07
1568544054	Tepedino	Miguel	J	MD	M	I	1722 Sw Newland Way		Lake City	FL	12	32025	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	36	44	44	$113.00	$47.21	$30.73	$30.88
1568698389	Craig	Michelle	S	D.O.	F	I	2710 St. Fr	Suite 210	Waterloo	IA	19	50702	1	Metropolita	US	Family Prac	Y	69210	Removal of N	F	37	44	44	$165.55	$29.63	$16.16	$18.22
1578563243	Simkhayev	Lev	S	M.D.	M	I	3 Brunswick Woods Dr		East Bruns	NJ	34	8816	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	33	44	44	$100.00	$53.85	$37.10	$32.80
1609187871	Showmake	Jason	A	M.D.	M	I	6815 Frontage Rd		Merriam	KS	20	66204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	44	44	$89.00	$43.08	$29.70	$31.76
1609816735	Carroll	James	R	MD	M	I	2845 E High	Suite 2	Mullins	SC	45	29574	7	Small town	US	Family Prac	Y	69210	Removal of N	O	34	44	44	$90.00	$44.72	$30.76	$33.24
1609874494	Schessel	David	A	MD	M	I	2021 K St N	Suite 206	Washingto	DC	11	20006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	44	44	$150.00	$60.34	$41.74	$32.58
1619954328	Summers	Joshua		M.D.	M	I	2401 Forest Dr		Inverness	FL	12	34453	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	39	44	44	$75.00	$47.75	$37.20	$37.12
1619973328	Dudley	Robert	H	MD	M	I	2645 N Fed # 100		Delray Bea	FL	12	33483	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	34	44	44	$103.00	$46.02	$34.86	$32.37
1659302990	Alaimo	Michael	J	D.O.	M	I	80 Hempstead Ave		Malverne	NY	36	11565	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	39	44	44	$75.00	$56.73	$43.07	$34.53
1659569911	Kumar	Naveen		M.D.	M	I	120 W Calle De Las Tie		Green Valle	AZ	4	85614	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	39	44	44	$75.00	$46.12	$31.33	$31.74
1669887303	Kaufman	Michael	R	M.D.	M	I	699 Church St Ne	Ste 3	Marietta	GA	13	30060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	44	44	$117.36	$42.51	$28.06	$27.87
1689801656	Cheng	Alex	Y	M.D.	M	I	14000 Crown Ct	Ste 20	Woodbridg	VA	51	22193	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	44	44	$115.00	$47.14	$37.61	$36.79
1699822536	Nyquist	Gurston	G	M.D.	M	I	925 Chestnut St	Fl 6	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	44	44	$110.00	$36.57	$25.89	$25.74
1700102332	Patel	Neel	B	M.D.	M	I	2525 S Michigan Ave		Chicago	IL	17	60616	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	44	44	$250.14	$39.81	$28.49	$26.37
1710148283	Shadfar	Scott		MD	M	I	4509 Integris Pkwy	Ste	Edmond	OK	40	73034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	44	44	44	$93.00	$39.97	$32.01	$27.19
1710950050	Page	David	P	MD	M	I	220 S 14th St		Fernandina	FL	12	32034	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	42	44	44	$100.27	$47.88	$25.14	$24.64
1720326200	Morgan	Shavonne	F	FNP-BC	F	I	854 W Jam	Suite 403	Columbia	TN	47	38401	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	33	44	44	$124.30	$37.67	$21.78	$24.26
1750372298	Mcdonald	Jennifer	S	MD	F	I	10450 E Riggs Rd, Bldg		Sun Lakes	AZ	4	85248	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	42	44	44	$75.00	$45.77	$32.82	$33.52
1750506283	Fulmer	Susan	L	MD	F	I	990 South Ave	Ste 207	Rochester	NY	36	14620	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	44	44	$105.48	$41.86	$32.54	$33.28
1760658520	Fernandez	Rene	A	M.D.	M	I	50 Barracuda Ln		Key Largo	FL	12	33037	4	Micropolita	US	Emergency	Y	69210	Removal of N	O	35	44	44	$101.00	$54.16	$33.27	$29.12
1760725683	Carlton	Daniel	A	M.D.	M	I	2 Medical Plaza Dr	Ste	Roseville	CA	6	95661	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	44	44	$165.00	$47.85	$35.48	$33.66
1790148039	Fenlason	Matthew			M	I	132 Professional Cir		Williamsbu	VA	51	23185	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	44	44	44	$121.00	$48.12	$34.80	$34.34
1801974324	Fitzpatrick	Elaine	L	M.D.	F	I	801 William Ave		North Platt	NE	31	69101	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	42	44	44	$156.00	$42.80	$31.56	$35.09
1811938830	King	Jonathan	D	MD	M	I	157 Corley	Ste 510	Lexington	SC	45	29072	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	44	44	$152.50	$40.16	$28.05	$29.72
1851314751	Dahl	Linda	D	MD	F	I	120 E 56th	Suite 300	New York	NY	36	10022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	44	44	$173.28	$46.26	$33.61	$29.05
1851393839	Khabie	Nissim		M.D.	M	I	2211 Park Ave		Minneapoli	MN	27	55404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	44	44	$174.81	$45.98	$28.84	$29.87
1881601714	Blissenbac	Elyssa		MD PA	F	I	2065 Herschel St		Jacksonvill	FL	12	32204	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	39	44	44	$70.00	$48.29	$35.11	$34.11
1902118292	Lee	Kyoung Ho		M.D	M	I	7360 Mcginnis Ferry Rd		Johns Cree	GA	13	30024	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	31	44	44	$120.00	$47.68	$31.40	$31.46
1902854060	Coleman	John	R	MD	M	I	1720 Peacl	Ste 200	Atlanta	GA	13	30309	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	44	44	$137.00	$46.37	$36.60	$36.75
1902959331	Stern	Peter		M.D.	M	I	171 Lake St		Ramsey	NJ	34	7446	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	37	44	44	$125.00	$53.58	$40.77	$36.25
1922328962	Selinsky	Christophe	R		M	I	5193 W Broad St	Ste 1(	Columbus	OH	39	43228	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	44	44	$148.00	$46.16	$31.85	$32.61
1922453497	Shariat-Ma	Bahbak			M	I	4302 Alton Rd	Ste 115	Miami Bea	FL	12	33140	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	44	44	$116.00	$48.01	$32.50	$28.92
1932272713	Allan	William	S	MD	M	I	7821 W 38th Ave		Wheat Ridg	CO	8	80033	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	41	44	44	$75.00	$47.81	$33.70	$32.36
1962971788	Boekelheid	Philip	G	PA-C	M	I	1700 E Cesar E Chavez		Los Angele	CA	6	90033	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	40	44	44	$198.53	$44.38	$34.19	$31.18
1972505204	Lehman	Jeffrey		MD	M	I	133 Benmo	Ste 100	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	44	44	$138.00	$38.26	$27.50	$28.28
1972608933	Abrego-Ga	Jorge	H	M.D.	M	I	598 Cynwood Dr		Easton	MD	24	21601	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	35	44	44	$65.68	$49.30	$33.21	$32.11
1043325483	Majhail	Amardeep		MD	M	I	14674 W Mountain Vie		Surprise	AZ	4	85374	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	39	43	43	$91.00	$46.59	$34.62	$35.00
1043343429	Mehta	Anjali	R	MD	F	I	123 Summ	Suite 300	Worcester	MA	25	1608	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	43	43	$140.00	$48.89	$36.77	$35.41
1073692489	Pham	Josephine	D	M.D.	F	I	2307 Forest Ave		San Jose	CA	6	95128	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	41	43	43	$58.86	$57.32	$42.94	$35.59
1104110246	Mitchell	Jennifer	L	M.D.	F	I	3750 E Country Field C		Wasilla	AK	2	99654	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	40	43	43	$268.33	$56.95	$43.76	$34.85
1104363993	Johnson	Nikolene			F	I	7920 Old Cedar Ave S		Bloomingtc	MN	27	55425	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	38	43	43	$275.00	$36.43	$24.12	$26.02
1114902723	Lim	Jessica	W	M.D.	F	I	186 E 76th	Second Flo	New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	43	43	$357.00	$50.45	$39.30	$32.24
1124281464	Moeller	Carl	W	M.D.	M	I	988 Silas Deane Hwy		Wethersfie	CT	9	6109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	43	43	$180.00	$48.75	$31.89	$30.91
1144630062	Shew	Matthew	A	MD	M	I	4921 Parkv	Dept Otola	Saint Louis	MO	29	63110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	43	43	$155.00	$46.48	$33.56	$34.09
1164072393	Thomas	Madison	C	APRN	F	I	2668 Crawfordville Hw		Crawfordvi	FL	12	32327	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	41	43	43	$145.51	$39.24	$26.03	$25.99
1164458949	Badami	Maria	F	D.O., MBA,	F	I	4650 S Cleveland Ave	S	Fort Myers	FL	12	33907	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	42	43	43	$51.15	$50.42	$40.19	$37.98
1164478152	Kwartler	Jed	A	M.D.	M	I	1 Diamond Summit Me		Berkeley H	NJ	34	7922	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	43	43	$150.00	$52.90	$38.70	$34.42

1164656633	Agbetoba	Abib		M.D.	M	I	7900 Fanni	Ste 1800	Houston	TX	48	77054	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	39	43	43	$114.42	$45.63	$31.82	$30.92
1164701157	Kelley	Jonathan			M	I	1717 6th Ave	S	Birminghan	AL	1	35233	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	36	43	43	$150.00	$38.76	$29.59	$30.90
1194797290	Mac Millan	James	P	DO	M	I	406 N Poinsett	Hwy	Travelers R	SC	45	29690	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	39	43	43	$111.00	$44.71	$28.08	$30.65
1194884502	Reginato	Mark	S	M.D.	M	I	4165 Black	Suite 100	Danville	CA	6	94506	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	41	43	43	$175.00	$54.65	$37.35	$31.80
1205435393	Nocon	Allison	L	PA-C	F	I	330 Brookline	Ave Ste S	Boston	MA	25	2215	1	Metropolit	US	Physician A	Y	69210	Removal of	N	F	41	43	43	$111.53	$29.23	$20.47	$19.65
1215922687	West-Bum	Maggie	L	RPAC	F	I	400 Patroo	Suite 205	Albany	NY	36	12206	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	38	43	43	$122.09	$38.80	$27.49	$28.06
1235155318	Guerrero	Ethelwoldo	P	MD	M	I	151 E Webster	St	Colusa	CA	6	95932	7	Small town	US	Internal Me	Y	69210	Removal of	N	O	37	43	43	$198.28	$49.76	$36.85	$35.20
1235512146	Goldlist	Kady	S	M.D.	F	I	2800 E Ajo	Way	Tucson	AZ	4	85713	1	Metropolit	US	Geriatric M	Y	69210	Removal of	N	O	40	43	43	$100.00	$53.48	$41.13	$36.54
1245883446	Myer	Chet			M	I	4315 Houma	Blvd	Metairie	LA	22	70006	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	39	43	43	$80.00	$40.67	$27.08	$27.01
1255427696	Lee	Stephen	F	MD	M	I	2550 Flowc	Suite 303	Flowood	MS	28	39232	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	38	43	43	$125.00	$37.50	$28.64	$31.92
1295096832	Hawley	Benjamin		MD	M	I	310 S Hillside	St	Wichita	KS	20	67211	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	40	43	43	$69.98	$39.45	$27.25	$29.50
1306458062	Mair	Asa	A		M	I	1643 Campus	Park Dr S	Monroe	NC	37	28112	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	43	43	43	$95.00	$38.37	$24.05	$25.56
1316680820	Carver	Sarah	L	PA-C	F	I	42nd And	Emile	Omaha	NE	31	68198	1	Metropolit	US	Physician A	Y	69210	Removal of	N	F	38	43	43	$120.00	$25.10	$19.52	$21.65
1316904253	Goll	Frederick		M.D.	M	I	3195 Saint	Suite 210	Henderson	NV	32	89052	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	36	43	43	$99.42	$46.31	$30.98	$30.05
1326019613	Adam	Jeffery	S	MD	M	I	31 S Stanfi	Ste 304	Troy	OH	39	45373	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	32	43	43	$108.00	$46.63	$32.10	$32.93
1326514324	Reed	Nicole	C	PA	F	I	2051 W Chandler	Blvd	Chandler	AZ	4	85224	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	43	43	43	$110.33	$39.26	$30.88	$31.87
1336164235	Pearl	Sheryl	A	M.D.	F	I	45 Main St	Suite 408	Brooklyn	NY	36	11201	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	41	43	43	$87.67	$59.58	$47.56	$37.98
1336319656	Prufer	Neil	L	M.D.	M	I	101 Broadway	Apt 201	Brooklyn	NY	36	11249	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	36	43	43	$266.88	$49.13	$37.11	$29.15
1366064719	Welden	Eulalie	D	PA-C	F	I	1940 Stonegate	Dr Ste	Vestavia Hi	AL	1	35242	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	38	43	43	$63.45	$36.70	$24.92	$26.52
1417020595	Fryzek	Matthew	F	M.D.	M	I	201 Ridge S	Suite 202	Council Blu	IA	19	51503	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	32	43	43	$123.00	$42.40	$30.88	$33.83
1417045303	Scarboroug	Kyle	L	MD	M	I	603 S. Coni	Ste 110	Conroe	TX	48	77304	1.1	Secondary	US	Family Prac	Y	69210	Removal of	N	O	42	43	43	$121.37	$45.98	$26.67	$28.19
1417049024	Ruder	Robert	O	MD	M	I	8816 Burton Way	First I	Beverly Hill	CA	6	90211	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	41	43	43	$144.00	$47.56	$36.06	$32.68
1417103557	Weeks	David	M	M.D.	M	I	699 Churcl	Ste 340	Marietta	GA	13	30060	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	35	43	43	$114.26	$47.00	$30.90	$30.54
1417293283	Duarte	Jose	L	PA-C	M	I	9301 Wilshire	Blvd Ste	Beverly Hill	CA	6	90210	1	Metropolit	US	Physician A	Y	69210	Removal of	N	F	43	43	43	$97.00	$14.83	$11.83	$11.19
1427141209	Tverskaya	Olga	V	M.D.	F	I	1120 Park	Ave	Cranston	RI	44	2910	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	35	43	43	$60.00	$49.46	$37.81	$36.37
1427181569	Caruana	Salvatore	M	MD	M	I	180 Fort W	7th Floor	New York	NY	36	10032	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	39	43	43	$400.00	$39.89	$31.83	$26.50
1447346531	O'leary	Daniel		M.D.	M	I	50 Memori	Suite 205	Leominster	MA	25	1453	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	40	43	43	$86.25	$50.10	$31.84	$30.11
1457339996	Patterson	Matthew	C	M.D.	M	I	301 Highway	65 S	Mora	MN	27	55051	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	25	43	43	$265.05	$46.80	$32.97	$33.62
1487010393	Heath	Kelsey		NP	F	I	1401 Medical	Pkwy Ste	Cedar Park	TX	48	78613	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	40	43	43	$96.00	$38.88	$25.22	$26.64
1497930234	Gilbert	Ryan	M	M.D.	M	I	3584 W 90(	Suite 311	West Jorda	UT	49	84088	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	33	43	43	$105.05	$44.31	$29.46	$31.39
1508801044	Gianchand	Supriya	M	MD	F	I	4315 Diplo	Attn: Sherry	Anchorage	AK	2	99508	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	33	43	42	$161.66	$42.10	$31.97	$24.18
1508814740	Youkilis	Robert	A	MD	M	I	12065 Old	Suite 205	Carmel	IN	18	46032	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	43	43	43	$117.00	$40.82	$28.86	$31.78
1518901958	Sackman	Scott	M	D.O.	M	I	5201 William Penn	Hwy	Easton	PA	42	18045	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	24	43	43	$110.00	$42.97	$31.63	$32.74
1538480181	Chan	David			M	I	5841 S Maryland	Ave	Chicago	IL	17	60637	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	41	43	43	$123.79	$47.43	$33.16	$30.69
1538580600	Haralambie	Kristina		RN, FNP	F	I	800 Carter	St	Rochester	NY	36	14621	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	27	43	43	$180.00	$39.52	$26.44	$27.28
1548210081	Williams	Howard	V	MD	M	I	4060 4th A	Suite 505	San Diego	CA	6	92103	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	36	43	43	$78.00	$50.75	$33.43	$30.99
1568646842	Ulis	Jeffrey	M	MD	M	I	101 W Mckinley	Ave	Decatur	IL	17	62526	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	40	43	43	$143.16	$31.83	$24.63	$24.64
1568704146	Baker	Aaron	R	MD	M	I	2500 Metrohealth	Dr	Cleveland	OH	39	44109	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	33	43	43	$181.67	$32.32	$25.17	$25.41
1588213185	Jansma	Audrey		PA-C	F	I	601 John St	Ste M-273	Kalamazoo	MI	26	49007	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	27	43	43	$95.00	$37.59	$24.52	$25.47
1609240944	Nguyen	Anisha	R	PA-C	F	I	7200 Cambridge	St Fl 1	Houston	TX	48	77030	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	36	43	43	$205.00	$40.67	$28.56	$28.34
1619959939	Grant	James	C	MD	M	I	561 Medica	Ste A	Webster	TX	48	77598	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	33	43	43	$117.21	$49.05	$33.62	$32.68
1649242538	Malis	David	J	MD	M	I	1499 S Har	Suite 303	Melbourne	FL	12	32901	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	23	43	43	$101.43	$47.98	$35.61	$35.34
1649496464	Baxter	Ellen	L	D.O.	F	I	6005 Monc	Suite 320	Maumee	OH	39	43537	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	31	43	43	$98.00	$41.87	$28.45	$29.08
1659322758	Pawson	Shawn	R	MD	M	I	1 Blackburn	Dr	Gloucester	MA	25	1930	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	41	43	43	$150.00	$50.11	$33.50	$31.64
1669037131	Roman	Nicole	M	PA	F	I	27790 W Highway	22	Barrington	IL	17	60010	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	41	43	43	$146.00	$43.33	$34.65	$31.90
1669524658	Lloyd	Earl	E	MD	M	I	4000 W Woodway	Dr	Muncie	IN	18	47304	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	37	43	43	$100.00	$44.33	$26.77	$29.65
1679731665	Chacko	Chris	E	MD	M	I	350 W. Columbia,	Suite	Evansville	IN	18	47710	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	36	43	43	$135.00	$38.81	$29.30	$31.40
1679747307	Zandifar	Hootan		MD	M	I	8631 W 3rd	Suite 945 E	Los Angele	CA	6	90048	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	28	43	43	$150.00	$52.48	$37.95	$34.01
1710090915	Donofrio	Daniel	J	MD	M	I	130 Health Park	Blvd	Saint Augu	FL	12	32086	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	42	43	43	$80.00	$47.77	$35.14	$35.08
1720440894	Tran	Quy	T	M.D.	M	I	111 N Post	Rd	Midwest Ci	OK	40	73130	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	41	43	43	$128.00	$45.01	$31.38	$33.49
1730156282	Fields	Julie	S	MD	F	I	220 California	Dr	Yountville	CA	6	94599	7	Small town	US	Preventive	Y	69210	Removal of	N	O	40	43	43	$73.52	$52.52	$40.43	$36.64
1730409970	Hsu	Kevin		D.O.	M	I	7425 Monika Manor	Dr	Tampa	FL	12	33625	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	35	43	43	$121.00	$47.31	$35.05	$34.90
1730490012	Bergstrom	Mallorie	A	PA-C	F	I	2727 N Mayfair Rd	Ste I	Wauwatosa	WI	55	53222	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	39	43	43	$175.00	$37.37	$20.67	$23.09
1740201946	Love	Nargis	W	PA C	F	I	1959 Ne Pacific	St	Seattle	WA	53	98195	1	Metropolit	US	Physician A	Y	69210	Removal of	N	F	39	43	43	$105.70	$30.25	$15.82	$14.57
1750486874	Roller	Carrie	A	MD	F	I	217 W Cataldo	Ave Fl 3	Spokane	WA	53	99201	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	34	43	43	$120.93	$46.39	$28.98	$29.24
1770520934	Child	Todd	A	MD	M	I	2000 S 900	E	Salt Lake C	UT	49	84105	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	40	43	43	$103.49	$44.95	$26.64	$28.60
1780673095	Malta	Matthew	J	MD	M	I	132 Holida	Suite 201	Annapolis	MD	24	21401	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	36	43	43	$130.00	$51.86	$32.25	$29.66
1780673392	Lamperti	Thomas	A	MD	M	I	1101 Madis	Suite 700	Seattle	WA	53	98104	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	31	43	43	$134.60	$48.79	$31.53	$30.05
1801157854	Harris	Himena	V	ARNP	F	I	200 Hawkins	Dr	Iowa City	IA	19	52242	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	F	38	43	43	$246.30	$26.09	$14.00	$15.82
1831182542	Aploks	Bruno	I	M.D.	M	I	1729 Burrstone	Rd	New Hartfo	NY	36	13413	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	41	43	43	$142.60	$43.71	$28.26	$30.40
1851314017	Dickson	Robert	W	MD	M	I	851 Main	St	Shiloh	NJ	34	8353	4	Micropolita	US	Internal Me	Y	69210	Removal of	N	O	35	43	43	$68.00	$52.21	$33.96	$30.32
1861464422	Catz	Nitzan	D	MD	M	I	507 N Brightleaf	Blvd S	Smithfield	NC	37	27577	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	41	43	43	$139.00	$41.48	$33.10	$35.11
1871518217	Tran	Dung	M	MD	M	I	481 Pluma	Ste 202	Yuba City	CA	6	95991	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	36	43	43	$88.00	$49.74	$38.03	$36.21
1881966448	Bloomberg	Joshua	Z	DO	M	I	6301 S. Mc	Suite 201	Tempe	AZ	4	85283	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	39	43	43	$100.00	$46.21	$34.66	$35.31
1891123592	Markwell	Kyle	A	PA-C	F	I	9155 Sw Barnes Rd	Ste	Portland	OR	41	97225	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	26	43	43	$148.72	$38.87	$25.84	$25.37
1902119225	Geisler	Cortney	A	FNP-C	F	I	3219 Centr	Suite 200	Kearney	NE	31	68847	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	F	39	43	43	$103.00	$25.82	$17.89	$19.72
1902816630	Rogerson	David	R	MD	M	I	348 Budfield	Street	Johnstown	PA	42	15904	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	40	43	43	$170.00	$45.57	$34.13	$35.37
1902957400	Suer	Robert	P	M.D.	M	I	4000 W Woodway	Dr	Muncie	IN	18	47304	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	40	43	43	$100.00	$44.46	$32.06	$34.60
1952469165	Mathison	Susan	M	MD	F	I	1800 21st	Ave S	Fargo	ND	38	58103	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	29	43	43	$142.00	$41.97	$31.76	$32.76
1962701813	Johns	Georgina	A	CRNP	F	I	4303 Harbour Town	Dr	Beltsville	MD	24	20705	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	23	43	43	$87.23	$47.21	$37.65	$32.28
1972598241	Siemens	Christophe	R	MD	M	I	5020 E 68th	St	Tulsa	OK	40	74136	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	28	43	43	$88.00	$43.94	$29.34	$32.03
1972727576	Stern	Noah	A	D.O.	M	I	4160 John I	Suite 1007	Detroit	MI	26	48201	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	37	43	43	$128.07	$47.90	$36.43	$35.55
1043584485	Smith	Joshua	D	DO	M	I	1000 N Oak	Avenue	Marshfield	WI	55	54449	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	F	39	42	42	$245.55	$29.42	$20.63	$22.26
1063496941	Raj	James	L	MD	M	I	295 Wharton	Ln Ne	Norton	VA	51	24273	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	31	42	42	$96.14	$48.29	$37.59	$36.90
1073514378	Hinrichs	Catherine	A	O.D.	F	I	305 N Main	St	Ainsworth	NE	31	69210	10	Rural areas	US	Optometry	Y	99212	Establishec	N	O	34	42	42	$60.00	$52.37	$33.67	$37.21
1083837108	Becker	Samuel	S	MD	M	I	5 Plainsboro	Rd Ste 36(	Plainsboro	NJ	34	8536	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	40	42	42	$168.07	$49.13	$37.42	$33.52
1114221215	Baker	Alexandra	E	PA-C	F	I	3705 Medic	Suite 320	Austin	TX	48	78705	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	36	42	42	$155.43	$39.75	$28.58	$28.45

1134129380	Decheck	Mark	E	MD	M	I	3805b Spri	Suite 250	Racine	WI	55	53405	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	35	42	42	$90.00	$43.41	$26.11	$28.87
1134133945	Miller	Andrew	J	MD	M	I	1150 Amboy Ave		Edison	NJ	34	8837	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	38	42	42	$75.00	$53.14	$41.31	$37.01
1134630064	Luthi	Randi	A	PA-C	F	I	555 E Broadway Ave St		Jackson	WY	56	83001	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	41	42	42	$137.50	$37.31	$26.63	$26.56
1154414217	Cocks	Timothy	L	MD PA	M	I	2000 38th Ave		Vero Beach	FL	12	32960	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	31	42	42	$51.81	$50.68	$33.63	$31.65
1174552707	Mcclelland	William	A	MD	M	I	1107 Reynolds St		Monroe	NC	37	28112	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	40	42	42	$159.38	$45.42	$34.52	$35.75
1174629539	Pollack	Joshua	D	MD PC	M	I	904 Coventry Dr		Phillipsbur	NJ	34	8865	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	38	42	42	$122.12	$53.08	$34.22	$29.89
1184672594	Lustig	Lawrence	R	MD	M	I	180 Fort W	7th Floor	New York	NY	36	10032	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	40	42	42	$400.00	$57.18	$41.65	$34.61
1184703118	Fulcher	Beverly	C	MD	F	I	2550 Flowood Dr	Ste 3(	Flowood	MS	28	39232	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	38	42	42	$125.00	$42.49	$31.38	$35.15
1184763542	Wolfman	Steven	H	D.O.	M	I	9301 Golf F	Suite 302	Des Plaine	IL	17	60016	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	33	42	42	$92.88	$37.04	$25.93	$22.96
1194766204	Cirino	Robert		MD	M	I	11100 Euclid Avenue		Cleveland	OH	39	44106	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	39	42	42	$80.00	$46.82	$35.71	$35.80
1205802568	Carty	David	J	MD	M	I	15611 Pomerado Rd		Poway	CA	6	92064	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	37	42	42	$93.00	$48.94	$35.60	$33.01
1205828969	Bellingham	Daniel	D	M.D.	M	I	705 Gaither Rd		Statesville	NC	37	28625	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	37	42	42	$119.00	$38.09	$25.36	$26.21
1215991898	Richmond	Burke	S	MD	M	I	1222 Shorewood Blvd		Madison	WI	55	53705	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	35	42	42	$198.00	$30.55	$20.86	$22.93
1245327246	Dumornay	Wilson		M.D.	M	I	4101 S. Ho	Suite 14	Plantation	FL	12	33317	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	33	42	42	$153.00	$42.79	$34.14	$31.65
1265815187	Zimmerma	Zachary	A	M.D.	M	I	Beloit Clini	1905 E Hue	Beloit	WI	55	53511	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	31	42	42	$145.64	$29.79	$23.13	$25.54
1295832483	Moore	Dennis	M	MD	M	I	1875 Dem	Suite 625	Park Ridge	IL	17	60068	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	36	42	42	$193.07	$36.53	$27.74	$24.75
1306956362	Falsafi	Sassan		M.D.	M	I	911 Morag	Suite 102	Lafayette	CA	6	94549	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	35	42	42	$106.12	$52.54	$38.07	$32.37
1306962592	Chung	Duoc	U	M.D.	M	I	20 Satellite	Suite 300	Winder	GA	13	30680	2	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	37	42	42	$150.00	$41.57	$28.01	$30.30
1326417189	Wester	Lauren		PA	F	I	3800 Reservoir	Road N	Washingto	DC	11	20007	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	37	42	42	$123.00	$47.44	$30.25	$24.98
1346427861	El Ramah	Mohsen	M	M.D.	M	I	1550 N. Imperial Ave	St	El Centro	CA	6	92243	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	37	42	42	$90.00	$49.02	$33.32	$32.38
1386683217	Enders	Angela	L	P.A.-C	F	I	601 John St	Suite M273	Kalamazoo	MI	26	49007	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	32	42	42	$95.00	$39.42	$26.82	$27.69
1386957769	Patchin	Jerod		DO	M	I	301 Richland West Cir		Waco	TX	48	76712	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	40	42	42	$182.34	$45.77	$29.54	$31.19
1396123246	Burrows	Caleb	E	D.O.	M	I	2000 S Wh	Ste 900	Tulsa	OK	40	74104	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	37	42	42	$109.00	$36.76	$28.67	$31.07
1407444367	Saia	Ashley	A	FNP	F	I	100 Navarre Pl	Ste 446	South Benc	IN	18	46601	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	32	42	42	$248.33	$36.89	$27.28	$29.46
1417915786	Carey	John	P	M.D.	M	I	600 N Wolfe St		Baltimore	MD	24	21287	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	33	42	42	$177.00	$35.51	$24.96	$22.55
1437139474	Diamond	Marian	S	FNP	F	I	61 Bell Rock Plz		Sedona	AZ	4	86351	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	41	42	42	$91.00	$38.51	$23.91	$24.88
1437224755	Fazio	Shawn	E	MD	M	I	8100 Oswe	Suite 220	Liverpool	NY	36	13090	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	39	42	42	$100.00	$43.99	$32.01	$33.16
1457476129	Mardegian	Michelle	L	PA-C	F	I	19401 Hubbard Dr		Dearborn	MI	26	48126	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	39	42	42	$128.57	$29.89	$19.83	$18.65
1457507998	Maki	Ahmed		DO	M	I	50 N Perry St		Pontiac	MI	26	48342	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	37	42	42	$170.00	$51.39	$37.61	$33.95
1477714756	Coelho	Daniel	H	MD	M	I	1250 E Mar	Otolaryngo	Richmond	VA	51	23298	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	34	42	42	$221.00	$45.29	$33.40	$33.49
1487913794	Kopp	Robert	W	MD	M	I	39 Barkley Cir		Fort Myers	FL	12	33907	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	41	42	42	$166.30	$39.82	$27.44	$25.17
1497772032	Mehus	James	G	MD	M	I	600 1st St Sw		Mayville	ND	38	58257	10	Rural areas	US	Pediatric M	Y	69210	Removal of N	F	34	42	42	$43.31	$30.65	$22.62	$23.94
1508455288	Tenorio	Brianna	A	PA-C	F	I	2501 N Orange Ave	Ste	Orlando	FL	12	32804	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	42	42	42	$138.00	$39.97	$30.28	$30.36
1508867003	Evan	Karin	E	M.D.	F	I	2211 Park Ave		Minneapoli	MN	27	55404	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	35	42	42	$161.00	$45.79	$29.42	$30.61
1558309690	Sheppert	Andrew		MD	M	I	700 Ne 87th Ave		Vancouver	WA	53	98664	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	42	42	42	$151.18	$46.38	$32.71	$33.44
1558456632	Wyant	Mark		MD	M	I	7151 Marsh Rd	Ste 150	Indianapoli	IN	18	46278	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	36	42	42	$83.00	$38.31	$24.56	$28.91
1558622191	Latshaw	Michael		MD	M	I	985 9th Ave Sw	Ste 101	Bessemer	AL	1	35022	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	39	42	42	$92.00	$42.58	$34.04	$37.03
1568102036	Gonzalez	Mayra	L	FNP	F	I	1200 N Bedell Ave		Del Rio	TX	48	78840	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	31	42	42	$100.00	$38.09	$28.86	$30.45
1568756070	Koroma-Ne	Mariatu		M.D.	F	I	3440 S Jefferson St		Falls Churc	VA	51	22041	1	Metropolit	US	Geriatric M	Y	69210	Removal of N	F	33	42	42	$107.33	$37.84	$28.52	$24.76
1568825834	Leonhard	Lucas	G	M.D.	M	I	600 Highland Ave		Madison	WI	55	53792	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	38	42	42	$275.00	$43.40	$32.49	$35.00
1578583647	Stiefel	Marc	A	M.D.	M	I	599 W Stat	Suite 201	Doylestow	PA	42	18901	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	42	42	42	$105.00	$49.26	$32.82	$30.60
1588658843	Rhee	Thomas	H	MD	M	I	8703 Stone	Suite 1b	Manassas	VA	51	20110	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	35	42	42	$75.00	$47.45	$35.37	$35.56
1609202308	Aldahhan	Nadine		DO	F	I	3 Harbor Dr	Ste 111	Sausalito	CA	6	94965	1	Metropolit	US	Emergency	Y	69210	Removal of N	O	39	42	42	$261.00	$53.41	$31.26	$27.98
1609263276	Libman	Matthew	K	D.O.	M	I	5 Dow Jones Ave		Nashua	NH	33	3062	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	38	42	42	$103.33	$32.40	$21.49	$21.07
1619915832	Perry	Brian	P	M.D.	M	I	903 W Martin St		San Antoni	TX	48	78207	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	40	42	42	$120.43	$40.78	$29.90	$31.48
1639495690	Hoekman	Peter	K	M.D.	M	I	577 Michig	Suite 101	Holland	MI	26	49423	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	37	42	42	$33.00	$31.23	$19.33	$19.93
1649389305	Juhlin	Nancy	R	MD	F	I	310 6th St Ne		Auburn	WA	53	98002	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	40	42	42	$117.00	$45.78	$33.06	$33.24
1659590883	Doyle	Carmen	O	PA-C	F	I	1500 San Pablo St		Los Angele	CA	6	90033	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	41	42	42	$125.00	$44.31	$33.60	$30.36
1669641304	Cureoglu	Sebahattin		M.D.	M	I	701 25th A	Suite 200	Minneapoli	MN	27	55454	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	34	42	42	$161.14	$43.85	$30.90	$32.70
1730189820	Wangstrom	Neil	W	M.D.	M	I	304 Detroit St		La Porte	IN	18	46350	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	32	42	42	$195.05	$40.72	$30.79	$33.65
1750048393	Steensma	Dakota			M	I	1310 W 22nd St		Sioux Falls	SD	46	57105	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	F	39	42	42	$41.00	$26.41	$20.54	$21.61
1770558462	Fox	Mary	C	MD	F	I	1111 Delaf	Suite1	Waukesha	WI	55	53188	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	34	42	42	$287.00	$39.20	$24.59	$27.01
1780915777	Baxter	Jana	E	RN, MSN, C	F	I	222 S Cedar Ridge Dr		Duncanvill	TX	48	75116	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	36	42	42	$55.00	$40.66	$27.64	$27.16
1790166130	Bauer	Eric	L	M.D.	M	I	1222 S Patterson Blvd	S	Dayton	OH	39	45402	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	41	42	42	$80.00	$35.77	$25.45	$26.38
1790215994	Binkley	Mitchell		MD	M	I	1345 W Central Park A		Davenport	IA	19	52804	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	39	42	42	$179.54	$41.87	$30.07	$32.97
1790814051	French	James	C	M.D.	M	I	460 Northside Cheroke		Canton	GA	13	30115	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	38	42	42	$155.00	$43.92	$33.33	$33.08
1790931707	Defatta	Rima	A	M.D.	F	I	1490 Rivers Edge Trl		Altoona	WI	55	54720	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	31	42	42	$190.00	$43.35	$30.32	$34.11
1801259924	Davison	Wesley	L	M.D.	M	I	9020 5th Ave	Fl 3	Brooklyn	NY	36	11209	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	39	42	42	$258.86	$47.51	$36.52	$29.14
1811284714	Woloszyn	Tomasz	B	MD	M	I	2223 W Sta	Ste 110	Olean	NY	36	14760	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	38	42	42	$95.00	$46.13	$34.15	$35.40
1811489743	Roman	Karli	L	APRN	F	I	200 1st St Sw		Rochester	MN	27	55905	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	40	42	42	$180.32	$35.10	$22.47	$23.44
1811901309	Gupta	Neelum		M.D.	F	I	1695 W 12	Suite 200	Berkley	MI	26	48072	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	37	42	42	$110.00	$50.34	$37.58	$34.47
1841462611	Schuler	Amy	E	CRNP	F	I	1411 Madis	Suite 2b	Glen Burnie	MD	24	21061	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	30	42	42	$65.00	$44.02	$34.27	$31.51
1851316871	Balthazor	Brenda	K	PA	F	I	512 S 28th Ave		Wausau	WI	55	54401	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	38	42	42	$275.00	$36.40	$24.77	$27.01
1881202380	Dorgan	Julie	A		F	I	41 Mall Rd		Burlington	MA	25	1805	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	F	41	42	42	$132.10	$29.92	$23.85	$22.38
1891089850	Johnson	Nathan	D	M.D.	M	I	2211 Park Ave		Minneapoli	MN	27	55404	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	36	42	42	$161.00	$46.28	$31.06	$32.27
1891833612	Wroblewsk	Thomas	A	MD	M	I	401 N Wall St	Ste 102	Kankakee	IL	17	60901	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	34	42	42	$100.00	$46.97	$28.66	$29.30
1932183027	Avila	Jose	A	MD	M	I	1700 S Tamiami Trl		Sarasota	FL	12	34239	1	Metropolit	US	Emergency	Y	69210	Removal of N	O	37	42	42	$166.99	$48.04	$34.69	$34.37
1952920324	Schieffler	Kirstie	R	PA	F	I	1111 Medical Center B		Marrero	LA	22	70072	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	33	42	42	$94.50	$37.74	$28.55	$28.45
1962499574	Anderson	Blake	L	MD PHD	M	I	9001 S 101st East Ave	S	Tulsa	OK	40	74133	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	30	42	42	$103.00	$43.33	$27.90	$30.11
1962667477	Wood	William	A	M.D.	M	I	3 W Olive St		Scranton	PA	42	18508	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	40	42	42	$147.57	$33.18	$22.41	$21.94
1972980928	Larson	Stephen		M.D.	M	I	1120 15th St		Augusta	GA	13	30912	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	39	42	42	$141.00	$44.80	$31.14	$33.07
1982681680	Lovelace	Oscar	F	MD	M	I	600 N Wheeler Ave		Prosperity	SC	45	29127	2	Metropolit	US	Family Prac	Y	69210	Removal of N	O	37	42	42	$85.00	$38.39	$25.13	$27.81
1982803540	Soni	Rakesh		MD	M	I	Oakwood A	33155 Ann	Wayne	MI	26	48184	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	39	42	42	$89.66	$49.82	$34.56	$33.06
1013901925	Culp	Steven	M	MD	M	I	1025 W Me	Suite 200	Lancaster	SC	45	29720	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	38	41	41	$48.00	$44.80	$29.34	$31.78
1023069796	Lockard	Gretchen	D	M.D.	F	I	13911 St Francis Blvd	S	Midlothian	VA	51	23114	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	35	41	41	$80.24	$48.04	$34.16	$33.33
1063697027	Toshkoff	Radoslav		DO	M	I	175 Memor	Suite 1-2	New Roche	NY	36	10801	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	32	41	41	$135.00	$58.86	$42.29	$33.81
1073143178	Key	Jessica	R	APRN	F	I	5147 N 9th Ave	Ste 325	Pensacola	FL	12	32504	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	35	41	41	$129.00	$39.84	$28.08	$28.81

1073981593	Seery	Megan	M	CRNP	F	I	1 Union St Ste 203	Robbinsvill	NJ	34	8691	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	38	41	41	$170.37	$43.84	$31.82	$28.95
1083731947	Dominguia	Raul	P	MD	M	I	21 Ne Romance Hill Rd	Belfair	WA	53	98528	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	33	41	41	$135.32	$44.73	$28.47	$28.58
1083862627	Scoco	Maryjane	E	A.N.P.	F	I	710 Stockbridge Rd	Lee	MA	25	1238	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	31	41	41	$75.00	$41.99	$32.66	$31.49
1093769812	Molony	Timothy	B	MD	M	I	1514 Jefferson Hwy	New Orlear	LA	22	70121	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	37	41	41	$105.00	$30.43	$21.78	$21.04
1104345578	Harbison	Sara	J	MS, APRN-(	F	I	915 Olentangy River Rc	Columbus	OH	39	43212	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	39	41	41	$165.00	$40.00	$26.64	$27.00
1104397793	Coats	Breona		APRN	F	I	3625 University Blvd S	Jacksonvill	FL	12	32216	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	41	41	$139.00	$40.71	$27.99	$27.87
1104550433	Watson	Katherine	P	FNP	F	I	3450 Mayland Ct	Henrico	VA	51	23233	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	41	41	41	$90.00	$39.67	$31.61	$31.50
1114331972	Shady	Aaron			M	I	1601 Creekside Loop	Yakima	WA	53	98902	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	41	41	$103.78	$32.57	$21.11	$21.56
1114357993	Bachmann	Nicole			F	I	760 Chessie Crossing \	Woodbine	MD	24	21797	2.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	33	41	41	$50.00	$43.84	$34.97	$32.28
1114908829	Villarreal	Alfredo	D	PA-C	M	I	8300 Floyd Curl Dr	San Antoni	TX	48	78229	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	22	41	41	$96.00	$27.05	$19.30	$20.12
1114948353	Taghizadeh	Farhan		MD	M	I	4602 N 16t Fl 3	Phoenix	AZ	4	85016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	41	41	$121.00	$39.04	$28.80	$29.66
1124010095	Koonce	William	C	MD	M	I	219 Nogale Ste B	Santa Barb	CA	6	93105	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	41	41	$57.14	$49.10	$36.35	$35.27
1134753080	Sarzynski	Marta		APRN	F	I	55 Chestnut St	Norwalk	CT	9	6854	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	39	41	41	$125.00	$43.90	$29.05	$26.69
1174726541	Hopfenspir	Michael	T	MD	M	I	675 Water St	Excelsior	MN	27	55331	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	41	41	$103.00	$31.39	$20.74	$22.14
1194114884	Moritz	Megan	L	PA-C	F	I	5020 E 68th St	Tulsa	OK	40	74136	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	34	41	41	$88.00	$37.90	$22.52	$24.84
1194251066	Bauschard	Michael	J	M.D., M.S.	M	I	Anmed Hea	800 N. Fant	Anderson	SC	45	29621	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	41	41	$127.44	$43.89	$34.97	$37.52
1215128996	Johnson	Freedom		M.D.	M	I	15299 Bagley Rd Ste 3(	Cleveland	OH	39	44130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	41	41	$141.46	$42.73	$33.89	$35.01
1215165071	Manion	Kristina	M	D.O.	F	I	4055 Cascade Rd Se	Grand Rapi	MI	26	49546	1	Metropolita	US	Ophthalmc	Y	69210	Removal of N	F	37	41	41	$94.80	$30.07	$21.54	$22.98
1225003932	Kass	Edward	G	MD	M	I	1111 Delaf Suite 102	Waukesha	WI	55	53188	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	41	41	$285.68	$42.79	$29.94	$32.53
1225271018	Vandeusen	Mark	B	M.D.	M	I	3180 N Point Pkwy Ste	Alpharetta	GA	13	30005	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	41	41	$186.59	$46.98	$33.34	$33.47
1235120130	Ziaee	Emily	E	M.D.	F	I	10004 Ken	Ste 183b	St Louis	MO	29	63128	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	41	41	$106.92	$46.48	$32.18	$32.72
1245202175	Shvidler	Joseph		M.D.	M	I	4545 Point Fosdick Dr I	Gig Harbor	WA	53	98335	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	41	41	$117.00	$47.76	$26.92	$27.00
1265030209	Watson	Laura	J	FNP	F	I	1648 Gentry Memorial	Easley	SC	45	29640	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	41	41	$70.00	$37.98	$28.81	$30.84
1265543599	Goldwyn	Benzion	G	M.D.	M	I	2725 Capit Suite 404	Sacrament	CA	6	95816	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	41	41	$161.00	$47.57	$36.12	$33.81
1285035576	Westrin	David			M	I	235 N Pear	Good Sam	Brockton	MA	25	2301	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	22	41	41	$102.00	$30.35	$23.03	$21.02
1285639419	Sorce	James	J	MD	M	I	801 Steve Hawkins Pkv	Marble Fall	TX	48	78654	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	40	41	41	$141.78	$45.27	$33.47	$34.91
1285776930	Hurst	Derrick	G	DO	M	I	6615 Delmonico Dr	Colorado S	CO	8	80919	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	35	41	41	$102.88	$44.77	$31.89	$31.50
1306224530	Prze	Christophe	T	MD	M	I	301 University Blvd	Galveston	TX	48	77555	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	41	41	$128.85	$44.94	$30.63	$33.01
1306485875	Hughes	Brianna	S	PAC	F	I	11125 Jones Bridge Rd	Alpharetta	GA	13	30022	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	38	41	41	$122.55	$39.35	$30.57	$30.71
1306801469	Lalakea	Mary	L	MD	F	I	751 S Basc	Ent Depart	San Jose	CA	6	95128	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	39	41	41	$355.46	$36.60	$27.12	$23.75
1306886304	Martelli	Michael		D.O.	M	I	275 N El Cielo Rd Ste D	Palm Sprin	CA	6	92262	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	21	41	41	$103.34	$51.37	$40.43	$37.43
1316038698	Rajani	Rajeev		M.D.	M	I	6615 Hillw	Suite 200	Naples	FL	12	34112	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	38	41	41	$81.98	$50.06	$32.82	$30.32
1316918360	Millman	Brad		MD	M	I	777 Townsl	Suite 200	Yardley	PA	42	19067	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	41	41	$110.00	$49.99	$35.91	$34.51
1336141746	Ficho	Thomas		M.D., PH.D	M	I	2501 Com	Suite 110	Glenview	IL	17	60026	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	39	41	41	$96.00	$51.97	$40.24	$36.25
1336192566	Scheuller	Michael	C	M.D.	M	I	4403 Harris	Ste 2645	Ogden	UT	49	84403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	41	41	$103.54	$43.78	$30.47	$32.27
1336195023	Sewall	Gregory	K	MD	M	I	512 S 28th Ave		Wausau	WI	55	54401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	41	41	$275.00	$42.21	$31.05	$33.61
1336267236	Tamura	Thomas		MD	M	I	2315 W 57th St		Sioux Falls	SD	46	57108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	41	41	$173.89	$44.34	$25.43	$26.93
1366598898	Colaco	Andre	S	MD	M	I	116 Defense Hwy Ste 4	Annapolis	MD	24	21401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	37	41	41	$140.00	$51.85	$34.23	$31.50
1366649931	Zimmerma	David	W	M.D.	M	I	131 Rinehart Way	Aiken	SC	45	29803	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	37	41	41	$150.00	$44.79	$29.10	$31.55
1366798670	Garlough	Michele	C	CNP	F	I	1107 S Main St Ste 300	Bowling Gr	OH	39	43402	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	40	41	41	$90.00	$43.11	$31.02	$28.74
1376561027	Kellogg	Cheryl	L	M.D.	F	I	30131 Tow	Suite 204	Laguna Nig	CA	6	92677	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	37	41	41	$80.00	$52.38	$39.85	$36.07
1386076859	Huston	Erin	R	DO	F	I	101 E W T	Harris Blvd	Charlotte	NC	37	28262	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	F	30	41	41	$180.00	$32.47	$23.74	$24.11
1386694354	Kenny	Thomas	J	M.D.	M	I	101 Tower I	Suite 120	Dakota Dur	SD	46	57049	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	41	41	$121.00	$44.25	$32.29	$34.15
1396968038	Arora	Pawan	K	MD	M	I	310 Pine Grove Comm	York	PA	42	17403	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	36	41	41	$60.00	$46.21	$34.16	$35.33
1407118649	Best	Amy		MD	F	I	1400 N Ritter Ave Ste 2	Indianapoli	IN	18	46219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	41	41	$118.00	$42.31	$27.70	$30.79
1407337488	Horner	Lisa	M	ARNP	F	I	701 10th St Se		Cedar Rapi	IA	19	52403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	39	41	41	$110.29	$37.34	$24.25	$26.48
1407854151	Smith	Melanie	H	M.D.	F	I	4020 Richa	Suite B	North Little	AR	5	72117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	41	41	$82.00	$42.64	$28.98	$33.19
1427091560	Bechtel	David	S	MD	M	I	703 E Main St		Moorestow	NJ	34	8057	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	41	41	41	$106.00	$52.46	$35.46	$32.08
1447265228	Kurish	David	R	MD	M	I	29 Hospita	Suite 1200	Sharon	CT	9	6069	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	36	41	41	$52.00	$47.29	$31.57	$32.29
1447785407	Timen	Micah			M	I	9500 Euclid Ave		Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	41	41	$352.98	$30.17	$22.46	$22.20
1457317232	Arizmendi	Alejandro		MD	M	I	12002 Ban	111	Helotes	TX	48	78023	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	35	41	41	$125.00	$45.08	$29.63	$31.35
1457345993	Brownlee	Stephen	M	MD	M	I	5020 E 68th St		Tulsa	OK	40	74136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	41	41	$88.00	$44.51	$26.00	$28.81
1467815829	Fechtner	Linnea	C	M.D.	F	I	1901 Floyd St		Sarasota	FL	12	34239	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	41	41	$102.76	$45.75	$32.77	$31.98
1477986719	Roberts	Verona	D	CRNP	F	I	1918 W Front St		Berwick	PA	42	18603	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	32	41	41	$171.83	$39.82	$24.16	$24.78
1487757779	Chase	Robert	A	M.D.	M	I	4300 Golde	Suite D	Placerville	CA	6	95667	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	41	41	41	$92.00	$33.01	$24.43	$23.75
1497731806	Peters	John	H	M.D.	M	I	10535 Hos	Sacrament	Mather	CA	6	95655	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	40	41	41	$73.52	$52.79	$33.67	$29.92
1518372382	Mitts	Kyle		D.O.	M	I	7502 State Rd Ste 440(	Cincinnati	OH	39	45255	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	41	41	$86.00	$45.10	$33.12	$33.69
1528004520	Pelczar	Brian	T	M.D.	M	I	2900 12th /	Suite 350w	Billings	MT	30	59101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	41	41	$81.00	$46.63	$30.28	$29.70
1538129754	Mcpherson	David	P	M.D.	M	I	1953 Carro	Post Office	Hillsville	VA	51	24343	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	36	41	41	$103.10	$45.79	$33.73	$33.84
1538153465	Salazar	William	R	MD CH	M	I	2400 Harbo	Ste 1	Port Charlo	FL	12	33952	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	38	41	41	$120.00	$48.37	$37.04	$36.35
1538780416	Murphy	Briana	E	PA	F	I	330 Brookline Ave Ste S	Boston	MA	25	2215	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	38	41	41	$111.66	$30.26	$22.94	$21.29
1548240682	Jackson	Penelope	A	M.D.	F	I	2005 Rockview Drive		Granbury	TX	48	76049	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	31	41	41	$218.54	$45.54	$32.70	$34.47
1568401255	Welsh	William	D	D.O.	M	I	7624 Paintr	#100	Whittier	CA	6	90602	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	37	41	41	$95.00	$51.79	$36.59	$33.22
1578574703	Achey	Michael	D	MD	M	I	152 Dean St		Taunton	MA	25	2780	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	40	41	41	$113.51	$46.59	$27.57	$26.49
1588652168	Diaz-Reyes	Gustavo		MD	M	I	4100 Evere	Suite 400	Kyle	TX	48	78640	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	41	41	$96.00	$45.65	$28.10	$29.90
1598015265	Pascual-Ma	Jeamarie		M.D.	F	I	29 Calle W	Ashford Me	San Juan	PR	72	907	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	41	41	$60.00	$40.56	$29.24	$28.89
1609095918	Suurna	Maria	V	MD	F	I	1400 Nw 12th Ave		Miami	FL	12	33136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	41	41	$271.51	$53.17	$30.68	$25.07
1619018884	Nossoughi	Akbar	A	M.D.	M	I	152 Lafayette Ave		Suffern	NY	36	10901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	41	41	$60.19	$39.15	$31.24	$24.09
1619047842	Netzer	Harold	R	M.D.	M	I	3-3420 Kuh	Suite B	Lihue	HI	15	96766	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	41	41	$128.00	$51.45	$19.94	$18.18
1639478431	Clark	James	H	MB, BCH, B	M	I	4940 Eastern Ave		Baltimore	MD	24	21224	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	32	41	41	$181.32	$35.36	$25.52	$23.10
1649433608	Nelson	Jeffrey	J	MD	M	I	701 E Rosser Ave		Bismarck	ND	38	58501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	33	41	41	$41.00	$29.99	$18.85	$19.71
1649434135	Isaacs	Seth	J	M.D.	M	I	3219 Clifto	Ste 220	Cincinnati	OH	39	45220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	41	41	$132.00	$46.76	$31.06	$31.80
1659853901	Mohr	Kristen			F	I	7625 Mesa College Dr	San Diego	CA	6	92111	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	40	41	41	$104.00	$39.72	$31.64	$29.13
1669065942	Ray	Carey	M	PA-C	F	I	1460 Oakcrest Dr Apt 1	Columbia	SC	45	29223	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	40	41	41	$87.01	$37.79	$30.11	$31.89
1740627918	Kim	Matthew	H	MD	M	I	19 Bradhurst Ave Ste 3(	Hawthorne	NY	36	10532	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	41	41	$194.00	$57.69	$46.17	$36.59
1770025603	Henry	John	C	FNP	M	I	1010 W Clay Street		Danville	IL	17	61832	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	37	41	41	$151.00	$39.15	$25.14	$26.41
1780026641	Mcdonald	Elizabeth		PA-C	F	I	100 Tradec Suite 750		Woburn	MA	25	1801	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	41	41	41	$143.41	$43.70	$33.08	$29.53

1780131961	Ie	Sophia	P	PA-C	F	I	701 Hewitt Blvd	Red Wing	MN	27	55066	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	35	41	41	$44.54	$26.99	$17.93	$18.83
1811151558	Darley	David	S	MD	M	I	1055 N 300	Suite 401	Provo	UT	49	84604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	41	41	$88.00	$44.42	$33.90	$35.07
1821062951	Harris	James	M	MD	M	I	906 Wb Mclean Blvd		Cape Carte	NC	37	28584	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	35	41	41	$96.59	$43.25	$26.09	$27.44
1821431594	Schoppy	David	W	MD, PHD	M	I	3288 Moanalua Rd		Honolulu	HI	15	96819	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	41	41	$109.70	$39.71	$29.95	$28.53
1831148352	Schackel	Gregory	M	M.D.	M	I	1 Mercado	Suite 205	Durango	CO	8	81301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	41	41	41	$148.45	$45.33	$32.33	$31.50
1831739580	Farishta	Farzana		PA-C	F	I	7847 Youree Dr		Shreveport	LA	22	71105	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	37	41	41	$105.00	$38.91	$28.22	$29.55
1851023188	Robenolt	Rachel	L	PA-C	F	I	25 Lystra Rogers Dr		Lewisburg	PA	42	17837	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	40	41	41	$162.20	$37.60	$28.69	$29.87
1851591648	Mcintyre	John	B	MD	M	I	5751 Edwards Ranch R		Fort Worth	TX	48	76109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	41	41	$154.17	$46.84	$34.74	$34.83
1851990170	Giordano	Jessica	M		F	I	201 Penn Valley Ter		Yardley	PA	42	19067	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	39	41	41	$109.00	$29.44	$21.77	$20.60
1871553008	Dakin	Kim	L	M.D.	F	I	1270 Attak	Suite 201	Opelousas	LA	22	70570	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	41	41	$95.00	$44.64	$27.59	$28.72
1881007250	Temmerma	David	A	DO	M	I	620 North Broad Street		Woodbury	NJ	34	8096	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	41	41	$154.00	$51.20	$30.75	$28.33
1881237055	Chang	Ryan		PA-C	M	I	13555 W Mcdowell Rd		Goodyear	AZ	4	85395	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	37	41	41	$280.92	$35.55	$26.81	$28.61
1922387091	Sullivan	Tollin	K	M.D.	M	I	2510 Airpark Dr Ste 20		Redding	CA	6	96001	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	39	41	41	$69.51	$48.77	$31.70	$30.46
1932855970	Edwards	Lavonne		PA	F	I	131 Main St		Prince Fred	MD	24	20678	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	35	41	41	$115.00	$43.81	$33.54	$31.01
1942897491	Feist	Shannon		NP	F	I	222 N 7th St		Bismarck	ND	38	58501	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	41	41	$65.00	$38.55	$28.31	$29.08
1972576593	Walls	Kelvin	L	M.D.	M	I	4880 Nw Goodview Cir		Lees Summ	MO	29	64064	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	41	41	$89.00	$43.41	$32.85	$34.41
1982791703	Cederberg	Christophe	A	M.D.	M	I	1500 S 48th	Suite 200	Lincoln	NE	31	68506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	41	41	$95.00	$38.83	$26.50	$29.49
1003851965	Kaviani	Kian		MD	M	I	10215 Fern	Suite 315	Bethesda	MD	24	20817	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	37	40	40	$86.00	$51.50	$38.52	$32.29
1013975259	Barakat	Suheil	I	M.D.	M	I	915 13th Ave N		Clinton	IA	19	52732	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	34	40	40	$168.00	$43.44	$30.68	$33.14
1043343205	Sanchez	Gabriela		MD	F	I	600 Broadway	Ste 200	Seattle	WA	53	98122	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	40	40	$142.00	$50.62	$32.77	$28.49
1043444516	Anderson	Peter	C	M.D.	M	I	3584 W 90(	Ste. 311	West Jorda	UT	49	84088	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	40	40	$105.06	$42.73	$30.58	$33.96
1063778363	Schrage	Carly	J	MD	F	I	85 Spring St		Laconia	NH	33	3246	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	40	40	$151.28	$39.98	$25.37	$23.78
1073806378	Radabaugh	Jeffrey	P	MD	M	I	836 Prudential Dr Ste 1		Jacksonvill	FL	12	32207	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	40	40	$106.00	$40.75	$28.51	$31.31
1093821399	Meyer	Ted		MD	M	I	171 Ashley Ave		Charleston	SC	45	29425	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	38	40	40	$138.85	$30.25	$19.89	$21.21
1104948702	Rowand	Mark		MD	M	I	1010 Blymire Rd		Dallastown	PA	42	17313	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	35	40	40	$75.00	$45.92	$28.32	$29.36
1114906013	Wilkinson	Eric	P	MD	M	I	1209 N Summerbrook A		Meridian	ID	16	83642	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	33	40	40	$137.60	$43.19	$29.85	$33.55
1114942018	Thomason	Timothy		MD	M	I	2021 N Mac	Ste 225	Irving	TX	48	75061	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	40	40	$99.42	$42.29	$30.85	$30.88
1134319783	Ruiz	Jose	L	M.D.	M	I	4301 Sun N Lake Blvd S		Sebring	FL	12	33872	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	35	40	40	$129.63	$33.60	$26.82	$25.99
1164457081	Lacey	James	P	MD	M	I	1223 Gateway Dr Ste 1		Melbourne	FL	12	32901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	40	40	$103.00	$46.31	$29.54	$29.25
1184629099	Pickens	John	P	M.D.	M	I	80 Doctors Dr Ste 2		Henderson	NC	37	28792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	39	40	40	$142.98	$31.87	$19.66	$20.33
1205816550	Brown	James	M	DO	M	I	10696 Se Us Highway 4		Belleview	FL	12	34420	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	36	40	40	$170.00	$48.40	$31.75	$31.15
1205840741	Tsai	Jane		M.D.	F	I	3000 Q St		Sacrament	CA	6	95816	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	35	40	40	$178.00	$49.95	$31.97	$30.38
1215008545	Wettreich	Herbert	L	MD	M	I	140 Gateway Blvd		Mooresville	NC	37	28117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	40	40	$119.00	$43.48	$29.84	$30.91
1215253232	Buniel	Maria	C	M.D.	F	I	801 N 29th St		Billings	MT	30	59101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	27	40	40	$99.25	$32.31	$23.77	$23.69
1225119621	Peterson	Brian	J	PAC	M	I	1730 Alpine Blvd Ste 1(		Alpine	CA	6	91901	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	34	40	40	$75.00	$43.60	$31.24	$29.05
1235355637	Cheung-Ph	Esther	J	M.D.	F	I	6611 River Place Blvd #		Austin	TX	48	78730	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	40	40	$98.00	$41.38	$31.25	$31.03
1245242239	Becker	Marie	O	M.D.	F	I	1405 Cente	Suite 5400	Tallahasse	FL	12	32308	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	40	40	$142.45	$43.18	$32.23	$33.51
1245280007	Saran	Ferdinant		MD	M	I	1510 S Central Ave	Ste	Glendale	CA	6	91204	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	38	40	40	$65.00	$49.81	$39.08	$35.43
1255494092	Medina	Tyrone	J	MD	M	I	400 8th St N		Naples	FL	12	34102	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	39	40	40	$102.30	$50.69	$35.48	$33.31
1265407266	Mazumdar	Sumita	S	M.D.	F	I	375 Hooker Ave		Poughkeep	NY	36	12603	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	35	40	40	$100.00	$51.63	$41.19	$38.22
1265936512	Schwartz	Nofrat		MD	F	I	47 College St	Ste 216	New Haven	CT	9	6510	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	40	40	$285.00	$51.04	$37.93	$34.81
1285248492	Coelho	Katelyn	S	PA	F	I	1493 Cambridge St		Cambridge	MA	25	2139	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	35	40	40	$323.48	$40.46	$28.98	$28.25
1285970830	Green	Stephen	T	M.D.	M	I	1111 Medical Center B		Marrero	LA	22	70072	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	40	40	$99.00	$47.82	$36.99	$36.83
1295063170	Honeycutt	Angela	D	FNP-C	F	I	760 Town Center Dr Ste		Waynesbor	VA	51	22980	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	37	40	40	$96.00	$40.85	$27.70	$27.41
1295755114	Emmons	Cheryl	L	MD	F	I	1100 S 42n	Suite B	Mount Vern	IL	17	62864	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	33	40	40	$110.00	$46.37	$36.61	$37.13
1316162704	Mayes	Russell	W	D.O.	M	I	730 N Colle	Suite B	Twin Falls	ID	16	83301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	34	40	40	$66.00	$30.21	$22.33	$24.24
1326467812	Weaver	Tyler	S	M.D.	M	I	1508 Division St	Ste 11	Oregon Cit	OR	41	97045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	40	40	$147.00	$47.94	$32.38	$31.80
1326483504	Teng	Stephanie		M.D.	F	I	550 1st Ave		New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	40	40	$109.00	$34.25	$25.16	$23.36
1336765437	Felver	Alyssa	L		F	I	710 Stockbridge Rd		Lee	MA	25	1238	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	39	40	40	$75.00	$41.88	$30.83	$29.86
1346289394	Earl	Natalie	A	M.D.	F	I	5454 Wisc	Suite 1535	Chevy Cha	MD	24	20815	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	40	40	$115.00	$52.31	$39.53	$33.23
1346504271	Caten	Alexander	J	M.D.	M	I	750 N Syringa St	Ste 20	Post Falls	ID	16	83854	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	39	40	40	$94.48	$29.42	$22.30	$24.99
1346655834	Freeman	Katherine		FNP-C	F	I	945 82nd Pkwy		Myrtle Bea	SC	45	29572	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	33	40	40	$181.00	$37.97	$27.00	$29.10
1356365407	Brown	Matthew			M	I	101 Page S	St Luke's H	New Bedfo	MA	25	2740	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	39	40	40	$218.50	$42.15	$22.96	$22.08
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99309	Follow-up r	N	O	11	40	40	$146.00	$72.22	$55.25	$58.01
1366493165	Dinges	David	L	M.D.	M	I	1436 Chattanooga Ave		Dalton	GA	13	30720	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	40	40	$140.64	$38.50	$28.40	$29.95
1376286419	Torrez Mon	Jorge			M	I	6355 Walker Ln Ste 41		Alexandria	VA	51	22310	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	39	40	40	$159.38	$45.29	$35.13	$30.26
1396060232	Gainor	Danielle	L	M.D.	F	I	550 Peacht	9th Floor, M	Atlanta	GA	13	30308	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	40	40	$150.00	$43.23	$33.64	$35.90
1407238371	Liffrig	Jacquelyn	A	RN, BSN, FI	F	I	437 3rd Ave Se		Garrison	ND	38	58540	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	31	40	40	$134.67	$39.21	$28.89	$29.57
1417994013	Gandhi	Bhavesh	R	MD	M	I	1051 Essington Rd	Ste	Joliet	IL	17	60435	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	36	40	40	$135.05	$50.52	$38.26	$35.61
1487605382	Vogan	Jonathan	C	M.D.	M	I	3075 South	Suite 102	Orchard Pa	NY	36	14127	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	40	40	$160.00	$46.13	$32.73	$34.02
1487882353	Prasad	Kumar	G	MD	M	I	9411 N Oal	Suite 202	Kansas Cit	MO	29	64155	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	40	40	40	$107.00	$43.91	$30.45	$33.58
1497994966	Clarke	Hannah	G	RD, LDN, P/	F	I	110 Charlois Blvd		Winston Sa	NC	37	27103	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	29	40	40	$126.85	$27.21	$16.93	$17.73
1528507282	Crawford	Jamie	L	FNP	F	I	240 N Wickham Rd	Ste	Melbourne	FL	12	32935	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	34	40	40	$104.43	$40.72	$23.57	$23.03
1538249016	Smith	Jacob	E	M.D.	M	I	960 E Waln	Suite 102	Springfield	MO	29	65807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	40	40	$144.00	$41.17	$26.68	$29.67
1538642715	Kable	Brittany	J	CRNP	F	I	651 Colliers Way	Ste K	Weirton	WV	54	26062	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	39	40	40	$96.00	$39.48	$19.66	$20.75
1548841620	Dawood	Zaid	H	NP	M	I	37602 Dartmouth Dr		Sterling He	MI	26	48310	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	35	40	40	$53.00	$42.08	$33.53	$32.29
1568545127	Serpe	Andrew		M.D.	M	I	373 Broadway		Amityville	NY	36	11701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	29	40	40	$60.96	$60.30	$41.07	$32.28
1588865091	Hentzelma	Joshua	L	M.D.	M	I	1225 S Grand Blvd	Dep	Saint Louis	MO	29	63104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	40	40	$94.55	$47.57	$31.42	$31.49
1629053186	Strauss	Mark	G	MD	M	I	7121 S Pad	Ste. 300	Corpus Chr	TX	48	78412	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	40	40	$183.13	$45.38	$28.97	$30.42
1629282371	Falcone	Michael	T	M.D.	M	I	2325 W Arb	Suite 201	Charlotte	NC	37	28262	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	40	40	$102.13	$45.69	$33.12	$34.15
1629684857	Poullas	Rachel	E	APRN-CNP	F	I	3893 E Market St		Warren	OH	39	44484	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	34	40	40	$80.00	$39.31	$25.83	$26.89
1669003075	Zimmerma	Keri			F	I	2710 Saint Francis Dr S		Waterloo	IA	19	50702	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	40	40	$110.00	$37.70	$18.36	$20.99
1669426615	Rosen	Jefry	H	MD	M	I	1132 N Ch	Suite 200	Greensbor	NC	37	27401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	40	40	$231.00	$45.22	$29.65	$31.25
1669483319	Midha	Vishal		MD	M	I	444 Plumas Blvd		Yuba City	CA	6	95991	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	40	40	40	$169.05	$47.88	$33.22	$32.78
1669538401	Arpaia	Aldo	A	MD	M	I	11 Ralph Pl	Suite 214	Staten Isla	NY	36	10304	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	37	40	40	$121.38	$60.03	$48.01	$37.98
1689669707	Tinsley	Paul	P	M.D.	M	I	100 John R	Suite 200	Horsehead	NY	36	14845	1	Metropolita	US	Plastic and	Y	69210	Removal of N	O	37	40	40	$94.00	$46.75	$20.10	$21.16
1699025668	Ursan	Eugenia		FNP	F	I	20830 N Ta	Suite 210	Phoenix	AZ	4	85050	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	38	40	40	$75.00	$39.80	$18.92	$19.72

1699703710	Li	Daqing		MD	M	I	3400 Spruc	5 Silverstei	Philadelphi	PA	42	19104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	33	40	40	$95.00	$32.58	$21.10	$19.74
1699747410	Nguyen	Cong	T	M.D.	M	I	11811 Fm 1	Ste.165	Houston	TX	48	77065	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	40	40	$74.35	$45.38	$35.23	$34.18
1699866343	Tanner	Michael		P.A.	M	I	801 Vanderbilt Beach F		Naples	FL	12	34108	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	38	40	40	$90.00	$43.08	$30.90	$29.05
1700888575	Herr	Brian	D	M.D.	M	I	10021 Dupont Circle C		Fort Wayne	IN	18	46825	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	40	40	$107.00	$44.53	$28.84	$31.45
1700999869	Vining	Eugenia	M	M.D.	F	I	46 Prince S Suite 601		New Haven	CT	9	6519	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	40	40	$191.42	$50.65	$38.48	$35.13
1710030747	Falconio	Linda	S	MD	F	I	2067 W Vis Ste 130		Vista	CA	6	92083	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	38	40	40	$100.00	$51.38	$39.96	$37.03
1710900907	Tsinman	Michael	G	M.D.	M	I	1344 Horizon Trl		Wheeling	IL	17	60090	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	40	40	$113.00	$51.07	$39.00	$36.34
1720086952	Langston	Thomas	A	MD	M	I	1014 N Spring St		Harrison	AR	5	72601	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	35	40	40	$77.00	$41.33	$29.74	$33.41
1730290107	Del Toro	Jorge	E	M.D.	M	I	9908 Brimhall Rd		Bakersfield	CA	6	93312	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	34	40	40	$59.59	$48.85	$35.41	$34.10
1730462011	Copeland	Emily			F	I	320 E North	Suite 2100	Pittsburgh	PA	42	15212	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	28	40	40	$138.00	$39.21	$25.84	$26.49
1730795626	Wu	Jia		CNP	F	I	201 Cedar S	Ste 4600	Albuquerq	NM	35	87106	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	36	40	40	$33.00	$27.13	$19.91	$20.12
1750603700	Suchanova	Pavlina	P	M.D.	F	I	16545 Sout	Suite 100	Sugar Land	TX	48	77479	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	40	40	$140.00	$31.89	$24.88	$26.04
1750864443	Kratochvil	Kristine	M	ARNP	F	I	1959 Ne Pacific St		Seattle	WA	53	98195	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	38	40	40	$109.31	$29.94	$22.89	$21.38
1760459283	Harsha	Wayne	J	M.D.	M	I	2032 Medical Park Dr		Newberry	SC	45	29108	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	40	40	$88.85	$41.92	$28.49	$30.83
1770581779	Seel	David		D.O.	M	I	25500 Mea	Ste 220	Novi	MI	26	48375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	40	40	$75.00	$44.46	$32.39	$31.71
1780770529	Chang-Stro	Loi	M	MD	M	I	77-311 Sunset Dr		Kailua Kon	HI	15	96740	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	39	40	40	$69.93	$50.71	$36.30	$34.08
1790053726	Stapleton	Teri	L	M.D.	F	I	339 Cypres	Suite 100	Kissimmee	FL	12	34759	2.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	35	40	40	$60.00	$47.83	$31.80	$31.75
1811074016	Pieper	Patrick	G	M.D.	M	I	462 N Lind	Suite 241	Beverly Hill	CA	6	90212	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	40	40	$106.52	$49.70	$39.77	$37.44
1811094220	Chasse	William	R	MD	M	I	325 B Kennedy Memori		Waterville	ME	23	4901	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	40	40	$88.00	$28.51	$16.64	$18.10
1811974835	Stewart	Bruce	E	M.D.	M	I	2800 E Ajo Way		Tucson	AZ	4	85713	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	31	40	40	$59.00	$32.40	$21.30	$21.87
1831179233	Gardner	Edward	K	MD	M	I	10201 Kanis Rd		Little Rock	AR	5	72205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	40	40	$207.00	$41.78	$30.79	$35.76
1831183672	Lewis	Steven	T	MD	M	I	70 Westwind Rd		Moneta	VA	51	24121	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	36	40	40	$70.00	$45.77	$27.84	$28.07
1831184001	Becker	Stephen	P	M.D,	M	I	233 E Erie S	804	Chicago	IL	17	60611	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	40	40	$80.00	$40.61	$28.29	$25.64
1851819692	Andrews	Clayton	H	PA-C	M	I	1501 N Campbell Ave F		Tucson	AZ	4	85724	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	34	40	40	$59.00	$25.87	$17.05	$17.47
1861899437	Raff	Ginger			F	I	5960 Getw	Suite 212-E	Southaven	MS	28	38672	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	32	40	40	$120.00	$36.66	$27.03	$30.17
1881623445	Levitansky	Oksana		M.D.	F	I	2955 Bright	1st Floor	Brooklyn	NY	36	11235	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	37	40	40	$60.12	$59.57	$46.08	$36.29
1891176582	Aaron	Ksenia	A	M.D.	F	I	9500 Euclid Ave		Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	40	40	$291.45	$32.79	$24.27	$24.45
1922405687	King	Amanda	M	PA	F	I	21297 Olean Blvd Ste A		Port Charlo	FL	12	33952	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	32	40	40	$68.27	$40.63	$28.83	$28.78
1942656723	Zebda	Denna			F	I	6431 Fanni	Msb 5.036	Houston	TX	48	77030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	40	40	$140.00	$47.78	$35.08	$34.09
1942955570	Sturdivant	Angela	M	FNP-C	F	I	911 Gorman Ave		Elkins	WV	54	26241	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	37	40	40	$139.83	$36.32	$28.33	$31.60
1952453151	Poe	Robert	W	M.D.	M	I	900 N. Howe St		Southport	NC	37	28461	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	40	40	$63.00	$45.68	$33.68	$35.29
1952667750	Quattlebau	Steven	C	M.D.	M	I	2017 W I 35 Frontage R		Edmond	OK	40	73013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	40	40	$128.00	$43.06	$27.74	$30.71
1962061184	Goolsby	Brad	L	PA-C	M	I	1161 3rd Ave		Chula Vista	CA	6	91911	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	37	40	40	$90.00	$43.79	$20.99	$18.45
1972953792	Billups	Alicia		PA-C	F	I	111 Arrandale Blvd		Exton	PA	42	19341	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	40	40	40	$80.00	$40.53	$32.32	$30.27
1982220166	Denton	Rachel	M	FNP	F	I	907 E Lamar Alexander		Maryville	TN	47	37804	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	40	40	$100.00	$37.15	$27.38	$30.13
1992960405	Furst	Bryan		M.D.	M	I	114 Missio	Suite 10	Chico	CA	6	95926	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	40	40	40	$77.00	$47.90	$32.37	$31.33
1003103615	Chan	Norman	J	M.D.	M	I	202 Canal S	Ste 602	New York	NY	36	10013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	39	39	$100.00	$45.45	$35.08	$29.22
1013042209	Perraut	Michael	E	M.D.	M	I	22590 Shady Ct		California	MD	24	20619	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	38	39	39	$146.51	$47.76	$30.89	$30.93
1013566876	Butler	Meghan	E	NP	F	I	7000 Great Meadow Rc		Dedham	MA	25	2026	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	30	39	39	$77.00	$30.41	$21.90	$20.16
1033104005	Denningho	James	S	M.D.	M	I	1701 E Bro	Suite 304	Columbia	MO	29	65201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	39	39	$94.59	$42.67	$31.98	$36.26
1033106539	Hull	Jeffrey	J	MD	M	I	1409 Doctors Drive		West Plains	MO	29	65775	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	39	39	$79.00	$40.59	$27.36	$30.18
1063610301	Sultan	Babar		MD	M	I	170 W 106t	Meridian Pl	Indianapoli	IN	18	46290	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	39	39	$109.41	$50.53	$34.36	$32.15
1073541371	Melnick	Howard	B	M.D.	M	I	927 Russell Dr		Lebanon	PA	42	17042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	39	39	$70.00	$42.76	$31.30	$31.69
1073695755	Dickert	Jim	C	DO	M	I	6199 W Gulf To Lake Hi		Crystal Riv	FL	12	34429	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	35	39	39	$65.00	$46.62	$33.93	$33.81
1073734935	Mayus	Marcus		M.D.	M	I	81 Holly Hill Ln Fl 3		Greenwich	CT	9	6830	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	34	39	39	$97.95	$51.90	$40.48	$37.01
1073773099	Mitchell	Donna	S	APN	F	I	23 Calendar Ave		La Grange	IL	17	60525	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	37	39	39	$159.00	$30.96	$22.33	$19.94
1083648992	Vajaria	Punit		M.D.	M	I	2100 Glenwood Ave		Joliet	IL	17	60435	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	36	39	39	$116.00	$51.14	$37.30	$34.73
1104357706	Boyle	John		MD	M	I	6727 Parker Farm Dr		Wilmington	NC	37	28405	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	39	39	$114.00	$43.65	$34.78	$36.03
1134175359	Wolfson	Robert	A	MD	M	I	90 S Bedfor	Caremount	Mount Kisc	NY	36	10549	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	38	39	39	$75.50	$59.61	$33.80	$26.33
1144319062	Long	Dennis	R	M.D.	M	I	45280 Seeley Dr Fl 3		La Quinta	CA	6	92253	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	35	39	39	$50.42	$34.72	$23.69	$22.40
1144457938	Moskowitz	Michael	S	DO	M	I	2053 Bellmore Ave		Bellmore	NY	36	11710	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	39	39	$176.00	$58.63	$42.94	$35.03
1154737443	Cheresnick	Corey		MD	M	I	4437 State Route 159 S		Chillicothe	OH	39	45601	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	31	39	39	$80.05	$31.90	$24.19	$23.98
1164473096	Dedo	Douglas	D	M.D.	M	I	4060 Pga Blvd		Palm Beach	FL	12	33410	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	39	39	$105.00	$47.44	$35.54	$33.37
1174583231	Alexander	Joel	J	DO	M	I	1995 N Par	Ste 550	Atlanta	GA	13	30339	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	39	39	$122.55	$46.54	$27.03	$27.10
1194741439	Traynor	Sean	J	MD	M	I	1170 Royal Ave		Medford	OR	41	97504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	39	39	$148.97	$42.77	$28.35	$29.86
1205806262	Chapel	Dan	M	M.D.	M	I	2222 E. Hig	Suite 204	Phoenix	AZ	4	85016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	39	39	$99.00	$44.59	$29.82	$30.92
1215198437	Fraser	Marika	A	MD	F	I	1150 N 35th Ave Ste 54		Hollywood	FL	12	33021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	39	39	$169.00	$50.76	$35.28	$33.11
1225033848	Delo	Linda	F	DO PA	F	I	514 Se Port St Lucie Bl		Port Saint L	FL	12	34984	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	37	39	39	$109.53	$48.70	$32.04	$30.19
1245201169	Johnson	Eric	M	M.D.	M	I	303 S Nappanee St		Elkhart	IN	18	46514	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	39	39	$145.00	$43.23	$31.79	$34.31
1275947558	Boerner	Ryan		M.D.	M	I	3705 Medic	Ste 320	Austin	TX	48	78705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	39	39	$156.15	$44.85	$32.53	$32.36
1285054981	Fee	Rachel		M.D.	F	I	1155 N Mayfair Rd		Milwaukee	WI	55	53226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	39	39	$103.00	$40.06	$32.00	$31.65
1295094548	Fox	Daniel	P	M.D.	M	I	18400 Katy Fwy Ste 47(		Houston	TX	48	77094	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	39	39	$103.08	$47.14	$34.57	$33.60
1295296697	Clay	Ashlyn	C		F	I	699 Church St Ne Ste 3		Marietta	GA	13	30060	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	35	39	39	$110.69	$40.39	$27.29	$26.94
1306415088	Ezeadi	Adaku			F	I	181 Pleasant Valley W		West Orang	NJ	34	7052	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	32	39	39	$85.56	$45.04	$32.69	$28.96
1306839691	Sawyer	William	P	MD	M	I	5020 E 68th St		Tulsa	OK	40	74136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	39	39	$88.00	$43.41	$29.33	$31.88
1316113780	Fichandler	Craig	E	M.D.	M	I	6830 Plum Creek Dr		Amarillo	TX	48	79124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	39	39	$96.00	$41.22	$29.13	$32.42
1316934029	Novotny	Nila	M	M.D.	F	I	4508 38th S	Suite #152	Columbus	NE	31	68601	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	39	39	$110.14	$40.17	$27.09	$30.29
1346375151	Rosas	Rolando	R	MD	M	I	400 E 3rd S	Essentia H	Duluth	MN	27	55805	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	30	39	39	$166.82	$31.00	$21.15	$22.50
1346798766	Carroll	Sarah	D	NP	F	I	20211 W Valley Blvd		Tehachapi	CA	6	93561	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	34	39	39	$104.00	$42.01	$27.84	$26.84
1356352256	Pace	Michael	A	MD	M	I	3901 Pine L	Suite 220	Lincoln	NE	31	68516	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	35	39	39	$108.00	$41.85	$30.72	$34.43
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99204	New patien	N	O	39	39	39	$225.00	$133.67	$65.86	$73.43
1366474694	Destefano	Louis	M	MD	M	I	1001 Chest	Suite 200	Berwyn	PA	42	19312	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	33	39	39	$147.08	$51.00	$35.41	$33.11
1427166156	Naidu	Srikanth	I	M.D.	M	I	7600 Wolf I	Suite 220	Germantov	TN	47	38138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	39	39	$135.00	$40.54	$27.83	$30.72
1467591792	Patin	Michael		M.D.	M	I	6417 Bay Pkwy		Brooklyn	NY	36	11204	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	34	39	39	$150.00	$58.95	$37.78	$30.03
1477669083	Hunter	Robert	G	MD	M	I	5169 So Cottonwood S		Murray	UT	49	84107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	39	39	$107.07	$44.19	$31.71	$33.56
1477931178	Singh	Rajvir		M.D.	M	I	1335 S Fairmont Ave		Lodi	CA	6	95240	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	34	39	39	$161.00	$46.05	$31.75	$30.68
1487711727	Silvers	Stacey	L	M.D.	F	I	161 Madisc	Suite 10sw	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	39	39	$150.00	$43.96	$35.08	$29.22

1487917365	Abdeljawad	Mohammad		MD	M	I	100 Bowman Drive	Voorhees	NJ	34	8043	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	32	39	39	$106.00	$50.44	$33.35	$30.19
1497839757	Rathfoot	Christophe	J	M.D.	M	I	7557a Dan Suite 210	Powell	TN	47	37849	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	39	39	$116.00	$43.19	$29.83	$33.05
1508072687	Hammoud	Nidal		M.D.	M	I	22250 Providence Dr	Southfield	MI	26	48075	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	35	39	39	$79.43	$49.90	$34.68	$33.11
1518025766	Pak	Ho	S	DO	M	I	1762 E Common St	New Braun	TX	48	78130	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	36	39	39	$90.55	$45.58	$27.26	$28.56
1518936533	Dodson	Brennan	T	MD	M	I	1648 Ellis Street, Suite	Bozeman	MT	30	59715	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	39	39	$140.13	$46.84	$36.41	$35.55
1538506498	Appelbaum	Eric	N	MD	M	I	699 Church St Ne Ste 3	Marietta	GA	13	30060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	39	39	$112.54	$48.04	$33.45	$33.12
1538554134	Easterling	Christophe	R	MD	M	I	1339 East St Ste 420	Graham	TX	48	76450	7	Small town	US	Family Prac	Y	69210	Removal of N	O	27	39	39	$140.00	$44.41	$31.25	$32.95
1548323777	Kinney	William	C	M.D.	M	I	525 N Keene St	Columbia	MO	29	65201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	39	39	$145.10	$30.93	$18.92	$20.85
1568412310	Anderson	Susan	K	DO	F	I	1203 E Ros Suite A	Tahlequah	OK	40	74464	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	39	39	$163.46	$41.70	$23.08	$26.75
1578518809	Winston	Julie	B	M.D.	F	I	120 Sister Pierre Dr Ste	Towson	MD	24	21204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	39	39	$100.28	$50.29	$36.18	$32.79
1588638563	Yap	Wilson	C	M.D.	M	I	525 Rte. 70w B9-10	Lakewood	NJ	34	8701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	39	39	$76.92	$52.12	$30.91	$28.24
1598139800	Malanowski	Sean		PA-C	M	I	1200 Hilyard St Ste 62(	Eugene	OR	41	97401	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	33	39	39	$119.45	$38.26	$25.01	$26.49
1598712978	Bazel	Michael		MD	M	I	4001 Florence Ave	Bell	CA	6	90201	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	37	39	39	$60.00	$53.54	$41.87	$37.01
1609809391	Basaldua	Martin		M.D.	M	I	23330 Hwy 59 N Ste 30	Kingwood	TX	48	77339	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	39	39	39	$59.79	$48.97	$37.83	$36.76
1609968734	Buch	Albert	W	D.O.	M	I	49674 N Park Cir	East Liverp	OH	39	43920	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	38	39	39	$71.79	$46.13	$30.07	$31.45
1629334230	Neiner	John	R	M.D.	M	I	39 Barkley Cir	Fort Myers	FL	12	33907	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	39	39	$166.30	$45.45	$34.28	$31.63
1639172075	Clary	Robert	A	D.O. P C	M	I	100 Main St Ste C	Shelby	MT	30	59474	7	Small town	US	Family Prac	Y	69210	Removal of N	O	30	39	39	$180.00	$46.91	$18.30	$18.21
1669416855	St. Charles	Christophe	S	M.D.	M	I	1724 Hamill Rd Ste 10	Hixson	TN	47	37343	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	39	39	$186.34	$43.82	$31.96	$34.50
1669589974	Backous	Douglas	D	MD	M	I	21911 76th Ave W Ste 2	Edmonds	WA	53	98026	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	39	39	$173.08	$47.91	$34.70	$34.53
1699770016	Demoville	Raymond	B	MD	M	I	1525 Hunt Club Blvd St	Gallatin	TN	47	37066	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	39	39	$220.00	$43.76	$29.32	$32.63
1700264074	Kent	Katherine			F	I	1717 6th Ave S	Birminghan	AL	1	35233	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	37	39	39	$150.00	$27.48	$17.71	$18.21
1700814621	Dolansky	Robert	S	DO	M	I	1501 Lehigh Suite 103	Allentown	PA	42	18103	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	38	39	39	$173.22	$32.74	$19.03	$19.33
1700973682	Laningham	Robert	J	MD	M	I	4015 Interstate 45 N St	Conroe	TX	48	77304	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	34	39	38	$137.82	$43.96	$31.33	$33.59
1710913553	Zammam	Sawsan	Y	M.D.	F	I	169 Martin Ave	Ephrata	PA	42	17522	1	Metropolita	US	Hospitalist	Y	69210	Removal of N	O	34	39	39	$89.00	$46.62	$27.73	$28.70
1730158858	Reulbach	Todd	R	M.D.	M	I	10305 Harr Suite 201	Huntersvill	NC	37	28078	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	39	39	$95.00	$39.75	$30.88	$31.71
1740214246	Taylor	Hortensia	M	M.D.	F	I	7544 N La Cholla Blvd	Tucson	AZ	4	85741	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	39	39	$75.00	$46.39	$36.07	$37.05
1740263664	Gartlan	Michael	G	MD	M	I	2201 Glenwood Ave	Joliet	IL	17	60435	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	39	39	$99.00	$50.68	$29.76	$27.59
1740740513	Prashad	Trevor	T	DO	M	I	2053 Bellmore Ave	Bellmore	NY	36	11710	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	39	39	39	$176.00	$59.16	$47.14	$37.98
1750341061	Patel	Vimal	N	D.O.	M	I	2000 W Ma Suite M	St Charles	IL	17	60174	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	34	39	39	$90.00	$50.50	$32.97	$30.70
1750934675	Marchand	Margaret		FNP	F	I	1450 Northwest Ln Se S	Lacey	WA	53	98503	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	34	39	39	$127.00	$40.47	$29.96	$29.98
1760503171	Bovenkerk	Stephen	D	D.O.	M	I	2151 W Spring St Ste B	Monroe	GA	13	30655	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	36	39	39	$126.70	$43.01	$26.95	$28.41
1770918526	Pfeiffer	Monica	D	APRN	F	I	10787 Nall Ste 310	Overland P	KS	20	66211	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	39	39	39	$84.51	$26.19	$15.51	$17.19
1780814707	Dillman	Rebecca	A	PA-C	F	I	6001 Westown Pkwy	West Des M	IA	19	50266	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	38	39	39	$109.59	$35.85	$27.05	$28.32
1780936872	Demarche	Chad	J	PA	M	I	5496 E Taft Rd	N Syracuse	NY	36	13212	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	31	39	39	$93.00	$39.15	$30.42	$31.49
1811213127	Ruud	Tara	M	PA-C	F	I	3605 Mayfa Mesaba Cli	Hibbing	MN	27	55746	5	Micropolita	US	Physician A	Y	69210	Removal of N	F	33	39	39	$109.08	$26.29	$19.39	$20.21
1821067794	Kirkendall	Matthew	J	M.D.	M	I	1515 Delhi Ste 100	Dubuque	IA	19	52001	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	39	39	$159.54	$43.93	$30.50	$33.62
1831119486	Barbara	Joseph	C	M.D.	M	I	7880 Wren Ave Ste C13	Gilroy	CA	6	95020	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	34	39	39	$80.00	$57.49	$36.09	$29.89
1841307782	Demarco	Peter	R	MD	M	I	8601 West Ste 234 Do	Omaha	NE	31	68114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	39	39	$115.00	$43.19	$31.73	$35.41
1871980672	Eivaz	Nathan	A	M.D.	M	I	5323 Harry Hines Blvd	Dallas	TX	48	75390	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	39	39	$105.88	$51.28	$38.14	$35.64
1891267647	Smith	Gregory	W	PA-C	M	I	100 E Carroll St	Salisbury	MD	24	21801	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	39	39	39	$160.00	$41.92	$27.68	$26.27
1902095128	Opitoke	Anslem	O	M.D.	M	I	1521 Ne 128th St Ste 1	Kirkland	WA	53	98101	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	36	39	39	$82.00	$35.17	$25.18	$23.61
1902887524	Miller	Martha	R	MD	F	I	5300 E Eric #120	Tucson	AZ	4	85712	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	37	39	39	$105.00	$45.87	$30.72	$31.75
1932309135	Hubbell	Michael	P	M.D.	M	I	400 E 5th Ave	Spokane	WA	53	99202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	39	39	$134.00	$44.46	$29.92	$30.11
1942390398	Waxman	Joel	E	MD	M	I	1301 S Main St	Ottawa	KS	20	66067	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	37	39	39	$84.26	$31.16	$19.66	$21.16
1952345563	Kennel	David	R	M.D.	M	I	5920 100th #31	Lakewood	WA	53	98499	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	37	39	39	$121.03	$46.14	$33.96	$34.85
1952378341	Sanchez-M	Jose	R	MD	M	I	Bayamon M Suite 105	Bayamon	PR	72	960	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	39	39	$48.60	$45.70	$29.51	$29.22
1952763567	Caten	Holly	N	MD	F	I	2 Pillsbury St	Concord	NH	33	3301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	39	39	$379.59	$46.72	$35.26	$34.57
1962486027	Jepsen	Matthew	C	M.D.	M	I	133 Benmore Dr Ste 10	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	39	39	39	$136.62	$45.85	$35.17	$34.57
1972885374	Snediker	Mary	M	NP-C	F	I	1625 Sheridan Rd	Wilmette	IL	17	60091	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	37	39	39	$133.00	$44.08	$30.60	$28.14
1982767265	Irani	Farhad	S	MD	M	I	400 8th St N	Naples	FL	12	34102	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	39	39	$102.31	$49.48	$34.66	$32.46
1982782827	Knudsen	Timothy	D	M.D.	M	I	704 N Alpha St	Grand Islar	NE	31	68803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	29	39	39	$178.46	$29.70	$21.84	$24.53
1003859794	Baker	Tamberlynn		FNP	F	I	1717 N E St Ste 239	Pensacola	FL	12	32501	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	32	38	38	$54.87	$28.16	$21.86	$21.19
1033189758	Goto	Mark	M	M.D.	M	I	1301 Belleville Ave	Brewton	AL	1	36426	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	25	38	38	$117.50	$43.79	$34.09	$36.81
1033212915	Maheshwa	Neha		MD	F	I	1343 N Alm 205	Chandler	AZ	4	85224	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	34	38	38	$80.00	$45.63	$35.17	$35.67
1033552187	Farber	Mark		MD, PHD	M	I	8700 Beverly Blvd	West Holly	CA	6	90048	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	38	38	$100.00	$53.06	$38.10	$33.98
1043845571	Romine	Amy	C	FNP-BC	F	I	146 E Hospital Dr Ste 2	West Colur	SC	45	29169	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	38	38	38	$146.00	$37.37	$15.77	$17.82
1063485795	Martens	Jeffrey	D	MD	M	I	714 Main St	Yarmouth F	MA	25	2675	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	35	38	38	$94.00	$49.43	$35.39	$34.11
1063894913	Bliss	Tyler	A	M.D.	M	I	981225 Nebraska Med	Omaha	NE	31	68198	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	28	38	38	$93.00	$28.48	$20.50	$22.80
1073555629	Gustafson	L	M	M.D.	M	I	150 Clinic / Suite 201	Carrollton	GA	13	30117	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	35	38	38	$110.00	$44.54	$31.81	$33.79
1073958989	Ossoff	Jacob	P	M.D.	M	I	15 Exchange Dr	Lugoff	SC	45	29078	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	38	38	38	$90.51	$43.67	$27.92	$28.19
1073985859	Trefren	Kristen		FNP	F	I	800 E 20th St Ste 350	Cheyenne	WY	56	82001	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	36	38	38	$137.43	$40.77	$26.61	$26.42
1093707366	Jacobson	Kirk	D	M.D.	M	I	1488 Oak St	Eugene	OR	41	97401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	36	38	38	$121.73	$44.73	$32.01	$33.90
1104988054	Cullen	Dennis	A	MD	M	I	6188 Oxon Suite 704	Oxon Hill	MD	24	20745	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	38	38	$158.00	$54.08	$38.40	$32.48
1114377546	Dang	Rajan	P	MD	M	I	4921 Parkv Dept Otola	Saint Louis	MO	29	63110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	38	38	$155.00	$47.00	$31.69	$32.31
1124224100	Rich	Jeremy	N	M.D.	M	I	Baach, 121 Otolaryngo	Apo	AP	9C	96205			US	Otolaryngo	Y	69210	Removal of N	O	37	38	38	$104.92	$43.57	$33.07	$33.74
1134150444	Melamed	Farhad	J	M.D.	M	I	150 N Robertson Blvd S	Beverly Hill	CA	6	90211	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	33	38	38	$125.00	$51.73	$39.19	$34.48
1134486756	Ringstrom	Mark	J	M.D.	M	I	1836 South Ave	La Crosse	WI	55	54601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	38	38	$328.37	$41.60	$29.31	$31.57
1164865382	Coughlin	Adam	R	M.D.	M	I	752 N High Point Rd	Madison	WI	55	53717	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	38	38	$369.00	$43.64	$31.12	$33.35
1174612295	Cassidy	Thomas	J	MD	M	I	3910 Park / Suite 8	Edison	NJ	34	8820	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	33	38	38	$75.66	$53.57	$34.21	$30.46
1174739148	Wilhelm	Michael	J	MD	M	I	1650 Cochrane Cir	Ft Carson	CO	8	80913	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	38	38	$100.00	$46.52	$34.73	$34.14
1174773485	Hyde	Justin	M	R.D.	M	I	301 Fisher St	Biloxi	MS	28	39534	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	38	38	$275.00	$42.01	$30.79	$33.36
1184827784	Brewer	Jacquelyn	M	MD	F	I	32 Strawbe Ear, Nose, /	Stamford	CT	9	6902	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	37	38	38	$134.21	$26.34	$20.89	$19.36
1194125211	Kalebjian	Roushig		FNP-C	F	I	565 San Antonio Rd	Mountain V	CA	6	94040	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	33	38	38	$97.00	$31.70	$23.35	$20.31
1205819158	Smith	Scott		M.D.	M	I	816 22nd A Suite 100	Kearney	NE	31	68845	4	Micropolita	US	Internal Me	Y	69210	Removal of N	F	30	38	38	$103.00	$30.05	$22.14	$23.79
1205872777	Diuble	Angela	L	PA	F	I	6869 S Occidental Rd	Tecumseh	MI	26	49286	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	33	38	38	$96.00	$38.63	$26.01	$27.69
1225024995	Amin	Rupal	V	M.D.	F	I	1215 Duff Ave	Ames	IA	19	50010	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	38	38	38	$119.29	$44.16	$27.87	$30.82
1225136062	Carroll	Jamie	L	PA-C	F	I	810 Plaza E Suite 102	Lancaster	PA	42	17601	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	38	38	38	$147.63	$38.01	$29.45	$30.62

1235196163	Hickson	Lori	A	M.D.	F	I	598 N Unio	Suite 350	New Braun	TX	48	78130	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	35	38	38	$75.25	$46.19	$32.14	$33.29
1265760086	Baker	Lee	A	ARNP	F	I	840 N 5th A	Ave Ste 1400	Sequim	WA	53	98382	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	38	38	38	$69.00	$28.06	$18.35	$18.36
1295713055	Gonzalez D	Mariano	E	MD	M	I	Ave Mirama	Suite #3	Arecibo	PR	72	612	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	37	38	38	$48.60	$25.30	$19.67	$19.50
1306491782	Clegg	Wesley	R		M	I	1175 E 50 S	# 211	American F	UT	49	84003	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	34	38	38	$107.00	$38.62	$26.72	$27.89
1316093909	Chain	Jeffrey		MD	M	I	7851 S Elati	St Ste 102	Littleton	CO	8	80120	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	31	38	38	$156.92	$45.75	$33.52	$33.73
1336108240	Slater	Erin	E	FNP	F	I	35 S Elm St		Rosedale	IN	18	47874	2	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	30	38	38	$126.00	$37.11	$29.57	$32.29
1346233467	Trask	Douglas	K	MD	M	I	2200 W 3rd	St Ste 120E	Los Angele	CA	6	90057	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	29	38	38	$221.00	$46.97	$33.59	$29.99
1346347770	Stalberg	Christopher		M.D.	M	I	14418 W M	Suite #210	Sun City W	AZ	4	85375	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	33	38	38	$94.84	$45.79	$32.81	$33.84
1356792907	Lew	Matthew		M.D.	M	I	1505 Wilson	Ter Ste 25	Glendale	CA	6	91206	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	37	38	38	$90.00	$52.18	$32.81	$29.48
1366641581	Callahan	Sean	M	MD	M	I	5751 Edwar	ds Ranch R	Fort Worth	TX	48	76109	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	36	38	38	$147.00	$39.77	$29.95	$30.80
1366822009	Correia	Camil		M.D.	F	I	895 City Ce	nter Blvd St	Newport N	VA	51	23606	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	36	38	38	$89.39	$32.02	$21.36	$22.78
1386135721	Leddy	Alexandria	C	PA	F	I	2000 Washi	ngton St St	Newton	MA	25	2462	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	38	38	38	$197.47	$44.91	$23.67	$21.06
1386693307	Dionne	Daniel	J	MD	M	I	820 S Mccl	Suite 200	Spokane	WA	53	99204	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	36	38	38	$127.00	$48.14	$30.68	$30.30
1396797510	Neidhardt	David	J	MD	M	I	915 W Mark	et St	Lima	OH	39	45805	1	Metropolit	US	Emergency	Y	69210	Removal of N	O	34	38	38	$60.00	$46.22	$28.63	$29.96
1396850269	Economou	Constantin	V	M.D.	M	I	2370 Southe	ast Blvd	Salem	OH	39	44460	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	36	38	38	$89.00	$45.68	$35.57	$37.24
1407854631	Ehrlich	Lawrence	M	DO	M	I	1040 E Chap	man Ave	Orange	CA	6	92866	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	34	38	38	$95.00	$51.70	$38.60	$34.57
1417982422	Menard	Darrin	D	MD	M	I	202 Westga	te Rd	Lafayette	LA	22	70506	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	35	38	38	$65.00	$45.17	$33.11	$34.65
1427167121	Doonan	Bryan	C	MD	M	I	360 San Mi	Suite 307	Newport Be	CA	6	92660	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	36	38	38	$66.97	$52.44	$35.22	$31.98
1437594058	Marcus	Sonya		M.D.	F	I	101 Nicolls	Rd	Stony Brool	NY	36	11794	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	26	38	38	$153.95	$59.56	$37.57	$28.99
1447456272	Peterson	Barry	J	D.O.	M	I	256 N 2nd E		Rexburg	ID	16	83440	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	38	38	$132.00	$42.01	$29.62	$32.77
1457588105	Ingram	Lloyd	D	PA	M	I	2045 Asher	Ct	East Lansir	MI	26	48823	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	37	38	38	$153.95	$38.92	$27.17	$28.51
1477638807	Sloop	Jay	R	M.D.	M	I	5974 Pentz	Rd	Paradise	CA	6	95969	4.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	34	38	38	$100.00	$48.31	$29.31	$28.55
1487644001	Daday	Joseph	M	MD	M	I	951 Male R	d	Wind Gap	PA	42	18091	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	36	38	38	$72.11	$46.54	$33.30	$34.16
1487841342	Koretsky	Stella		MD	F	I	9002 Culet	Suite 105	San Antoni	TX	48	78251	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	35	38	38	$95.04	$45.41	$32.02	$33.25
1487847174	Erstine	Byron	D	D.O.	M	I	2907 Hillrise	Dr	Las Cruces	NM	35	88011	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	34	38	38	$100.00	$41.21	$28.80	$32.09
1487940672	Lusardi	Jonathan	J	M.D.	M	I	12255 Depa	ul Dr 830n	Bridgeton	MO	29	63044	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	37	38	38	$114.00	$42.04	$32.43	$32.27
1508078023	Maghlakeli	Teona		MD	F	I	4401 Campu	s Ridge Dr	Midland	MI	26	48640	1	Metropolit	US	Internal Me	Y	69210	Removal of N	F	36	38	38	$67.00	$32.38	$19.51	$20.14
1508978271	Sahni	Rana	S	MD	M	I	534 Inman	Ave	Colonia	NJ	34	8820	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	34	38	37	$126.58	$36.69	$29.28	$25.99
1518325489	Stover	Rachelle			F	I	29992 Nort	Suite C	Farmington	MI	26	48334	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	33	38	38	$92.37	$41.82	$28.88	$27.62
1578952537	Durrant	Kenneth			M	I	537 Union /	Second Flo	Grants Pas	OR	41	97527	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	36	38	38	$128.00	$38.43	$28.20	$29.92
1588159701	Hallfrisch	Mckinley	J	PAC	F	I	1400 29th S	t S	Great Falls	MT	30	59405	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	26	38	38	$154.92	$40.07	$27.15	$27.16
1588667091	Manning	James	A	M.D.	M	I	508 S Washi	ington St	Gettysburg	PA	42	17325	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	33	38	38	$220.63	$46.65	$30.37	$31.22
1588774616	Pawlowski	Ireneusz		MD	M	I	3048 N Milw	aukee Ave	Chicago	IL	17	60618	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	32	38	38	$85.00	$51.47	$39.88	$36.98
1588906655	Naughton	John			M	I	1200 Waters	Pl Ste 110	Bronx	NY	36	10461	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	36	38	38	$282.13	$47.57	$31.75	$24.99
1588924104	Darling	Robert	A	M.D.	M	I	600 N Koba	yashi Ste 1	Webster	TX	48	77598	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	32	38	38	$135.00	$32.17	$24.34	$24.26
1609080373	Ahmed	Nasiya	N	M.D.	F	I	9090 Gaylor	d Dr # 200	Houston	TX	48	77024	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	28	38	38	$90.00	$48.30	$36.44	$35.48
1619362779	Bradshaw	Joshua	B	M.D.	M	I	1551 Renais	sance Tow	Bountiful	UT	49	84010	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	30	38	38	$79.00	$44.26	$28.79	$30.66
1629239959	Cox	Brandon	K	MD	M	I	4830 Rucker	Rd	Moneta	VA	51	24121	2	Metropolit	US	Family Prac	Y	69210	Removal of N	O	37	38	38	$64.00	$45.85	$33.04	$32.98
1639129091	Mushtaq	Ednan		MD	M	I	6845 Elm S	Suite 303	Mclean	VA	51	22101	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	32	38	38	$158.00	$55.86	$39.35	$32.95
1639517063	Toskala	Elina	M	MD	F	I	925 Chestnu	t St Fl 6	Philadelphi	PA	42	19107	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	33	38	38	$110.00	$32.00	$23.39	$22.12
1649525684	Prueter	James	C	DO	M	I	1222 S Patt	erson Blvd	Dayton	OH	39	45402	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	33	38	38	$80.00	$43.87	$32.09	$34.37
1659532323	Nguyen	Bichngoc	T	M.D.	F	I	1601 Creeks	ide Loop	Yakima	WA	53	98902	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	32	38	38	$200.53	$47.13	$29.36	$29.12
1689329971	Bringle	Elaine	E	APRN, FNP	F	I	11371 N Wil	liams St	Dunnellon	FL	12	34432	2	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	38	38	38	$75.00	$40.58	$31.31	$30.83
1700037637	Halenkamp	Heather	A	PA-C	F	I	12700 Sout	hfork Rd St	Saint Louis	MO	29	63128	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	35	38	38	$95.10	$39.27	$30.45	$31.03
1700825312	Fan	Terry		M.D.	M	I	3811 Valley	Centre Dr	San Diego	CA	6	92130	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	36	38	38	$158.00	$52.40	$37.49	$33.48
1710925409	Combs	Curtiss	W	M.D.	M	I	31720 Tem	Ste 203	Temecula	CA	6	92592	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	34	38	38	$75.00	$49.92	$35.75	$34.10
1720081193	Breaux	Jack	L	M.D.	M	I	8080 Blueb	Ste 2222	Baton Roug	LA	22	70810	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	31	38	38	$160.13	$45.91	$30.33	$31.86
1730180019	Jamison	Rodney	K	M.D.	M	I	1600 Medic	Suite 101	El Paso	TX	48	79902	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	30	38	38	$92.12	$44.33	$34.39	$36.04
1750465258	Zahir	Azhar			M	I	3865 E Loh	Suite 3	Las Cruces	NM	35	88011	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	36	38	38	$141.00	$46.08	$34.83	$36.08
1760801872	Yalamanch	Sreeya		MD	F	I	10021 Dupo	nt Circle C	Fort Wayne	IN	18	46825	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	22	38	38	$107.00	$43.89	$32.05	$35.13
1760999783	Gruchalski	Bernadette		NP-C	F	I	19550 Gover	nors Hwy S	Flossmoor	IL	17	60422	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	35	38	38	$198.58	$43.90	$24.51	$22.27
1780799403	Lee	Curtis	G	MD	M	I	20911 Earl	Street #250	Torrance	CA	6	90503	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	35	38	38	$40.00	$39.66	$25.77	$32.51
1790103976	Petty	Bradley	J	MD	M	I	780 Swift B	lvd Ste 301	Richland	WA	53	99352	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	34	38	38	$163.28	$30.43	$20.90	$20.86
1790836138	Kaufman	Ava	A	M.D.	F	I	8218 Wisc	Suite 103	Bethesda	MD	24	20814	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	32	38	38	$75.00	$55.71	$35.35	$30.17
1801846456	Cody	Katharine	A	RN, ND, FN	F	I	8911 N Capi	tal Of Texa	Austin	TX	48	78759	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	20	38	38	$50.00	$40.80	$31.70	$30.17
1811974090	Hoasjoe	Denis	K	M.D.	M	I	4301 Garth	Suite 216	Baytown	TX	48	77521	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	29	38	38	$116.00	$41.34	$31.96	$30.99
1851787071	Lavo	John	P	MD	M	I	2449 Hospit	al Dr Ste 4	Bossier Cit	LA	22	71111	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	32	38	38	$105.00	$43.66	$29.76	$32.27
1861976037	Wiedeman	Tyler	J		M	I	770 W High	St Ste 460	Lima	OH	39	45801	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	29	38	38	$86.00	$39.00	$25.31	$26.15
1871551721	Johal	Gurvindra	S	DO	M	I	1813 Oak Tr	ee Rd	Edison	NJ	34	8820	1	Metropolit	US	Emergency	Y	69210	Removal of N	O	30	38	38	$98.55	$53.28	$41.35	$35.98
1871707919	Crane	Benjamin	T	MD	M	I	2365 S Clin	Suite 200	Rochester	NY	36	14618	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	37	38	38	$180.00	$45.94	$33.46	$34.29
1881089845	Ackall	Feras	Y	M.D.	M	I	2301 Erwin	Rd	Durham	NC	37	27705	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	35	38	38	$168.08	$48.03	$33.24	$32.98
1891131223	Thrun	Rebecca		D.O.	F	I	6600 S Yale	Ave Ste 90	Tulsa	OK	40	74136	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	33	38	38	$114.00	$44.47	$29.44	$32.13
1891772596	Boykin	Ian		MD	M	I	2000 Nebra	ska Ave	Fort Pierce	FL	12	34950	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	36	38	38	$70.00	$50.57	$39.13	$36.85
1912351289	Tampio	Alex		M.D.	M	I	1608 S J St	Fl 5	Tacoma	WA	53	98405	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	36	38	38	$149.47	$46.21	$34.63	$34.80
1912980178	Balta	Ofelia	C	M.D.	F	I	98 Cope Cr	eek Rd Ste A	Sylva	NC	37	28779	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	34	38	38	$62.00	$46.24	$32.59	$33.68
1942595814	Hyde	Blake	J	M.D.	M	I	1120 E Eliz	Ste F101	Fort Collins	CO	8	80524	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	36	38	38	$109.00	$40.74	$30.44	$29.98
1962486720	Aizenberg	Debbie	A	MD	F	I	2521 Stock	Ste 7200	Sacrament	CA	6	95817	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	34	38	38	$196.00	$44.78	$24.27	$22.99
1962498683	Mixon	Tynes	E	MD	M	I	426 Charles	St	New Iberia	LA	22	70560	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	32	38	38	$95.00	$45.75	$30.18	$31.86
1962701854	Gremillion	Grayson	M		M	I	5519 Canal	Blvd	New Orlear	LA	22	70124	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	35	38	38	$53.00	$44.26	$31.94	$33.71
1982747515	Janus	Seth	C	MD	M	I	401 Phalen	Healthpart	St. Paul	MN	27	55130	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	13	38	38	$202.21	$45.50	$27.54	$28.38
1003893934	Korkigian	Armen	A	DO	M	I	2635 Coolid	ge Hwy	Berkley	MI	26	48072	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	33	37	37	$64.59	$48.37	$33.12	$31.79
1013917202	Young	Diana		M.D.	F	I	855 W Mapl	e St Ste 11	Hartville	OH	39	44632	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	30	37	37	$51.23	$50.76	$39.59	$37.06
1023018546	Krowiak	Edward	J	MD	M	I	12188a No	Suite 375	Carmel	IN	18	46032	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	26	37	37	$118.11	$42.54	$29.08	$31.68
1023025400	Patel	Hiral	N	RPA-C	F	I	2365 Old Mi	lton Pkwy S	Alpharetta	GA	13	30009	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	37	37	37	$169.59	$37.19	$27.90	$27.50
1043270168	Brammeier	Thomas	G	M.D.	M	I	2401 S 3st	St	Temple	TX	48	76508	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	27	37	37	$153.00	$31.17	$18.35	$19.64
1093706293	Sanjana	Hormazd		MD	M	I	7323 Marbl	Suite 104	San Antoni	TX	48	78227	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	35	37	37	$60.00	$45.67	$27.50	$29.31
1104230523	White	Gary	Z	D.O.	M	I	601 John St	Ste M-273	Kalamazoo	MI	26	49007	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	30	37	37	$95.00	$44.42	$33.11	$33.04

1134197957	Gruber	Benjamin		MD, PHD, F	M	I	2525 S Mic	Ear Nose A	Chicago	IL	17	60616	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	33	37	37	$126.00	$51.95	$34.84	$31.83
1134275357	Hardoon	Abraham		MD	M	I	6619 N Wickham Rd		Melbourne	FL	12	32940	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	36	37	37	$95.00	$48.42	$36.32	$35.60
1144416413	Stinson	Amy		D.O.	F	I	250 Nash Medical Arts		Rocky Mou	NC	37	27804	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	30	37	37	$139.00	$40.25	$28.77	$30.75
1164407466	Li	Hong		MD	F	I	2024 S 6th St		Brainerd	MN	27	56401	4	Micropolit	US	Internal Me	Y	69210	Removal of	N	O	35	37	37	$66.00	$30.60	$17.52	$18.92
1174815096	Wang	Hailun		M.D.	F	I	21 South Rd Ste 112		Farmington	CT	9	6032	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	33	37	37	$153.00	$47.40	$32.28	$29.77
1184654972	Pack	John	J	MD	M	I	4560 Admi	Suite 356	Marina Del	CA	6	90292	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	27	37	37	$178.38	$53.26	$34.39	$30.43
1194107995	Garrett	Emily		PA-C	F	I	801 Vanderbilt Beach F		Naples	FL	12	34108	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	34	37	37	$101.00	$43.43	$29.90	$27.80
1205219508	Patio	Chrysanta	D	PA-C	F	I	8635 W 3rd	Suite 590w	Los Angele	CA	6	90048	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	37	37	37	$229.62	$44.98	$26.25	$22.68
1225020035	Krodel	John	M	M.D.	M	I	950 N Porte	Suite 300	Norman	OK	40	73071	1.1	Secondary	US	Internal Me	Y	69210	Removal of	N	O	36	37	37	$128.00	$45.05	$28.76	$30.95
1225051337	Martin	George	L	MD	M	I	100 E Lanc	Lankenau M	Wynnewoo	PA	42	19096	1	Metropolit	US	Allergy/ Im	Y	69210	Removal of	N	O	30	37	37	$74.00	$50.99	$38.45	$35.93
1255440111	Daniels	Michael	E	MD	M	I	1940 Comr	Care Moun	Yorktown H	NY	36	10598	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	34	37	37	$68.22	$59.49	$39.38	$31.53
1255471124	Eadie	Stacey	O	NP	F	I	100 Maris Grove Way		Glen Mills	PA	42	19342	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	32	37	37	$46.62	$43.33	$29.83	$27.93
1255728044	Bradley	Veronica			F	I	3210 Harmony Hwy		Harmony	NC	37	28634	2	Metropolit	US	Physician A	Y	69210	Removal of	N	O	37	37	37	$95.00	$38.39	$17.35	$18.41
1255870283	Herman	Lia	Y	APNP	F	I	342 N Water St Ste 600		Milwaukee	WI	55	53202	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	33	37	37	$58.30	$38.07	$30.45	$32.29
1275570301	Moore	Nathaniel	J	MD	M	I	895 S Logan St		Denver	CO	8	80209	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	36	37	37	$70.00	$46.32	$27.58	$28.81
1295098994	Peck	Brandon	W	MD	M	I	3 Alumni Dr Ste 202		Exeter	NH	33	3833	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	36	37	37	$217.84	$49.10	$32.20	$31.13
1295799237	Jurko	Robert	M	MD	M	I	3101 Ameri	Suite 15	Chesapeak	VA	51	23321	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	29	37	37	$69.00	$47.60	$31.22	$31.35
1295874956	Mirviss	Sophia	N	M.D.	F	I	3000 Colby	Ste 201	Berkeley	CA	6	94705	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	36	37	37	$75.00	$55.86	$36.64	$31.19
1306842711	Nissen	Rick	L	M.D.	M	I	8714 Lyndale Ave S		Minneapoli	MN	27	55420	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	36	37	37	$204.40	$31.71	$23.72	$24.71
1326019621	Williams	Paul	M	MD	M	I	1702 University Dr S		Fargo	ND	38	58103	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	34	37	37	$53.76	$33.82	$24.92	$26.22
1326435215	Miller	Matthew	W	M.D.	M	I	981225 University Of N		Omaha	NE	31	68198	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	33	37	37	$120.20	$42.50	$25.44	$28.30
1336228584	Duong	Tu	H	D.O.	M	I	4314 W Victory Blvd		Burbank	CA	6	91505	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	30	37	37	$74.19	$52.45	$41.86	$36.95
1336455468	Emery	Natalie		FNP	F	I	703 S Washington Ave		Marshall	TX	48	75670	4	Micropolit	US	Nurse Prac	Y	69210	Removal of	N	O	29	37	37	$159.62	$38.90	$28.05	$29.35
1346234945	Morgan	Adam	S	MD	M	I	150 S Mount Auburn Rc		Cape Giran	MO	29	63703	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	31	37	37	$139.00	$41.57	$25.43	$28.52
1356309892	Allen	Marc		DO	M	I	358 Veterai	Ste 11	Commack	NY	36	11725	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	35	37	37	$118.19	$59.84	$47.52	$37.18
1366553349	Szwarc	Brian	J	M.D.	M	I	100 Mimos	3rd Floor	Thomasvill	GA	13	31792	4	Micropolit	US	Otolaryngo	Y	69210	Removal of	N	O	31	37	37	$45.19	$44.72	$27.01	$29.60
1376038257	Drahorado	Lenka	M	AGNP-BC	F	I	291 Lincoln St		Worcester	MA	25	1605	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	37	37	37	$221.00	$42.68	$29.88	$28.16
1376178004	Roberts	Sean	A	MSN, APRN	M	I	1225 S Grand Blvd		Saint Louis	MO	29	63104	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	33	37	37	$93.30	$39.85	$29.46	$30.03
1376792606	Rosenstein	Kenneth	M	M.D.	M	I	570 Egg Harbor Rd Ste		Sewell	NJ	34	8080	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	33	37	37	$166.92	$46.26	$29.56	$26.89
1386766368	Herring	Mark	L	M.D.	M	I	1355 Johnston Dr		Manitowoc	WI	55	54220	4	Micropolit	US	Internal Me	Y	69210	Removal of	N	O	30	37	37	$49.05	$42.20	$27.03	$31.65
1396484952	Emory	Mallorie		DNP	F	I	701 E Rosser Ave		Bismarck	ND	38	58501	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	20	37	37	$65.00	$39.08	$31.14	$32.28
1396849535	Santini -Oli	Hector	M	.M.D.	M	I	2225 Ponc	Suite 502	Ponce	PR	72	717	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	31	37	37	$60.00	$46.85	$35.83	$35.42
1407453954	Norman	Jeffery	S	PA	M	I	1622 Westgate Cir		Brentwood	TN	47	37027	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	34	37	37	$132.81	$35.75	$26.50	$28.60
1407848948	Fear	Daniel	R	MD	M	I	537 Sw Uni	Second Flo	Grants Pas	OR	41	97527	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	35	37	37	$124.08	$42.35	$28.88	$30.64
1437631801	Hill	Stephanie	W		F	I	2000 6th Ave S		Birminghan	AL	1	35233	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	36	37	37	$130.97	$37.84	$24.46	$25.34
1508862509	Wisotsky	Philip		MD	M	I	11350 Pembrooke Sq S		Waldorf	MD	24	20603	2	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	34	37	37	$125.00	$49.16	$39.08	$37.35
1508894023	C Iccarelli	Karen	J	M.D.	F	I	16605 Kendle Rd		Williamspo	MD	24	21795	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	33	37	37	$120.00	$48.69	$32.50	$31.37
1558380444	Hill	John	M	MD	M	I	1590 S Sr 1	Suite 100	Deland	FL	12	32720	1.1	Secondary	US	Family Prac	Y	69210	Removal of	N	O	36	37	37	$98.18	$46.57	$37.15	$36.48
1578083283	Guilford	Patricia	T	DO	F	I	730 Newman Rd		New Bern	NC	37	28562	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	34	37	37	$82.00	$45.17	$33.07	$34.57
1609266824	Sands	Noah	B	M.D	M	I	425 West 59th Street, 1		New York	NY	36	10019	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	34	37	37	$225.00	$46.12	$35.66	$29.25
1639432057	Rose	Cynthia	A	RN	F	I	812 N Keene St		Columbia	MO	29	65201	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	25	37	37	$144.46	$26.65	$16.40	$17.67
1649221672	Feingold	Howard	E	MD	M	I	516 Lakeview Rd Ste 4		Clearwater	FL	12	33756	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	34	37	37	$72.03	$47.80	$32.90	$32.86
1669435343	Morin	Peter	M	M.D.	M	I	770 N Cotn	Sye 205	Lincoln	NE	31	68505	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	32	37	37	$51.00	$43.10	$18.71	$22.44
1669458097	Segars	David	Q	M.D.	M	I	2645 Ocea	Suite 303	San Francis	CA	6	94132	1	Metropolit	US	General Pra	Y	69210	Removal of	N	O	32	37	37	$116.00	$55.84	$34.26	$29.22
1669473641	Jeha	Zeina		MD	F	I	16295 Willow Creek Rc		Lewes	DE	10	19958	4	Micropolit	US	Internal Me	Y	69210	Removal of	N	O	28	37	37	$100.00	$48.39	$33.18	$32.70
1669973079	Moore	Liza			F	I	1055 South Blvd E Ste 1		Rochester I	MI	26	48307	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	37	37	37	$100.00	$42.95	$30.25	$28.36
1679612436	Lynch	Michael	W	M.D.	M	I	1275 E Spri	Suite 101	Fresno	CA	6	93720	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	35	37	37	$85.00	$48.23	$36.44	$35.45
1699109884	Yu	Jeffrey		M.D.	M	I	201 16th Ave E		Seattle	WA	53	98112	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	31	37	37	$186.00	$36.11	$27.20	$24.43
1700824984	Erickstad	Mark	A	MD	M	I	401 N 9th St		Bismarck	ND	38	58501	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	35	37	37	$115.00	$44.99	$30.86	$32.05
1710926001	Martinelli	Donald		MD	M	I	8306 13th Ave		Brooklyn	NY	36	11228	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	29	37	36	$80.00	$55.59	$41.13	$32.34
1720070113	Wu	James	C	M.D.	M	I	1800 Sulliv	Ste 411	Daly City	CA	6	94015	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	37	37	37	$236.22	$48.03	$32.82	$29.30
1720405004	Ching	Harry	H	M.D.	M	I	5320 S Rainbow Blvd S		Las Vegas	NV	32	89118	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	31	37	37	$102.00	$48.92	$37.95	$36.34
1740806132	Crowe	Vanessa	R	PA-C	F	I	355 W 16th St Ste 300(		Indianapoli	IN	18	46202	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	32	37	37	$109.00	$36.75	$28.50	$31.07
1801277959	Davidson	James	R	M.D.	M	I	1665 S Green St		Tupelo	MS	28	38804	4	Micropolit	US	Family Prac	Y	69210	Removal of	N	F	37	37	37	$54.49	$30.11	$22.98	$25.32
1811087901	Wissing	Nicole	D	PA-C	F	I	1430 Medical Center P		Murfreesbo	TN	47	37129	1.1	Secondary	US	Physician A	Y	69210	Removal of	N	O	34	37	37	$124.30	$37.23	$23.61	$26.42
1811151608	Glassman	Harrison		MD	M	I	1200 Wate	Suite 110 S	Bronx	NY	36	10461	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	35	37	37	$273.43	$41.55	$30.59	$23.93
1831120021	Lewis	Melba	F	M.D.	F	I	4407 Bee C	1-112	Austin	TX	48	78746	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	32	37	37	$61.05	$32.34	$24.45	$26.60
1841339850	Brainard	Laura		MD	F	I	West Bloor	6777 W. Ma	West Bloon	MI	26	48322	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	27	37	37	$105.41	$32.23	$23.40	$22.04
1861414005	Tran	Nhu	Q	DO	F	I	3110 Lamesa Dr		Garland	TX	48	75041	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	22	37	37	$160.00	$47.63	$35.92	$35.94
1881687309	Rahimi	Mostafa	S	M.D	M	I	10 Woodla	Icu Room 5	Saint Heler	CA	6	94574	7	Small town	US	Family Prac	Y	69210	Removal of	N	O	33	37	37	$105.00	$52.41	$40.68	$36.95
1881747913	Cherciu	Mugurel	S	M.D.	M	I	91 Dorchester Way		Shrewsbun	NJ	34	7702	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	32	37	37	$72.70	$49.94	$31.49	$28.85
1891995940	Mynatt	Robert	G	M.D.	M	I	1724 Hami	Ste 102, Oa	Hixson	TN	47	37343	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	35	37	37	$174.47	$42.99	$27.68	$30.03
1902885700	Blair	James	S	MD	M	I	13567 Nc Highway 50		Surf City	NC	37	28445	2	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	33	37	37	$149.00	$45.48	$28.96	$30.29
1902911845	Burt	Andrew	G	MD	M	I	11400 Pleasant Valley		Penn Valley	CA	6	95946	5	Micropolit	US	Family Prac	Y	69210	Removal of	N	O	36	37	37	$81.00	$48.75	$27.40	$26.28
1922047729	Hussain	Irshad		MD	M	I	15921 Boundary Dr		Ashland	MS	28	38603	2	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	34	37	37	$102.70	$43.24	$24.15	$28.10
1922696731	Rozman	Paul		PA-C	M	I	9500 Euclid Ave # A71		Cleveland	OH	39	44195	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	36	37	37	$325.95	$27.99	$16.77	$16.89
1932861366	Liban	Geraldine		RN	F	I	3735 Arizona 95		Bullhead C	AZ	4	86442	4	Micropolit	US	Nurse Prac	Y	69210	Removal of	N	O	35	37	37	$141.00	$39.21	$28.67	$29.77
1942662986	Westfall	Edward		MD	M	I	10021 Dupont Circle C		Fort Wayne	IN	18	46825	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	34	37	37	$107.00	$43.87	$30.61	$33.76
1952519316	Burke	Emily	L	MD	F	I	4770 S I 10	Service Rd \	Metairie	LA	22	70001	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	36	37	37	$105.00	$33.31	$24.34	$23.47
1962489823	Leonetti	John		MD	M	I	2160 S Firs	Maguire Ce	Maywood	IL	17	60153	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	31	37	37	$204.86	$34.56	$23.54	$21.86
1003115759	Angster	Kristen		MD	F	I	14500 Hall Rd		Sterling He	MI	26	48313	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	26	36	36	$112.50	$34.63	$25.26	$23.75
1003887563	Finch	Laura	B	MD	F	I	350 W Colu	Ste 310	Evansville	IN	18	47710	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	27	36	36	$135.00	$41.84	$27.06	$29.74
1013141936	Volsky	Peter	G	M.D.	M	I	6705 S Red	Suite 706	South Mian	FL	12	33143	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	33	36	36	$105.00	$47.37	$34.71	$34.32
1013909811	Berry	Shannon	M	M.D.	F	I	295 Posad	Suite D	Templeton	CA	6	93465	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	32	36	36	$55.37	$45.97	$30.16	$30.48
1013918150	Daniel	Fred	L	MD	M	I	5201 Frederick Street		Savannah	GA	13	31405	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	34	37	36	$128.25	$42.85	$30.15	$32.50
1023009016	Lark	Kim	P	D.O.	F	I	2402 W Pie	Suite 4-A	Carlsbad	NM	35	88220	4	Micropolit	US	Family Prac	Y	69210	Removal of	N	O	35	36	36	$92.74	$46.43	$31.57	$32.56
1023038718	Rosen	Marc	R	M.D.	M	I	925 Chestr	6th Floor	Philadelphi	PA	42	19107	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	32	36	36	$110.00	$18.31	$12.70	$11.34

1033173968	Manuel-Arg	Daisy		DO	F	I	270 Perkins Street	Sonoma	CA	6	95476	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	32	36	36	$104.00	$51.65	$31.99	$29.01
1043255938	Shende	Archana	C	M D	F	I	1211 W La Suite 309	Anaheim	CA	6	92801	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	36	36	$80.00	$52.34	$40.39	$36.75
1083032825	Lippmann	Elise	R	MD	F	I	3601 The Vanderbilt Cl	Nashville	TN	47	37232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	36	36	$195.00	$41.75	$32.28	$36.78
1083691844	Watson	Daniel			M	I	3800 Park Nicollet Blvc	St Louis Pa	MN	27	55416	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	36	36	$191.00	$43.70	$29.58	$30.74
1104023076	Hofmann	Charles	B	M.D.	M	I	30434 Mount Vernon R	Princess Ar	MD	24	21853	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	36	36	$98.00	$49.34	$30.53	$29.54
1104270560	Mason	Eric		MD	M	I	1120 E Elizabeth St # Fl	Fort Collins	CO	8	80524	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	36	36	$109.14	$47.70	$34.80	$34.29
1114028743	Borrelli	Sam	J	M.D.	M	I	25651 County Road 20	Elkhart	IN	18	46517	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	33	36	36	$145.00	$42.81	$27.41	$31.75
1114956380	Aferzon	Mark		MD	M	I	2 Ivy Brook Suite 110	Shelton	CT	9	6484	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	36	36	$79.00	$27.06	$21.59	$20.05
1124083803	Arias	Paula		PA-C	F	I	1000 E Mountain Dr	Wilkes Barr	PA	42	18711	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	29	36	36	$124.94	$27.05	$18.49	$18.75
1144221110	Lotsvin	Liliya		M.D.	F	I	3533 Riverdale Ave	Bronx	NY	36	10463	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	29	36	36	$113.61	$59.51	$44.82	$35.87
1154366839	Elser	John	C	M.D.	M	I	2850 W 95t Suite 101	Evergreen F	IL	17	60805	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	33	36	36	$244.33	$51.79	$32.60	$29.95
1154632040	Stelle	Jacob	A	M.D.	M	I	611 W. Parl Ent	Urbana	IL	17	61801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	36	36	$256.94	$32.02	$23.87	$23.49
1164999207	Urbank	Megan	N	PA-C	F	I	1 Guthrie Sq	Sayre	PA	42	18840	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	34	36	36	$189.00	$39.60	$6.98	$7.86
1184141798	Azoulay	Ofer		MD	M	I	185 Montague St Fl 5	Brooklyn	NY	36	11201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	36	36	$176.00	$56.98	$37.61	$29.54
1184925695	Ungureanu	Adrian		PA-C	M	I	4550 Execu Suite 104	Naples	FL	12	34119	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	33	36	36	$73.89	$42.93	$30.02	$27.79
1194084756	Patel	Ravish	M	MD	M	I	312 Applegarth Rd Ste	Monroe Tov	NJ	34	8831	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	36	36	$106.00	$53.68	$36.56	$32.20
1205254885	Vanhille	Derek		M.D.	M	I	39 Professional Way St	Payson	UT	49	84651	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	36	36	$107.00	$45.36	$32.12	$34.04
1215903216	Rouse	David	T	MD	M	I	2521 Glenr Ste 104	Liberty	MO	29	64068	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	36	36	$91.86	$31.55	$23.27	$24.68
1225185465	Paley	Harvey	D	M.D.	M	I	9301 Wilshire Blvd Ste	Beverly Hill	CA	6	90210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	36	36	$97.00	$27.51	$20.21	$17.94
1225423924	Ward	Christian	D	M.D.	M	I	366 S Main St Ste 2	Cheshire	CT	9	6410	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	36	36	$113.89	$51.98	$34.18	$31.06
1235140278	Caviness	Randall	E	M.D.	M	I	1279 E 1st Ave Ste A	Chico	CA	6	95926	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	31	36	36	$125.00	$49.52	$30.59	$28.71
1245236959	Manuli	Steven	P	MD	M	I	104 Mill End Ct	Elizabeth C	NC	37	27909	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	30	36	36	$116.67	$46.12	$30.68	$31.95
1275016503	Niemeyer	Rebecca	E	PA-C	F	I	1606 Prairie Center Pkv	Brighton	CO	8	80601	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	28	36	36	$75.00	$40.32	$30.39	$30.71
1275565608	Kerner	Marc	M	MD	M	I	18350 Roscoe Blvd Ste	Northridge	CA	6	91325	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	36	36	$134.72	$45.83	$34.21	$31.13
1275725913	Weddle	Jessica	A	D.O.	F	I	512 S 28th Ave	Wausau	WI	55	54401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	36	36	$275.00	$43.19	$27.91	$30.61
1275876831	Hoffmann	Bernadette	M		F	I	421 Chew St	Allentown	PA	42	18102	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	36	36	$46.06	$43.39	$33.66	$31.39
1275943227	Ji	Hongzhao		MD	M	I	2001 Inwood Rd	Dallas	TX	48	75390	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	36	36	$168.00	$41.62	$30.47	$31.23
1285633347	Mitchell	Ryan	E	D.O.	M	I	54 N Pecos Suite C	Henderson	NV	32	89074	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	36	36	$150.28	$47.79	$33.73	$32.71
1285645945	Smoots	John	S	MD	M	I	1608 S J St Floor 3	Tacoma	WA	53	98405	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	35	36	36	$135.58	$35.65	$25.78	$25.36
1295173524	Presby	Kirsten	L	NP	F	I	101 E W T Harris Blvd	Charlotte	NC	37	28262	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	31	36	36	$180.00	$39.38	$28.92	$29.76
1306434154	Anderson	Sadie	B	PA	F	I	30 Canton St Ste 2	Manchester	NH	33	3103	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	34	36	36	$347.81	$40.54	$30.45	$30.04
1316212517	Petersen	Andrew	H	DO	M	I	211 W Maple Ave	Fayettevill	WV	54	25840	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	36	36	$129.00	$42.84	$27.12	$29.02
1316900897	Zager	Warren	H	M.D.	M	I	306 W Logan St	Norristown	PA	42	19401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	36	36	$105.00	$50.28	$39.27	$36.62
1346246618	Strahan	Ronald	C	MD	M	I	50 Buck Cr	Suite 200	Avon	CO	8	81620	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	36	36	$133.00	$47.97	$25.89	$25.37
1346348059	Adkins	Garth	T	M.D.	M	I	14050 Nw :	Suite 190	Fort Lauder	FL	12	33025	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	35	36	36	$90.00	$49.98	$36.49	$34.29
1356333272	Herendeen	Thomas	W	MD	M	I	10021 Dupont Circle C	Fort Wayne	IN	18	46825	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	36	36	$107.00	$43.24	$25.31	$28.00
1366418774	Hobdari	Lindita	R	M.D.	F	I	1855 Veter	Suite 201	Naples	FL	12	34109	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	34	36	36	$194.00	$50.48	$39.15	$36.30
1366544033	Kahnk	Robert	R	MD	M	I	145 Memorial Dr	Broken Bov	NE	31	68822	7	Small town	US	Family Prac	Y	69210	Removal of N	O	33	36	36	$96.00	$43.37	$31.80	$34.66
1366756793	Lane	Jennifer	C	D.O.	F	I	8675 Valley Creek Rd	Woodbury	MN	27	55125	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	36	36	$140.81	$41.08	$29.75	$30.20
1376520841	Nevins	Christophe	L	MD	M	I	1701 Sunset Blvd	Houston	TX	48	77005	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	35	36	36	$49.52	$49.36	$33.95	$31.65
1386872497	Schmedes	Gregg	W	M.D.	M	I	2211 Loma 2nd Floor	Albuquerq	NM	35	87106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	36	36	$100.00	$43.77	$30.84	$31.87
1396181483	Taher Naze	Fareeda		M.D.	F	I	1025 Marsh St	Mankato	MN	27	56001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	36	36	$103.89	$34.12	$27.24	$28.56
1407066996	Behler	Andrew	M	D.O.,M.P.H	M	I	1179 E Paris Ave Se	Grand Rapi	MI	26	49546	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	36	36	$105.00	$43.96	$29.96	$31.42
1417169111	Christophe	John	J	MD	M	I	415 Ray C Hunt Dr	Charlottesv	VA	51	22903	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	36	36	$96.02	$44.66	$32.52	$33.53
1417226994	Mullikin	Maria	E	NP-C	F	I	214 East 23rd	Cheyenne	WY	56	82001	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	35	36	36	$90.00	$40.37	$24.86	$25.09
1447337704	Shivalingap	Prabhu		M.D.	M	I	534 Chestr Ste 210	Hinsdale	IL	17	60521	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	29	36	36	$186.11	$51.18	$38.13	$35.32
1457476129	Mardegian	Michelle	L	PA-C	F	I	19401 Hubbard Dr	Dearborn	MI	26	48126	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	35	36	36	$137.50	$28.96	$21.09	$19.89
1457512121	Mills	Jonathan	C	M.D.	M	I	403 Summit Blvd Unit 2	Broomfield	CO	8	80021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	36	36	$75.00	$49.03	$38.14	$36.37
1487007332	Carlson	Jeanette	L	NP	F	I	1420 N 10th St	Spearfish	SD	46	57783	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	32	36	36	$147.00	$25.60	$16.30	$17.11
1487608246	Mawn	Christophe	B	M.D.	M	I	11700 W 2r	Ste 435	Lakewood	CO	8	80228	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	36	36	$129.78	$47.66	$33.74	$33.23
1487880985	Abdul-Aziz	Dunia	E	MD	F	I	243 Charles St	Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	36	36	$197.36	$52.59	$39.56	$35.34
1518126614	Rosenfeld	Boris	E	DO	M	I	285 Sills Rd Ste H	East Patch	NY	36	11772	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	31	36	36	$120.00	$59.40	$46.04	$36.93
1518229228	Naples	James	G	MD	M	I	110 Francis St Ste 6e	Boston	MA	25	2215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	35	36	36	$109.00	$35.74	$20.78	$18.83
1558307504	Ruckenstei	Michael	J	MD	M	I	3400 Spruc 5 Silverstei	Philadelphi	PA	42	19104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	35	36	36	$95.00	$34.72	$25.82	$24.15
1558359885	Fichman	David		MD	M	I	678 Petaluma Ave	Sebastopol	CA	6	95472	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	34	36	36	$125.00	$52.20	$34.72	$31.65
1568670156	Carron	Michael	A	M.D.	M	I	5250 Auto Club Dr Ste 2	Dearborn	MI	26	48126	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	36	36	$156.99	$46.58	$33.86	$32.18
1578554168	Bunney	Noor	S	MD	M	I	2649 Crooks Rd	Troy	MI	26	48084	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	36	36	$95.00	$47.26	$34.52	$34.87
1578697520	Defatta	Robert	J	MD, PH D, I	M	I	1490 Rivers Edge Trail	Altoona	WI	55	54720	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	36	36	$190.00	$44.32	$34.28	$36.95
1588687933	Orjuela	Andres	F	M.D.	M	I	3100 Sw 62	Suite# 124	Miami	FL	12	33155	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	36	36	$105.00	$51.36	$34.70	$30.85
1588757116	Tobey	David	N	M.D.	M	I	4515 Seton	Suite 100	Austin	TX	48	78759	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	36	36	$151.89	$46.37	$36.95	$36.93
1598983371	Glickstein	Jonathan	S	MD	M	I	1120 N Melvin St	Gibson City	IL	17	60936	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	32	36	36	$147.53	$41.47	$31.05	$32.40
1609039080	Almeida	Jacob	D	D.O.	M	I	11848 Rock Landing Dr	Newport Ne	VA	51	23606	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	36	36	$121.00	$48.04	$35.24	$34.85
1619062072	Kornak	Jodi	M	M.D.	F	I	S68w15500 Janesville I	Muskego	WI	55	53150	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	36	36	$300.00	$43.67	$27.51	$29.77
1619086626	Kriskovich	Mark	D	M.D.	M	I	100 W 4th S	Suite 200	Cookeville	TN	47	38501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	36	36	$121.39	$43.17	$33.46	$36.51
1619261187	Thakkar	Punam	G	M.D.	F	I	2300 M St Nw Fl 4		Washingtor	DC	11	20037	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	36	36	$164.00	$54.07	$39.55	$33.23
1629486477	Lam	Johanna	F	NP	F	I	2000 Washington St St	Newton	MA	25	2462	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	36	36	36	$150.00	$44.03	$34.11	$30.50
1639180425	Rabadi	Khaled	M	MD	M	I	1451 44th A	Suite 112d	Grand Fork	ND	38	58201	1	Metropolita	US	Nephrolog	Y	69210	Removal of N	O	28	36	36	$121.84	$46.08	$36.09	$37.34
1639462708	Flattery	Ashley	H	ARNP	F	I	1455 29th St		West Des M	IA	19	50266	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	36	36	$152.00	$37.08	$28.06	$30.90
1639572167	Howard	Jacqueline	H	PA-C	F	I	901 Riverfr	Suite 300	Chattanoo	TN	47	37402	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	35	36	36	$240.14	$36.41	$27.43	$30.91
1649255159	Leung-Ston	Kim	C	M.D.	F	I	2501 Comp	Suite 100	Glenview	IL	17	60026	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	32	36	36	$168.00	$52.40	$34.92	$31.65
1649465378	Shahla	Ziad		M.D.	M	I	8800 Terrer	Suite 102	Bonita Spri	FL	12	34135	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	36	36	$100.58	$50.54	$37.21	$34.39
1659372225	Malhotra	Rohit		M.D.	M	I	213 E Monroe Ave		Buckeye	AZ	4	85326	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	36	36	$70.00	$46.38	$33.88	$34.93
1659782795	Jennings	Jesse	J	MD	F	I	3901 S Atherton St Ste		State Colle	PA	42	16801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	36	36	$136.61	$45.31	$34.18	$34.92
1669505046	Nayak	Chetan	S	MD	M	I	401 N 17th	Suite 210	Allentown	PA	42	18104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	36	36	$100.00	$41.58	$27.61	$28.24
1669680328	Mydlarz	Wojciech	K	M.D.	M	I	6420 Rockl	Suite 4920	Bethesda	MD	24	20817	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	36	36	$177.00	$35.30	$28.43	$24.54
1679821102	Diaz	Miguel	A	MD	M	I	90130 Old Hwy		Tavernier	FL	12	33070	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	29	36	36	$150.00	$52.90	$36.42	$32.01
1689179467	Mctaggart	Lynne		MSN FNP-C	F	I	1575 N Dysart Rd		Avondale	AZ	4	85392	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	34	36	36	$98.17	$39.38	$27.71	$28.67

1689648586	Lipscomb	Ann	N	F.N.P., R.N.	F	I	7000 Woodhue Dr	Austin	TX	48	78745	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	36	36	$50.00	$40.79	$30.73	$30.05
1699710566	Szeles	Leslie	S	M.D.	M	I	601 John St Suite M-27	Kalamazoo	MI	26	49007	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	36	36	$95.00	$45.53	$30.61	$32.48
1700855145	Patel	Avan	M	MD	F	I	58 W Loop Dr	Camarillo	CA	6	93010	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	36	36	$76.15	$51.96	$37.48	$33.73
1730184714	Bowne	David	B	M.D.	M	I	4400 N 32nd St Ste 22(	Phoenix	AZ	4	85018	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	36	36	$93.64	$40.59	$28.76	$29.70
1770529190	Campbell	Melvin	A	MD FACP	M	I	913 E Zero St	Ainsworth	NE	31	69210	10	Rural areas	US	Internal Me	Y	99231	Follow-up h	N	F	21	36	36	$75.00	$35.75	$23.97	$25.97
1780148544	Basco	Marie Clair	S	NP	F	I	4400 Duckhorn Dr Ste :	Sacrament	CA	6	95834	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	32	36	36	$74.00	$41.60	$25.60	$24.93
1780618041	Davenport	Robert	A	M.D.	M	I	100 N Eagle Creek Dr	Lexington	KY	21	40509	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	36	36	36	$194.03	$42.08	$25.68	$28.24
1780639450	Mahfooz	Naveed		MD	M	I	1525 W Caro Rd	Caro	MI	26	48723	7	Small town	US	Family Prac	Y	69210	Removal of N	O	32	36	36	$72.22	$45.12	$33.43	$34.96
1780902775	Gregory	Naomi	D	D.O.	F	I	570 Egg Ha Suite B2	Sewell	NJ	34	8080	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	36	36	$168.50	$52.30	$33.68	$30.60
1780982512	Tortorich	Joseph	W	D.O.	M	I	12188a N Meridian St S	Carmel	IN	18	46032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	36	36	$115.00	$44.29	$30.20	$32.96
1790987147	Potts	Richard	D	MD	M	I	26 N Beach St Ste C	Ormond Be	FL	12	32174	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	36	36	$61.03	$47.44	$36.83	$36.40
1821643974	Riding	Michael			M	I	781 N 1100 E	Provo	UT	49	84606	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	36	36	36	$115.17	$39.30	$30.93	$31.43
1841450137	Cipolla	Michael	J	M.D.	M	I	3670 South Suite C	Orchard Pa	NY	36	14127	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	36	36	$140.00	$43.57	$29.93	$31.17
1861434607	O'neill	Darren	S	M.D.	M	I	701 Enfield St	Enfield	CT	9	6082	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	36	36	$115.00	$50.60	$33.48	$31.12
1861599300	Rakhra	Sudeepta	A	D.O.	F	I	303 S Nappanee St	Elkhart	IN	18	46514	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	30	36	36	$145.00	$44.39	$30.16	$32.84
1861932113	Poole	Katy			F	I	1436 Chattanooga Ave	Dalton	GA	13	30720	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	36	36	$140.64	$36.99	$20.99	$23.18
1871557785	Czira	Alex	A	MD	M	I	755 New Yo	107	Huntington	NY	36	11743	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	36	36	$80.00	$58.08	$38.91	$30.62
1871903997	Khakoo	Naushad	M	MD	M	I	7502 State Rd	Cincinnati	OH	39	45255	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	36	36	$86.00	$43.72	$24.92	$26.17
1891730479	Bashir	Omar	J	D.O.	M	I	5957 W Ramsey St	Banning	CA	6	92220	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	36	36	$50.45	$46.08	$30.46	$28.79
1922593722	Kruisman	Aubrey	A		F	I	434 W Ascension Way S	Salt Lake C	UT	49	84123	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	36	36	$45.86	$39.14	$29.94	$30.92
1932172947	Gillman	Grant			M	I	5200 Centr Shadyside		Pittsburgh	PA	42	15232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	36	36	$138.00	$45.00	$29.80	$31.64
1932784964	Wheeler	Amanda		FNP-C	F	I	1300 S. Columbia Rd	Grand Fork	ND	38	58201	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	35	36	36	$39.00	$26.33	$18.59	$19.43
1952372906	Zwillenberg	Seth		MD	M	I	1920 Chest 2nd Floor		Philadelphi	PA	42	19103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	36	36	$75.00	$45.77	$34.31	$31.65
1952527541	Stirling	Aneta	S	M.D.	F	I	40075 Bob Suite F		Rancho Mir	CA	6	92270	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	36	36	$75.00	$49.96	$38.74	$36.93
1982053989	Ahmed	Yasmina		M.D.	F	I	4365 Pheasant Ridge D		Blaine	MN	27	55449	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	36	36	$200.00	$53.16	$35.61	$31.23
1982090452	Chao	Tiffany	N	MD	F	I	3737 Market St Fl 3		Philadelphi	PA	42	19104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	33	36	36	$95.00	$32.86	$23.19	$21.60
1982259214	Sheffield	Samantha		ARNP	F	I	1200 1st Ave E		Spencer	IA	19	51301	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	36	36	36	$110.00	$36.21	$28.86	$31.38
1982683900	Christianse	Timothy	N	MD	M	I	1421 Premi	Mankato Cl	Mankato	MN	27	56001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	36	36	$191.82	$44.97	$26.66	$27.32
1992799571	Spires	James	R	M.D.	M	I	3701 Dauphin St		Mobile	AL	1	36608	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	36	36	36	$85.00	$45.27	$24.04	$26.29
1003808171	Ortiz	Jaime	L		M	I	Torre San C 205 A		Coto Laure	PR	72	780	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	35	35	$48.65	$47.43	$30.78	$30.51
1013043959	Bigol	Percival	A	MD	M	I	2500 W Hig Suite 280		Hoffman Es	IL	17	60169	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	35	35	$105.00	$51.82	$40.44	$37.10
1013126853	Lelli	Katrina	L	RPAC	F	I	2398 Se Ocean Blvd		Stuart	FL	12	34996	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	35	35	35	$65.00	$40.54	$29.05	$26.79
1013946334	Ross	Jennifer	L	M.D.	F	I	4510 Plank Rd Ste 200		Frederickst	VA	51	22407	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	32	35	35	$95.00	$46.29	$31.50	$32.23
1023157260	Patel	Rajan	H	M.D.	M	I	9301 Golf F Suite 302		Des Plaines	IL	17	60016	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	35	35	$91.26	$36.91	$24.46	$21.81
1033165980	Skiles	Roger	G	MD	M	I	4801 Alberta Ave		El Paso	TX	48	79905	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	35	35	$108.57	$47.27	$37.74	$37.44
1033208145	Knapp	James	C	M.D.	M	I	911 E Tuolumne Rd		Turlock	CA	6	95382	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	30	35	35	$55.48	$49.58	$32.06	$30.56
1053318774	Herman	Howard	K	M.D.	M	I	830 Eagles Landing Pk		Stockbridg	GA	13	30281	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	35	35	$100.00	$43.58	$28.27	$28.35
1063417772	Mateja	Brian	J	D.O.	M	I	509 E Main St		Rogue Rive	OR	41	97537	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	34	35	35	$127.00	$41.52	$20.77	$22.76
1083053094	Morell Diaz	Fernando	J	M.D.	M	I	2101 Jackson St Ste 11		Anderson	IN	18	46016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	35	35	$150.80	$39.33	$27.37	$32.41
1104082825	Moskowitz	Howard	S	MD, PHD	M	I	3400 Bainb 3rd Floor		Bronx	NY	36	10467	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	35	35	$250.00	$41.97	$26.88	$21.06
1104290071	Small	Amanda	D	APRN	F	I	6585 S Yale Suite 1150		Tulsa	OK	40	74136	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	35	35	$114.00	$38.23	$25.36	$27.26
1124039722	Hwang	Thomas	C	M.D.	M	I	17400 Irvin Suite F		Tustin	CA	6	92780	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	35	35	$110.00	$52.37	$36.94	$33.64
1134214851	Pearlstein	Richard	P	M.D.	M	I	1010 E Mcdowell Rd St		Phoenix	AZ	4	85006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	35	35	$93.64	$44.84	$35.74	$36.90
1144519299	Hoekzema	Craig	R	MD	M	I	1450 Farr R	5000	Norton Sho	MI	26	49444	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	35	35	$102.00	$45.85	$31.08	$32.63
1144626433	Gorby	Caryn		CNP	F	I	590 Newark Granville F		Granville	OH	39	43023	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	35	35	$135.71	$39.31	$24.31	$25.41
1164415584	Besson	Gideon		MD	M	I	711 N Dekalb St		Shelby	NC	37	28150	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	31	35	35	$97.00	$45.63	$31.23	$32.97
1164874699	Kehoe	Gretchen	G		F	I	Essentia H	400 East Th	Duluth	MN	27	55805	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	30	35	35	$164.00	$26.38	$14.76	$15.96
1174561138	Witter Hew	Malaika	M	M.D.	F	I	5673 Peacl Ste 150		Atlanta	GA	13	30342	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	35	35	$155.00	$44.95	$34.92	$35.55
1194046151	Keeler	Jarrod	A	M.D.	M	I	300 Pasteur Dr		Stanford	CA	6	94305	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	35	35	$120.09	$44.76	$33.38	$33.95
1194106492	Zhou	Tom		MD	M	I	1110 W Main Cross St		Findlay	OH	39	45840	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	35	35	$109.00	$39.59	$30.53	$31.52
1194254250	Hall	Whitney		MD	F	I	2405 Clear Creek Rd		Killeen	TX	48	76549	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	35	35	$153.00	$29.59	$21.40	$22.70
1194822783	Sharma	Gopesh	K	M.D	M	I	8303 Arlington Blvd Ste		Fairfax	VA	51	22031	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	35	35	$100.00	$54.30	$34.48	$29.28
1194828301	Griffith	Patrick	W	MD	M	I	1902 Johnson St		Jennings	LA	22	70546	7	Small town	US	Internal Me	Y	69210	Removal of N	O	29	35	35	$72.00	$43.29	$27.51	$28.97
1215015482	Johnson	Boyd	A	D.O.	M	I	2431 W. Ca	Visalia Wal	Visalia	CA	6	93277	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	33	35	35	$60.00	$48.97	$28.93	$28.20
1215043971	Smith	Michael		M.D.	M	I	1000 Health Center Dr		Mattoon	IL	17	61938	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	29	35	35	$129.26	$32.34	$22.06	$21.84
1215371752	Foon	Jeremy	G	M.D.	M	I	Utmb Depa	301 Univers	Galveston	TX	48	77555	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	35	35	$88.00	$43.84	$30.92	$33.51
1215920673	Jacobs	Joshua	S	MD	M	I	130 La Cas Bldg 2, # 2(		Walnut Cre	CA	6	94598	1	Metropolita	US	Allergy/ Imi	Y	69210	Removal of N	O	31	35	35	$125.00	$55.63	$44.74	$38.25
1225072044	Suneela	Gottumukkala		M.D.	F	I	2996 Kate E Suite 203		Bartlett	TN	47	38133	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	35	35	$126.89	$44.15	$23.17	$26.37
1225130701	Sherrow	Keith	I	M.D.	M	I	1600 Perrin Suite 25		Monroe Tov	NJ	34	8831	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	35	35	$90.00	$53.70	$42.86	$37.98
1235321993	Arnholt	Jonathan	L	M.D.	M	I	4102 Pinion	10th Medic	Usaf Acade	CO	8	80840	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	30	35	35	$100.00	$46.35	$30.36	$29.90
1235491697	Smith	Ryan	M	M.D.	M	I	1611 W Harrison St Ste		Chicago	IL	17	60612	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	35	35	$164.31	$51.94	$37.97	$34.14
1235563057	Deschaine	Christina	M	PA-C	F	I	1049 5th Ave # 1a		New York	NY	36	10028	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	24	35	35	$170.00	$46.34	$29.99	$23.98
1245287598	Krenik	Karen		MD	F	I	7250 Franc Suite 100		Edina	MN	27	55435	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	35	35	$204.40	$46.74	$34.18	$34.87
1245440668	Trnovski	Gjorgji		M.D.	M	I	7301w Palmetto Park F		Boca Rator	FL	12	33433	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	34	35	35	$51.23	$50.78	$33.44	$31.32
1255569224	Carabin	Ioana	G	M.D.	F	I	1438 Kennedy Dr		Key West	FL	12	33040	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	35	35	$175.00	$53.45	$41.39	$36.89
1255673885	Rao	Neela		MD	F	I	200 S Herlong Ave Ste A		Rock Hill	SC	45	29732	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	31	35	35	$95.00	$43.31	$30.16	$32.01
1265951701	Burcham	Elizabeth	A	PA-C	F	I	9960 Sky Ridge Ave		Lone Tree	CO	8	80124	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	35	35	35	$72.00	$40.96	$20.51	$19.91
1295468049	O'connor	Michael	P	PA	M	I	2999 Princeton Pike		Lawrencevi	NJ	34	8648	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	30	35	35	$157.56	$42.05	$33.50	$30.90
1295831626	Romanow	John	H	MD	M	I	60 Commercial St Ste 4		Concord	NH	33	3301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	35	35	$156.80	$33.57	$25.84	$25.34
1306846407	Fenwick	Jeffrey	R	MD	M	I	960 E Waln Suite 102		Springfield	MO	29	65807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	35	35	$144.00	$42.66	$29.24	$32.30
1316280936	Nwadibia	Ukamaka	N	MD	F	I	1321 W 22nd St		Sioux Falls	SD	46	57105	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	30	35	35	$41.00	$31.18	$21.01	$22.12
1316900178	Lin	James		M.D.	M	I	7777 Henn Suite 709		Baton Roug	LA	22	70808	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	31	35	35	$85.20	$30.15	$21.90	$23.35
1326088469	Humphreys	Brian	F	MD FACS	M	I	121 Gaslig Suite 100		Lufkin	TX	48	75904	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	35	35	$111.39	$45.58	$34.08	$35.75
1336535996	Epps	Gregory		M.D.	M	I	925 Chestnut St Fl 6		Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	35	35	$110.00	$48.13	$33.69	$32.83
1336540418	Enters	Andrea	R	NURSE PR/	F	I	342 N Water St Ste 600		Milwaukee	WI	55	53202	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	35	35	$58.30	$37.65	$28.29	$30.62
1346268570	Jones	H Alan		D O INC.	M	I	929 Ridge Rd Ste 7		Munster	IN	18	46321	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	32	35	35	$90.00	$43.92	$27.96	$31.16
1376209478	Toering	Ryan	D	PA-C	M	I	118 S 12th St		Mount Vern	WA	53	98274	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	29	35	35	$112.00	$38.52	$30.71	$30.90

1376554832	Nordstrom	Michael	R	MD	M	I	4600 W Loc	Suite 201	Greenfield	WI	55	53220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	35	35	$300.00	$43.18	$28.31	$30.99
1386309169	Dickerson	Jennifer	H	CNP	F	I	241 Minnesota St		Rapid City	SD	46	57701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	31	35	35	$48.74	$38.48	$25.30	$26.58
1396839890	Potter	Charles	R	M.D.	M	I	770 W High	Suite 460	Lima	OH	39	45801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	35	35	$86.00	$42.02	$31.49	$32.12
1407169535	Chesney	Jason	D	D.O.	M	I	1500 Abbo	Suite 400	East Lansir	MI	26	48823	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	35	35	$150.00	$45.42	$29.21	$30.56
1407962723	Long	Anne	E	M.D.	F	I	1514 Jefferson Hwy		New Orlear	LA	22	70121	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	30	35	35	$105.00	$34.14	$24.87	$23.68
1417120783	Garcha	Khushwind	S	MD	M	I	588 N Sunrise Ave Ste 1		Roseville	CA	6	95661	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	33	35	35	$60.00	$50.13	$39.00	$36.35
1437156288	Pass	Mark	D	MD	M	I	100 Craig R	Suite 205a	Manalapan	NJ	34	7726	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	28	35	35	$75.00	$52.81	$41.54	$37.23
1457345605	Ro	Howard	D	M.D.	M	I	701 Enfield St		Enfield	CT	9	6082	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	35	35	$115.00	$51.23	$37.32	$34.72
1467653972	Kayem	Marc	J	MD	M	I	465 N Roxb	Suite 1001	Beverly Hill	CA	6	90210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	35	35	$195.00	$50.89	$37.57	$34.57
1477175578	Bartelsmey	Caroline		PA-C	F	I	10050 Kennerly Rd Ste		Saint Louis	MO	29	63128	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	28	35	35	$93.29	$39.18	$30.65	$31.26
1487991949	Smith	Jennifer	M	FNP	F	I	4415 S Har	Suite 202	Tulsa	OK	40	74135	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	35	35	35	$128.00	$38.29	$26.19	$27.98
1497098917	Hyman	David	A	M.D.	M	I	4600 W Loomis Rd Ste		Greenfield	WI	55	53220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	35	35	$300.00	$42.33	$25.67	$27.94
1538271408	Torsiglieri	Arthur	J	MD	M	I	1370 Wellbrook Cir Ne		Conyers	GA	13	30012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	35	35	$145.00	$45.34	$32.24	$34.06
1538301163	Mcbeath	Evan	R	M.D., FACS	M	I	1110 W Main Cross St		Findlay	OH	39	45840	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	35	35	$109.00	$44.96	$34.83	$35.86
1548318264	Venegas	Juan	M	MD	M	I	1612 Chapin Rd		Chapin	SC	45	29036	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	33	35	35	$146.00	$34.95	$25.22	$26.10
1548377120	Carlson	Byron	H	MD	M	I	635 E Us Hwy		Forest City	IA	19	50436	7	Small town	US	Family Prac	Y	69210	Removal of N	O	29	35	35	$173.43	$30.70	$15.95	$18.10
1558307504	Ruckenstei	Michael	J	MD	M	I	3400 Spruc	5 Silverstei	Philadelphi	PA	42	19104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	35	35	$96.97	$35.69	$24.45	$22.84
1578533162	Dinsdale	Robert	C	MD	M	I	1112 W 6th	Suite 216	Lawrence	KS	20	66044	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	35	35	$134.00	$42.22	$27.59	$30.50
1578567087	Collins	John	J	MD	M	I	1931 S Tuttle Ave		Sarasota	FL	12	34239	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	34	35	35	$113.00	$48.50	$37.72	$36.90
1609122175	Devine	Elizabeth	A	APRN	F	I	843 E 4th St	Ste A	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	81003	Automated N	O	17	35	35	$9.20	$2.22	$2.22	$2.21
1619976644	Nguyen	Stephen	H	MD	M	I	29798 Haun Rd	Ste 206	Sun City	CA	6	92586	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	35	35	$105.00	$51.95	$40.38	$36.35
1629116587	Hornstein	James	W	M.D.	M	I	2793 Loma Vista Rd		Ventura	CA	6	93003	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	29	35	35	$120.00	$51.91	$40.21	$36.35
1639114499	Wagstaff	Brian		MD	M	I	1501 Gover	Key West U	Key West	FL	12	33040	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	31	35	35	$110.00	$52.31	$38.57	$35.34
1639172786	Soriano	Mark	H	MD	M	I	4004 82nd St	Ste F	Lubbock	TX	48	79423	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	33	35	35	$85.03	$46.15	$32.28	$33.47
1649206392	Pisciotta	Vincent	J	M.D.	M	I	15190 Cor	Suite 100	Gulfport	MS	28	39503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	35	35	$109.00	$40.10	$26.15	$30.39
1689601072	Scott	William	G	M.D.	M	I	4351 Booth	Suite 400	North Richl	TX	48	76180	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	35	35	$110.00	$45.02	$27.22	$29.18
1689636953	Burgess	Lawrence	P	M.D.	M	I	1329 Lusita	Suite 407	Honolulu	HI	15	96813	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	35	35	$125.00	$46.08	$31.02	$28.62
1699753822	Thiringer	Jon	K	DO	M	I	900 Se Oak	Suite 201	Hillsboro	OR	41	97123	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	35	35	$127.55	$49.14	$35.97	$34.71
1699775122	Freeman	Stephen	B	MD	M	I	12188 A Nc	Suite 375	Carmel	IN	18	46032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	35	35	$118.29	$41.95	$28.95	$32.71
1699937045	Bancroft	Austin		DO	M	I	1215 Duff Avenue		Ames	IA	19	50010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	35	35	35	$105.40	$38.82	$28.93	$31.03
1700206307	Yanik	Susan			F	I	645 Amalia St Ne		Concord	NC	37	28025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	35	35	$95.00	$46.20	$32.75	$33.90
1710087614	Goldner	Stephen	H	MD	M	I	10 Oak For	Suite C	Bluffton	SC	45	29910	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	35	35	35	$116.00	$43.76	$24.81	$27.08
1720073992	Burkhart	Jacob	P	DO	M	I	477 Coope	Suite 480	Westerville	OH	39	43081	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	35	35	$95.00	$43.59	$27.00	$28.23
1730169376	Turner	William	J	MD	M	I	1222 S Patt	Suite 400	Dayton	OH	39	45402	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	35	35	$80.00	$44.11	$34.60	$37.14
1730275140	Vaughan	Thomas	J	MD	M	I	33 North St		Dalton	MA	25	1226	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	35	35	$93.00	$49.55	$34.01	$32.69
1740246941	Erlikh	Tatyana		MD	F	I	950a North	Wyomissin	Wyomissin	PA	42	19610	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	34	35	35	$150.00	$46.62	$36.24	$36.95
1740269521	Chia	Stanley		MD	M	I	110 Irving S	Suite Ga-4	Washingtor	DC	11	20010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	35	35	35	$119.00	$36.34	$28.12	$24.32
1740432764	Wu	Efren	F	MD	M	I	47647 Caleo Bay Dr	Ste	La Quinta	CA	6	92253	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	35	35	$65.00	$48.57	$38.77	$36.89
1740441526	Pomerantz	Jonathan		M.D.	M	I	9669 Kento	Suite 605	Skokie	IL	17	60076	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	35	35	$90.20	$34.94	$25.92	$23.65
1780348862	Lambert	Shayna	M	NP	F	I	4302 Gateway Dr		Geneseo	NY	36	14454	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	28	35	35	$85.99	$29.26	$20.24	$20.59
1790736890	Chuang	Tony	C	M.D.	M	I	826 Washir	Suite 204	Watertown	NY	36	13601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	35	35	$93.00	$42.01	$32.91	$33.49
1801277843	Moline	Mckay	J	M.D.	M	I	200 Hawkir	Dept Of Ot	Iowa City	IA	19	52242	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	35	35	$140.00	$44.25	$34.27	$33.03
1811085848	Lange	Kathleen	A	M.D.	F	I	707 S Main St		Centerville	IA	19	52544	7	Small town	US	Family Prac	Y	69210	Removal of N	O	28	35	35	$150.00	$43.39	$28.55	$31.61
1811330905	Johnson	Andrew	P	MD	M	I	5495 Arapahoe Ave		Boulder	CO	8	80303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	35	35	$169.00	$32.00	$24.86	$24.45
1811346901	Briggs	Rodney		PA-C	M	I	350 Falcon Ste 500		Mesquite	NV	32	89027	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	34	35	35	$143.00	$38.48	$27.26	$29.05
1811913544	Kantzler	Kurt	W	D.O.	M	I	215 S 5th St		Gadsden	AL	1	35901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	35	35	$66.86	$44.97	$30.80	$33.08
1811952658	Vietti	Michael	J	MD	M	I	915 Michigan St		Sidney	OH	39	45365	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	35	35	$186.53	$45.71	$32.78	$33.82
1841261492	Demars	Sean	M	M.D.	M	I	780 Swift Blvd	Ste 301	Richland	WA	53	99352	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	31	35	35	$162.00	$29.44	$19.87	$20.22
1851327324	Edmond	Charles	V	MD	M	I	104 27th Ave Se		Puyallup	WA	53	98374	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	35	35	$168.00	$47.51	$34.62	$34.22
1851684617	Patel	Hetal		M.D.	F	I	7301 Knoxville Ave		Peoria	IL	17	61614	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	35	35	$167.20	$44.21	$31.11	$33.03
1861447054	Moreno	Francisco	G	MD	M	I	501 20th St	Suite 201	Knoxville	TN	47	37916	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	35	35	$65.94	$43.87	$28.64	$31.33
1871257261	Hannon	Jennifer		FNP	F	I	10565 N Tatum Blvd St		Paradise Va	AZ	4	85253	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	35	35	35	$60.00	$39.29	$29.51	$30.51
1871569194	Pesola	Jennifer	A	DO	F	I	101 Willmar Ave Sw		Willmar	MN	27	56201	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	35	35	$133.32	$42.43	$27.39	$28.42
1871590547	Todd	Daniel	W	MD	M	I	2315 W 57th St		Sioux Falls	SD	46	57108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	35	35	$176.00	$40.69	$27.17	$27.96
1881089704	Heineman	Thomas		M.D.	M	I	202 10th St Se		Cedar Rapi	IA	19	52403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	35	35	$124.00	$40.28	$30.13	$33.46
1881988624	Dumdei	Clarissa	L		F	I	926 Main St		Nashville	TN	47	37206	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	28	35	35	$46.75	$39.35	$24.63	$25.12
1891808051	Bhattachar	Shelley	B	DO, MPH	F	I	3901 Rainb	Ms 4017	Kansas City	KS	20	66160	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	28	35	35	$84.97	$31.07	$20.36	$21.99
1902393994	Maclean	Jacob	I	DO	M	I	1650 S 41st St		Manitowoc	WI	55	54220	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	35	35	35	$345.20	$42.36	$28.92	$31.68
1912109166	Hartsfield	Paul	F	M.D.	M	I	1843 Fiddler Ct		Tallahasse	FL	12	32308	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	33	35	35	$86.00	$47.17	$32.25	$32.84
1912991175	Epstein	Serle	M	M.D.	M	I	6 Woodlan	Suite 4	Madison	CT	9	6443	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	35	35	$153.00	$51.67	$35.57	$32.66
1912994237	Janda	Pam	K	MD	F	I	7078 N. Ma	Ste 101	Fresno	CA	6	93720	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	29	35	35	$95.14	$49.56	$37.33	$35.71
1922052810	Davis	Shannon	P	M.D.	M	I	201 Whitesport Dr Sw		Huntsville	AL	1	35801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	35	35	$84.29	$43.81	$31.85	$33.89
1922149285	Longfellow	William	S	M.D.	M	I	71780 San	Suite H-1	Rancho Mir	CA	6	92270	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	35	35	$65.00	$48.15	$38.56	$37.98
1962441014	Cho	Danny	H	MD	M	I	131 Jpm Rd		Lewisburg	PA	42	17837	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	30	35	35	$128.71	$45.55	$31.19	$32.41
1962717371	Horner	Mary	E	NP	F	I	342 N Water St	Ste 600	Milwaukee	WI	55	53202	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	35	35	$58.31	$37.81	$28.99	$31.13
1972590644	Davis	Kent	G	MD	M	I	7900 Fanni	Ste 1800	Houston	TX	48	77054	1	Metropolita	US	Plastic and	Y	69210	Removal of N	O	26	35	35	$114.86	$47.52	$35.64	$34.73
1972602191	Basara	Matthew	P	MD	M	I	5045 Route	Suite E	Delran	NJ	34	8075	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	35	35	$100.00	$49.49	$29.24	$28.21
1992729370	Rosen	David		M.D.	M	I	925 Chestr	6th Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	34	35	35	$110.00	$28.58	$21.01	$19.36
1992816375	Fischer	Matthew	J	M.D.	M	I	2 Martin Ct		Easton	MD	24	21601	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	34	35	35	$71.14	$49.31	$29.34	$28.42
1992999825	Deschenes	Geoffrey	R	M.D.	M	I	1100 9th A	Ms:m4-Pfs	Seattle	WA	53	98101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	35	35	$133.86	$52.59	$37.84	$33.64
1013536812	Glasgow	Ellie	M	PA STUDEN	F	I	1493 Cambridge St		Cambridge	MA	25	2139	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	33	34	34	$109.00	$30.33	$20.80	$18.90
1013930387	Harris	Dana			F	I	202 Memor	Suite 1	Everett	PA	42	15537	7	Small town	US	Physician A	Y	69210	Removal of N	O	27	34	34	$79.00	$36.23	$21.69	$21.86
1023102118	Chang	Henry	S	MD	M	I	21616 76th	Suite 112	Edmonds	WA	53	98026	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	34	34	$191.00	$44.99	$31.79	$32.31
1033551502	Robinson	Brian	J	PA-C	M	I	870 State F	Suite 101	Boone	NC	37	28607	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	29	34	34	$92.28	$38.86	$26.52	$27.35
1043508963	Aubeelauch	Bhavish		M.D	M	I	3219 Central Ave		Kearney	NE	31	68847	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	31	34	34	$100.00	$43.47	$26.79	$29.86
1053421271	Prabhu	Veena		M.D.	F	I	534 Chestr	Ste 210w	Hinsdale	IL	17	60521	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	34	34	$193.12	$51.09	$37.51	$34.87
1063174464	Procyk	Robyn		NP-C	F	I	42104 N Venture Dr	Ste	Phoenix	AZ	4	85086	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	34	34	$76.63	$39.33	$28.56	$29.08

1063473551	Dixon	Etosha	D	M.D.	F	I	8800 Walther Blvd	Baltimore	MD	24	21234	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	34	34	$52.34	$51.99	$39.41	$36.00
1063498343	Hyde	Gregory	E	M.D., PH.D	M	I	110 E. 13th Street	Rushville	IN	18	46173	7	Small town	US	Otolaryngo	Y	69210	Removal of N	F	21	34	34	$55.93	$31.02	$19.73	$20.65
1063603009	Karaguezia	Arthur	A	M.D.	M	I	18546 Roscoe Blvd Ste	Northridge	CA	6	91324	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	31	34	34	$100.00	$52.29	$41.70	$37.42
1063621159	White	Hilliary		MD	F	I	1717 N E St	Suite 239	Pensacola	FL	12	32501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	25	34	34	$48.97	$29.59	$19.99	$19.35
1073069225	Garner	Alyssa	S	FNP	F	I	1436 Chattanooga Ave		Dalton	GA	13	30720	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	28	34	34	$140.64	$38.11	$22.65	$24.79
1073508016	Koder	Brett	A	MD	M	I	7847 Youree Dr		Shreveport	LA	22	71105	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	34	34	$105.00	$46.16	$33.88	$35.05
1073514378	Hinrichs	Catherine	A	O.D.	F	I	305 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Optometry	Y	66984	Removal of N	O	26	34	34	$192.03	$95.90	$76.52	$85.41
1073550265	Olson	David	E	M.D.	M	I	2940 Squal	Suite 203	Bellingham	WA	53	98225	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	34	34	$140.00	$43.67	$30.61	$31.82
1083375422	Demarre	Chelsea		DNP	F	I	1400 Bellinger St		Eau Claire	WI	55	54703	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	33	34	34	$87.26	$25.90	$18.19	$20.02
1083856967	Chang	Jolie		M.D.	F	I	2380 Sutte	Box 0342	San Francis	CA	6	94115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	34	34	$279.00	$36.34	$25.06	$22.57
1093304909	Wassel	Morgan		FNP-BC	F	I	823 Congress Ave Ste 1		Austin	TX	48	78701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	34	34	$120.00	$37.49	$25.51	$27.11
1093398190	Bedrock	Lauren	V	APRN	F	I	2540 W Horizon Ridge I		Las Vegas	NV	32	89052	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	29	34	34	$117.88	$41.77	$29.44	$28.54
1114442621	Abu Ghane	Sara			F	I	450 Clarkson Ave # Ms		Brooklyn	NY	36	11203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	34	34	$149.18	$50.60	$37.47	$29.38
1124431994	Ranasinghe	Viran	J	M.D.	M	I	2280 Gulf Fwy S, Ste 2.		League City	TX	48	77573	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	34	34	$95.29	$46.43	$33.49	$33.67
1124578745	Smith	Angelique	M	PA-C	F	I	531 Faunce Corner Rd		Dartmouth	MA	25	2747	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	28	34	34	$208.35	$42.09	$29.53	$28.43
1134284268	Riffer	Ernie		MD	M	I	7600 N 15th St Ste 190		Phoenix	AZ	4	85020	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	34	34	$78.18	$45.07	$31.42	$32.42
1144674565	Parnell	Jacob	M	M.D.	M	I	3601 The Vanderbilt Cl		Nashville	TN	47	37232	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	34	34	$147.21	$44.07	$31.05	$33.44
1164801411	Wilson	Michael	B	MD	M	I	4000 S 700 E Ste 10		Salt Lake C	UT	49	84107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	34	34	$158.00	$44.84	$33.57	$33.49
1164938007	Emry	Brandon			M	I	11104 Parkview Circle		Fort Wayne	IN	18	46845	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	34	34	34	$107.00	$37.55	$29.13	$31.44
1174061980	Bramel	Carly		PA-C	F	I	1201 11th Ave S		Birminghan	AL	1	35205	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	26	34	34	$150.00	$38.78	$31.05	$31.82
1184715021	Vaughn	Ross	B	M.D.	M	I	1100 Ruby Tyler Pkwy		Tuscaloosa	AL	1	35404	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	34	34	$79.00	$45.64	$35.28	$36.77
1184719973	Agliano	Dennis	S	MD	M	I	Florida Ent	5105 N Arm	Tampa	FL	12	33603	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	34	34	$105.00	$46.49	$33.70	$33.52
1184850489	Berzofsky	Craig	E	MD	M	I	1055 Saw M	Suite 101	Ardsley	NY	36	10502	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	34	34	$208.98	$53.72	$41.49	$33.88
1194751891	Kuzmick	Peter	J	DO	M	I	235 Rt 71		Manasquan	NJ	34	8736	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	34	34	$77.00	$52.26	$38.50	$34.97
1205148541	Hatch	Jonathan	L	MD	M	I	3584 W 9000 S Ste 311		West Jorda	UT	49	84088	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	34	34	$110.44	$45.33	$33.14	$35.05
1205807591	Collins	Christophe	M	MD	M	I	1222 S Patt	Suite 400	Dayton	OH	39	45402	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	34	34	$80.00	$44.25	$32.13	$33.20
1215509468	Lange	Sophia	K	PA-C	F	I	411 N Washington Ave		Dallas	TX	48	75246	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	33	34	34	$129.83	$36.61	$29.20	$29.91
1225005879	Bloom	R.	L	M.D.	M	I	406 E Central Ave		Wichita	KS	20	67202	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	34	34	$103.24	$43.36	$32.49	$34.86
1225065667	Bhardwaj	Manick		M.D.	M	I	4817 Cente	Suite A	Bakersfield	CA	6	93312	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	34	34	$70.00	$50.19	$39.03	$36.86
1225395734	Hauff	Samantha	J	MD	F	I	4282 Genesee Ave Ste		San Diego	CA	6	92117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	34	34	$82.49	$49.19	$34.38	$31.84
1245449552	Baranano	Christopher		MD	M	I	4221 S We	Suite 4005	Oklahoma	OK	40	73109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	34	34	$145.00	$45.83	$35.39	$34.07
1255368494	Collins	Mark		MD	M	I	10 Osterville - West Ba		Osterville	MA	25	2655	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	34	34	$94.00	$49.43	$35.18	$33.93
1275562837	Thek	Wesley		MD	M	I	19 S Washington Ave		Bergenfield	NJ	34	7621	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	32	34	34	$108.36	$53.69	$40.94	$36.23
1285631028	Lipscomb	Kevin	P	M.D.	M	I	11505 Rangeland Pkwy		Bradenton	FL	12	34211	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	32	34	34	$107.00	$47.91	$32.29	$32.15
1295806677	Dinces	Elizabeth	A	MD	F	I	Mmc - Dep	3400 Bainb	Bronx	NY	36	10467	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	27	34	34	$250.00	$40.24	$30.24	$23.41
1316132442	Bouchier	Todd		MD	M	I	280 Sierra College Dr S		Grass Valle	CA	6	95945	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	32	34	34	$62.00	$49.38	$36.81	$35.38
1316911621	Larkin	Joseph	J	MD	M	I	8592 Potter Park Dr		Sarasota	FL	12	34238	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	32	34	34	$107.00	$47.82	$33.27	$33.20
1346308368	Morton	Ronald	G	MD	M	I	901 Pegues Pl		Longview	TX	48	75601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	34	34	$100.00	$45.59	$32.05	$33.79
1366402216	O'malley	Laura	K	M.D.	F	I	3333 E Camelback Rd		Phoenix	AZ	4	85018	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	34	34	34	$52.57	$44.14	$30.10	$33.03
1366633547	Kang	Sundeep	S	MD	M	I	300 Hospital Dr		Vallejo	CA	6	94589	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	33	34	34	$73.52	$52.31	$41.68	$37.98
1376534669	Borchers	David	J	MD	M	I	100 Elk Rur	Suite 101	Basalt	CO	8	81621	10.3	Secondary	US	Internal Me	Y	69210	Removal of N	O	31	34	34	$171.00	$48.77	$34.39	$33.51
1386635969	Daniels	Robert	L	M.D.	M	I	4880 Cascade Rd Se		Grand Rapi	MI	26	49546	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	34	34	$100.00	$44.94	$33.79	$36.15
1386696284	Nosek	Daniel	A	MD	M	I	1007 Jeffords St Ste 10		Clearwater	FL	12	33756	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	30	34	34	$72.03	$47.80	$33.74	$33.68
1396730776	Atkins	James	H	MD	M	I	15900 La C Ste 20210		San Antoni	TX	48	78256	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	34	34	$119.00	$45.55	$35.25	$36.93
1396747697	Feucht	Richard	B	M.D.	M	I	206 E Saint Peter St		Carencro	LA	22	70520	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	31	34	34	$86.00	$46.37	$30.86	$31.93
1417176629	Subramani	Geetha		M.D.	F	I	4800 N Gal	Suite 100	Mesquite	TX	48	75150	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	34	34	$288.51	$47.66	$36.90	$36.87
1417945320	Roth	Jeffrey	I	MD	M	I	4385 Johns	Ste 250	Suwanee	GA	13	30024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	34	34	$200.00	$47.59	$31.52	$30.96
1427485762	Hestehaug	Daniel		P.A	M	I	9089 Basel	Suite 100	Rancho Cu	CA	6	91730	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	31	34	34	$85.00	$40.74	$25.74	$26.07
1427509165	Edouard	Raymond		MD	M	I	6130 Prestley Mill Rd S		Douglasvill	GA	13	30134	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	34	34	$155.00	$34.91	$27.82	$28.01
1447885710	Gore	Britney		APRN	F	I	10800 Panama City Be		Panama Ci	FL	12	32407	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	34	34	$105.00	$40.56	$30.40	$30.39
1467405050	Teruel	Lawrence	N	M.D.	M	I	155 Calle P	Suite 600	Sierra Vista	AZ	4	85635	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	34	34	$71.41	$42.64	$32.94	$33.78
1497712376	Scott	Kim	E	MD	F	I	1777 Sun P	Suite 150	Park City	UT	49	84098	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	29	34	34	$90.00	$44.67	$30.24	$31.09
1508896911	Carlson	Mark	V	MD	M	I	336 S 9th St		David City	NE	31	68632	7	Small town	US	Family Prac	Y	69210	Removal of N	O	31	34	34	$106.21	$40.88	$24.89	$28.37
1528047891	Pesari	Madhavi	R	MD	F	I	55 S 63rd S	Suite 6	Mesa	AZ	4	85206	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	34	34	$80.29	$44.98	$34.79	$35.24
1528158953	Tak	Andrew	J	MD	M	I	1111 Expos	Bldg 400a	Sacrament	CA	6	95815	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	34	34	$80.00	$50.09	$35.36	$33.47
1568551802	Rhodes-Kr	Jennifer		MD	F	I	1200 Centre St		Boston	MA	25	2131	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	34	34	$79.06	$35.69	$26.40	$24.00
1578509832	Becken	Eric	T	MD	M	I	2080 Woodwinds Dr St		Woodbury	MN	27	55125	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	34	34	$152.00	$44.65	$35.57	$36.86
1578514295	Balazs	Warren	D	DO	M	I	301 Henry St		North Vern	IN	18	47265	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	34	34	$189.41	$44.57	$31.75	$34.16
1588909261	Bailey	Jessica		PA	F	I	333 N 18th	Suite #b	Pocatello	ID	16	83201	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	28	34	34	$194.93	$26.59	$17.41	$17.97
1598210866	Matta	Claudia	E	PA	F	I	590 Court St		Keene	NH	33	3431	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	34	34	34	$93.59	$28.98	$13.30	$13.01
1609892777	Knox	Glenn		MD	M	I	12276 San	516	Jacksonvill	FL	12	32223	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	34	34	$139.00	$48.04	$35.53	$34.50
1619362795	Shastri	Karthik		M.D.	M	I	2701 Patriot Blvd		Glenview	IL	17	60026	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	34	34	$166.00	$52.24	$31.49	$28.50
1619927134	Strausbaug	Paul	L	M.D.	M	I	1 Arh Lane	Suite 103	Low Moor	VA	51	24457	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	28	34	34	$169.15	$44.63	$35.73	$36.58
1619967734	Heckethorn	Sarah	J	PA-C	F	I	124 Home Depot Dr		Franklin	PA	42	16323	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	32	34	34	$138.00	$39.58	$30.72	$31.38
1639159007	Brettschne	Frank	A	D.O.	M	I	1522 Pine (	Suite A	Port Huron	MI	26	48060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	34	34	$171.53	$43.76	$33.53	$34.40
1639162852	Reddy	Ashok	N	M.D.	M	I	2300 South	Otolaryngo	Nashua	NH	33	3063	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	34	34	$401.71	$43.85	$30.42	$29.60
1639269467	Wolfe	Dana	P	M.D.	M	I	1500 S 48th	Suite 200	Lincoln	NE	31	68506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	34	34	$95.00	$43.00	$31.15	$34.36
1639682065	Strickler	Angelina	P	PA-C	F	I	2721 Wingate St Apt 21		Fort Worth	TX	48	76107	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	31	34	34	$151.32	$39.52	$28.61	$29.47
1649280371	Roberts	Robert	L	D.O.	M	I	9280 Se Su	Suite 300	Clackamas	OR	41	97015	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	34	34	$165.00	$45.95	$35.73	$36.94
1649359845	Gittzus	James	R	MD	M	I	510 North Street		Pittsfield	MA	25	1201	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	34	34	$80.00	$49.85	$33.07	$31.51
1649657164	Miller	Angela			F	I	3007 N Saginaw Rd		Midland	MI	26	48640	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	34	34	$60.62	$39.30	$31.44	$31.81
1659373611	Dockery	Keith	M	M.D.	M	I	2045 Peacl	Ste 500	Atlanta	GA	13	30309	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	34	34	$175.00	$48.15	$32.02	$31.60
1659489714	Duff	Brian	E	MD	M	I	830 Eddy St		Providence	RI	44	2905	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	34	34	$110.00	$49.59	$35.05	$33.64
1669777926	Boatright	Courtney	C	NP-C	F	I	2430 5th St N		Columbus	MS	28	39705	7.2	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	29	34	34	$150.00	$36.28	$23.27	$26.97
1679036925	Domogaue	Erica	L	PA-C	F	I	3361 Highway 9 E		Little River	SC	45	29566	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	31	34	34	$105.00	$38.33	$27.95	$29.67
1679911846	Livingston	Joe	H	MD	M	I	346 Deep South Farm F		Blairsville	GA	13	30512	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	31	34	34	$78.00	$44.05	$30.02	$32.48
1700318524	Grady	Anthony			M	I	2340 Knob Creek Rd St		Johnson Ci	TN	47	37604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	34	34	$117.41	$39.06	$31.12	$34.07

1710185194	Warner	Danielle	C	M.D.	F	I	107 Newtown Rd Ste 2	Danbury	CT	9	6810	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	34	34	$210.44	$51.28	$34.52	$32.10
1720134695	Barats	Mark		M.D.	M	I	948 N Fairf. # 201	West Holly	CA	6	90046	1	Metropolita	US	Nephrolog	Y	69210	Removal of N	O	33	34	34	$65.00	$52.50	$40.67	$36.86
1720284508	Thomas	Robert	G	MD	M	I	101 - 3rd Ave Sw	Minot	ND	38	58701	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	31	34	34	$177.00	$30.48	$19.91	$20.82
1730195082	Leary	Joseph	M	MD	M	I	6811 Austin #300	Austin	TX	48	78731	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	34	34	$96.00	$45.82	$33.18	$32.99
1740261387	Brigham	Mark	S	DO	M	I	195 Wadsw Suite 401	Wadsworth	OH	39	44281	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	34	34	$92.00	$42.00	$32.54	$33.01
1770957854	Cook	Bradley	J	MD	M	I	16528 E Desmet Ct Ste	Spokane Va	WA	53	99216	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	32	34	34	$127.00	$47.17	$27.58	$27.49
1780269571	Hutchins	Brian		PA	M	I	2401 S 31st St	Temple	TX	48	76508	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	33	34	34	$153.00	$24.71	$19.06	$20.12
1780608042	Sweet	Brian	P	DO	M	I	3501 Health Center Blv	Estero	FL	12	34135	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	34	34	34	$51.15	$50.98	$28.85	$26.82
1780819946	King	Nancy		MD	F	I	139 Centre St Ste 203	New York	NY	36	10013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	34	34	$170.00	$42.92	$31.54	$26.25
1790780930	Smith	Charles	B	M.D.	M	I	1204 Medical Plaza Ct	Granbury	TX	48	76048	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	32	34	34	$82.00	$45.60	$33.14	$34.28
1821104308	Genack	Sheldon	H	MD	M	I	1728 Broac Suite 5	Hewlett	NY	36	11557	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	28	34	34	$175.00	$41.00	$32.71	$25.93
1821260084	Russell	Matthew	S	M.D.	M	I	41 Montvale Ave Ste 20	Stoneham	MA	25	2180	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	34	34	$203.00	$52.32	$39.16	$35.19
1821488214	Shepherd	Jill		PA-C	F	I	5920 Mcint Meadows F	Golden	CO	8	80403	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	34	34	$101.00	$38.66	$27.91	$27.53
1841590353	Sabu	Seema		PA-C	F	I	1020 Tijeras Ave Ne Ste	Albuquerqu	NM	35	87106	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	26	34	34	$100.00	$38.88	$25.52	$26.40
1851373534	Mehton	Nirmal	S	MD	M	I	2830 East St	Anderson	CA	6	96007	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	34	34	$125.00	$49.40	$27.92	$26.81
1851514343	Vessely	Michelle	B	M.D	F	I	6485 Sw Borland Rd St	Tualatin	OR	41	97062	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	34	34	$175.00	$47.27	$31.55	$31.80
1861913980	Wan	Rose Ann		NP	F	I	630 E North Ave	Carol Strea	IL	17	60188	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	34	34	$136.88	$43.81	$33.91	$31.33
1881610939	Scherger	Joseph	E	MD, MPH	M	I	45280 Seel 3rd Floor	La Quinta	CA	6	92253	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	30	34	34	$58.16	$34.11	$21.59	$20.51
1881692317	Scott	Bruce	A	M.D.	M	I	6420 Dutch 380	Louisville	KY	21	40205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	34	34	$87.09	$34.51	$25.13	$27.30
1881699981	Sewell	Christophe	S	M.D.	M	I	341 W Central Ave	Jamestown	TN	47	38556	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	26	34	34	$50.00	$43.82	$29.92	$33.12
1881887867	Dart	Kimi	L	D.O.	F	I	215 Oak Dr S Ste E	Lake Jackso	TX	48	77566	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	34	34	$101.25	$43.61	$34.84	$36.30
1891214540	Vance	Joshua		PA	M	I	1175 E 50 S Ste 211	American F	UT	49	84003	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	34	34	34	$107.00	$38.07	$25.91	$27.47
1891753315	Ceja	Mario	L	MD	M	I	251 West Cole Bouleva	Calexico	CA	6	92231	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	31	34	34	$129.00	$49.01	$34.02	$33.05
1891776662	Pham	Dominique		MD	M	I	1996 Centre St	West Roxbu	MA	25	2132	1	Metropolita	US	Gastroente	Y	69210	Removal of N	O	25	34	34	$100.00	$53.40	$32.67	$29.11
1891906483	Milov	Simon		M.D.	M	I	1100 E Dove Ave Ste 4(	Mcallen	TX	48	78504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	28	34	34	$127.00	$30.55	$22.96	$23.71
1902410020	Pepera	Shawn	M		F	I	988 Westwind Trce	Hinckley	OH	39	44233	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	34	34	34	$53.00	$39.36	$25.84	$26.85
1912996422	Weiss	Lawrence	S	M.D.	M	I	3901 Rosw Ste 225	Marietta	GA	13	30062	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	34	34	34	$155.00	$46.84	$37.36	$37.42
1922174192	Ballin	Darryl	J	M.D.,INC	M	I	5525 Etiwa Suite 224	Tarzana	CA	6	91356	1	Metropolita	US	Addiction M	Y	69210	Removal of N	O	33	34	34	$173.76	$52.84	$38.52	$34.07
1932171501	Brusse	Dawn	M	M.D.	F	I	80 Wyntre Brooke Dr	York	PA	42	17403	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	34	34	$105.00	$46.05	$28.70	$29.49
1942260815	Shohet	Michael		M.D	M	I	620 Colum 2nd Floor	New York	NY	36	10024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	34	34	$262.03	$47.76	$37.87	$30.92
1942582929	Simmons	John	C	M.D.	M	I	3816 S 1st St	Austin	TX	48	78704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	34	34	$96.00	$44.99	$31.42	$32.08
1952366056	Balasubrar	Sriram	H	M.D.	M	I	2021b Emn Suite 210	Bel Air	MD	24	21015	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	32	34	34	$80.00	$51.81	$40.11	$36.86
1962443622	Johns	Gregory	J	M.D.	M	I	4400 N 32nd St Ste 20(	Phoenix	AZ	4	85018	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	33	34	34	$51.92	$44.00	$31.50	$34.53
1962542720	Stewart	Charles	M	M.D.,PH.D.	M	I	601 N Caroline St	Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	34	34	$177.00	$51.37	$35.18	$32.02
1003100082	Keller	Chad	R	D.O.	M	I	4439 State Route 159 S	Chillicothe	OH	39	45601	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	29	33	33	$85.70	$30.64	$23.21	$22.63
1003337726	Blanco	Lenette		ARNP	F	I	8251 W Broward Blvd S	Plantation	FL	12	33324	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	33	33	$82.00	$43.24	$28.21	$26.41
1003843897	Gardner	Phillip	A	MD	M	I	700 Wesy Kent	Missoula	MT	30	59801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	33	33	$106.00	$43.88	$30.39	$30.80
1003859794	Baker	Tamberlynn		FNP	F	I	1717 N E St Ste 239	Pensacola	FL	12	32501	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	29	33	33	$55.00	$28.47	$22.01	$20.68
1003934258	Cohen	Alen	N	M.D.	M	I	7345 Medic Suite 540	West Hills	CA	6	91307	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	33	33	$100.00	$34.93	$26.69	$24.18
1023108925	Popova	Stella		M.D.	F	I	7258 W Sunset Blvd	Los Angele	CA	6	90046	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	33	33	$90.00	$52.28	$41.69	$37.98
1033145164	Edgren	Douglas	W	MD	M	I	1331 Prairie Ave Ste 1	Cheyenne	WY	56	82009	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	32	33	33	$90.00	$46.08	$30.88	$31.06
1033301320	Mcclintock	Jacob	N	M.D.	M	I	306 N Chestnut St	Harrison	AR	5	72601	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	33	33	33	$97.00	$43.44	$29.80	$33.19
1043257801	Aronovitz	James		DO	M	I	27301 Schc #105	Warren	MI	26	48088	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	33	33	$71.66	$49.07	$33.00	$30.86
1053644963	Hunter	Jacob	B	M.D.	M	I	5323 Harry Hines Blvd	Dallas	TX	48	75390	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	33	33	$168.00	$47.71	$29.90	$29.99
1053765396	Boyd	Christophe	J		M	I	3901 Rainbow Blvd	Kansas Cit	KS	20	66160	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	33	33	$128.00	$46.21	$33.32	$32.80
1063146900	White	Heather	S		F	I	895 City Center Blvd St	Newport Ne	VA	51	23606	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	32	33	33	$86.00	$26.94	$20.79	$21.88
1073531356	Woolf	Murray	A	MD	M	I	1710 Penn: Suite D	Fairfield	CA	6	94533	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	33	33	$248.51	$51.01	$37.24	$32.93
1083150460	Acevedo	Karina	M	PA-C	F	I	601 John St Suite M273	Kalamazoo	MI	26	49007	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	25	33	33	$95.00	$39.41	$25.44	$26.36
1093283327	Ludington	Cutler	E	PA-C	M	I	1675 Leahy St Ste 401a	Muskegon	MI	26	49442	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	30	33	33	$105.00	$38.88	$29.23	$29.95
1124048608	Gamarra	Lewis		M.D.	M	I	2100 Powell St Ste 400	Emeryville	CA	6	94608	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	33	33	$90.00	$48.95	$36.70	$35.10
1154300705	English	Paul	T	M.D.	M	I	100 Hollywood Ave	Hot Springs	AR	5	71901	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	33	33	$44.32	$42.11	$22.14	$26.50
1164422432	Po	Lorenver	O	MD	M	I	2 Hospital I Holyoke As	Holyoke	MA	25	1040	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	33	33	$90.00	$48.65	$29.26	$29.06
1164701157	Kelley	Jonathan			M	I	1717 6th Ave S	Birminghan	AL	1	35233	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	24	33	33	$150.00	$27.43	$18.61	$18.80
1174610067	Carrasco	Joseph	L	M.D.	M	I	4700 That St	Leesburg	FL	12	34748	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	33	33	$80.00	$48.07	$23.33	$23.21
1174807184	Lewis	Jensen		PA-C	M	I	9500 Euclic Mail Code A	Cleveland	OH	39	44195	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	32	33	33	$298.45	$27.68	$20.93	$21.27
1184233264	Brown	Jeffrey		PA-C	M	I	229 Andover St	Peabody	MA	25	1960	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	30	33	33	$120.00	$42.14	$31.32	$29.60
1184601726	Calhoun	Patricia		MD	F	I	10337 San Credentiali	Jacksonvill	FL	12	32257	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	33	33	$106.11	$48.39	$34.52	$33.87
1184679961	Wasserstrc	Scott	P	MD	M	I	1110 Highl Ste 375	Saint Louis	MO	29	63110	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	29	33	33	$149.39	$46.86	$31.74	$31.79
1215351416	Coy	Jenny		NP	F	I	1055 N 300 Ste 401	Provo	UT	49	84604	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	33	33	$88.00	$25.40	$16.78	$31.08
1245215284	Muckle	Robert	P	M.D.	M	I	701 E Hampden Ave St	Englewood	CO	8	80113	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	33	33	$75.00	$48.59	$29.74	$29.16
1255375051	Seiden	Allen	M	MD	M	I	222 Piedmont Ave	Cincinnati	OH	39	45219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	31	33	33	$97.27	$30.95	$19.13	$19.25
1265437305	Pinon	Richard		MD	M	I	300 W Country Club Rc	Roswell	NM	35	88201	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	30	33	33	$158.06	$46.53	$27.10	$28.16
1265763155	Kreynovich	Slava		NP-C	F	I	1001 York Rd	Towson	MD	24	21204	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	33	33	$54.55	$44.10	$31.97	$29.35
1275524951	Elzinga	Darryl	J	M.D.	M	I	4880 Cascade Rd Se	Grand Rapi	MI	26	49546	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	33	33	$101.52	$44.50	$27.13	$28.69
1275605206	Tomaski	Sharon	M	MD	F	I	620 W Grove St Ste 201	El Dorado	AR	5	71730	5	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	33	33	$79.00	$46.90	$30.89	$31.48
1295077014	Cappello	Zachary	J	M.D.	M	I	6035 Fairview Rd	Charlotte	NC	37	28210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	33	33	$95.00	$44.22	$28.09	$29.16
1295787554	Krone	Louise	V		F	I	100 Independence Cir	Chico	CA	6	95973	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	33	33	$62.00	$48.93	$30.69	$29.92
1306834379	Mcdowell	Kenneth	M	DO	M	I	125 Olde G Suite 300	Frederickst	VA	51	22408	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	30	33	33	$88.61	$47.56	$32.51	$32.66
1316262850	Haflund	Oxana	P	M.D.	F	I	7500 France Ave S	Edina	MN	27	55435	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	33	33	$204.40	$46.82	$30.67	$31.38
1316332695	Murphy	Michael	K	MD	M	I	55 Lake Ave N	Worcester	MA	25	1655	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	29	33	33	$221.00	$33.13	$26.39	$25.91
1336391721	Ong	Evadne	C	MD	F	I	15 S Main St Ste 150	Jamestown	NY	36	14701	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	31	33	33	$65.00	$46.77	$32.41	$33.08
1376177006	Saldivar	Evelyn		PA-C	F	I	510 Victoria Ln Ste 5	Harlingen	TX	48	78550	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	24	33	33	$193.00	$38.72	$26.40	$27.93
1376183426	Higgins	Amanda		FNP-C	F	I	10450 E Riggs Rd Ste 1	Sun Lakes	AZ	4	85248	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	32	33	33	$75.00	$39.43	$26.65	$27.59
1396765293	Lillo	Joseph	L	DO, FNLA, I	M	I	3501 N Scottsdale Rd S	Scottsdale	AZ	4	85251	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	32	33	33	$70.00	$46.34	$32.82	$33.35
1396796215	Bettencour	Joseph	D	MD	M	I	2120 Golde Suite 202	Paso Roble	CA	6	93446	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	32	33	33	$180.00	$47.81	$36.57	$35.33
1396798807	Kaliser	Lyle	A	M.D.	M	I	10670 N Central Expy S	Dallas	TX	48	75231	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	33	33	$67.33	$47.66	$35.40	$35.41
1417423625	Kurtz	Jessica	J		F	I	12301 Snow Rd	Parma	OH	39	44130	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	32	33	33	$137.45	$27.41	$18.47	$18.71

1417957259	Freeman	George	E	D.O.	M	I	1425 E Linc	Suite B1	Idabel	OK	40	74745	7	Small town	US	Internal Me	Y	69210	Removal of N	O	30	33	33	$91.48	$44.83	$33.07	$35.29
1417983230	Wiggenhorn	Jonathan	J	D.O.	M	I	2700 N 140	Ste 107	Goodyear	AZ	4	85395	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	33	33	$187.12	$46.29	$35.79	$36.88
1427146935	Farsad	Ramin	H	M.D.	M	I	477 N El Ca	Suite A100	Encinitas	CA	6	92024	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	29	33	33	$92.00	$51.39	$39.75	$35.68
1427586536	Baatz Gibb	Victoria	L	NP	F	I	7059 Orchard Centre D		Holland	OH	39	43528	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	32	33	33	$98.39	$39.30	$22.73	$23.89
1437149671	Bielawski	Bret	C	DO	M	I	1701 South	Ste 290	Rochester H	MI	26	48307	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	33	33	$70.00	$49.87	$32.48	$31.02
1437260940	Elsen	John	R	M.D.	M	I	2850 W 95t	Suite 403	Evergreen F	IL	17	60805	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	33	33	$116.00	$51.05	$38.86	$35.68
1447261268	Yarber	Robert	H		M	I	618 Pegram Dr		Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	33	33	$126.01	$42.55	$31.85	$35.39
1447983051	Long	Heather	D	DNP, APRN	F	I	701 Manatee Ave W	Ste	Bradenton	FL	12	34205	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	33	33	33	$96.66	$38.60	$29.76	$29.84
1467890988	Gisselman	Kristin		D.O.	F	I	250 Laurel St		Des Moines	IA	19	50314	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	33	33	$106.00	$44.02	$26.53	$29.74
1467983940	Johnson	Regina			F	I	1050 Gail Gardner Way		Prescott	AZ	4	86305	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	32	33	33	$88.00	$39.34	$30.05	$30.99
1467985044	Kansal	Ankit		M.D.	M	I	3119 Newtown Ave	Ste	Astoria	NY	36	11102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	33	33	$237.94	$55.82	$41.56	$33.38
1477622991	Park	Sangkun		MD	M	I	2120 Excha	Ste 200	Astoria	OR	41	97103	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	31	33	33	$69.00	$44.73	$34.14	$36.58
1477635159	Zirker	Steven	R	PA-C	M	I	701 Dale Ave		Benton City	WA	53	99320	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	31	33	33	$96.06	$40.48	$22.38	$22.56
1487732525	Ray	Charles	E	M.D.	M	I	1910 Johnson St		Jennings	LA	22	70546	7	Small town	US	Internal Me	Y	69210	Removal of N	O	26	33	33	$90.00	$45.77	$33.15	$34.72
1497785737	Brinkman	Jon	A	D.O.	M	I	613 23rd St	Ste 420	Ashland	KY	21	41101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	30	33	33	$146.00	$31.78	$21.58	$22.59
1508974395	Brown	Jimmy	J	M.D.	M	I	1600 Sw Archer Rd		Gainesville	FL	12	32610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	33	33	$263.67	$45.25	$30.11	$30.03
1518910272	Mcmahan	John	T	MD	M	I	908 N. Elm	Suite 306	Hinsdale	IL	17	60521	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	33	33	$215.38	$48.54	$37.34	$35.02
1518958552	Parks	David		M.D	M	I	699 Church St Ne	Ste 3	Marietta	GA	13	30060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	33	33	$116.45	$45.07	$32.53	$32.26
1528006673	Naifeh	James	E	M.D.	M	I	640 Us Higl	Suite E	Dyersburg	TN	47	38024	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	33	33	$110.00	$43.12	$32.26	$35.35
1528008026	Zapanta	Philip	E	MD	M	I	159 Executive Dr	Ste C	Danville	VA	51	24541	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	33	33	$148.52	$50.67	$32.39	$29.92
1528409182	Thell	Christina	G	CNP	F	I	2024 S 6th St		Brainerd	MN	27	56401	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	33	33	$66.00	$26.65	$17.36	$18.60
1538137310	Chiaramon	Andrea	C	MD MPH	F	I	100 Mlk Jr Blvd	Ste 4	Worcester	MA	25	1608	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	33	33	$130.00	$50.08	$36.16	$34.21
1548243728	Gay	Joe	H	MD	M	I	4215 - E Kelson Ave		Marianna	FL	12	32446	7	Small town	US	Internal Me	Y	69210	Removal of N	O	32	33	33	$97.00	$48.06	$38.48	$37.98
1548277882	Bailey	David	J	M.D.	M	I	17350 St Lukes Way	St	The Woodla	TX	48	77384	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	32	33	33	$125.09	$44.81	$29.18	$30.35
1548323777	Kinney	William	C	M.D.	M	I	525 N Keene St		Columbia	MO	29	65201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	26	33	33	$39.09	$31.32	$22.79	$23.30
1558782185	Edeus	Kimberly		PA	F	I	124 Home Depot Dr		Franklin	PA	42	16323	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	33	33	33	$138.00	$39.57	$31.64	$32.28
1568435642	Andrist	Eric	C	M.D.	M	I	705 Dallas	Suite 301	Villa Rica	GA	13	30180	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	33	33	$105.00	$44.50	$30.91	$33.60
1588336580	Keel	Ashley	C		F	I	333 N Texas Ave	Ste 31	Webster	TX	48	77598	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	27	33	33	$122.67	$41.60	$32.16	$31.30
1588753693	Kurtzman	Daniel	M	MD	M	I	3340 Oak Park Ave		Berwyn	IL	17	60402	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	33	33	$167.00	$50.85	$37.91	$34.31
1588766562	Hepworth	Edward	J	M.D.	M	I	3150 E 3rd Ave	Ste 300	Denver	CO	8	80206	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	33	33	$160.15	$39.71	$31.71	$30.50
1598715914	Lumry	William	R	M.D.	M	I	10100 N Ca	Suite 100	Dallas	TX	48	75231	1	Metropolita	US	Allergy/ Imi	Y	69210	Removal of N	O	32	33	33	$49.94	$47.54	$35.58	$35.70
1598839821	Ota	Harold	G	MD	M	I	101 Main S	Suite 216	Medford	MA	25	2155	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	33	33	33	$133.09	$34.70	$25.57	$23.65
1619642287	Eisenberg	Abraham		FNP	M	I	3709 Flatlands Ave		Brooklyn	NY	36	11234	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	33	33	$103.21	$50.59	$36.66	$28.86
1619910197	Hess	John	C	MD	M	I	29 Eastbrook Rd		Ronks	PA	42	17572	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	33	33	$105.00	$46.79	$35.27	$35.83
1619979374	Groch	Melanie	L	D.O.	F	I	140 W 6th S	Suite 210	Oswego	NY	36	13126	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	33	33	$75.00	$46.17	$32.33	$33.60
1649298704	Beamesder	Timothy	N	MD	M	I	7551 Madison Ave		Citrus Heig	CA	6	95610	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	33	33	$198.76	$49.18	$34.02	$33.05
1659726362	Kuhn	Michael	D	MD	M	I	750 E Adams St		Syracuse	NY	36	13210	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	33	33	$85.00	$46.69	$25.15	$26.11
1669568655	Brew	Kristin		MD	F	I	20101 Lake Chabot Rd		Castro Vall	CA	6	94546	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	33	33	$179.00	$58.15	$33.93	$27.62
1679678205	Womack	William	B	D.O.	M	I	1611 Joy Ln		Fort Mohav	AZ	4	86426	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	27	33	33	$77.21	$46.42	$29.12	$30.26
1689990616	Russo	Jack		MD	M	I	300 Cadman Plz W	Ste	Brooklyn	NY	36	11201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	33	33	$256.24	$53.93	$35.90	$28.20
1699308874	Poletes	Jacqueline	D	APRN	F	I	953 E Del Webb	Blvd	Sun City Ce	FL	12	33573	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	33	33	$102.30	$40.69	$28.11	$28.01
1700879178	Sodhi	Brijnandan	S	MD	M	I	1010 W Clay St		Danville	IL	17	61832	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	33	33	$151.00	$45.21	$28.32	$30.70
1710155452	Boynton	Brian	P	M.D.	M	I	7117 Brockton Ave		Riverside	CA	6	92506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	33	33	$84.00	$49.85	$38.54	$36.83
1710229893	Fridirici	Zachary	C		M	I	2233 Post St	Fl 3	San Francis	CA	6	94115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	33	33	$285.91	$42.42	$25.84	$28.54
1710930516	Quinn Boga	Ann	L	MD	F	I	171 Ashley Ave		Charleston	SC	45	29425	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	33	33	$138.12	$40.51	$28.59	$30.24
1720226491	Thompson	Catherine		GNP, ANP	F	I	435 South S	Suite 390	Morristown	NJ	34	7960	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	29	33	33	$281.27	$45.57	$35.24	$31.30
1740718592	Jast	Jeffrey	R	MD	M	I	240 Maple St		Woodruff	WI	55	54568	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	30	33	33	$285.39	$44.28	$32.35	$35.12
1740799907	Robinson	Alissa	A	PA-C	F	I	72 Washington St	Ste 1	Taunton	MA	25	2780	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	31	33	33	$109.00	$29.32	$22.64	$21.02
1750318341	Rosenblum	Barry	N	M.D.	M	I	3009 N Ball	Suite 351c	Saint Louis	MO	29	63131	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	33	33	$127.45	$48.86	$38.98	$37.86
1750377974	Greaves	Scott	M	MD	M	I	2120 Golde	Suite102	Paso Roble	CA	6	93446	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	33	33	$180.00	$48.62	$35.16	$33.95
1750470316	Georgakaki	George		MD	M	I	4801 North Ste	#302	Ft Lauderda	FL	12	33308	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	33	33	$102.00	$50.63	$36.68	$34.53
1760463624	Aoki	Jeffrey		M.D.	M	I	275 W Herndon Ave		Clovis	CA	6	93612	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	29	33	33	$148.00	$49.29	$34.41	$32.58
1780770131	Abselet	Denise	A	DO	F	I	5225-15 Route 347		Port Jeffers	NY	36	11776	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	33	33	$180.00	$59.61	$41.60	$32.94
1790078855	Nelson	Benton	G	M.D.	M	I	5055 A St	Ste 300	Lincoln	NE	31	68510	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	33	33	$95.00	$43.57	$31.62	$34.36
1790804813	Lukacs	Nicholas	D	D.O.	M	I	8924 Blakeney	Profess	Charlotte	NC	37	28277	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	33	33	$106.26	$42.96	$30.94	$32.43
1801495569	Wolfe	Lynsie		PA-C	F	I	1911 Lincoln Blvd		Santa Moni	CA	6	90405	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	32	33	33	$100.45	$26.86	$14.31	$15.11
1811985831	Mccourtney	Bill	R	MD	M	I	1210 Dequeen St		Mena	AR	5	71953	7	Small town	US	Family Prac	Y	69210	Removal of N	O	20	33	33	$100.00	$39.27	$25.37	$28.75
1821166232	Lear	Loretta	A	FNP	F	I	Wihd Ceda	20 Oval We	Valhalla	NY	36	10595	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	31	33	33	$161.27	$50.87	$38.17	$30.32
1821250382	Brown	Anthony	J	D.O.	M	I	7700 E Florentine Rd	St	Prescott Va	AZ	4	86314	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	31	33	33	$88.00	$46.40	$28.94	$30.09
1841283249	Wolanin	Janusz	F	MD	M	I	233 S Prospect St		Nanticoke	PA	42	18634	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	33	33	$90.00	$46.71	$32.23	$32.97
1841388758	Raxenberg	Andrew	S	D.O.	M	I	2015 Ocean Dr	Ste 8	Boynton Be	FL	12	33426	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	33	33	33	$102.00	$50.75	$39.28	$36.83
1851513857	Amjad	Esmael	H	M.D.	M	I	4160 John F	Suite 1007	Detroit	MI	26	48201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	33	33	$85.00	$34.09	$22.14	$22.22
1871939553	Sohal	Maheep	S	M.D.	M	I	225 Union Blvd	Ste 220	Lakewood	CO	8	80228	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	33	33	$71.45	$47.48	$33.07	$32.04
1881699270	Picou	Keith	A	MD	M	I	2101 S Cynthia St		Mcallen	TX	48	78503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	33	33	$193.00	$44.53	$30.57	$31.97
1881707412	Lambert	Paul		MD	M	I	171 Ashley Ave		Charleston	SC	45	29425	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	31	33	33	$138.52	$31.44	$20.49	$21.47
1891746962	Stish	Eugene	R	MD	M	I	600 Penn St		West Hazle	PA	42	18202	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	30	33	33	$75.00	$46.20	$29.61	$30.92
1902986466	Saddy	Shehab		MD	M	I	2 Upper Ra	Suite B240	Monterey	CA	6	93940	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	27	33	33	$75.00	$51.97	$35.35	$32.23
1912015942	Meccia	John	W	M.D.	M	I	490 S Mapl	Suite 205	Waconia	MN	27	55387	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	33	33	$107.00	$32.71	$20.48	$21.94
1912312489	Jondy	Mohammad			M	I	1 Genesys	Pkwy	Grand Blan	MI	26	48439	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	33	33	$92.73	$46.42	$34.93	$35.81
1912902362	Hohl	Kevin	E	MD	M	I	300 S Church St		Middletow	MD	24	21769	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	31	33	33	$86.12	$49.97	$32.31	$30.59
1912973520	Zheng	Dawei		MD	M	I	8701 Center	Pkwy Ste	Sacrament	CA	6	95823	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	33	33	$70.00	$50.12	$37.88	$35.81
1912990409	Strohl	Celinde	Y	MD	F	I	7780 S Bro	Suite 100	Littleton	CO	8	80122	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	33	33	$79.00	$48.37	$32.57	$32.13
1932180486	White	Gregory	J	M.D.	M	I	535 Cedar Cross	Road	Dubuque	IA	19	52003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	33	33	$130.00	$42.24	$24.70	$27.56
1932263183	Munro	Eric	M	M.D.	M	I	3500 Lomit	Suite 100	Torrance	CA	6	90505	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	33	33	$89.00	$52.32	$40.45	$36.83
1962499673	Blotter	James	W	M.D.	M	I	2245 N 400	Ste 301	North Loga	UT	49	84341	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	33	33	$137.58	$45.44	$34.05	$35.83
1962563163	Basra	Narinder	S	M.D.	M	I	1481 Plumas St		Yuba City	CA	6	95991	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	29	33	33	$70.00	$48.03	$36.43	$36.30
1972770378	Bruyninckx	Kyle		MD	M	I	111 Ellington Dr		Rayville	LA	22	71269	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	33	33	$72.73	$45.29	$29.48	$30.92

1972913788	Adams	Nahera		M.D.	M	I	2200 Colorado Ave	Turlock	CA	6	95382	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	33	33	$99.39	$48.89	$37.82	$36.83
1972952703	Hunter	Benjamin	N	M.D.	M	I	3307 Renner Dr	Fortuna	CA	6	95540	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	33	33	$129.00	$48.60	$36.34	$35.10
1982047619	Chou	Courtney	T	MD	F	I	310 E 14th St Fl 6	New York	NY	36	10003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	33	33	$225.00	$55.88	$41.87	$34.53
1982049854	Sayal	Navdeep		D.O.	M	I	25500 Meadowbrook R	Novi	MI	26	48375	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	33	33	33	$75.00	$45.75	$33.16	$32.93
1982662094	Botts	Kevin	M	M.D.	M	I	1717 N E St Suite 239	Pensacola	FL	12	32501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	24	33	33	$50.91	$30.91	$22.58	$21.92
1982814398	Pascual	Puri Lorena	A	M.D.	F	I	45280 Seeley Dr	La Quinta	CA	6	92253	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	33	33	$52.62	$34.70	$26.94	$25.12
1003833021	Ostendorf	Robert	E	M.D.	M	I	1026 Good Suite 100b	Gadsden	AL	1	35903	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	32	32	$69.06	$45.39	$34.02	$35.79
1013101146	Reavis	Jennifer		M.D.	F	I	595 Chapel Hills Dr Ste	Colorado S	CO	8	80920	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	32	32	$123.00	$42.68	$31.68	$30.86
1013904168	Cubbage	Brian	K	MD	M	I	30 Shady Ln	White Ston	VA	51	22578	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	19	32	32	$102.13	$46.54	$30.46	$30.16
1013948694	Cuzzourt	Jeremy	C	MD	M	I	98 State St	Proctorville	OH	39	45669	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	32	32	$231.25	$46.49	$33.75	$34.22
1013989581	Janicijevic	Nenad	B	M.D.	M	I	1691 Washington Rd	Mt Lebanor	PA	42	15228	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	27	32	32	$60.00	$46.16	$31.01	$32.31
1033478813	Romero	Joshua		M.D.	M	I	2799 W Grand Blvd	Detroit	MI	26	48202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	32	32	$107.81	$40.44	$28.49	$27.30
1043248503	Michaelide	Elias	M	M. D.	M	I	1611 W Harrison St Ste	Chicago	IL	17	60612	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	31	32	32	$162.00	$36.53	$26.96	$23.82
1043479355	Sankey	Brian	K	D.O.	M	I	2710 Saint Suite 210	Waterloo	IA	19	50702	1	Metropolita	US	Family Prac	Y	69210	Removal of N	F	32	32	32	$165.55	$29.68	$19.85	$21.79
1053372136	King	Krista	H	M.D.	F	I	151 Fries Mill Rd Ste 1C	Turnersville	NJ	34	8012	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	32	32	$170.00	$49.71	$27.18	$24.88
1083644678	Gillespie	Richard	R	MD	M	I	8924 Blakeney Profess	Charlotte	NC	37	28277	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	32	32	$92.28	$45.55	$35.43	$37.11
1093973893	Butler	Maureen	T	M.D.	F	I	4061 W 95th St Ste 3	Oak Lawn	IL	17	60453	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	32	32	$116.00	$51.23	$31.73	$28.49
1104202654	Misko	Nicole	M	PAC	F	I	1000 Crawford Pl Ste 1	Mount Laur	NJ	34	8054	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	29	32	32	$58.63	$39.67	$31.74	$32.28
1104997642	Bernstein	Joseph	M	M.D.	M	I	244 Westcl Suite 215	White Plain	NY	36	10604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	32	32	$100.00	$56.92	$32.71	$25.99
1144377607	Kovalevsky	Marina		M.D.	F	I	7737 Santa Monica Bl	Los Angele	CA	6	90046	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	32	32	$80.00	$52.61	$42.02	$37.98
1154350320	Pekarovics	Susan		M.D.	F	I	6360 Wilsh Suite 202	Los Angele	CA	6	90048	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	32	32	$91.31	$51.49	$41.07	$37.39
1154805372	Drago	Kelly	E		F	I	301 University Blvd	Galveston	TX	48	77555	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	27	32	32	$135.00	$28.18	$14.82	$14.82
1184622417	Lefferman	Matthew	G	DO	M	I	9233 W. Pic Suite #230	Los Angele	CA	6	90035	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	32	32	$90.00	$52.13	$41.54	$37.98
1194472506	Maciel	Christina	L		F	I	9700 El Camino Real S	Atascaderc	CA	6	93422	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	32	32	32	$80.00	$41.84	$30.38	$29.43
1194709014	Cuebas	Luz	M	MD	F	I	Crisalida 2 Munoz Rive	Guaynabo	PR	72	969	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	32	32	$53.00	$43.65	$31.98	$31.63
1194747006	Sabatini	Peter	R	M.D.	M	I	901 Riverfr	Suite 300	Chattanoo	TN	47	37402	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	32	32	$195.34	$38.99	$31.25	$34.72
1194814020	Kurtz	Michael	Z	D.O.	M	I	12495 Valley View St	Garden Gro	CA	6	92845	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	32	32	$90.00	$47.88	$34.32	$34.72
1194986968	Dennis	D'antoni	C	MD	M	I	15813 Paul Vega Md Dı	Hammond	LA	22	70403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	30	32	32	$115.16	$26.12	$18.66	$18.36
1215386065	Moyer	Ashley	R	APRN	F	I	1102 Nw Lc Suite 4	Bentonville	AR	5	72712	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	29	32	32	$127.00	$36.69	$22.00	$25.26
1235221094	Moukdad	Jihad	S		M	I	1265 Paterson Plank R	Secaucus	NJ	34	7094	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	32	32	$108.84	$53.59	$40.02	$35.45
1235391905	Stucken	Emily	Z	M.D.	F	I	1500 E Mec 1st Floor Ta	Ann Arbor	MI	26	48109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	32	32	$81.00	$35.21	$25.12	$23.12
1245659911	Lozada	Kirkland	N	M.D.	M	I	3737 Market St Fl 3	Philadelphi	PA	42	19104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	32	32	$167.66	$51.97	$34.18	$31.22
1255433728	Levy	Mark	H	M.D.	M	I	4959 Golf Rd	Skokie	IL	17	60077	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	32	32	$100.00	$51.97	$38.55	$35.11
1255596060	Young	Anthony	M	NP-C	M	I	10450 E Ri	Suite 114	Sun Lakes	AZ	4	85248	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	29	32	32	$75.00	$38.77	$28.94	$29.84
1275636698	Mathis	David	L	MD	M	I	9770 S Mccarran Blvd	Reno	NV	32	89523	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	32	32	$122.72	$47.17	$37.66	$36.15
1275652067	Rouchard-F	Robin	A	PA	F	I	Medical Center Blvd	Winston-Sa	NC	37	27157	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	31	32	32	$136.44	$26.37	$17.60	$17.99
1285246272	De Las Alas	Lourdes	C		F	I	6005 Shepherd Sq	Columbia	MD	24	21044	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	32	32	$55.00	$44.11	$31.87	$29.25
1326077280	Yaqub	Tahir		M.D.	M	I	1775 3rd St	Atwater	CA	6	95301	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	32	32	$81.00	$49.45	$35.88	$34.42
1326232349	Kain	Helen	B	NURSE PR/	F	I	411 N. Middletown Rd.	Media	PA	42	19063	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	32	32	$52.39	$43.44	$28.11	$26.24
1326697483	Fridman	Mark	A	PA-C	M	I	2950 Cleveland Clinic I	Weston	FL	12	33331	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	31	32	32	$249.00	$42.79	$32.05	$29.76
1336434638	Smith	Aleksander	R	M.D.	M	I	2411 Ring Rd Ste 105	Elizabetht	KY	21	42701	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	32	32	$102.19	$44.18	$32.02	$33.57
1346275286	Belles	William	J	MD	M	I	2545 Sheridan Dr	Tonawanda	NY	36	14150	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	32	32	$65.00	$45.92	$33.09	$33.82
1346901121	Callavini	Julia		PA-C	F	I	1200 S Cedar Crest Blv	Allentown	PA	42	18103	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	28	32	32	$100.00	$38.49	$29.10	$30.87
1356332472	Reardon	Edward	J	M.D.	M	I	500 Congre	Suite 2b	Quincy	MA	25	2169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	32	32	$196.00	$51.23	$29.35	$25.90
1366452054	Varela	Adrian	E	MD	M	I	10330 Se 3 Suite 320	Milwaukie	OR	41	97222	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	32	32	$182.81	$46.98	$31.46	$30.94
1366538472	Duperret	Michael	E	MD	M	I	1601 N Tuc #18	Tucson	AZ	4	85716	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	32	32	$60.00	$37.67	$25.39	$26.31
1366836082	Witmon	Tiffani			F	I	59 Page Hill Rd	Berlin	NH	33	3570	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	27	32	32	$151.50	$41.78	$29.25	$28.25
1376847103	Franciose	Judy	A	FNP	F	I	3 Willow Run	Auburn	ME	23	4210	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	29	32	32	$65.00	$26.85	$14.91	$16.01
1396060349	Liao	Selena		M.D.	F	I	1020 Tijeras Ave Ne Ste	Albuquerq	NM	35	87106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	32	32	$33.00	$32.10	$23.80	$23.63
1407388382	Patil Ng-A-I	Sameeksha		PA-C	F	I	190 Congre	Ste # 160	Delray Bea	FL	12	33445	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	23	32	32	$105.00	$36.39	$26.88	$25.22
1407851959	Otero Garc	Jose	E	M.D.	M	I	410 Ave Ge Ste 201	Fajardo	PR	72	738	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	32	32	$48.60	$48.10	$31.09	$30.86
1407947351	Cryer	Jonathan	E	MD	M	I	2 Ascot Place	Ithaca	NY	36	14850	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	32	32	$144.38	$46.43	$28.23	$29.36
1427183243	Verbitsky	Izabella		M.D., PH.D	F	I	1459 Monti	Suite 304	Tucker	GA	13	30084	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	32	32	$195.75	$48.11	$34.58	$34.15
1427342245	Dickert	Alex	J	M.D.	M	I	6199 W Gulf To Lake H		Crystal Riv	FL	12	34429	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	32	32	$65.00	$47.86	$38.19	$37.39
1427558758	Fedak	Clytemnes	C	FNP	F	I	11100 Euclid Ave		Cleveland	OH	39	44106	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	32	32	32	$235.66	$27.42	$21.89	$22.02
1437135779	Criss	David	I	MD	M	I	50 Rowe St Ste 500		Melrose	MA	25	2176	1	Metropolita	US	Cardiology	Y	69210	Removal of N	O	30	32	32	$91.50	$53.44	$35.22	$31.36
1487688164	Gill	Rajbinderpal			M	I	24035 Three Notch Rd		Hollywood	MD	24	20636	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	32	32	$134.00	$49.34	$36.75	$35.47
1497396469	Campos	Karilin		PA-C	F	I	500 N Hiatus Rd Ste 10		Pembroke I	FL	12	33026	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	30	32	32	$116.00	$43.13	$31.79	$29.80
1497768808	Hochster	Howard	J	MD	M	I	2233 Esplanade Ave		Bronx	NY	36	10469	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	32	32	$70.24	$60.42	$35.24	$27.37
1508978487	Bernstein	Eric		MD	M	I	5230 Roger Bldg 2		San Antoni	TX	48	78251	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	31	32	32	$95.00	$45.76	$32.42	$33.98
1518223908	Li	Mingsi		M.D.	M	I	9500 Euclid Ave		Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	30	32	32	$257.53	$33.09	$20.69	$20.26
1518306927	Brochu	Andrew	P	D.O.	M	I	50 Hillcrest Medical Bl		Waco	TX	48	76712	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	32	32	$123.00	$42.79	$30.20	$31.77
1528254133	Raskin	Damon	B	MD	M	I	881 Alma R Suite 103		Pacific Pali	CA	6	90272	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	32	32	$85.00	$52.40	$39.16	$35.01
1528277092	Brown	Kevin		MD	M	I	170 Manning Drive Phy		Chapel Hill	NC	37	27599	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	32	32	$139.00	$43.57	$28.41	$30.04
1538240734	Nguyen	Peter	T	DO	M	I	18111 Brookhurst St St		Fountain V	CA	6	92708	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	32	32	$100.00	$51.84	$37.22	$33.49
1568802965	Rabenold	Stephanie	M	D.O.	F	I	801 Ostrum St		Bethlehem	PA	42	18015	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	32	32	$122.50	$46.61	$37.29	$37.98
1588872964	Adams	Van	L	M.D.	M	I	204 Malloy Suite A		Goldsboro	NC	37	27534	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	32	32	$98.28	$45.67	$30.83	$32.54
1598720492	Henderson	Patrick	E	DO	M	I	319 E Pioneer Ave		Montesano	WA	53	98563	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	25	32	32	$112.38	$41.99	$31.74	$35.10
1598754871	Mullins	James	B	MD	M	I	7449 Las Colinas Blvd		Irving	TX	48	75063	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	32	32	$100.00	$46.16	$30.58	$30.67
1598797870	Whitlock	Richard	S	M.D.	M	I	5907 Highway 90		Moss Point	MS	28	39563	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	32	32	$136.72	$42.83	$24.01	$28.35
1619563913	Ragan	Deborah			F	I	311 W College St		Florence	AL	1	35630	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	28	32	32	$89.00	$38.19	$26.59	$28.56
1619992047	Marsh	Michael	D	M.D.	M	I	4418 Vineland Ave Ste		Toluca Lak	CA	6	91602	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	32	32	$70.00	$48.28	$34.55	$31.45
1629038542	Abawi	Jaber		MD	M	I	1106 N Beeline Hwy		Payson	AZ	4	85541	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	20	32	32	$90.00	$46.22	$35.69	$36.84
1629245238	Lattyak	Bruce	V	M.D.	M	I	300 Sierra College Dr S		Grass Valle	CA	6	95945	4	Micropolita	US	Plastic and	Y	69210	Removal of N	O	27	32	32	$86.78	$34.34	$25.56	$24.93
1629465695	Raynor	Hannah		MD	F	I	1919 Linco Suite 315		Coeur D Al	ID	16	83814	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	32	32	$102.00	$42.66	$23.54	$27.33
1639148372	Jaggard	Peter	L	MD	M	I	3200 Grant St		Evanston	IL	17	60201	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	32	32	$97.08	$51.84	$37.42	$34.42
1639278310	Boulos	Ekram	J	MD	M	I	11075 West Center Str		Medina	NY	36	14103	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	30	32	32	$96.31	$44.41	$35.39	$36.79

1659358570	Lantz	Peter	E	M.D.	M	I	6585 S Yale	Ste 1150	Tulsa	OK	40	74136	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	32	32	32	$114.00	$45.06	$33.83	$35.23
1659489177	Heilman	Timothy	J	M.D.	M	I	995 Tahoe I	Suite 301	Incline Villa	NV	32	89451	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	26	32	32	$150.00	$47.70	$32.45	$31.34
1669441531	Sensenich	Gregory	W	DO	M	I	861 Fairway Dr		Chillicothe	MO	29	64601	7	Small town	US	General Pra	Y	69210	Removal of N	O	27	32	32	$55.00	$43.92	$31.73	$34.80
1669899159	Thalheimer	Jason		M.D.	M	I	1775 Ballard Rd		Park Ridge	IL	17	60068	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	32	32	$76.00	$52.54	$32.87	$29.67
1679523518	Willging	Stefan	A	MD	M	I	4060 4th A	Suite 505	San Diego	CA	6	92103	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	32	32	$78.00	$51.53	$27.46	$25.41
1679707178	Chu	Eugenia	G	MD	F	I	3800 Reservoir Rd Nw		Washingto	DC	11	20007	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	32	32	$123.00	$54.76	$41.76	$34.42
1689636086	Nunnally	Frederick	K	MD	M	I	4550 W Main St		Dothan	AL	1	36305	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	32	32	$65.00	$43.31	$30.09	$31.82
1689786675	Yau	May	Y	M.D.	F	I	2100 Webster St	Ste 42	San Francis	CA	6	94115	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	32	32	$120.00	$54.06	$31.87	$27.30
1699157214	Khalil	Sara		M.D.	F	I	4591 Socastee Blvd		Myrtle Bea	SC	45	29588	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	29	32	32	$102.00	$45.15	$32.73	$34.13
1699800227	Bennett	John	R	MD	M	I	22 S 900 E		Salt Lake C	UT	49	84102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	32	32	$141.00	$45.23	$31.22	$32.56
1700102332	Patel	Neel	B	M.D.	M	I	2525 S Michigan Ave		Chicago	IL	17	60616	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	31	32	32	$248.44	$33.85	$20.59	$18.51
1700420130	Anderson	Kathryn	G	NP	F	I	1000 N Oak Ave		Marshfield	WI	55	54449	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	32	32	32	$242.99	$25.77	$11.79	$13.56
1700870367	Mccauley	James	W	MD	M	I	15260 Nw 147th Dr		Alachua	FL	12	32615	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	32	32	$74.00	$48.05	$35.97	$35.61
1710912340	Eriksson	Tracy	P	MD	F	I	33501 1st Way S		Federal Wa	WA	53	98003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	23	32	32	$133.19	$35.54	$23.32	$21.52
1710913322	Keyes	Alan		M.D., F.A.C	M	I	500 Indepe	Suite 100	Chesapeak	VA	51	23320	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	32	32	$96.00	$47.66	$32.06	$32.11
1720238231	Becker	Pamela		PA-C	F	I	2251 N Shore Dr		Rhinelande	WI	55	54501	7	Small town	US	Physician A	Y	69210	Removal of N	O	21	32	32	$305.39	$37.80	$21.84	$24.26
1730185752	Walker	Randy	D	MD	M	I	1553 W Collin Raye Dr		De Queen	AR	5	71832	7	Small town	US	Family Prac	Y	69210	Removal of N	O	31	32	32	$89.00	$41.90	$28.10	$32.31
1750542452	Peterson	Kylan	D	D.O.	M	I	730 N Colle	Suite B	Twin Falls	ID	16	83301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	29	32	32	$66.00	$29.68	$20.69	$22.57
1750543237	Higgins	Thomas	S	MD	M	I	6420 Dutchmans Pkwy		Louisville	KY	21	40205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	32	32	$86.97	$31.01	$22.80	$24.84
1750674370	Shibata	Seiji	B	M.D. PH.D.	M	I	1450 San Pablo St	Ste 5	Los Angele	CA	6	90033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	27	32	32	$167.19	$35.30	$25.49	$23.79
1790786432	Barbanel	Eric		MD	M	I	155 Crystal Run Rd		Middletow	NY	36	10941	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	32	32	$145.00	$52.80	$33.52	$29.57
1801087408	Abbott	Megan	M	M.D.	F	I	243 Charles St		Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	32	32	$119.91	$31.85	$17.53	$18.03
1801141023	Azoyan	Narine		NP	F	I	3700 Route	Suite 101	Neptune	NJ	34	7753	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	31	32	32	$170.00	$44.23	$30.55	$27.09
1801828041	Meyer	John	W	MD	M	I	6813 South Tamiami Tr		Sarasota	FL	12	34231	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	32	32	$160.29	$47.28	$28.95	$28.76
1811002066	Szewczyk	Mark	A	MD	M	I	3030 Harden Blvd		Lakeland	FL	12	33803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	32	32	$121.00	$47.80	$33.30	$33.25
1811218613	Kassabov	Daniela		MD	F	I	11505 Paln	Suite 220	Lakewood I	FL	12	34202	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	32	32	$97.00	$48.02	$34.66	$34.37
1811317555	Carew	Allison		MS, CRNP	F	I	6334 Ceda	Suite 103	Columbia	MD	24	21044	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	29	32	32	$55.00	$44.00	$32.34	$29.74
1821176538	Alocozy	Mohamma	N	MD	M	I	2211 Park Towne Cir		Sacrament	CA	6	95825	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	32	32	$105.00	$50.16	$37.67	$35.61
1831141043	Laureijs	Peter	J	M.D.	M	I	1021 11th St		De Witt	IA	19	52742	7	Small town	US	Family Prac	Y	69210	Removal of N	O	23	32	32	$168.00	$43.33	$28.43	$31.46
1841309580	Santos	Felipe		M.D.	M	I	243 Charles St		Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	23	32	32	$132.56	$35.67	$23.97	$22.21
1841376720	Marston	Jonathan	E	MD	M	I	12522 W. Colonial Trai		Crewe	VA	51	23930	2	Micropolita	US	Family Prac	Y	69210	Removal of N	O	32	32	32	$63.75	$43.84	$33.19	$33.25
1851314512	Nguyen	Brian	L	M.D.	M	I	29798 Hau	Suite 108	Sun City	CA	6	92586	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	32	32	$71.00	$50.00	$28.96	$27.59
1861467326	Spagnoli	Scott	D	M.D.	M	I	1635 N Gec	Ste. 250	Arlington	VA	51	22205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	32	32	$158.00	$54.47	$40.77	$35.90
1871595041	Humbert	Stephen	M	DO	M	I	2510 W Township Line		Havertown	PA	42	19083	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	32	32	$144.97	$51.07	$39.47	$36.79
1881695252	Deutsch	Brian		M.D.	M	I	885 Kempsville Rd	Ste	Norfolk	VA	51	23502	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	32	32	$120.00	$40.96	$28.08	$28.12
1881959864	Rizk	Habib		M.D	M	I	171 Ashley Ave		Charleston	SC	45	29425	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	32	32	$139.50	$44.71	$31.80	$33.65
1891083689	Nwojo	Raphael	E	M.D.	M	I	540 W 5th S	Suite 410	Odessa	TX	48	79761	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	32	32	$93.00	$44.70	$29.42	$32.13
1891768875	Schoenfeld	Philip	S	M.D.	M	I	5454 Wisc	Suite 1535	Chevy Cha	MD	24	20815	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	32	32	$115.00	$46.20	$36.89	$31.46
1891781746	Gil	Eric	A	M.D.	M	I	3236 78th Ave Se	Ste 2	Mercer Isla	WA	53	98040	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	32	32	$142.00	$52.50	$36.90	$32.72
1891786141	Aguiar-Olse	Rinely		M.D.	F	I	2285 S Elks Ln		Yuma	AZ	4	85364	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	32	32	$60.00	$45.31	$27.68	$28.47
1902413081	Wendricks	Miranda		NP	F	I	1821 S Webster Ave		Green Bay	WI	55	54301	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	32	32	$171.50	$37.61	$26.18	$28.63
1902892078	Mussey	Steven	W	M.D.	M	I	4107 Lafay	Unit 4	Fredericks	VA	51	22408	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	27	32	32	$86.00	$47.65	$25.74	$25.35
1912053323	Rohana	Elise	M	APN-C	F	I	4011 Route	Suite 201	Rio Grande	NJ	34	8242	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	32	32	$100.00	$44.30	$27.75	$25.33
1912060500	Shirmohan	Amir		M.D.	M	I	1817 Cypre	Suite 101	Trinity	FL	12	34655	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	32	32	$81.00	$48.24	$33.74	$33.25
1922234285	Kangelaris	Gerald		MD	M	I	450 Sutter St	Rm 933	San Francis	CA	6	94108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	32	32	$134.90	$53.05	$37.36	$32.65
1922268119	Colby-Scot	Candice	C	M.D.	F	I	801 Joe Mann Blvd	Ste	Midland	MI	26	48642	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	32	32	$140.08	$46.16	$34.09	$35.24
1922549179	Churnin	Ian		M.D.	M	I	1215 Lee S	Box 80071	Charlottes	VA	51	22908	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	32	32	$103.00	$44.69	$35.61	$37.39
1942313796	Miller	Steven	K	M.D.	M	I	22 S 900 E		Salt Lake C	UT	49	84102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	32	32	$141.00	$46.02	$28.49	$29.90
1942497466	Slater	James	J	D.O.	M	I	2611 Charlevoix Ave		Petoskey	MI	26	49770	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	26	32	32	$87.00	$47.16	$36.49	$36.87
1942649686	Paulson	Jennifer	A	CNP	F	I	4760 Fashion Square B		Saginaw	MI	26	48604	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	32	32	$60.00	$39.03	$30.16	$31.33
1952689085	Eisinger	Swapna	A	M.D.	F	I	5255 E Stop 11 Rd	Ste 4	Indianapoli	IN	18	46237	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	32	32	$107.50	$42.46	$28.46	$32.38
1962470567	Naddy	Gibran	B	M.D.	M	I	1707 Grove St		Columbia	TN	47	38401	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	28	32	32	$105.25	$43.07	$31.04	$34.21
1962654806	Herman	Bjorn	S	MD	M	I	3401 Pga Blvd	Ste 450	Palm Beach	FL	12	33410	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	32	32	32	$132.00	$41.28	$28.06	$27.73
1003813403	Spiro	Jeffery		MD	M	I	263 Farmington Ave		Farmington	CT	9	6030			US	Otolaryngo	Y	69210	Removal of N	O	30	31	31	$140.00	$52.15	$31.50	$28.48
1003902180	Khoo	Evelyn		MD	F	I	1501 Trous	3rd Floor	Burlingame	CA	6	94010	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	31	31	31	$176.11	$55.32	$36.96	$31.24
1013138270	Giesler-Spe	Melanie	L	D.O	F	I	202 10th St Se		Cedar Rapi	IA	19	52403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	31	31	$124.00	$39.92	$30.10	$32.57
1013906304	Peters	Stanley	E	M.D.	M	I	8080 Blueb	Ste. 2121	Baton Roug	LA	22	70810	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	31	31	$147.58	$44.70	$21.55	$22.99
1013938042	Laramie	Jeannine		MD	F	I	1515 E Alluvial Ave	Ste	Fresno	CA	6	93720	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	31	31	$75.00	$49.14	$38.00	$36.75
1013983592	Sanson	Marshall	V	M.D.	M	I	2309 Arkansas Rd		West Monr	LA	22	71291	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	29	31	31	$85.00	$44.32	$30.60	$33.65
1013997980	Dagan	Tal		MD FACS	M	I	420 Madis	Suite 503	New York	NY	36	10017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	31	31	$171.00	$56.83	$38.51	$31.94
1033105507	Gebrail	Ayman		M.D.	M	I	2032 South	Suite 101	Wilmington	NC	37	28401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	31	31	$117.00	$45.34	$32.69	$33.91
1033110556	Vallery	Samuel	W	MD	M	I	2212 Malve	Suite 8	Hot Springs	AR	5	71901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	31	31	$136.00	$41.84	$29.05	$31.92
1033537493	De Jong	Tyler		M.D.	M	I	300 Redondo Ave		Long Beach	CA	6	90814	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	31	31	$80.00	$53.21	$41.26	$36.75
1053321000	Heinrich	James	A	M.D.	M	I	26730 Crown Valley Pk		Mission Vie	CA	6	92691	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	16	31	31	$112.20	$53.17	$39.84	$34.30
1053350686	Godin	David		M.D.	M	I	261 5th Ave	Rm 901	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	31	31	$253.29	$48.61	$37.43	$30.63
1053450494	Zacharia	Ancy		NP	F	I	1800 N Mai	Second Flo	Wheaton	IL	17	60187	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	31	31	$149.00	$44.09	$29.61	$27.07
1063598183	Tung	Candice	H	M.D.	F	I	7395 S Pecos Rd	Ste 1(	Las Vegas	NV	32	89120	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	31	31	$75.00	$48.94	$30.20	$28.79
1063656924	Greene	William	M	M.D.	M	I	146 E Hospital Dr	Ste 2	West Colur	SC	45	29169	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	31	31	$160.00	$44.80	$31.03	$33.41
1063774149	Garcia	Nicholas	J	DO	M	I	900 Pine St	Ste 111b	Englewood	FL	12	34223	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	31	31	$48.33	$46.37	$33.27	$33.09
1073055356	Barrow	Elyssa		PA-C	F	I	1541 Gull Rd	Ste 200	Kalamazoo	MI	26	49048	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	28	31	31	$65.00	$39.00	$26.76	$28.03
1083612568	Klein	Eric	J	MD	M	I	110 Delphi	Suite 101	Olympia	WA	53	98502	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	31	31	$48.65	$45.53	$34.56	$35.87
1083666002	Reiter	Samantha	F	MD	F	I	840 N 5th A	Ste 100	Sequim	WA	53	98382	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	30	31	31	$91.00	$46.71	$28.75	$28.28
1083968143	Rabe	Stephanie	M	ACNP-BC	F	I	3003 W Good Hope Rd		Milwaukee	WI	55	53209	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	28	31	31	$300.00	$37.71	$26.28	$27.47
1104820729	Singh	Tejinder		MD	M	I	914 W Foot	Ste B	Upland	CA	6	91786	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	31	31	$70.00	$50.00	$36.33	$34.57
1104891175	Adams	Jeffery	R	MD	M	I	3927 Rucker Ave		Everett	WA	53	98201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	31	31	$131.14	$46.34	$30.54	$30.39
1114313582	Diaz Garcia	Lucia		M.D.	F	I	3 Cooper Plz	Rm 403	Camden	NJ	34	8103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	31	31	$151.00	$50.22	$37.51	$35.22
1114926052	Woods	Timothy	G	MD	M	I	116 Defens	Suite 400	Annapolis	MD	24	21401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	31	31	$140.00	$51.92	$28.46	$26.11

1114990009	Bennett	Garrison	S	MD	M	I	15769 Wc	Main St	Midlothian	VA	51	23113	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	31	31	$91.84	$46.45	$31.83	$31.54
1134690555	Crabb	Gabrel	M	FNP-C	M	I	5248 New	Jesup Hwy	Brunswick	GA	13	31523	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	31	31	$125.00	$38.03	$25.26	$27.37
1144226812	White	Stephen	J	MD	M	I	4601 Heritage Trace Pa		Fort Worth	TX	48	76244	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	31	31	$112.00	$47.39	$33.61	$33.75
1154423887	Rezaee	Rod		MD	M	I	11100 Euclid Avenue		Cleveland	OH	39	44106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	31	31	$286.39	$45.43	$32.64	$33.86
1164477063	Barclay-Sh	Faye	D	MD	F	I	3759 Pleasant Hill Rd		Kissimmee	FL	12	34746	1.1	Secondary	US	Pediatric M	Y	69210	Removal of N	O	31	31	31	$163.00	$50.75	$23.73	$22.32
1164494415	Coscia	Valarie	J	ARNP	F	I	4001 Dale S	#201	Anchorage	AK	2	99508	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	31	31	$368.97	$50.35	$35.37	$27.77
1174530901	Turner	Chantel	L	PA-C	F	I	4033 Talbo	Ste 540	Renton	WA	53	98055	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	22	31	31	$57.23	$32.64	$23.79	$21.85
1194765230	Winas	Matthew		D.O.	M	I	1230 S Ced	Suite 201	Allentown	PA	42	18103	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	31	31	$100.00	$46.70	$32.57	$33.31
1225352792	Sullivan	Corbin	D	M.D.	M	I	601 John St	Suite M-27	Kalamazoo	MI	26	49007	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	31	31	$95.00	$46.27	$32.25	$33.36
1265540355	Callahan	Douglas	D	D.O.	M	I	1240 E 100	Suite 15a	St George	UT	49	84790	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	29	31	31	$60.35	$45.52	$31.61	$32.79
1265833545	Johnson	Jessica	L	PA-C	F	I	4460 Broad	St Ste A	San Luis Ot	CA	6	93401	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	28	31	31	$100.74	$41.75	$31.21	$29.16
1275943151	Miller	Laura		D.O.	F	I	7502 State Rd	Ste 440(	Cincinnati	OH	39	45255	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	31	31	$86.00	$45.42	$31.43	$32.70
1285712638	Kilbarger	Brian		PA	M	I	1990 Haggerty Road		Livonia	MI	26	48152	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	26	31	31	$81.00	$29.87	$19.91	$18.73
1306877626	Collins	Susan	M	M.D.	F	I	1500 Post F	First Floor	Darien	CT	9	6820	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	31	31	$148.82	$52.01	$38.98	$35.53
1316908700	Andresen	Alan	J	M.D.	M	I	451 E	University Dr	Tempe	AZ	4	85281	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	30	31	31	$52.49	$44.13	$28.76	$31.16
1316949308	Throneberr	James	B	MD	M	I	2869 College	Ave	Conway	AR	5	72034	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	30	31	31	$123.00	$42.52	$29.04	$32.01
1326137175	Bowman	James	D	MD	M	I	640 Flormann	St	Rapid City	SD	46	57701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	29	31	31	$144.00	$30.68	$23.64	$25.10
1326249715	Younes	Maher		M.D.	M	I	1455 29th	St	West Des M	IA	19	50266	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	30	31	31	$127.50	$30.55	$23.68	$23.05
1336328079	Romero	Maria	E	MD	F	I	122 Defense	Hwy	Annapolis	MD	24	21401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	31	31	$191.71	$50.12	$35.36	$33.95
1356879894	White	Michelle	K	MD	F	I	800 Washington	St	Boston	MA	25	2111	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	31	31	$153.00	$45.21	$36.02	$34.92
1366672818	Dayani	Aria		M.D.	M	I	1051 Highway 90	East	Castroville	TX	48	78009	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	31	31	$119.00	$45.72	$32.94	$34.53
1366783805	Randall	Regina	M	ARNP	F	I	200 Hawkins	Dr	Iowa City	IA	19	52242	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	27	31	31	$247.48	$24.78	$15.04	$16.74
1376035535	Eggleston	Daniel		DO	M	I	420 S 5th	Ave	West Readi	PA	42	19611	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	30	31	31	$71.00	$51.00	$36.14	$33.68
1376506071	De Leon-Jir	Jose	R	M.D.	M	I	Plaza Carol	Tercer Nive	Carolina	PR	72	983	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	31	31	$48.60	$48.10	$36.44	$36.09
1376692533	Goodstein	Matthew	L	M.D.	M	I	1830 Blake	Suite 201	Glenwood S	CO	8	81601	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	31	31	$233.00	$44.45	$32.93	$32.47
1376754036	Woodson	Erika	A	MD	F	I	A71 9500	Euclid Ave	Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	31	31	$278.81	$32.33	$19.85	$20.07
1386725638	Miller	Thomas	W	M.D.	M	I	205 Noble Creek	Dr	Noblesville	IN	18	46060	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	31	31	$118.00	$44.34	$31.38	$34.05
1386735777	Polskiy	Pavel		MD	M	I	5810 Jame:	Ste 1	Carmichae	CA	6	95608	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	30	31	31	$157.00	$49.55	$36.39	$34.91
1396059325	Rakers	Coleen	K	ANP-BC	F	I	217 S Locust	St	Pana	IL	17	62557	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	25	31	31	$70.00	$40.62	$23.41	$23.47
1407055833	Gilbert	Kevin		M.D.	M	I	3723 W 12(	Suite 270b	Riverton	UT	49	84065	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	31	31	$104.03	$44.73	$27.42	$29.36
1417157926	Fry	Elizabeth	P		F	I	1850 W	Arlington Blvd	Greenville	NC	37	27834	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	31	31	31	$127.00	$46.08	$32.18	$32.76
1427341577	Ghosh	Ankona		MD	F	I	8631 W 3rd	St # 915e	Los Angele:	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	31	31	$50.44	$47.01	$25.03	$23.70
1437254463	Reich-Sobe	Debra	G	DO	F	I	809 N	Wood Ave	Linden	NJ	34	7036	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	31	31	$90.00	$53.98	$43.11	$37.95
1437341187	Anand	Pavan	K	M.D.	M	I	599 9th St I	Suite 210	Naples	FL	12	34102	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	31	31	$83.00	$51.44	$38.57	$35.53
1447333265	Pray	Steven	M	D.O.	M	I	115 Bridge	St	Elk Rapids	MI	26	49629	10.2	Secondary	US	Family Prac	Y	69210	Removal of N	O	30	31	31	$75.00	$44.21	$28.54	$30.23
1447413901	Wu	Yi-Hsuan	E	M.D.	F	I	6611 River Place Blvd	S	Austin	TX	48	78730	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	31	31	$98.00	$47.90	$36.96	$36.76
1457326258	Book	Michael		M.D.	M	I	5480 Sea	Forest Dr	Kiawah Isla	SC	45	29455	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	31	31	$140.55	$44.74	$26.39	$29.01
1467767855	Anderson	Martin	E	M.D.	M	I	8780 W Go	Suite 200	Niles	IL	17	60714	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	31	31	$95.00	$51.11	$33.31	$30.54
1477842342	Watts	Cara	A	M.D.	F	I	1740 W	Taylor St	Chicago	IL	17	60612	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	31	31	$86.00	$32.79	$23.51	$23.21
1477971125	Siman	Homayoun		MD	M	I	73211 Fred Waring Dr	S	Palm Deser	CA	6	92260	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	26	31	31	$114.45	$47.63	$36.72	$34.92
1487733549	Croke	Francis	M	MD	M	I	10 Hospita	Ste 303	Holyoke	MA	25	1040	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	31	31	$75.32	$49.58	$29.57	$28.41
1497751663	Pershall	Kim	E	MD	M	I	3811 24th	Street	Lubbock	TX	48	79410	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	31	31	$46.06	$44.84	$34.59	$36.22
1497778302	Horrell	Robin	S	MD	M	I	801 N 29th	St	Billings	MT	30	59101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	28	31	31	$98.00	$32.14	$18.74	$18.70
1497871438	Zheng	Deyi		M.D.	M	I	500 Univers	Suite 210	Sacrament	CA	6	95825	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	31	31	$65.00	$50.09	$38.81	$36.75
1508018375	Mendez	Anthony	P	P.A.-C	M	I	5779 E	Mayo Blvd	Phoenix	AZ	4	85054	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	21	31	31	$155.45	$37.64	$28.01	$28.72
1508108218	Rieth	Katherine	K	MD	F	I	601 Elmwo	Box 629	Rochester	NY	36	14642	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	31	31	$180.00	$45.79	$24.84	$25.93
1508485970	Bricout	Christina		APRN	F	I	3433 Broadway St Ne	S	Minneapoli	MN	27	55413	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	31	31	$126.68	$39.42	$25.32	$26.31
1518946359	Baker	Christine	D	MD	F	I	190 Nonotuck	St	Northampt	MA	25	1062	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	31	31	$87.00	$49.49	$33.64	$32.40
1518985985	Tarleton	Harold	L	M.D.	M	I	39000 Bob	Suite K406	Rancho Mir	CA	6	92270	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	31	31	$95.48	$46.80	$33.59	$31.28
1528389723	Oliver	Melanie		GNP	F	I	425 Medic:	Suite 118	Bountiful	UT	49	84010	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	31	31	$80.00	$38.68	$21.64	$23.35
1528401676	Patel	Amit	S	M.D.	M	I	3901 Central Pike Ste	3	Hermitage	TN	47	37076	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	31	31	$207.82	$42.39	$30.17	$33.25
1538114590	Rosenberg	David	C	MD	M	I	2141 S Alternate	A1a	Jupiter	FL	12	33477	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	31	31	$105.00	$50.83	$36.65	$34.18
1538368618	Young	Lindsay	E	MD	F	I	720 W 34th	Suite 110	Austin	TX	48	78705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	31	31	$153.97	$45.75	$29.68	$28.82
1538713920	Cowan	Sabrina		PA	F	I	98 N 1100 E	Ste 203	American F	UT	49	84003	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	28	31	31	$106.45	$38.66	$25.83	$27.42
1558484931	Cabeza	Yuri	M	MD	M	I	624 Quake	Suite 200d	High Point	NC	37	27262	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	31	31	$191.61	$45.61	$30.43	$32.22
1558709477	Krass	Jessica	A	NP	F	I	16 Hayden	Lahey Heal	Lexington	MA	25	2421	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	31	31	$131.29	$45.90	$32.01	$28.12
1578746525	Humes	Lindsay	D	PHYSICIAN	F	I	2245 N 400	Ste 301	North Loga	UT	49	84341	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	27	31	31	$137.58	$38.72	$27.47	$28.41
1588070387	Holdgraf	Randall		M.D.	M	I	2401 S 31st	St	Temple	TX	48	76508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	25	31	31	$153.00	$30.52	$19.42	$20.70
1588761654	Baker	Richard	S	M.D.	M	I	3400 Nw 56th	St	Oklahoma (	OK	40	73112	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	31	31	$109.00	$44.44	$33.14	$35.75
1598108698	Addicks	Benjamin	L	M.D.	M	I	2080 Wooc	Suite 120	Woodbury	MN	27	55125	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	31	31	$191.00	$44.99	$28.82	$30.40
1598741118	Anez	Luis	F	MD	M	I	9765 San Jc	Ste 102	Jacksonvill	FL	12	32257	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	31	31	$73.16	$47.59	$34.36	$34.50
1598842213	Kempiners	James	J	M.D.	M	I	40 N Grand	Suite 101	Fort Thoma	KY	21	41075	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	31	31	$87.74	$44.11	$31.84	$34.04
1598865438	Ellison	Matthew	D	M.D.	M	I	3480 Wake Forest Rd	S	Raleigh	NC	37	27609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	31	31	$119.00	$44.97	$31.12	$32.15
1609819168	Lowery	Douglas	T	M.D.	M	I	1809 Gadsden	Hwy	Birminghan	AL	1	35235	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	31	31	$56.77	$40.62	$31.23	$33.17
1619120136	Steinhardt	Nicole	L	FNP	F	I	2920 Superior	Ave	Sheboygan	WI	55	53081	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	31	31	$164.00	$37.11	$26.66	$28.93
1619236379	Stanley	Kylee	V	M.D.	F	I	680 E Fremont	Medical	Fremont	NE	31	68025	4	Micropolita	US	Hospitalist	Y	69210	Removal of N	O	27	31	31	$158.13	$43.43	$31.64	$35.08
1619502341	Johnston	Sydney	M	PA	F	I	7441 O St	Ste 300	Lincoln	NE	31	68510	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	28	31	31	$108.00	$36.34	$22.76	$25.80
1629051792	Marcrum	William		MD	M	I	421 Seventh	Street	Tell City	IN	18	47586	7	Small town	US	Family Prac	Y	69210	Removal of N	O	30	31	31	$118.00	$41.84	$23.14	$26.30
1629743612	Park	Taylor	J	FNP	M	I	4790 Executive Centre		Saint Peter:	MO	29	63376	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	28	31	31	$80.00	$39.74	$31.66	$32.28
1639142524	Miller	Robert	G	MD	M	I	2996 Kate Bond Rd	Ste	Bartlett	TN	47	38133	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	30	31	31	$114.00	$44.17	$28.47	$31.42
1639223928	Shaker	Mohamma	R	M.D.	M	I	13250 Washington Ave		Mount Plea	WI	55	53177	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	31	31	$300.00	$44.43	$34.30	$36.87
1639256688	Gutowski	Watson	M	M.D., F.A.A	M	I	214 14th	Ave Sw	Sidney	MT	30	59270	7	Small town	US	Otolaryngo	Y	69210	Removal of N	F	30	31	31	$88.00	$29.75	$21.68	$23.04
1649439175	Cloos	Carla	R	M.D.	F	I	301 N 4th	Ave	Eldridge	IA	19	52748	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	29	31	31	$187.47	$40.29	$30.33	$33.19
1659305506	Wolf	Thomas	A	MD	M	I	350 W 23rd	Ste A	Fremont	NE	31	68025	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	28	31	31	$162.29	$42.69	$30.00	$33.48
1679163703	Suggs	Carson		FNP-C	F	I	401 Main	St	Benton	KY	21	42025	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	28	31	31	$101.97	$37.46	$28.87	$30.82
1679526222	Kladder	Virginia	W	MD	F	I	7001 Fores	Suite 302	Richmond	VA	51	23230	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	31	31	$75.00	$48.17	$34.49	$33.37
1679932479	Srikantha	Luxman			M	I	1 William	Carls Dr	Commerce	MI	26	48382	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	31	31	$108.00	$43.91	$35.03	$36.14

1689601817	Bernstein	Scott	A	MD	M	I	26 Firemans Memorial	Pomona	NY	36	10970	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	31	31	$147.00	$60.29	$42.06	$33.08
1689677619	Orgain	Robert	W	MD	M	I	758 Highway 46 S	Dickson	TN	47	37055	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	26	31	31	$143.00	$44.31	$26.79	$29.67
1699139428	Holmes	Sean			M	I	1501 Kings Hwy	Shreveport	LA	22	71103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	31	31	$144.00	$42.94	$33.07	$36.27
1699864132	Pacella	Bernard	L	M.D.	M	I	115 E 61st St Apt 4c	New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	28	31	31	$120.00	$40.14	$32.03	$25.47
1699881052	Fetterman	Bruce	L	M.D.	M	I	7600 Wolf I Suite 220	Germantov	TN	47	38138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	31	31	$135.00	$42.46	$27.05	$30.20
1700102027	Mckee-Col	Katherine		M.D.	F	I	2373 G Rd	Grand Junc	CO	8	81505	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	31	31	$110.00	$48.86	$34.10	$33.13
1700373750	Zeffren	Noam			M	I	29 E 29th St	Bayonne	NJ	34	7002	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	31	31	31	$211.00	$53.31	$42.47	$37.37
1700435898	Hisim	Rachel		CRNP	F	I	601 N Caroline St	Baltimore	MD	24	21287	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	28	31	31	$177.00	$29.79	$19.34	$17.94
1700485943	Kunkel	Jayme	H	FNP-C	F	I	1250 E Marshall St	Richmond	VA	51	23298	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	31	31	$139.00	$40.80	$23.11	$22.97
1710127576	Kantar	Mouhannad		M.D.	M	I	1051 Essington Rd Ste	Joliet	IL	17	60435	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	31	31	$135.05	$51.17	$36.84	$34.30
1720460363	Funk	Ryan	T	M.D.	M	I	247 S Nicolet Rd	Appleton	WI	55	54914	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	31	31	$154.23	$46.70	$27.86	$28.79
1730116161	Carothers	Daniel	G	MD	M	I	2140 Peachtree Rd Nw	Atlanta	GA	13	30309	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	31	31	$122.55	$46.94	$30.07	$30.12
1740211515	Stevens	Arthur	L	M.D.	M	I	1201 Nott S	Suite 102	Schenecta	NY	36	12308	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	31	31	$81.52	$45.93	$34.20	$35.65
1740635580	Kodet	Michelle		APRN FNP-	F	I	200 1st St Sw	Rochester	MN	27	55905	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	31	31	$205.98	$39.38	$19.27	$18.78
1750324299	Dinardo	Laurence	J	MD, FACS	M	I	1250 E Mar	Otolaryngo	Richmond	VA	51	23298	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	31	31	$221.00	$37.57	$28.93	$28.98
1750466975	Spierer	Robert		MD	M	I	369 Applegarth Rd	Monroe Tw	NJ	34	8831	2	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	30	31	31	$90.00	$51.30	$34.96	$32.25
1750477279	Khatchatou	Henrik		MD	M	I	445 W. Broadway	Glendale	CA	6	91204	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	31	31	31	$100.00	$52.45	$40.49	$36.75
1760471585	Zant	Walter	D	MD	M	I	1820 Bethany Rd	Madison	GA	13	30650	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	31	31	$70.00	$44.10	$30.26	$32.59
1770648057	Moulton-Ba	Rex	E	M.D.	M	I	2070 Clinton Ave Fl 4	Alameda	CA	6	94501	1	Metropolita	US	Plastic and	Y	69210	Removal of N	O	17	31	31	$60.00	$55.97	$40.33	$34.30
1770711277	Rafii	Benjamin		M.D.	M	I	20911 Earl	Suite 340	Torrance	CA	6	90503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	31	31	$114.99	$39.65	$30.26	$27.57
1790705598	Padilla	Ann Marie		M.D.	F	I	2730 S Val Vista Dr Ste		Gilbert	AZ	4	85295	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	29	31	31	$73.00	$45.61	$29.15	$30.33
1811317282	Galey	Elliot		MD	M	I	2140 53rd Ave		Bettendorf	IA	19	52722	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	29	31	31	$159.53	$43.40	$27.86	$30.22
1821377805	Larson	Kaitlin	M	PAC	F	I	1012 E 2nd St		Duluth	MN	27	55805	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	24	31	31	$66.00	$26.58	$18.42	$19.70
1831105360	Botta	Joseph	J	MD	M	I	24 S Main St		Putnam	CT	9	6260	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	26	31	31	$184.19	$51.31	$37.30	$34.57
1831131317	Hockstein	Neil	G	M.D.	M	I	700 Prides Xing Ste 20(		Newark	DE	10	19713	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	31	31	$102.00	$44.55	$34.30	$33.69
1841311479	Milligan	Cathlin		M D	F	I	2340 Clay St Fl 6		San Francis	CA	6	94115	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	31	31	$125.00	$55.79	$34.00	$29.07
1851402440	Atienza	Vernan	I		M	I	11521 Ne 1 Suite 100		Kirkland	WA	53	98034	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	27	31	31	$82.00	$35.15	$23.49	$22.07
1861428716	Harden	Heather	J	C.F.N.P.	F	I	138 Clinic Drive		Liberty	MS	28	39645	5	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	31	31	$97.58	$36.68	$25.44	$28.64
1881633063	Maguire	Michael	J	D.O.	M	I	7624 Paintr	#100	Whittier	CA	6	90602	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	30	31	31	$95.00	$51.65	$36.33	$32.91
1881782308	Pynnonen	Melissa	A	MD	F	I	380 Parkla	2nd Floor S	Ann Arbor	MI	26	48103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	31	31	$81.00	$34.79	$22.56	$20.98
1891464830	Runchey	Jenna	E		F	I	1 Medical Center Dr		Morgantow	WV	54	26506	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	28	31	31	$94.00	$25.40	$20.26	$20.21
1902468671	Rossignol	Jessica		FNP-BC	F	I	140 Academy St		Presque Isl	ME	23	4769	7	Small town	US	Nurse Prac	Y	69210	Removal of N	F	28	31	31	$88.00	$26.80	$8.64	$10.02
1902806631	Self	Philip	M	M.D.	M	I	410 4th St	Ste G	Alva	OK	40	73717	7	Small town	US	Internal Me	Y	69210	Removal of N	O	26	31	31	$46.44	$44.62	$24.49	$27.26
1932356078	Rodriguez	Shaunda	M	D.O.	F	I	1947 N Founders Cir		Wichita	KS	20	67206	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	31	31	$96.06	$36.30	$27.83	$30.14
1942243563	Boutros	Jason	K	M.D.	M	I	2554 E Wa	Ste A	Pasadena	CA	6	91107	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	31	31	$75.00	$52.46	$37.88	$34.30
1942390398	Waxman	Joel	E	MD	M	I	1301 S Main St		Ottawa	KS	20	66067	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	31	31	$86.00	$30.41	$22.71	$24.36
1952392870	Uy	Adrian	L	M.D.	M	I	2800 S Shir	Ste 410	Arlington	VA	51	22206	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	31	31	31	$110.00	$55.60	$38.55	$33.08
1952484651	Basciano	Rocco	J	M.D.	M	I	1000 Old D Lifelong He		Newport N	VA	51	23602	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	27	31	31	$88.77	$48.17	$36.18	$35.64
1952546681	Nordquist	Clay		M.D.	M	I	2470 E Highway 50		Clermont	FL	12	34711	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	31	31	$101.00	$47.92	$34.66	$34.47
1962663732	Comstock	Richard	H	M.D.	M	I	6355 Walker Lane, Suit		Alexandria	VA	51	22310	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	31	31	$162.00	$55.86	$35.92	$30.63
1972528164	Liu	Yu-Fang	N	MD	F	I	700 Ne 87th Ave		Vancouver	WA	53	98664	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	31	31	$145.60	$45.74	$35.36	$34.93
1972537892	Mcmaster	Jay	R	DO	M	I	256 N 2nd E		Rexburg	ID	16	83440	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	31	31	31	$132.00	$41.78	$26.80	$30.50
1972587764	Carter	Dallas	A	MD	M	I	1900 Woodland Dr		Coos Bay	OR	41	97420	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	24	31	31	$119.00	$45.08	$30.85	$32.30
1982787057	Feghali	Nabil	S	MD	M	I	8111 Canoga Ave		Canoga Pa	CA	6	91304	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	31	31	$75.00	$53.15	$33.11	$29.40
1003139593	Wescott	Lisa	A	MSN, CRNI	F	I	10000 Anns Choice Wa		Warminste	PA	42	18974	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	30	30	$46.62	$43.95	$32.85	$30.14
1013077148	Leonard	David	D	M.D.	M	I	3911 Blenheim Blvd St		Fairfax	VA	51	22030	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	30	30	$75.00	$53.87	$35.50	$30.38
1013653534	Hall	Melanie	J	FNP-BC	F	I	6000 S Holly St		Greenwoo	CO	8	80111	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	30	30	$99.00	$40.91	$31.49	$31.20
1023456936	Baugh	Tiffany	P	M.D.	F	I	1 Hospital Dr # Ma314		Columbia	MO	29	65212	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	30	30	$93.40	$44.20	$33.79	$35.93
1053408476	Clark	Steven	G	M.D	M	I	810 E Sunflower Rd		Cleveland	MS	28	38732	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	27	30	30	$122.67	$41.35	$28.68	$32.68
1063472264	Beatrous	John	C	M.D.	M	I	350 Lakevi	Suite A	Covington	LA	22	70433	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	30	30	$120.00	$45.87	$30.20	$31.14
1073048138	Desmarais	Anthony	J	D.O.	M	I	2771 Brownwood Blvd		The Village	FL	12	32163	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	29	30	30	$75.00	$47.73	$38.06	$37.98
1073514378	Hinrichs	Catherine	A	O.D.	F	I	305 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Optometry	Y	92134	Imaging of i	N	O	30	30	30	$75.00	$38.03	$20.13	$22.45
1073546024	Kim	Jun	H	PA-C	F	I	1720 Peacl	Suite 200	Atlanta	GA	13	30309	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	30	30	30	$137.00	$38.91	$31.00	$30.67
1073577920	Crudele	James	E	MD	M	I	285 S Chur	Suite 1	Moorestow	NJ	34	8057	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	30	30	$106.00	$52.07	$35.21	$32.17
1083656656	Conant	Rebecca	E	M.D.	F	I	3333 California St, # 3(		San Francis	CA	6	94143	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	24	30	30	$279.00	$56.11	$37.43	$31.57
1083820518	Engel	Samuel	H	M.D.	M	I	3700 Route	Suite 101	Neptune	NJ	34	7753	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	30	30	$100.00	$50.87	$39.32	$35.45
1093001315	White	James	R	MD	M	I	1039 Camellia Blvd		Lafayette	LA	22	70508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	30	30	$92.60	$43.87	$33.22	$35.87
1104330083	Francklin	Gerde	B	APRN	F	I	22 Old Waterbury Rd S		Southbury	CT	9	6488	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	29	30	30	$183.70	$44.16	$31.51	$28.73
1104366574	Burdett	Jacob	M	DO	M	I	1919 S Wheeling Ave S		Tulsa	OK	40	74104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	30	30	$115.97	$39.41	$31.40	$33.55
1104937002	Cardoza	Shawn	F	N.P	M	I	3130 W Caldwell Ave.		Visalia	CA	6	93277	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	30	30	$75.00	$40.85	$26.90	$26.25
1104975622	Davis	Kathy	D	C.R.N.P.	F	I	711 Maiden Choice Ln		Catonsville	MD	24	21228	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	30	30	$38.00	$37.58	$28.96	$31.31
1104994375	Nwosu	Chikwendu	C	MD	M	I	2919 S Ells	Suite 139	Mesa	AZ	4	85212	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	30	30	$100.00	$46.43	$28.33	$28.86
1154321594	Locarnini	Casey	N	M.D.	M	I	1730 Mount Vernon Rd		Dunwoody	GA	13	30338	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	27	30	30	$47.96	$44.54	$28.24	$30.29
1164495792	Werwath	David	L	MD	M	I	3198 Pacific Ave Ste 1(		Virginia Be	VA	51	23451	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	29	30	30	$110.00	$46.00	$31.79	$31.89
1164640058	Balmer	Susan	V	MD	F	I	1414 W Fai	Suite 201	Marquette	MI	26	49855	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	28	30	30	$127.66	$45.80	$31.62	$33.21
1174524441	Bright	Kevin	E	M.D.	M	I	1600 Medical Ctr		El Paso	TX	48	79902	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	30	30	$92.12	$42.67	$30.60	$32.07
1174612931	Reddy	Vuppala	V	M.D.	M	I	1332 N 7th St		Terre Haute	IN	18	47807	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	30	30	$83.00	$43.90	$33.85	$36.85
1184286775	Sink	Rebecca		FNP-C	F	I	4370 Arendell St Ste A		Morehead (	NC	37	28557	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	30	30	$80.00	$37.21	$17.86	$21.15
1194089987	Stromberg	Kellen	J	D.O.	M	I	780 Swift Blvd		Richland	WA	53	99352	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	27	30	30	$162.00	$30.29	$21.62	$21.56
1194809657	Caldwell	Benjamin	C	C-FNP	M	I	2418 W Main St		Gun Barrel	TX	48	75156	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	30	30	$75.00	$36.79	$28.07	$30.87
1205099660	Gegaj	Florian		M.D.	M	I	1050 Old Camp Rd Ste		The Village	FL	12	32162	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	24	30	30	$105.00	$48.47	$37.67	$36.87
1205835568	Dawson	George	S	M.D.	M	I	5170 Us Rt 60 East		Huntington	WV	54	25705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	30	30	$112.53	$44.30	$33.13	$35.21
1205927134	Maccabee	Mendy		MD	F	I	1784 May St		Hood River	OR	41	97031	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	30	30	$81.77	$44.67	$28.11	$30.02
1225001043	Sawtelle	Bradley	G	MD	M	I	4525 S 86th St Ste B		Lincoln	NE	31	68526	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	30	30	$90.00	$43.66	$30.18	$33.46
1235291881	Javitz	David	O	MD	M	I	1250 Peach St Ste A		San Luis Ot	CA	6	93401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	30	30	$100.74	$49.10	$29.30	$27.85
1235722927	Shively	Winona	T	CRNP	F	I	3321 Chestnut St		Whitehall	PA	42	18052	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	30	30	$100.00	$39.22	$24.07	$24.72
1235883430	Benavidez	Jacqueline	N	APRN-CNP	F	I	6709 Academy Rd Ne S		Albuquerq	NM	35	87109	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	30	30	$100.00	$38.58	$30.78	$32.40

1255343984	Halliday	Douglas	W	MD	M	I	7 Fennell St	Skaneatele	NY	36	13152	7.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	19	30	30	$70.00	$39.92	$28.22	$28.76
1255397279	Baccash	Emil	G	M.D.	M	I	20 8th Avenue	Brooklyn	NY	36	11217	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	28	30	30	$60.00	$59.87	$41.47	$32.92
1275537896	Noble	Helen	A	M.D.	F	I	122 Speer I Ste 5	Chestertow	MD	24	21620	7	Small town	US	Internal Me	Y	69210	Removal of	N	O	19	30	30	$70.00	$49.85	$31.79	$30.25
1275842486	Ward	Amber	H	PA-C	F	I	1 Doctors Dr	Greenville	SC	45	29605	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	30	30	30	$160.00	$38.04	$24.21	$26.35
1295347383	Harper	Leigh-Taylor		NP	F	I	4401 S Claiborne Ave	New Orlear	LA	22	70125	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	26	30	30	$94.67	$40.63	$29.53	$29.46
1295789535	Keller	Mark	R	M.D.	M	I	197 Nc Highway 42 N S	Asheboro	NC	37	27203	4	Micropolita	US	Family Prac	Y	69210	Removal of	N	O	30	30	30	$92.00	$44.96	$31.66	$33.25
1295996015	Kelly-Jones	Denise	M	RN, MS, CC	F	I	5 Hastings Square Mall	Hackettsto	NJ	34	7840	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	28	30	30	$181.80	$45.68	$27.69	$24.43
1306042296	Christense	Debbie	J	M.D.	F	I	699 Churcl	Ste 340	Marietta	GA	13	30060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	22	30	30	$111.80	$42.50	$27.91	$27.59
1306209622	Greda	Dominik	S	M.D.	M	I	1055 Summitt Dr	Middletow	OH	39	45042	2	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	26	30	30	$108.00	$39.93	$30.61	$31.71
1306886957	Hild	James	A	D.O.	M	I	201 S Hillside St	Wichita	KS	20	67211	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	26	30	30	$86.67	$43.56	$29.46	$32.22
1316340797	Rubano	Christina		PA-C	F	I	60 Westwood Ave Ste 1	Waterbury	CT	9	6708	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	29	30	30	$150.00	$43.34	$33.37	$31.21
1316351380	Robinett	Zachary		M.D.	M	I	2245 N 400	Ste 301	North Loga	UT	49	84341	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	21	30	30	$136.92	$45.33	$31.91	$33.19
1316942410	Goggin	Patrick		M. D.	M	I	1515 Maple Dr	Cambridge	OH	39	43725	4	Micropolita	US	Internal Me	Y	69210	Removal of	N	O	26	30	30	$92.00	$45.96	$34.15	$34.78
1316947021	Paat	Richard	A	M.D.	M	I	5705 Monclova Rd	Maumee	OH	39	43537	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	28	30	30	$113.07	$46.36	$23.35	$24.71
1326080128	Hekmati	Arman		M.D.	M	I	6360 Wilsh # 203	Los Angele	CA	6	90048	1	Metropolita	US	Geriatric M	Y	69210	Removal of	N	O	26	30	30	$91.57	$51.94	$40.37	$35.65
1326122508	Gesheva	Irena	K	MD	F	I	2315 Aaron St	Port Charlo	FL	12	33952	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	29	30	30	$102.30	$47.91	$34.37	$34.19
1336220268	Farrar	Joshua	D	M.D.	M	I	3 Riverside Cir	Roanoke	VA	51	24016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	30	30	30	$42.00	$32.88	$23.58	$23.72
1336309616	Feldt	Brent	A	MD	M	I	101 Bodin Cir	Travis Afb	CA	6	94535	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	28	30	30	$211.70	$48.73	$34.18	$32.45
1336539857	Thomas	Kelly	A	FNP	F	I	1401 W 5th St	Sheridan	WY	56	82801	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	28	30	30	$110.00	$40.82	$26.14	$25.91
1346233467	Trask	Douglas	K	MD	M	I	2200 W 3rd St Ste 120	Los Angele	CA	6	90057	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	26	30	30	$154.00	$32.22	$21.93	$20.62
1366416869	Ryan	Keith	T	MD	M	I	107 E Oak A	Suite 202	Flagstaff	AZ	4	86001	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	28	30	30	$55.62	$45.31	$31.27	$33.45
1386643567	Mendelson	David	B	DO	M	I	1492 S Mill Ave Ste 301	Tempe	AZ	4	85281	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	25	30	30	$93.64	$45.88	$29.18	$30.07
1386730711	White	David	A	MD	M	I	49 Prince St	Harrisburg	PA	42	17109	1	Metropolita	US	Emergency	Y	69210	Removal of	N	O	28	30	30	$93.00	$44.67	$29.90	$32.70
1437138005	Topham	Russell	T	MD	M	I	3309 University Blvd	Tyler	TX	48	75701	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	27	30	30	$73.00	$44.81	$31.56	$33.29
1457563959	Spoto	James	A	DO	M	I	1179 E Paris Ave Se	Grand Rapi	MI	26	49546	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	23	30	30	$245.55	$29.87	$21.44	$23.07
1457670234	Tyler Rocks	Diana	M	D.O.	F	I	2300 Computer Avenue	Willow Gro	PA	42	19090	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	23	30	30	$132.46	$51.05	$33.14	$30.94
1467563353	Baron	Barry	C	MD	M	I	2100 Webs #329	San Francis	CA	6	94115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	24	30	30	$134.90	$54.70	$39.10	$33.34
1477556785	Davina	Eleanor	F	D.O.	F	I	3619 Lake Center Dr	Mount Dora	FL	12	32757	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	25	30	30	$96.00	$47.82	$33.90	$33.83
1487645685	Paige	Kenneth	D	DO	M	I	10450 E Riggs Rd #114	Sun Lakes	AZ	4	85248	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	29	30	30	$75.00	$46.40	$30.79	$31.28
1487834958	Vaughn	Ryan	C	M.D.	M	I	814 E Woodfield Rd	Schaumbu	IL	17	60173	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	23	30	30	$285.00	$41.49	$32.39	$29.75
1497862353	Benson	James	F	MD	M	I	4493 Woodbine Rd	Pace	FL	12	32571	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	28	30	30	$125.37	$44.78	$32.16	$32.57
1508020546	Abraham	Arun	V	MD	M	I	1025 S 6th St	Springfield	IL	17	62703	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	30	30	30	$152.60	$47.05	$29.18	$29.72
1508898396	Kuhar	Kim	P		F	I	164 Main Street	Silverdale	PA	42	18962	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	30	30	30	$85.00	$50.20	$35.93	$33.55
1518121466	Morris	Lonnie	B	M.D.	M	I	340 New Towne Rd	Bowling Gr	KY	21	42103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	21	30	30	$91.00	$44.93	$32.40	$34.55
1518917517	Blankenshi	Daniel	R	M.D.	M	I	2300 Manc Ste C003	Columbus	GA	13	31904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	27	30	30	$171.73	$41.22	$26.35	$30.06
1528001161	Stephens	Louis	M	MD	M	I	22580 High	Suite 100	Laurens	SC	45	29360	4	Micropolita	US	Family Prac	Y	69210	Removal of	N	O	30	30	30	$105.00	$41.10	$28.78	$30.92
1528238805	Pavlovich	Justin		M.D.	M	I	9250 Sw Hall Blvd	Tigard	OR	41	97223	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	26	30	30	$166.00	$46.06	$31.93	$31.40
1528406345	Coffman	Sabrina		APRN	F	I	913 N Dixie Ave	Elizabetht	KY	21	42701	2	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	28	30	30	$101.93	$38.01	$26.34	$28.39
1538243340	Velarde	Voltaire		MD	M	I	1460 N Car Suite 209	Vallejo	CA	6	94589	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	29	30	30	$74.27	$52.74	$33.08	$29.63
1548229594	Alexatos-W	Hariklia		M.D.	F	I	111 N Woodland Dr	Radcliff	KY	21	40160	1	Metropolita	US	General Pra	Y	69210	Removal of	N	O	18	30	30	$50.00	$44.30	$32.16	$34.91
1558520676	Payne	Matthew	S	M.D.	M	I	314 E. Carr Santa Barb	Santa Barb	CA	6	93101	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	27	30	30	$101.00	$51.63	$39.77	$36.71
1558550053	Schalch	Paul		MD	M	I	765 Medical Center Ct	Chula Vista	CA	6	91911	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	27	30	30	$95.00	$31.72	$22.55	$20.90
1558568840	Perdei	Claudia	V	M.D.	F	I	5258 Linton Blvd Ste 3(	Delray Bea	FL	12	33484	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	27	30	30	$112.67	$50.69	$34.21	$32.15
1568443240	Miyama	David	T	M.D.	M	I	2350 N Lak Suite 406	Milwaukee	WI	55	53211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	28	30	30	$206.53	$27.85	$20.66	$22.11
1568825388	Szelestey	Blake		MD	M	I	9000 N Main St Ste 320	Englewood	OH	39	45415	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	28	30	30	$80.00	$42.24	$29.96	$31.99
1578551693	Brewer	Laurel	C	CCC-A	F	I	4650 Harrison Blvd	Ogden	UT	49	84403	1	Metropolita	US	Audiologist	Y	69210	Removal of	N	O	25	30	30	$80.32	$45.52	$25.34	$27.35
1588658512	Haque	Abu Muhan	M	MD	M	I	1249 Montauk Hwy	West Islip	NY	36	11795	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	27	30	30	$87.00	$59.69	$44.46	$35.45
1588920193	Muhamma	Furqan		M.D.	M	I	86 W Underwood St	Orlando	FL	12	32806	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	22	30	30	$67.13	$48.44	$38.00	$37.23
1598048704	Roberts	Jamie	M	PA-C	F	I	875 Poplar	Suite 320	Camp Hill	PA	42	17011	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	28	30	30	$90.00	$33.95	$26.02	$26.95
1598724841	Hester	Martha	P	MD	F	I	5900 Garners Ferry Rd		Columbia	SC	45	29209	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	28	30	30	$118.00	$45.27	$27.19	$29.26
1598776338	Mcauley	James	R	M.D.	M	I	618 Pegram Dr		Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	30	30	30	$137.34	$40.83	$31.38	$34.97
1598825739	Gentry	Warren	D	M.D.	M	I	522 Colleg	Suite 1	Clemson	SC	45	29631	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	26	30	30	$80.00	$44.66	$32.44	$34.90
1609263748	Evans	Anne		D.O.	F	I	1 Irongate Ctr		Glens Falls	NY	36	12801	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	27	30	30	$85.33	$45.20	$27.50	$28.28
1609472570	Cunningha	Amanda	L	CRNP	F	I	1701 12th Ave Ste G1		Altoona	PA	42	16601	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	29	30	30	$189.00	$37.05	$28.47	$29.64
1609885037	Gillespie	Craig	L	MD	M	I	1525 Webs	Suite C	Fairfield	CA	6	94533	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	26	30	30	$75.00	$50.11	$30.99	$27.91
1659525665	Wilson	Matthew	A	M.D.	M	I	1350 N 500 E		Logan	UT	49	84341	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	28	30	30	$104.33	$44.67	$30.76	$31.99
1669767992	Wells	Jeffrey		D.O.	M	I	4520 Park View Dr		Schnecksvi	PA	42	18078	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	27	30	30	$100.00	$43.49	$32.30	$33.04
1669798641	Martens Ni	Candice	D	ARNP	F	I	2975 Bobc	Ste. 100	North Port	FL	12	34288	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	23	30	30	$100.00	$40.72	$29.76	$29.59
1679736110	Setlur	Jennifer		M.D.	F	I	54 Baker A	Suite 303	Concord	MA	25	1742	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	18	30	30	$197.87	$53.42	$34.02	$30.38
1679890917	Alexander	Richard	L	MD, PHD, M	M	I	102 Professional Park		Oxford	NC	37	27565	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	27	30	30	$129.00	$45.82	$32.37	$33.89
1699067751	Foster	Michael	F	D.O.	M	I	3100 N Wellness Dr		Holland	MI	26	49424	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	22	30	30	$105.00	$45.88	$29.72	$31.27
1699772459	Wagner	Trumer	J	MD	M	I	5930 Frederick Crossin		Frederick	MD	24	21704	1.1	Secondary	US	Emergency	Y	69210	Removal of	N	O	26	30	30	$76.00	$49.31	$33.61	$32.50
1699790626	Montpetit	Gregory	G	M.D.	M	I	25599 Kell	Suite B	Roseville	MI	26	48066	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	28	30	30	$124.00	$49.81	$33.26	$31.77
1700456589	Moeckel	Lindsey		APRN-C	F	I	5701 W 119th St Ste 42		Overland P	KS	20	66209	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	27	30	30	$89.00	$37.40	$28.82	$31.31
1700853447	Lumberg	Michael	S	MD	M	I	4600 Inves	Ste 300	Troy	MI	26	48098	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	30	30	30	$70.00	$49.80	$34.74	$33.14
1710074851	Labadie	Robert	F	MD	M	I	171 Ashley Ave		Charleston	SC	45	29425	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	28	30	30	$142.97	$31.18	$23.25	$23.81
1710961438	Whitt	David	E	D.O.	M	I	7901 Diley	Suite 260	Canal Winc	OH	39	43110	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	25	30	30	$71.00	$46.56	$32.02	$32.92
1710974332	Campbell	Jeffrey	P	M.D.	M	I	730 Oakrid	Suite C	Lumberton	NC	37	28358	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	28	30	30	$103.00	$45.30	$31.04	$32.33
1720191604	Melvin	Terry	A	MD	F	I	5616 Brain	Suite 108	Chattanoo	TN	47	37411	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	28	30	30	$69.45	$43.27	$26.30	$28.81
1730276437	Guariglia	George	A	DO	M	I	1900 Unior	Suite 303	Hewitt	NJ	34	7421	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	26	30	30	$158.76	$54.16	$37.54	$32.92
1740393370	Mitchell	Allen		MD	M	I	620 John Paul Jones Ci		Portsmouth	VA	51	23708	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	26	30	30	$86.00	$31.72	$25.30	$25.44
1750503124	Chamberlir	Gerard	B	M.D.	M	I	6242 E Arb	Ste 123	Mesa	AZ	4	85206	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	28	30	30	$100.00	$46.32	$31.97	$33.13
1750574190	Vega-Cord	Edisson 'xavier'		M.D.	M	I	7100 W 20th Ave Ste 6(		Hialeah	FL	12	33016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	27	30	30	$116.00	$54.13	$38.99	$33.55
1760428973	Carter	Samuel	R	MD	M	I	2024 S Maiden Ln Ste 2		Joplin	MO	29	64804	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	27	30	30	$65.00	$44.39	$26.21	$29.02
1760483051	Nickles	Steven	L	DO	M	I	470 N Franklin Tpke Ste		Ramsey	NJ	34	7446	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	28	30	30	$65.00	$54.16	$41.87	$36.71
1760825533	Smith	Andrea	R	M.D.	F	I	500 W Broadway St Fl 4		Missoula	MT	30	59802	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	28	30	30	$127.00	$47.92	$35.66	$35.45
1770598112	Verzosa	Jude Gerar	D	MD	M	I	3021 Griffin Ave		Enumclaw	WA	53	98022	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	26	30	30	$135.40	$49.27	$34.30	$30.25

1770688426	Roisum	Tony	C	M.D.	M	I	3360 Wash	Suite 1	Idaho Falls	ID	16	83404	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	29	30	30	$85.97	$43.49	$31.68	$35.02
1780131961	Ie	Sophia	P	PA-C	F	I	701 Hewitt Blvd		Red Wing	MN	27	55066	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	23	30	30	$44.00	$26.95	$16.54	$17.53
1780234773	Good	Sonya	A	APRN	F	I	20 Lady Sli	The Cypres	Hilton Hea	SC	45	29926	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	30	30	$55.00	$37.97	$28.25	$30.31
1790739811	Biedenbacl	Paul	S	D.O.	M	I	112 Independence Wa		Clyde	OH	39	43410	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	22	30	30	$195.67	$45.20	$32.01	$32.67
1790772986	Bobson	Craig		M.D	M	I	1140 Norm	Suite 101	Manteca	CA	6	95336	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	30	30	$80.00	$48.99	$29.91	$29.12
1790933877	Paniagua V	Angela	M	MD	F	I	10425 N Oracle Rd	Ste	Oro Valley	AZ	4	85737	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	30	30	$80.00	$47.04	$36.43	$36.77
1801806294	Franzi-Osb	Rebecca	A	M.D.	F	I	10515 N. O	Suite 185	Oro Valley	AZ	4	85737	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	30	30	$81.00	$47.06	$35.20	$35.55
1811158884	Clarke	Joseph	C	M.D.	M	I	1170 Royal Ave		Medford	OR	41	97504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	30	30	$149.00	$41.14	$30.48	$31.83
1821002601	Shah	Hemen	P	MD	M	I	65 Thomas	Suite C	Frederick	MD	24	21702	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	27	30	30	$105.00	$47.70	$32.16	$31.04
1821035130	Hardin	Mark	A	M.D.	M	I	9301 N Cer	Suite 560	Dallas	TX	48	75231	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	30	30	$83.00	$40.81	$29.28	$30.99
1821325804	Burke	Kevin	M	M.D.	M	I	43 Baxter	Blvd	Portland	ME	23	4101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	30	30	$135.57	$32.39	$23.33	$24.79
1821455262	Khawaja	Laura			F	I	801 Vanderbilt Beach	F	Naples	FL	12	34108	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	29	30	30	$101.00	$42.39	$28.50	$26.76
1831194539	Nguyen	Nghia	X	M.D.	M	I	17822 Bea	200	Huntington	CA	6	92647	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	30	30	$135.00	$52.20	$40.20	$36.71
1841226628	Burton,	Larry	K	MD	M	I	119 E Bell	St	Neenah	WI	55	54956	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	30	30	30	$275.00	$42.08	$32.36	$34.93
1841482866	Valencia	David	M	M.D.	M	I	700 West Ave	S	La Crosse	WI	55	54601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	26	30	30	$155.80	$29.82	$20.57	$22.28
1851364301	Hussain	Aijaz		MD	M	I	294 Appleg	Departmen	Monroe	NJ	34	8831	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	30	30	$210.00	$54.25	$39.05	$34.16
1851430011	Spies	Carol	S	MD	F	I	5570 Dtc Pkwy	Ste 200	Greenwooc	CO	8	80111	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	30	30	30	$128.00	$48.75	$29.98	$29.22
1871521567	Reder	Paul	A	M.D.	M	I	34910 Interstate 10	W	Boerne	TX	48	78006	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	30	30	$100.00	$45.63	$32.73	$34.42
1871537720	Zimmer	Lee	A	M.D.	M	I	4750 E Galbraith Rd	St	Cincinnati	OH	39	45236	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	30	30	$86.00	$45.29	$32.39	$33.73
1871859959	Creighton	Francis	X	M.D.	M	I	601 N Caroline St	Rm 6	Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	29	30	30	$177.00	$35.93	$26.80	$24.56
1881114916	Mankekar	Gauri		MD,PHD	F	I	1501 Kings	Hwy	Shreveport	LA	22	71103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	30	30	$92.00	$30.87	$23.98	$25.00
1881803450	Theler	Jared	M	M.D.	M	I	3851 Roger Brooke	Dr	Fort Sam H	TX	48	78234	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	22	30	30	$83.00	$32.14	$21.34	$21.93
1891922514	Mcewan	Abigail	C	M.D.	F	I	4320 Worn	Suite 512	Kansas Cit	MO	29	64111	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	30	30	$125.00	$45.43	$30.08	$29.99
1902000839	Paulson	Lorien	M	M.D.	F	I	2401 Gillham	Rd	Kansas Cit	MO	29	64108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	30	30	$129.00	$46.13	$29.03	$27.85
1902805013	Bober	Mitchell		DO	M	I	181 N Broadway		Pennsville	NJ	34	8070	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	29	30	30	$155.00	$52.09	$31.34	$28.58
1912160441	Porter	Ryan	G	MD	M	I	611 W. Parl	Sc2	Urbana	IL	17	61801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	30	30	$220.00	$32.27	$18.73	$18.05
1922042431	Knapke	Christina	L	NP	F	I	7059 Orchard Centre	D	Holland	OH	39	43528	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	28	30	30	$98.67	$39.26	$26.05	$27.15
1932148525	Morin	Paul	E	M.D.	M	I	2103 Pickwick	Dr	Camarillo	CA	6	93010	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	30	30	$74.00	$51.83	$31.53	$28.85
1932161056	Friedman	Michael		M.D.	M	I	30 N Michig	#1107	Chicago	IL	17	60602	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	30	30	$170.00	$37.27	$29.07	$26.59
1942684618	Hardeman	Joseph	C	B.A.	M	I	2330 Post St	Ste 270	San Francis	CA	6	94115	1	Metropolita	US	Audiologist	Y	69210	Removal of N	F	30	30	30	$38.72	$33.64	$24.93	$24.45
1962542720	Stewart	Charles	M	M.D.,PH.D.	M	I	601 N Caroline	St	Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	25	30	30	$177.00	$33.63	$25.94	$23.24
1972576270	Firoz	Hadi	A	MD	M	I	6555 Coyle	Ave	Carmichae	CA	6	95608	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	30	30	$80.00	$46.92	$34.76	$33.55
1972733277	Sadighi	Tammy	L	ARNP	F	I	7841 Cambridge	Mano	Fort Myers	FL	12	33907	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	30	30	30	$102.30	$43.05	$29.71	$27.98
1982650172	Knipfer	Mark	A	MD	M	I	3021 Reidville	Rd	Spartanbur	SC	45	29301	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	30	30	$105.00	$44.48	$31.24	$33.14
1982690582	Ngo	Dean	B	MD	M	I	15606 Broc	Suite B	Westminst	CA	6	92683	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	28	30	30	$120.00	$52.35	$38.93	$35.45
1992729370	Rosen	David		M.D.	M	I	925 Chestr	6th Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	30	30	$110.00	$47.63	$33.90	$31.00
1992840979	Allison	Beth	A	NP	F	I	91-2135 Fort Weaver	R	Ewa Beach	HI	15	96706	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	28	30	30	$83.00	$28.22	$20.77	$20.78
1013097831	Foxman	Alex		M.D.	M	I	8920 Wilshire Blvd	Ste	Beverly Hill	CA	6	90211	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	29	29	$159.00	$52.41	$41.82	$37.98
1013916428	Uretzky	Ira	D	MD	M	I	7301 N Knc	Peoria Ear	Peoria	IL	17	61614	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	29	29	$105.11	$42.68	$30.16	$32.25
1013986918	Konz	Cynthia	J	M.D.	F	I	1515 Delhi	Ste 100	Dubuque	IA	19	52001	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	29	29	$122.00	$44.01	$27.72	$30.86
1043427172	Curry	Joseph	M	MD	M	I	925 Chestnut St	Fl 6	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	27	29	29	$110.00	$24.73	$19.72	$17.70
1043593841	Gerdes	Maura	B	D.O.	F	I	1605 S. Bal	Suite B	Kirksville	MO	29	63501	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	23	29	29	$60.00	$43.25	$29.80	$33.63
1053549709	Emmel	Jennifer	J	PA-C	F	I	1253 N Von Minden	St	La Grange	TX	48	78945	7	Small town	US	Physician A	Y	69210	Removal of N	O	27	29	29	$100.00	$37.57	$22.96	$25.70
1053578542	Sheta	Amro	R	MD	M	I	2405 E Fourteen Mile	R	Sterling He	MI	26	48310	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	29	29	29	$135.00	$50.30	$37.47	$35.36
1053830273	Mcdowell	Carolyn		APN	F	I	15 School Rd E	Ste 2	Marlboro	NJ	34	7746	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	29	29	$75.00	$44.80	$35.87	$32.28
1063750743	Ferguson	Cory		PA-C	M	I	57402 29 P	Ste 5	Yucca Vall	CA	6	92284	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	20	29	29	$310.00	$42.51	$30.64	$29.15
1063814507	Straface	Brandy	M	PA-C	F	I	527 Medical Park Dr	St	Bridgeport	WV	54	26330	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	22	29	29	$95.52	$28.40	$20.42	$20.46
1073502472	Boudreaux	Chester	G	MD	M	I	142 Rue Marguerite		Thibodaux	LA	22	70301	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	29	29	$108.00	$45.11	$28.05	$29.58
1073545968	Cohen	William	C	DO	M	I	1010 W La Veta Ave	Ste	Orange	CA	6	92868	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	29	29	$62.55	$52.31	$40.37	$36.67
1073572970	Bond	Lauren	B	CRNP	F	I	125 Shoreway Dr	Ste 1	Queenstow	MD	24	21658	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	29	29	$160.00	$41.44	$26.36	$25.84
1073595310	Love	James		M.D.	M	I	500 E Robinson St	Ste 2	Norman	OK	40	73071	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	29	29	29	$74.00	$43.14	$29.51	$31.91
1073595435	Karl	Robert	J	M.D.	M	I	100 N Gree	Suite 239	Henderson	NV	32	89074	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	29	29	$105.00	$44.14	$28.80	$31.87
1083830590	Phillips	Mitchel	E	DO	M	I	5970c S Rainbow Blvd		Las Vegas	NV	32	89118	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	29	29	$80.00	$48.22	$35.82	$34.77
1083994990	Sreniawski	Sean	J	PA	M	I	10995 Allisonville Rd	S	Fishers	IN	18	46038	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	24	29	29	$118.00	$37.19	$29.62	$32.26
1093361875	Shah	Manisha	D	NURSE PR/	F	I	2008 Wilhelm	Court	Shakopee	MN	27	55379	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	29	29	$60.79	$39.78	$30.74	$30.10
1093749673	Morgan	Charles	E	MD	M	I	6980 Winton Blount	Bl	Montgomer	AL	1	36117	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	29	29	$65.00	$44.58	$25.43	$27.47
1104276203	Paddock	Amy	B	FNP	F	I	182 Steele	Ave	Gloversville	NY	36	12078	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	29	29	$82.76	$28.95	$21.35	$21.61
1124093893	Rodriguez	Ronald	L	DO	M	I	400 Hospital Dr	Ste 11	Corsicana	TX	48	75110	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	29	29	29	$163.00	$45.92	$29.08	$30.61
1124098603	Patel	Pravin	P	MD	M	I	423 Central	Ave	Coldwater	MS	28	38618	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	29	29	$113.00	$42.29	$31.06	$33.94
1124596762	Sikhrakar	Smita		AGPCNP	F	I	560 Gage Blvd	Ste 102	Richland	WA	53	99352	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	29	29	$162.00	$28.01	$18.78	$18.82
1144208968	Seretis	George		DO	M	I	499 Becket	Suite 201-E	Logan Tow	NJ	34	8085	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	29	29	$100.00	$51.07	$35.48	$31.83
1144232349	Mahdyoon	Mani		MD	M	I	845 S Fairmont Ave	Ste	Lodi	CA	6	95240	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	29	29	$89.00	$49.21	$31.18	$30.12
1144637893	Justicz	Natalie	S		F	I	1500 E Medical Center		Ann Arbor	MI	26	48109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	29	29	$112.62	$51.11	$27.83	$25.54
1154317089	Kantas	Spyridon		MD	M	I	63 Park	Street	Andover	MA	25	1810	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	29	29	$153.00	$49.37	$37.74	$36.38
1154384782	Zasypkin	Aleksandr		MD	M	I	2511 Ocea	Suite #103	Brooklyn	NY	36	11229	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	29	29	$100.00	$59.94	$34.65	$27.50
1154735587	Casserly	Grace	G	MD	F	I	1701 Twin Springs	Rd	Halethorpe	MD	24	21227	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	29	29	$115.14	$51.89	$31.56	$28.81
1164449666	Chung	Andy	T	MD	M	I	400 Hospital Dr	Ste 10	Corsicana	TX	48	75110	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	29	29	$156.17	$44.84	$29.49	$32.09
1164623633	Siala	Tarek	M	RPA-C	M	I	2365 South	Suite 200	Rochester	NY	36	14618	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	25	29	29	$180.00	$39.54	$29.20	$29.38
1174517205	Wang	Gordon	K	MD	M	I	100 Madrid	513	Punta Gord	FL	12	33950	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	29	29	29	$96.89	$48.63	$32.21	$30.72
1174686893	Karcioglu	Amanda	S	M.D.	F	I	71 Waukegan Rd	Ste 7(	Lake Bluff	IL	17	60044	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	29	29	29	$87.21	$31.43	$24.14	$22.23
1184601510	Rosenberg	Mark	S	DO	M	I	2405 E Fou	Macomb M	Sterling He	MI	26	48310	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	29	29	$100.00	$48.68	$36.19	$34.05
1194706580	Meyer	Barry	S	DO	M	I	23423 Ryan	Rd	Warren	MI	26	48091	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	29	29	$65.00	$45.31	$35.05	$32.84
1194818542	Jenkins	Herman		MD	M	I	12605 E 16th	Ave	Aurora	CO	8	80045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	28	29	29	$169.00	$33.08	$21.94	$21.37
1205820958	Mirviss	Marshal	J	M.D.	M	I	2025 W Oklahoma	Ave	Milwaukee	WI	55	53215	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	29	29	$156.52	$44.81	$33.36	$35.60
1225173115	Berling	Amanda	H	M.D.	F	I	330 Brookline	Ave	Boston	MA	25	2215	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	24	29	29	$100.00	$53.48	$33.78	$30.12
1255386991	Shoemaker	David	L	MD	M	I	1132 N Chu	Suite 200	Greensbor	NC	37	27401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	29	29	$221.90	$44.28	$24.21	$25.86
1255540175	Bednarski	Karen	A	M.D.	F	I	7707 Fanni	Suite 195	Houston	TX	48	77054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	29	29	$87.00	$40.15	$28.71	$31.60

1265488985	Mclear	Patrick	W	M.D.	M	I	1 Doctors Drive	Greenville	SC	45	29605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	29	29	29	$160.00	$44.81	$33.29	$35.58
1275513269	Creamean	Troy	L	DO	M	I	5959 S Sta	Ste 102	Corpus Chr	TX	48	78413	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	27	29	29	$188.69	$45.71	$29.47	$31.16
1275521023	Rivera	Juan	I	M.D.	M	I	315 E Olym	#111	Punta Gord	FL	12	33950	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	27	29	29	$102.30	$46.94	$34.77	$34.71
1275882334	Di Loreto	Michael	J	M.D.	M	I	50505 Schoenherr Rd	S	Shelby Tow	MI	26	48315	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	27	29	29	$76.00	$49.38	$35.08	$33.87
1295817708	Smith	Lance	C	M.D.	M	I	1059 N 100 W		Beaver	UT	49	84713	7	Small town	US	Family Prac	Y	69210	Removal of N		O	27	29	29	$130.69	$44.68	$30.22	$32.04
1295882769	Gill	Kuldip	S	M.D.	M	I	280 Sierra (	Suite 205	Grass Valle	CA	6	95945	4	Micropolita	US	Internal Me	Y	69210	Removal of N		O	26	29	29	$62.00	$49.41	$38.18	$36.02
1316135684	Work	Asia	A	APRN	F	I	2944 Breckenridge Ln		Louisville	KY	21	40220	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	25	29	29	$89.47	$36.31	$24.96	$27.30
1316212632	Baldwin	Brett	J	D.O.	M	I	5950 University Ave	Ste	West Des M	IA	19	50266	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	19	29	29	$191.82	$46.09	$29.17	$29.81
1316260839	Carlisle	Marla	D	PA-C	F	I	605 Third Avenue, Suite		Fremont	OH	39	43420	4	Micropolita	US	Physician A	Y	69210	Removal of N		O	29	29	29	$98.00	$39.58	$27.28	$28.04
1316994791	Gillum	Timothy	G	MD	M	I	801 W Gardner Dr		Marion	IN	18	46952	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N		O	22	29	29	$130.00	$43.22	$32.05	$34.98
1326614611	Sells	Abigail		FNP-C	F	I	1645 S Main St	Ste 101	Crossville	TN	47	38555	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N		O	24	29	29	$60.00	$37.21	$26.57	$29.31
1336150291	Tate	Jason	A	M.D.	M	I	76 Frederick Street		Taneytown	MD	24	21787	2	Metropolita	US	Family Prac	Y	69210	Removal of N		O	23	29	29	$75.00	$49.20	$36.51	$35.36
1336190032	Temple	Geoffrey	W	D.O.	M	I	2834 Tyson Ave		Philadelphi	PA	42	19149	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	24	29	29	$80.00	$50.96	$36.39	$34.05
1336584721	Haugh	Brandon		M.D.	M	I	410 Malcolm Dr	Ste C	Westminste	MD	24	21157	2	Metropolita	US	Family Prac	Y	69210	Removal of N		O	27	29	29	$216.28	$51.89	$34.84	$31.62
1346246584	Rebik	James	M	D.O.	M	I	421 E. Hartford Ave.		Ponca City	OK	40	74601	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N		F	24	29	29	$107.33	$30.64	$18.36	$19.47
1346529310	Sullivan	Rachel	M	M.D.	F	I	2510 Airpark Dr	Ste 201	Redding	CA	6	96001	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	29	29	29	$69.83	$49.35	$33.25	$31.95
1346667623	Cheng	Esther		M.D.	F	I	2123 Auburn Ave		Cincinnati	OH	39	45219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	27	29	29	$94.00	$46.71	$28.69	$29.54
1356388177	Jahromi	Mehdi	S	MD	M	I	33758 Yucaipa Blvd		Yucaipa	CA	6	92399	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	17	29	29	$50.45	$46.79	$28.35	$26.85
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	G0446	Annual, fac	N	O	29	29	29	$40.00	$21.14	$21.14	$22.20
1356827968	Azpeitia	Maria	A	NP	F	I	101 Tower Rd	Ste 120	Dakota Dur	SD	46	57049	1	Metropolita	US	Nurse Prac	Y		69210	Removal of N	O	28	29	29	$121.00	$37.29	$13.88	$15.81
1356969521	Gilmore	Ashley	R	PA-C	F	I	43 New Scotland Ave		Albany	NY	36	12208	1	Metropolita	US	Physician A	Y		69210	Removal of N	F	29	29	29	$226.07	$26.37	$21.01	$22.37
1366403560	Humphreys	James	D	M.D.	M	I	124 Hollywood Ave		Hot Springs	AR	5	71901	1	Metropolita	US	Family Prac	Y		69210	Removal of N	O	26	29	29	$86.00	$40.14	$29.74	$33.10
1366410268	Yordan	Juan	C	M.D.	M	I	1503 Buen	Suite 110	The Villages	FL	12	32159	1.1	Secondary	US	Family Prac	Y		69210	Removal of N	O	27	29	29	$76.00	$48.26	$30.59	$30.15
1366470106	Hill	Robert	L	M.D.	M	I	2500 W Str	Suite 230	Sandusky	OH	39	44870	4	Micropolita	US	Internal Me	Y		69210	Removal of N	O	26	29	29	$216.21	$46.71	$33.52	$33.58
1366582835	Patellis	Nicholas	A	M.D.	M	I	382 Slaughter Rd		Madison	AL	1	35758	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	27	29	29	$115.00	$44.87	$31.54	$33.09
1396776613	Kolbaba	Scott	J	MD	M	I	7 Blanchar	Suite 106	Wheaton	IL	17	60187	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	28	29	29	$118.97	$51.81	$39.65	$35.54
1407401474	Vopal	Abby	C		F	I	66 Bramhall St	Fl 1	Portland	ME	23	4102	1	Metropolita	US	Nurse Prac	Y		69210	Removal of N	F	23	29	29	$120.88	$26.94	$15.49	$16.50
1407871171	Phelps	Charles	W	MD	M	I	139 Old Solomons Isla		Annapolis	MD	24	21401	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	27	29	29	$52.34	$51.86	$37.64	$34.41
1417001025	Kennedy	Sean	M	DO	M	I	14 Hudson	Adirondack	Glens Falls	NY	36	12801	1	Metropolita	US	Otolaryngo	Y		69210	Removal of N	O	27	29	29	$99.86	$28.52	$20.14	$21.67
1427003953	Yannias	Dean	A	M.D.	M	I	516 E. Nizhoni Blvd.		Gallup	NM	35	87301	4	Micropolita	US	Otolaryngo	Y		69210	Removal of N	F	28	29	29	$192.00	$33.02	$21.83	$21.86
1427056878	Bernshteyn	Mikhail		MD	M	I	280 Quentin Rd		Brooklyn	NY	36	11223	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	27	29	29	$63.63	$59.89	$42.90	$34.05
1427074459	Nanavati	Kaushal	K	MD	M	I	6 Agnes Ct		Monroe Tw	NJ	34	8831	2	Metropolita	US	Internal Me	Y		69210	Removal of N	O	22	29	29	$110.00	$53.61	$39.84	$34.71
1437145224	Seeley	Brook	M	M.D.	M	I	499 Farmin	Suite 210	Farmington	CT	9	6030			US	Otolaryngo	Y		69210	Removal of N	O	22	29	29	$180.00	$41.99	$31.81	$30.78
1437187077	Ruggle	Paul	E	MD	M	I	300 N 4th A	Suite 200	Newton	IA	19	50208	4	Micropolita	US	Family Prac	Y		69210	Removal of N	O	28	29	29	$125.00	$42.09	$23.04	$27.40
1437248358	Askari	Sanaz	W	D.O.	F	I	2115 Ne Wyatt Ct	Ste 1	Bend	OR	41	97701	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	25	29	29	$116.52	$43.81	$32.58	$33.76
1437314960	Gupta	Shweta		PA-C	F	I	200 S Manchester Ave		Orange	CA	6	92868	1	Metropolita	US	Physician A	Y		69210	Removal of N	O	28	29	29	$221.00	$45.00	$31.15	$27.84
1447214168	Sadhwani	Harish	L	M.D.	M	I	12920 Us Highway 1		Sebastian	FL	12	32958	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	22	29	29	$110.00	$50.60	$37.88	$35.62
1447480918	Almodovar	Gustavo	J	M.D.	M	I	55 Calle De Diego E	Ste	Mayaguez	PR	72	680	1	Metropolita	US	Otolaryngo	Y		69210	Removal of N	O	26	29	29	$48.65	$45.72	$24.70	$24.49
1447510813	Seger	Sabina	A	PA-C	F	I	11700 N Meridian St		Carmel	IN	18	46032	1	Metropolita	US	Physician A	Y		69210	Removal of N	O	26	29	29	$109.00	$36.79	$25.21	$27.75
1457353104	Perry	Christophe	B	DO	M	I	5800 Park (	Suite C	Toledo	OH	39	43615	1	Metropolita	US	Otolaryngo	Y		69210	Removal of N	O	27	29	29	$116.00	$39.85	$26.67	$27.75
1457675589	Walker	Ryan	D	M.D.	M	I	200 Bowm	Suite D-285	Voorhees	NJ	34	8043	1	Metropolita	US	Otolaryngo	Y		69210	Removal of N	O	27	29	29	$154.00	$48.47	$32.90	$30.12
1457794927	Marcellino	Amanda Jo	L	M.D.	F	I	1132 N Church St	Ste 2	Greensbor	NC	37	27401	1	Metropolita	US	Otolaryngo	Y		69210	Removal of N	O	22	29	29	$230.43	$44.99	$27.10	$28.77
1467425090	Miller	Stuart		MD	M	I	65 N Madis	Suite 800	Pasadena	CA	6	91101	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	26	29	29	$87.66	$52.48	$36.65	$33.21
1467856120	Eytan	Danielle	F		F	I	222 E 41st St		New York	NY	36	10017	1	Metropolita	US	Otolaryngo	Y		69210	Removal of N	O	26	29	29	$763.00	$56.98	$42.44	$34.71
1487655106	Wilson	Ashley	S	P.A.	F	I	945 82nd Parkway		Myrtle Bea	SC	45	29572	1	Metropolita	US	Physician A	Y		69210	Removal of N	O	29	29	29	$105.52	$38.44	$26.73	$28.38
1497296693	Galili	Meghan	L	M.D.	F	I	2950 Cleveland Clinic	I	Weston	FL	12	33331	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	28	29	29	$95.00	$48.45	$35.72	$34.99
1497858062	Kelso	Lisa	L	MD	F	I	2280 W Atlantic Ave		Delray Bea	FL	12	33445	1	Metropolita	US	Family Prac	Y		69210	Removal of N	O	28	29	29	$80.00	$50.84	$36.40	$34.00
1497859433	Greenberg	James	Y	MD	M	I	2299 Post S	Ste 205	San Francis	CA	6	94115	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	27	29	29	$90.00	$56.55	$45.28	$36.67
1508354903	Cassai	Megan	A	APNP	F	I	923 Eliza St		Green Bay	WI	55	54301	1	Metropolita	US	Nurse Prac	Y		69210	Removal of N	O	26	29	29	$175.00	$36.37	$26.99	$29.21
1528045416	Schwalb	David		MD	M	I	111 Sulliva	Liberty Mec	Ferndale	NY	36	12734	10	Rural areas	US	Internal Me	Y		69210	Removal of N	O	26	29	29	$53.57	$51.23	$33.50	$28.81
1528321049	Mon	Pyone Myat		M.D	F	I	521 Ash St	Suite 1	Dunmore	PA	42	18509	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	29	29	29	$130.00	$46.78	$24.31	$25.21
1538256953	Nasir	Shazia		MD	F	I	1950 Hospital View Wa		Clermont	FL	12	34711	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	22	29	29	$95.00	$47.71	$38.04	$37.98
1558707927	Higgins	Mamie	N	M.D.	F	I	1959 Ne Pacific St		Seattle	WA	53	98195	1	Metropolita	US	Otolaryngo	Y		69210	Removal of N	O	29	29	29	$360.41	$32.16	$25.03	$24.34
1568465912	Abidin	Michael	R	MD	M	I	6355 Walker Lane, Suit		Alexandria	VA	51	22310	1	Metropolita	US	Otolaryngo	Y		69210	Removal of N	O	23	29	29	$162.00	$49.96	$38.33	$32.74
1578154043	Sneed	Megan	E		F	I	5000 Glenhope Ct		Cary	NC	37	27511	1	Metropolita	US	Nurse Prac	Y		69210	Removal of N	O	22	29	29	$139.00	$38.88	$24.55	$25.45
1578514758	Comstock	Emily	A	PAC	F	I	1400 29th Street South		Great Falls	MT	30	59405	1	Metropolita	US	Physician A	Y		69210	Removal of N	O	28	29	29	$154.17	$40.10	$23.83	$23.15
1578622700	Martinez	Gonzalo		MD	M	I	41230 11th St. West, S		Palmdale	CA	6	93551	1	Metropolita	US	Family Prac	Y		69210	Removal of N	O	27	29	29	$80.00	$51.31	$33.78	$30.12
1578639480	Power	Charles	W	MD	M	I	22180 Olyr	Suite 201	Poulsbo	WA	53	98370	1	Metropolita	US	Family Prac	Y		69210	Removal of N	O	26	29	29	$90.00	$46.73	$29.01	$29.23
1588627681	Maleh	David	J	M.D.	M	I	410 Foulk F	Suite 100	Wilmington	DE	10	19803	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	22	29	29	$65.00	$48.95	$33.56	$32.51
1588629091	Reddy	Srinivas		M.D	M	I	3375 Wedgewood Ln		Lady Lake	FL	12	32162	1.1	Secondary	US	Internal Me	Y		69210	Removal of N	O	24	29	29	$67.00	$47.81	$34.14	$34.06
1588690374	Allen	Jerilyn	S	MD	F	I	36 Watson St		Willimantic	CT	9	6226	4.1	Secondary	US	Otolaryngo	Y		69210	Removal of N	O	24	29	29	$100.00	$50.20	$32.58	$30.38
1598711251	Cohen	Gary	R	MD	M	I	400 Highla	Ste 1	Salem	MA	25	1970	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	27	29	29	$198.41	$49.41	$38.75	$37.33
1609824770	Powell	Randy	B	MD	M	I	921 S Beneva Rd		Sarasota	FL	12	34232	1	Metropolita	US	Family Prac	Y		69210	Removal of N	O	26	29	29	$107.00	$47.74	$36.74	$36.67
1609965136	Rivers	Richard		MD	M	I	3517 W Owen K Garriot		Enid	OK	40	73703	4	Micropolita	US	Family Prac	Y		69210	Removal of N	O	28	29	29	$94.00	$41.08	$24.36	$29.82
1619179538	Ford	Reason	A	MD	M	I	101 Tower I	Suite 120	Dakota Dur	SD	46	57049	1	Metropolita	US	Otolaryngo	Y		69210	Removal of N	F	11	29	29	$121.00	$27.93	$19.77	$22.10
1649220450	Baxter	Brian	A	D.O.	M	I	1326 E Perkins Ave		Sandusky	OH	39	44870	4	Micropolita	US	Family Prac	Y		69210	Removal of N	O	26	29	29	$248.97	$45.88	$28.99	$29.84
1649271727	Krieger	Michael	D	MD	M	I	401 W Forest Ln		Hobart	OK	40	73651	7	Small town	US	General Pra	Y		69210	Removal of N	O	19	29	29	$100.00	$43.69	$25.99	$28.80
1659316362	Mecca	Andrew	T	MD	M	I	5612 Whitesville Rd		Columbus	GA	13	31904	1	Metropolita	US	Family Prac	Y		69210	Removal of N	O	28	29	29	$58.97	$44.75	$34.47	$36.78
1659457984	Allara	Mark	E	MD	M	I	147 S Main St		Middleton	MA	25	1949	1	Metropolita	US	Family Prac	Y		69210	Removal of N	O	27	29	29	$120.00	$50.00	$33.02	$31.35
1669625646	Reid	Erin	C	FNP	F	I	1051 Care Way		Fredericksb	VA	51	22401	1.1	Secondary	US	Nurse Prac	Y		69210	Removal of N	O	27	29	29	$108.00	$40.48	$29.32	$29.35
1669766333	Swenson	Wade	G	MD	M	I	560 S Maple St	Ste 40	Waconia	MN	27	55387	2	Metropolita	US	Otolaryngo	Y		69210	Removal of N	F	25	29	29	$103.00	$30.85	$21.14	$22.49
1679516215	Tran	Quang	T	M.D.	M	I	724 W 19th St		Panama Ci	FL	12	32405	1	Metropolita	US	Otolaryngo	Y		69210	Removal of N	O	24	29	29	$154.00	$40.38	$30.88	$30.78
1679637979	Gattuso	Robert	L	M.D.	M	I	16940 York Suite 204b		Monkton	MD	24	21111	2	Metropolita	US	Family Prac	Y		69210	Removal of N	O	25	29	29	$107.00	$51.86	$40.36	$36.97
1689163115	Deese	Suzanne	T	APRN	F	I	12251 S 80th Ave		Palos Heigl	IL	17	60463	1	Metropolita	US	Nurse Prac	Y		69210	Removal of N	O	23	29	29	$149.00	$44.71	$34.57	$31.17
1689655367	Shafi	Manzar	J	M.D.	F	I	368 Mill St		Hagerstow	MD	24	21740	1	Metropolita	US	Internal Me	Y		69210	Removal of N	O	27	29	29	$95.00	$50.02	$29.09	$27.45
1699293886	Savell	Nicole	S	PA-C	F	I	4775 Hamilton Wolfe R		San Antonio	TX	48	78229	1	Metropolita	US	Physician A	Y		69210	Removal of N	O	29	29	29	$135.38	$38.09	$29.32	$30.68
1699896027	Knott	Tracey		D.O.	F	I	3303 S Lindsay Rd	Ste	Gilbert	AZ	4	85297	1	Metropolita	US	Otolaryngo	Y		69210	Removal of N	O	26	29	29	$110.33	$45.70	$32.63	$33.56

1700809852	Tielker	Kristin	L		F	I	8101 Clear	Suite 200	Indianapoli	IN	18	46256	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	29	29	29	$118.00	$43.22	$29.19	$31.52
1700977170	Branz	Anthony	J	MD	M	I	801 E Mullan	Avenue	Osburn	ID	16	83849	7	Small town	US	Family Prac	Y	69210	Removal of N	O	26	29	29	$100.00	$41.88	$19.00	$22.90
1710064761	Feliciano	Debbie		MD	F	I	104 Forest	Ave	Glen Cove	NY	36	11542	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	29	29	$60.00	$56.54	$41.97	$35.36
1720466451	Hober	Jessica	L	APN	F	I	3806 Bayst	Suite 101	North Cape	NJ	34	8204	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	28	29	29	$100.00	$44.24	$28.35	$25.93
1720598691	Keiper	Renae	A	PA-C	F	I	675 Baltimo	Dr	Wilkes Barr	PA	42	18702	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	24	29	29	$127.09	$26.60	$16.74	$16.83
1730180407	Axonovitz	Robert	G	M.D.	M	I	7640 Sylva	I	Sylvania	OH	39	43560	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	29	29	$60.00	$46.55	$33.36	$34.24
1740255728	Gar-El	Edwin	D	MD	M	I	304-306 Nc	Suite 3	Elkton	MD	24	21921	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	29	29	$75.00	$49.42	$25.18	$24.35
1740531730	Cordeiro	Natanael			M	I	277 Pleasa	Suite 203	Fall River	MA	25	2721	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	28	29	29	$204.41	$42.20	$25.30	$23.70
1750367884	Spector	Andrew	R	MD	M	I	30 Canton	St	Mancheste	NH	33	3103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	29	29	$380.28	$46.47	$34.45	$33.40
1760446116	Redd	Elizabeth	E	M.D.	F	I	1 Atwell	Rd	Cooperstov	NY	36	13326	10	Rural areas	US	Otolaryngo	Y	69210	Removal of N	F	28	29	29	$86.48	$31.80	$21.86	$22.39
1760583868	Krupp	Edward	T	D.O.	M	I	29 The	Crescent	Montclair	NJ	34	7042	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	29	29	29	$69.15	$53.73	$41.40	$36.67
1760915110	Pritchard	Nicholas	W	MD	M	I	13015 Summerfield	Sq	Riverview	FL	12	33578	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	29	29	$105.00	$41.85	$32.01	$32.91
1770673576	Mueller	Royce	A	M.D.	M	I	1500 S 48tl	Suite 200	Lincoln	NE	31	68506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	29	29	$95.00	$39.24	$23.69	$27.55
1770774267	Zolkos	Katarzyna		M.D	F	I	7915 Us 301	N Ste 103	Ellenton	FL	12	34222	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	29	29	$49.85	$48.33	$32.00	$31.45
1770825523	Brooking	Meghan	L	D.O.	F	I	601 N Flamingo Rd	Ste	Pembroke I	FL	12	33028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	29	29	$137.48	$46.99	$37.32	$35.22
1780114215	Buteau	Anna	H	MD	F	I	1004 W 32nd St	Ste 40(	Austin	TX	48	78705	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	29	29	$100.00	$48.00	$32.96	$32.74
1780760421	Reddy	Jakkidi	S	MD	M	I	588 N Sunr	Suite 120	Roseville	CA	6	95661	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	29	29	$60.00	$49.70	$35.57	$34.05
1790745263	Brandle	Warren	F	M.D.	M	I	11226 Golc	#205	Gold River	CA	6	95670	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	29	29	$102.00	$47.97	$32.81	$31.43
1811074875	Green	George	E	M.D	M	I	9460 N Nar	#110	Gilroy	CA	6	95020	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	29	29	$69.14	$57.43	$42.65	$35.36
1811139215	Gregory	Jarett	A	DO	M	I	1033 N Parkway	Fronta	Lakeland	FL	12	33803	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	29	29	29	$125.00	$48.33	$32.29	$31.74
1831847300	Dunn	Jeffrey	L	FNP	M	I	2900 12th Ave N	Ste 33	Billings	MT	30	59101	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	28	29	29	$81.00	$40.51	$30.02	$30.07
1841864436	Flatmoe	Alyssa			F	I	1415 Lilac Dr N	Ste 19(	Golden Val	MN	27	55422	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	29	29	$69.98	$39.29	$31.34	$32.28
1871972695	Liu	Andrew	S	M.D., PH.D	M	I	901 8th	Ave Se	Cedar Rapi	IA	19	52401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	29	29	$111.00	$41.43	$33.01	$36.02
1891808572	Stack	Thomas	J	D.O.	M	I	170 Changebridge	Rd E	Montville	NJ	34	7045	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	29	29	$75.00	$53.96	$38.64	$34.05
1902059504	Mcdonald	Timothy	J	M.D.	M	I	577 Michigan	Ave Ste 1	Holland	MI	26	49423	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	21	29	29	$33.00	$31.26	$22.25	$22.78
1902895279	Chaisson	Thomas	G	MD	M	I	142 Rue	Marguerite	Thibodaux	LA	22	70301	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	29	29	$108.00	$45.82	$33.39	$34.91
1922544923	Sholinsky	Ryan		CRNP	M	I	1113 Easton	Rd	Willow Gro	PA	42	19090	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	29	29	$51.54	$43.51	$34.75	$32.29
1932108867	Bush	James	E	MD	M	I	3805 Front	St	San Diego	CA	6	92103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	29	29	$68.00	$51.50	$35.39	$32.74
1932193380	Smoker	Chad	E	MD	M	I	88 Hospital	Dr	Spruce Pin	NC	37	28777	7	Small town	US	Family Prac	Y	69210	Removal of N	O	25	29	29	$48.41	$45.74	$25.78	$26.93
1942240213	Tavari	Daniel		D.O.	M	I	2230 Lynn I	Suite 200	Thousand (	CA	6	91360	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	29	29	$100.00	$51.43	$36.82	$32.74
1962664763	Taliercio	Salvatore	J	MD	M	I	3927 Rucker	Ave	Everett	WA	53	98201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	29	29	$135.66	$41.72	$29.47	$29.68
1972691533	Zerez	Charles	R	M.D.	M	I	888 S King	St	Honolulu	HI	15	96813	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	27	29	29	$66.00	$33.95	$18.89	$18.36
1982161303	Sherk	Christine	A		F	I	1200 Old York	Rd	Abington	PA	42	19001	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	29	29	$51.54	$43.33	$32.15	$30.06
1982635132	Yang	Dorise	H	MD	F	I	28300 Orchard Lake	Rc	Farmington	MI	26	48334	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	26	29	29	$81.66	$30.07	$23.95	$25.41
1982685277	Engel	Paul	B	M.D.	M	I	1255 Visca	Suite 200	Cape Coral	FL	12	33990	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	29	29	$121.76	$50.60	$38.44	$36.16
1982696837	Nuckols	Douglas	A	MD	M	I	10021 Dupont	Circle C	Fort Wayne	IN	18	46825	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	29	29	$107.00	$44.06	$23.44	$26.73
1982766291	Raber	Eugene	M	DO	M	I	3 School	St Suite 208	Glen Cove	NY	36	11542	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	29	29	$110.00	$60.39	$48.37	$37.98
1992024533	Stevens	Patrick	R	M.D.	M	I	85 Spring	St	Laconia	NH	33	3246	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	29	29	$185.55	$36.85	$23.49	$22.83
1992099402	Burger	Stephanie	L	M.D.	F	I	4301 Serge	Ste 215	Sioux City	IA	19	51106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	29	29	$121.00	$42.52	$30.01	$32.87
1992719207	Bohn	Derek		M.D.	M	I	6101 Crill	Ave	Palatka	FL	12	32177	4	Micropolita	US	Emergency	Y	69210	Removal of N	O	26	29	29	$92.93	$48.08	$30.41	$30.15
1992758114	King	Timothy	A	M.D.	M	I	1000 Langworthy	St	Dubuque	IA	19	52001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	29	29	$126.38	$44.07	$31.49	$34.45
1003863929	Taylor	Lee	B	MD	M	I	3021 Reidville	Rd	Spartanbur	SC	45	29301	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	28	28	$105.00	$42.90	$34.35	$37.64
1013207588	Patki	Aniruddha	U	MD	M	I	2045 N Franklin	St	Denver	CO	8	80205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	28	28	$140.00	$48.98	$34.84	$33.91
1023031986	Alicea	A	A	MD	M	I	255 Front	St	Hellertown	PA	42	18055	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	28	28	$120.86	$46.78	$29.46	$30.23
1033473632	Derra	Brittany		D.O.	F	I	1701 South	Suite 290	Rochester I	MI	26	48307	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	28	28	$70.00	$49.83	$27.13	$25.96
1043316474	Miller	Kathy	A	CRNP	F	I	423 S Washington	St	Gettysburg	PA	42	17325	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	28	28	$89.00	$39.52	$24.80	$25.69
1053377457	Schneider	Timothy	J	MD	M	I	1850 Gause	Blvd E	Slidell	LA	22	70461	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	27	28	28	$105.00	$32.64	$24.97	$24.84
1053711911	Prendergas	Erin	D	ARNP	F	I	1700 W 2nd	St	Gulf Shores	AL	1	36542	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	28	28	$122.50	$38.19	$24.24	$25.85
1063166379	Sheler	Jennifer	D	APN	F	I	2502 E Empire	St	Bloomingtc	IL	17	61704	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	28	28	$150.00	$39.34	$26.81	$27.85
1063588200	Gardner	Jeffrey	T	MD	M	I	221 W Fir	Ave #101	Clovis	CA	6	93611	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	28	28	$148.00	$48.29	$35.78	$33.91
1073508206	Pelham	Stephen	G	MD	M	I	3909 E Bay	Suite 100	Holmes Be	FL	12	34217	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	28	28	$100.00	$47.88	$28.62	$28.59
1093708406	Rabindran	Evelyn	A	MD	F	I	711 N Dekalb	St	Shelby	NC	37	28150	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	25	28	28	$97.00	$45.61	$33.77	$35.44
1093883738	Hoffman	Mark	C	MD	M	I	22180 Olyr	Suite 201	Poulsbo	WA	53	98370	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	28	28	$90.00	$47.47	$32.04	$32.28
1104354414	Wing	Sara	M	MD	F	I	301 N 8th	St Ste 5b	Springfield	IL	17	62701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	28	28	$101.00	$40.90	$31.31	$35.40
1124276340	Sanders	Nathan	A	D.O.	M	I	3116 Saddl	Suite 4	Helena	MT	30	59601	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	28	28	$103.00	$36.81	$26.61	$25.78
1124319298	Shammas	Saad			M	I	16001 Park Ten Pl	Ste 3	Houston	TX	48	77084	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	28	28	$149.00	$49.04	$36.43	$35.36
1124530001	Suber	Kayla	N	NP-C	F	I	861 Fairway	Dr	Chillicothe	MO	29	64601	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	24	28	28	$54.82	$37.39	$23.29	$26.00
1134597040	Ohevshaloı	Shirley		FNP	F	I	1983 Marcus	Ave	New Hyde I	NY	36	11042	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	28	28	$85.00	$50.74	$40.13	$31.90
1134651318	Drake	Ryan			M	I	263 Farmin	6th Floor E	Farmington	CT	9	6030			US	Otolaryngo	Y	69210	Removal of N	O	27	28	28	$153.00	$48.23	$38.43	$35.95
1144288036	Nusinovich	Vlad		M.D.	M	I	7855 Santa Monica	Blv	West Holly	CA	6	90046	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$100.00	$52.54	$41.95	$37.30
1144745308	Pollock	Catherine	M	PA	F	I	270 Main St N	Ste 300	Stillwater	MN	27	55082	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	21	28	28	$60.78	$39.57	$28.22	$28.97
1154425536	Miyakawa	Jon	Y	M.D.	M	I	901 N Blackstone	Ave	Tulare	CA	6	93274	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	28	28	$94.00	$49.36	$28.38	$27.27
1164489118	Kumar	Vinay		MD	M	I	126 Union	Street	Marlboroug	MA	25	1752	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$150.00	$52.44	$36.83	$32.84
1164534137	Caughron	Michael	C	M.D.	M	I	2501 Comp	#100	Glenview	IL	17	60026	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	28	28	$168.00	$52.52	$33.46	$30.15
1164862587	Kimbrough	Emily	L	PA-C	F	I	3801 S	National Ave	Springfield	MO	29	65807	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	27	28	28	$144.00	$37.12	$27.43	$30.22
1174187744	Okpara	Charles	E	FNP-BC	M	I	6409 Preston	Rd	Dallas	TX	48	75205	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	28	28	$72.16	$39.39	$31.39	$32.28
1174662977	Rivas Camp	Alejandro		M.D,	M	I	11100 Euclid	Ave	Cleveland	OH	39	44106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	28	28	$310.18	$46.47	$33.15	$34.10
1184242109	Regan	Claire			F	I	10 N Greene	St	Baltimore	MD	24	21201	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	28	28	$55.00	$44.07	$31.36	$28.82
1184914293	Patel	Ruchin		MD	M	I	11725 Illinois	St Ste 44	Carmel	IN	18	46032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	28	28	$105.25	$43.13	$30.62	$33.66
1194767657	Subramani	Anandaraj		M.D.	M	I	1809 Ozarka College	D	Mountain V	AR	5	72560	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	24	28	28	$62.00	$41.98	$33.18	$36.97
1194834861	Puig	Christine	M	MD	F	I	310 6th	St Ne	Auburn	WA	53	98002	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	28	28	$117.00	$48.18	$33.12	$32.30
1194921924	Duyka	Landon	J	M.D.	M	I	700 N West	Suite F	Lake Forest	IL	17	60045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	28	28	$166.00	$50.55	$35.49	$31.95
1194957589	Kass	Jason		MDPHD	M	I	830 Harrisc	Ste 1400	Boston	MA	25	2118	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	28	28	$140.00	$46.77	$34.59	$33.33
1205157328	Pierson	Brandon		MD	M	I	3048 Sw 8(	Suite B	Oklahoma	OK	40	73159	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	28	28	$119.07	$42.11	$26.49	$29.09
1205898426	Galloway	James	M	MD	M	I	137 Third	Street	Ayden	NC	37	28513	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	28	28	$60.00	$46.26	$31.19	$32.32
1215518485	Morisoli	Stacy	M	CRNP	F	I	2 Industrial	Blvd Ste 20	Paoli	PA	42	19301	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	28	28	$85.00	$43.45	$32.18	$29.98
1215949946	Gordon	David	C	PH.D., M.D	M	I	221 Broad	Suite 201	Oneida	NY	36	13421	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	28	28	$93.00	$39.60	$29.13	$30.14

1225022528	Burch	Noreen		PA-C	F	I	17270 Se 109th Terrac	Summerfie	FL	12	34491	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	27	28	28	$100.00	$40.90	$20.51	$20.36
1225078660	Mcnichols	Timothy	K	MD	M	I	6130 North Lacholla Bl	Tucson	AZ	4	85741	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	28	28	$97.00	$46.53	$33.70	$34.60
1235129784	Spinella	Anthony	J	MD	M	I	8592 Potter Park Dr	Sarasota	FL	12	34238	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	28	28	$107.00	$47.18	$29.57	$30.21
1235143736	Gramm	Gary	A	DO	M	I	6135 King F Suite A	Loomis	CA	6	95650	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	28	28	$64.00	$49.96	$36.30	$34.42
1235648890	Spencer	Natalia	C	NP	F	I	1526 Cole Blvd Ste 300	Lakewood	CO	8	80401	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	28	28	$49.75	$41.17	$32.86	$32.28
1245269083	Kapitanyan	Raffi		MD	M	I	1 Rwj Place Emergency	New Bruns	NJ	34	8903	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	26	28	28	$60.00	$53.73	$39.01	$34.50
1255425724	Lehman	David	H	M.D.	M	I	5025 J. Stre Suite 315	Sacrament	CA	6	95819	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$80.00	$49.14	$25.70	$24.33
1255445102	Manning	Lance	A	MD	M	I	6823 Isaac's Orchard F	Springdale	AR	5	72762	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	28	28	$44.84	$40.87	$26.90	$30.40
1255830907	Albritton	Andrea	J	NP	F	I	615 Pendleton St Ste 2	Waycross	GA	13	31501	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	28	28	$150.00	$38.33	$25.68	$26.92
1265762108	Solyar	Alla		M.D.	F	I	550 94th Ave N	St Petersbu	FL	12	33702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	28	28	$74.42	$31.19	$20.84	$20.37
1275523235	Sprute	Juanita	H	MD	F	I	9647 Huebner Rd	San Antoni	TX	48	78240	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	28	28	$50.65	$41.67	$28.54	$33.04
1285017533	Ghraib	Marian	W	M.D.	F	I	250 Nash Medical Arts	Rocky Mou	NC	37	27804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	28	28	$139.00	$42.81	$26.68	$29.61
1285830356	Chin	Katherine		M.D.	F	I	520 Maple . Suite 4	West Ches	PA	42	19380	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	28	28	$93.00	$50.98	$37.73	$35.27
1285898916	O'donnell	Patrick	J	M.D.	M	I	1319 Punahou St Ste 1	Honolulu	HI	15	96826	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	28	28	$128.00	$51.07	$33.92	$31.50
1295804607	Engel	Francis		DO	M	I	611 E Doug Ste 105	Mishawaka	IN	18	46545	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	28	28	$150.00	$50.67	$37.51	$35.27
1306307038	Templeman	Kelsey	M	PA	F	I	2214 Canterbury Dr Ste	Hays	KS	20	67601	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	25	28	28	$60.00	$26.16	$20.13	$21.66
1306930177	Izewski	Richard	S	MD	M	I	1094 S Roselle Rd	Schaumbu	IL	17	60193	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	28	28	$97.00	$51.90	$37.32	$34.20
1316016504	Jayes	Robert	L	M.D.	M	I	2150 Pennsylvania Ave	Washingto	DC	11	20037	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	28	28	$164.00	$55.53	$39.84	$33.18
1316139280	Don	Sherman		MD	M	I	17732 Beach Blvd Ste (	Huntington	CA	6	92647	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	28	28	$301.79	$52.33	$37.57	$33.91
1326003732	Maldonado	Neil	E	MD	M	I	400 8th St N	Naples	FL	12	34102	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	28	28	$102.30	$50.70	$31.00	$29.15
1326049156	Melero Gig	Gustavo	A	M.D.	M	I	1789 Carr 2 Torre Hospi	San Juan	PR	72	921	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	28	28	$48.60	$43.00	$29.81	$29.51
1326435215	Miller	Matthew	W	M.D.	M	I	981225 University Of N	Omaha	NE	31	68198	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	25	28	28	$97.85	$30.68	$21.63	$22.18
1336212521	Garlich	Paul	H	M.D.	M	I	2406 Lighthouse Mano	Gainesville	GA	13	30501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	28	28	$95.00	$44.91	$30.71	$33.01
1346387529	Yoon	Daniel	W	MD	M	I	6341 Unive Fairview Fri	Fridley	MN	27	55432	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	28	28	$161.32	$45.96	$28.75	$30.20
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	J1030	Injection, n	Y	O	15	28	20	$24.64	$6.43	$4.93	$4.91
1366005373	Ross	Laura		CRNP	F	I	11311 Mccormick Rd S	Hunt Valley	MD	24	21031	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	28	28	$105.89	$44.27	$28.18	$25.70
1366444689	Juarbe San	Charles		M.D.	M	I	73 Edif Mec Suite 205	Bayamon	PR	72	961	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	28	28	$100.00	$48.13	$32.85	$32.55
1366535825	Broomfield	Kimberly	R	MD	F	I	1331 Prairie Ave Ste 1	Cheyenne	WY	56	82009	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	28	28	$90.00	$46.86	$33.50	$34.30
1366553117	Grocki	Michael	S	M.D.	M	I	176 Fairway Dr	Kerrville	TX	48	78028	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	24	28	28	$48.52	$46.16	$29.31	$30.58
1366573966	Niehaus	Alexa	H	P.A.-C	F	I	2920 S Mci Suite 350	Bloomingtc	IN	18	47403	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	25	28	28	$71.00	$37.38	$26.59	$29.15
1376501296	Kalonaros	Vasilios		M.D.	M	I	50 Karl Ave Ste 301	Smithtown	NY	36	11787	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	28	28	$70.00	$59.61	$37.19	$29.75
1376595728	Tremoulis	Edward	L	MD	M	I	915 W Market St	Lima	OH	39	45805	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	28	28	$60.00	$46.19	$28.87	$30.22
1396738894	Bremer	Bonnie	L	M.D.	F	I	170 North Lakewood R	Lake In The	IL	17	60156	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$98.00	$47.04	$32.17	$31.96
1396776738	Gutman	Donald		M.D.	M	I	1600 Creek Ste# 3700	Folsom	CA	6	95630	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	28	28	$112.32	$49.46	$29.46	$27.79
1396988952	Dhaliwal	Khushi	A	M.D.	F	I	5113 Sr 674, Ste 103	Wimauma	FL	12	33598	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	28	28	$95.00	$48.58	$34.96	$34.11
1417940297	Kumar	Keertini		M. D.	F	I	8618 Sw 103rd Street F	Ocala	FL	12	34481	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$92.00	$48.23	$31.66	$31.22
1427023506	Barnes	David	R	MD	M	I	1755 Gunb Suite 301	Chattanoo	TN	47	37421	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	28	28	$110.54	$44.26	$32.84	$35.55
1427271022	Thakadiyil	Anita	V	M.D	F	I	9760 S Kedzie Ave	Evergreen F	IL	17	60805	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	28	28	$186.78	$48.52	$37.31	$36.62
1427289040	Abernethy	Durant	B	M.D.	M	I	360 Peak O Suite 260	Frisco	CO	8	80443	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$184.29	$47.65	$27.79	$27.34
1447689575	Schneiders	Kelly			F	I	201 Medical Drive	Dover	OH	39	44622	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	28	28	28	$53.00	$39.64	$31.71	$32.28
1447805148	Enverga	John Vince	G	PA-C	M	I	17742 Beach Blvd Ste (	Huntington	CA	6	92647	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	21	28	28	$110.00	$40.08	$29.13	$26.18
1457399644	Erickstad	John	A	MD	M	I	401 N 9th St	Bismarck	ND	38	58501	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	28	28	$115.00	$44.03	$17.78	$19.04
1457705154	Barnes	Tess		N.P.	F	I	722 N Montezuma St	Prescott	AZ	4	86301	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	28	28	$93.71	$39.48	$17.36	$18.52
1457706061	Kaplan	Alyson	B	M.D.	F	I	4530 E Shea Blvd Ste 1	Phoenix	AZ	4	85028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	28	28	$99.00	$41.16	$32.80	$33.91
1457883217	Ball	Jessica		DO	F	I	990 S Prospect St Ste 1	Marion	OH	39	43302	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	28	28	$148.00	$45.93	$33.94	$35.39
1467686816	Kammeyer	Anna Maria	A	PA-C	F	I	2295 Henry Tecklenbur	Charleston	SC	45	29414	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	28	28	28	$128.00	$35.55	$25.68	$27.32
1467933903	Dhungana	Lily		FNP-C	F	I	6331 N Fresno St Ste 1(	Fresno	CA	6	93710	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	28	28	$148.00	$41.84	$31.14	$30.04
1477559664	Whitlow	Richard	E	M.D.	M	I	1004 Progr Ste 220	Lansing	KS	20	66043	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	27	28	28	$125.00	$44.23	$28.96	$31.88
1487034617	Hernandez	Jasmine			F	I	901 8th Ave Se	Cedar Rapi	IA	19	52401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	28	28	$110.64	$42.63	$34.07	$36.62
1487601662	Kashima	Matthew		M.D.	M	I	4940 Eastern Ave	Baltimore	MD	24	21224	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	28	28	$177.00	$52.19	$37.28	$33.91
1487644100	Garren	Kurt	C	M.D.	M	I	515 Union / Suite 157	Dover	OH	39	44622	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	28	28	$110.00	$46.19	$31.53	$32.81
1497783054	Racco	Alex		DO	M	I	1870 Richmond Rd	Staten Isla	NY	36	10306	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	28	28	$80.00	$57.73	$33.55	$25.90
1508109224	Manzoor	Nauman	F	M.D.	M	I	11100 Eucl University H	Cleveland	OH	39	44106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	28	28	$220.00	$46.84	$36.05	$35.96
1508868563	Radley	Karen	M	M.D. PC	F	I	965 E 700 S Ste 300	Saint Geor	UT	49	84790	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	28	28	$97.00	$44.80	$26.78	$29.46
1518338334	Postell	Cheryl		NP	F	I	55 Whitche Suite 160	Marietta	GA	13	30060	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	28	28	$155.00	$34.85	$27.84	$27.67
1518929348	Anthis	Joel	N	MD	M	I	23920 Katy Ste 430	Katy	TX	48	77494	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	28	28	$96.43	$41.98	$29.53	$28.74
1528560414	Henderson	Rebecca	D	FNP-BC	F	I	1508 Tombras Ave	East Ridge	TN	47	37412	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	28	28	$60.00	$37.16	$29.64	$32.29
1538716063	Rebula	Emily	R	MSPAS, PA	F	I	3601 The Vanderbilt Cl	Nashville	TN	47	37232	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	28	28	$138.11	$36.69	$27.09	$29.02
1548248446	Elyaman	Yousef		M.D.	M	I	7350 Sw 6(Suite 2	Ocala	FL	12	34476	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$94.93	$47.45	$37.96	$37.30
1558604934	Schimmel	Elizabeth	K	M.D.	F	I	151 E Metro Dr Ste 102	Flowood	MS	28	39232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	28	28	$123.50	$41.37	$32.92	$36.59
1558956102	Hetz	Drew	A	PA-C	M	I	6127 Green Bay Rd Ste	Kenosha	WI	55	53142	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	25	28	28	$144.00	$37.05	$26.29	$28.58
1568496123	Chu	Felix	W	MD	M	I	904 7th Ave	Seattle	WA	53	98104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	28	28	$224.57	$52.80	$34.56	$30.52
1568691509	Cleinman	Alycia		M.D.	F	I	725 Glenw Suite E786	Chattanoo	TN	47	37404	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	25	28	28	$112.50	$43.93	$32.70	$35.68
1578629028	Small	Kimberly		NP	F	I	5 Industrial Dr	Mashpee	MA	25	2649	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	27	28	28	$127.40	$42.19	$26.41	$25.36
1588616676	Vozza	Brenda	M	MD	F	I	300 N 3rd St	Longview	TX	48	75601	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	28	28	$116.00	$45.02	$29.68	$32.06
1588636393	Tavares	Agustin	R	MD	M	I	1033 N Parkway Fronta	Lakeland	FL	12	33803	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$125.00	$44.85	$33.11	$32.56
1588651152	Bikhazi	Nadim	B	MD	M	I	4650 Harrison Blvd	Ogden	UT	49	84403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	28	28	$79.00	$43.71	$34.86	$36.62
1588677736	Traylor	Henry	W	MD	M	I	823 Jefferson St	Whiteville	NC	37	28472	7	Small town	US	Internal Me	Y	69210	Removal of N	O	23	28	28	$100.00	$46.31	$33.13	$34.15
1588691760	Woods	Charles	I	M.D.	M	I	750 E Adams St	Syracuse	NY	36	13210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	28	28	$115.00	$43.39	$29.69	$31.23
1588723506	Deschamp	John		MD	M	I	107 Dmv Drive	Kilmarnock	VA	51	22482	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	28	28	28	$74.00	$46.69	$35.71	$36.63
1598997256	Edionwe	Susan	O	M.D.	F	I	7707 Fanni Suite 195	Houston	TX	48	77054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	28	28	$67.18	$30.95	$22.91	$24.79
1609228600	Hunter	Camille	M	M.D.	F	I	515 E Micheltorena St S	Santa Barb	CA	6	93103	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	25	28	28	$77.68	$51.97	$39.01	$35.64
1619200367	Tumalad	Joe	D	NP	M	I	1204 Mechem Dr Ste 1	Ruidoso	NM	35	88345	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	27	28	28	$94.11	$38.81	$27.65	$28.40
1619362415	Lin	Sharon	J	MD	F	I	595 Chapel Hills Dr Ste	Colorado S	CO	8	80920	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	28	28	$369.00	$43.68	$33.59	$36.07
1619940210	Bruns	Alan	D	M.D.	M	I	1702 University Dr S	Fargo	ND	38	58103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	23	28	28	$39.00	$30.20	$21.53	$22.90
1629077896	Neis	Paul		M.D.	M	I	626 Burnett Dr	Mountain H	AR	5	72653	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	28	28	$84.00	$41.47	$29.32	$32.30
1629533310	Ladanyi	Michelle		PA	F	I	1140 Lexington Rd Ste	Georgetow	KY	21	40324	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	28	28	28	$96.00	$35.67	$22.66	$24.98

1639140403	Goldman	Jaroslav	I	M.D.	M	I	6420 N. California Ave.	Chicago	IL	17	60645	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$134.64	$51.61	$41.31	$37.30
1639525298	Larson	David	P		M	I	801 N 29th St	Billings	MT	30	59101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	17	28	28	$98.00	$31.19	$21.62	$20.69
1649244856	Wahle	David	T	M.D.	M	I	350 W Colu	Suite 310	Evansville	IN	18	47710	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	28	28	$135.00	$42.79	$24.28	$27.08
1669406518	Winegar	Terry	L	M.D.	M	I	255 W Washington Ave		El Cajon	CA	6	92020	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	28	28	28	$100.22	$51.34	$40.37	$37.40
1679050652	Anderson	Cailey		ARNP	F	I	701 10th St Se		Cedar Rapi	IA	19	52403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	28	28	$110.64	$37.57	$25.71	$28.15
1679505325	Mirmanesh	Shahin	M	M.D.	M	I	12000 Linc	Suite 405	Marlton	NJ	34	8053	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$85.00	$52.15	$36.16	$32.26
1679625362	Wexler	Richard	J	MD	M	I	10861 Che	Suite 301	Los Alamit	CA	6	90720	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	28	28	$61.00	$52.43	$40.32	$36.62
1679912067	Shah	Manan	U	M.D.	M	I	255 Union Blvd Ste 220		Lakewood	CO	8	80228	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	28	28	$70.63	$44.80	$35.49	$35.04
1679917660	Yung	Elizabeth	S	NP	F	I	6345 Balbc	Suite 213	Encino	CA	6	91316	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	28	28	$52.94	$43.94	$32.97	$29.89
1689733669	Paschalis	Thimos	G	M.D.	M	I	134 Vision Park Blvd St		Shenandoa	TX	48	77384	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$152.00	$46.11	$30.51	$31.79
1699702712	Irvin	Michael	J	D.O	M	I	1001 E Jackson St		Hugo	OK	40	74743	7	Small town	US	Family Prac	Y	69210	Removal of N	O	20	28	28	$80.00	$42.19	$31.22	$33.48
1699751354	Bussing	Robert	C	M.D.	M	I	2495 Palm Ridge Rd		Sanibel	FL	12	33957	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$41.79	$39.82	$16.48	$23.78
1699972000	Schleiffarth	Jack	R	M.D.	M	I	4940 5th St Ste 2b		Rapid City	SD	46	57701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	28	28	$46.41	$45.19	$26.81	$28.31
1700035615	Stankus	Marissa	L	PA-C	F	I	171 Grandview Ave Ste		Waterbury	CT	9	6708	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	26	28	28	$125.00	$42.55	$33.90	$31.71
1700897600	Highsmith	William	A	M.D.	M	I	21 Opportunity Dr		Sheridan	AR	5	72150	7.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	25	28	28	$85.00	$42.72	$27.95	$32.14
1710919931	Ross	Andrew	J	M.D.	M	I	2320 Wool	Suite 201	Berkeley	CA	6	94705	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	28	28	$85.00	$55.31	$36.13	$31.20
1720056849	Roy	Bakul	T	M.D.	M	I	5601 Norris	Ste 340	San Ramon	CA	6	94583	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	28	28	28	$147.00	$56.48	$40.38	$33.91
1730379843	Burchard	Andrew	E	M.D.	M	I	118 Dudley St		Providence	RI	44	2905	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	28	28	$110.00	$44.19	$33.83	$34.25
1740389980	Pewitt	Charles	S	DO	M	I	2387 W Jackson Blvd		Jackson	MO	29	63755	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	28	28	$70.00	$43.56	$31.06	$32.97
1740394790	Anderson	John	A	M.D.	M	I	106 Westside Dr		Tullahoma	TN	47	37388	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	26	28	28	$65.00	$41.51	$25.09	$29.88
1750303764	Byrne	Maria	N	MD	F	I	1 Long Wha	Suite 302	New Haven	CT	9	6511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	28	28	$64.26	$49.14	$39.33	$35.95
1760416069	U	Nilar		M.D	F	I	912 Washington Rd		Westminst	MD	24	21157	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	28	28	$90.00	$51.67	$36.71	$33.91
1760446116	Redd	Elizabeth	E	M.D.	F	I	1 Atwell Rd		Cooperstov	NY	36	13326	10	Rural areas	US	Otolaryngo	Y	69210	Removal of N	O	26	28	28	$88.00	$32.38	$23.85	$24.32
1770556276	Orris	Gary	S	M.D.	M	I	5830 Bond	Suite 200	Cumming	GA	13	30040	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	28	28	$110.40	$42.10	$28.39	$30.23
1770843823	Lewis	David	M	D.O.	M	I	433 E 8th St		Port Angele	WA	53	98362	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	23	28	28	$91.00	$43.01	$23.30	$23.02
1780629717	Limb	Charles		M.D.	M	I	2380 Sutter St Fl 3		San Francis	CA	6	94115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	28	28	$279.00	$32.96	$23.16	$21.14
1780674549	Lee	Alfred	S	M.D.	M	I	5307 Main	Suite 105	New Port Ri	FL	12	34652	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	28	28	$55.00	$47.85	$33.63	$33.53
1790937092	Sampat	Rahul	R	M.D.	M	I	1400 Medical Campus		Traverse Ci	MI	26	49684	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	28	28	28	$88.96	$33.39	$24.83	$24.46
1801233994	Collett	Tolbin	M	M.D.	M	I	201 W Layton Pkwy		Layton	UT	49	84041	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	28	28	$106.79	$43.90	$29.81	$31.56
1801858295	Warsh	Stephen	A	M.D.	M	I	45 Mohouli St		Hilo	HI	15	96720	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	27	28	28	$75.00	$49.69	$35.27	$33.23
1801958525	Uyesaka	Jon		MD	M	I	5333 Hollis	Ste 255	Santa Barb	CA	6	93111	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	28	28	$118.57	$52.30	$38.85	$35.27
1821200239	Lister	Matthew	T	M.D.	M	I	1 S Park St		Madison	WI	55	53715	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	28	28	$191.73	$42.05	$27.87	$31.13
1831197300	Martin	Ray	M	M.D.	M	I	2506 Crockett Dr		Brownwoo	TX	48	76801	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	21	28	28	$50.59	$44.81	$27.21	$29.03
1831291061	Turkewitz	Stuart	J	MD	M	I	7500 Greer	Suite 430	Greenbelt	MD	24	20770	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$80.00	$55.91	$40.93	$34.75
1831308170	Duncan	Ryan	D	MD	M	I	1622 Westgate Cir		Brentwood	TN	47	37027	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	28	28	$134.36	$43.07	$28.06	$30.58
1831792753	Marsh	Julie	M	FNP	F	I	500 Superior Ave		Newport Be	CA	6	92663	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	28	28	$158.00	$44.55	$35.55	$32.28
1851955488	Tapia	Vanessa	M	NP	F	I	9300 Sun City Blvd Ste		Las Vegas	NV	32	89134	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	28	28	$118.71	$42.36	$27.88	$26.49
1861431058	Umeda	Alvin		M.D	M	I	7000 Boulder Ave		Highland	CA	6	92346	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	28	28	$50.44	$47.60	$34.92	$32.96
1861498693	Morelos	Joseph	C	D.O.	M	I	1215 Route	Suite 1005	Lakewood	NJ	34	8701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$110.00	$52.57	$34.57	$31.20
1861622060	Cruz	Victor	D	MD	M	I	111 N 12th St		Tampa	FL	12	33602	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	28	28	$101.00	$47.74	$36.69	$36.63
1871767954	Paddack	Angela	C	M.D.	F	I	4745 Arapahoe Ave Ste		Boulder	CO	8	80303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	28	28	28	$112.14	$48.81	$35.08	$34.14
1871821728	Gutman	Pamela	E	MD	F	I	100 Far Horizons Ln		Asheville	NC	37	28803	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	28	28	$53.00	$46.34	$36.40	$37.29
1902899461	Salvi	Thomas	G	M.D.	M	I	1106 N Main St		Algonquin	IL	17	60102	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	28	28	$90.00	$45.25	$28.17	$28.82
1912029463	Lieberman	Tamara	H	M.D.	F	I	4400 N 32n	Suite 200	Phoenix	AZ	4	85018	1	Metropolita	US	Internal Me	N	69210	Removal of N	O	24	28	28	$52.48	$44.12	$30.07	$33.04
1912326752	Hernandez	Gabriel		M.D.	M	I	Ashford Me	29 Washing	San Juan	PR	72	907	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	28	28	$60.00	$38.79	$29.59	$29.17
1912984303	Katz	Edward	H	MD	M	I	1600 Sw Archer Rd		Gainesville	FL	12	32610	1	Metropolita	US	Anesthesio	Y	69210	Removal of N	O	28	28	28	$163.00	$50.77	$30.08	$28.26
1932105541	Avella	Thomas	J	M.D.	M	I	6 Liberty Square Mall		Stony Point	NY	36	10980	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	28	28	$201.96	$58.46	$31.41	$25.43
1932214186	Severino	Ronald	G	MD	M	I	2001 S Wiesbrook Rd		Wheaton	IL	17	60189	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	28	28	$149.00	$50.86	$33.64	$30.73
1932639572	Cross	Bradley	E	DO	M	I	1401 E Van Buren Ave		Mcalester	OK	40	74501	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	25	28	28	$114.00	$44.19	$29.38	$31.55
1932726783	Castle	Rebecca	M	NP	F	I	327 Sunset Rd		Canton	PA	42	17724	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	20	28	28	$189.00	$39.17	$30.09	$31.16
1932750239	Sayre	Amanda	S	APN	F	I	210 S Shore Rd		Marmora	NJ	34	8223	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	28	28	$100.00	$44.69	$29.83	$26.86
1942358643	Okerblom	Robert	W	M.D.	M	I	1145 E Clark Ave Ste F		Santa Mari	CA	6	93455	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	28	28	$80.00	$50.80	$36.05	$33.23
1942627039	Schackert	Christine			F	I	6701 N Cha	4105	Baltimore	MD	24	21204	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	28	28	$105.68	$44.04	$32.83	$30.11
1962402867	Langdon	Brandi		FNP	F	I	5002 Cowhorn Creek R		Texarkana	TX	48	75503	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	28	28	$110.00	$39.31	$25.89	$26.87
1962622860	Basura	Gregory	J	M.D., PH.D	M	I	1500 E Medical Center		Ann Arbor	MI	26	48109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	28	28	$81.00	$34.54	$17.43	$16.44
1972594919	Griffin	Amy	B	M.D.	F	I	5408 Provine Pl		Alexandria	LA	22	71303	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	28	28	$70.00	$46.02	$34.78	$36.06
1972737237	Goodwin	Jason	C	M.D.	M	I	105 Medical		Seguin	TX	48	78155	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	28	28	$115.00	$42.89	$34.18	$35.95
1972835015	Neff	Alicia	M	FNP	F	I	12605 E 16th Ave		Aurora	CO	8	80045	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	28	28	$123.00	$40.74	$27.70	$26.97
1972853711	Bethon	Erin	O	PA	F	I	123 Everett Rd		Albany	NY	36	12205	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	26	28	28	$119.64	$36.82	$26.07	$26.68
1982611760	Madani	Mir	M	M.D.	M	I	3801 Katell Ste 310		Los Alamit	CA	6	90720	1	Metropolita	US	Critical Car	Y	69210	Removal of N	O	26	28	28	$70.00	$52.83	$35.24	$31.62
1982640793	Pasquale	Kimberly		M.D.	F	I	500 Indepe	Suite 100	Chesapeak	VA	51	23320	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	28	28	$96.00	$41.80	$27.91	$27.87
1982911673	Tobits	Dagmar		M.D.	F	I	30 Vt Route 100 S		Wilmingtor	VT	50	5363	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	27	28	28	$74.00	$31.85	$22.77	$23.75
1013065267	Onwuka	Chike	G	M.D.	M	I	9135 Pisca	Suite 420	Clinton	MD	24	20735	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	27	27	$114.07	$53.97	$39.82	$35.52
1013484864	Hillhouse	Meagan	Z		F	I	1002 E Madison St		Houston	MS	28	38851	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	27	27	27	$100.00	$37.18	$27.57	$29.60
1033371711	Bush	Carrie	M	M.D.	F	I	830 Pennsy	Suite 405	Charleston	WV	54	25302	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	24	27	27	$94.00	$31.65	$23.47	$23.54
1033514898	Brodie	Shauna		NP	F	I	1001 Potre	4m45	San Francis	CA	6	94110	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	20	27	27	$155.00	$29.62	$19.95	$18.23
1043396559	Banthia	Vishal		MD	M	I	2390 Faraday Ave		Carlsbad	CA	6	92008	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	27	27	27	$41.04	$32.31	$25.86	$26.32
1043531932	Gass	Abigail		M.D.	F	I	1503 W Elk Ave Ste 5		Elizabetho	TN	47	37643	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	27	27	$60.00	$43.74	$30.95	$34.22
1053587998	Seares	Jessica	B	M.D.	F	I	35 Beavers Suite B		Brick	NJ	34	8723	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	27	27	$75.00	$52.48	$40.42	$36.57
1063027118	Granados D	Maura	A	FNP	F	I	2233 Post St		San Francis	CA	6	94115	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	27	27	$279.00	$29.46	$23.47	$21.54
1073503165	Vick	Michael	L		M	I	504 W Memorial Dr		Dallas	GA	13	30132	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	27	27	$112.33	$46.33	$34.22	$33.79
1073509832	Latsha	Michelle	L	PA-C	F	I	220 Wilson St Ste 109		Carlisle	PA	42	17013	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	25	27	27	$67.00	$39.87	$28.66	$29.08
1104869866	Champion	Gretchen	A	M.D.	F	I	1105 North Allen Ear, N		Allen	TX	48	75013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	27	27	$137.00	$42.99	$34.30	$35.87
1114039799	El Khoury	Naji	S	MD	M	I	77 Genesee St		New Hartfo	NY	36	13413	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	27	27	$70.00	$46.53	$35.83	$36.64
1114537065	Batschelet	Sarah			F	I	209 W State St		Ithaca	NY	36	14850	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	27	27	$185.00	$39.34	$19.25	$20.45
1134253099	Viterbo	George Qu	G	M.D.	M	I	5311 Limestone Rd Ste		Wilmingtor	DE	10	19808	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	27	27	27	$66.00	$48.38	$36.38	$35.81
1164415691	Conway	David	R	MD	M	I	7780 S Bro	Suite 100	Littleton	CO	8	80122	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	27	27	$79.00	$44.28	$29.61	$30.60

1164816567	Brunner	Jacob		M.D.	M	I	1430 Tulane Ave	New Orlear	LA	22	70112	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	24	27	27	$189.19	$51.72	$28.23	$25.32
1174507404	Golechha	Nitin	K	MD	M	I	2734 Main St	Marlette	MI	26	48453	10	Rural areas	US	Internal Me	Y	69210	Removal of	N	O	23	27	27	$75.00	$46.21	$30.11	$31.35
1174627350	Lollar	Kevin	W	MD	M	I	6823 Isaacs Orchard R	Springdale	AR	5	72762	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	24	27	27	$44.83	$39.14	$29.14	$32.35
1174720353	Moskowitz	Robert		MD FACP	M	I	1270 51st St	Brooklyn	NY	36	11219	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	25	27	27	$88.52	$58.92	$37.63	$29.33
1184835407	Jenson	Peter	M	MD	M	I	1035 South Main St	Fallbrook	CA	6	92028	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	27	27	27	$104.00	$49.44	$33.30	$30.95
1194827097	Villacastin	Alex	T	M.D.	M	I	10489 N Florida Ave	Citrus Sprir	FL	12	34434	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	24	27	27	$75.00	$47.74	$33.78	$33.77
1215923586	Sarber	Lisa	J	M.D.	F	I	4407 Lafay Unit 4	Frederickst	VA	51	22408	1.1	Secondary	US	Internal Me	Y	69210	Removal of	N	O	22	27	27	$86.00	$47.51	$30.80	$31.03
1215936356	Palagruto	Domenic	A	D.O.	M	I	3599 George Ii Hwy	Southport	NC	37	28461	4	Micropolita	US	Family Prac	Y	69210	Removal of	N	O	25	27	27	$75.00	$43.53	$31.41	$32.57
1215968409	Ellis	Eric	L	M.D.	M	I	77 Lincoln Blvd Ste 1	Lincoln	CA	6	95648	1	Metropolit	US	Emergency	Y	69210	Removal of	N	O	26	27	27	$180.00	$47.61	$32.07	$30.95
1235179128	Woodall	Hal	B	MD	M	I	101 E 2nd St	Kenly	NC	37	27542	6	Micropolita	US	Internal Me	Y	69210	Removal of	N	O	23	27	27	$88.00	$44.77	$33.34	$34.97
1235794702	Bowdino	Nicole	K	PA-C	F	I	4014 Leavenworth St	Omaha	NE	31	68105	1	Metropolit	US	Physician A	Y	69210	Removal of	N	F	20	27	27	$151.11	$25.51	$16.13	$17.92
1245262476	Klingensmi	Mark	R	MD	M	I	522 W New Suite 200	Greensburg	PA	42	15601	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	21	27	27	$87.00	$46.12	$29.89	$31.28
1265729297	Paruchuri	Poonam		MD	F	I	1633 N Cap Ste 322	Indianapoli	IN	18	46202	1	Metropolit	US	Geriatric M	Y	69210	Removal of	N	F	21	27	27	$91.80	$30.76	$22.14	$23.50
1285153718	Ron	Jennifer	K	APRN	F	I	12901 Bruc Mdc 73	Tampa	FL	12	33612	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	20	27	27	$145.00	$39.69	$30.56	$29.89
1316027550	Orehek	Allen	J	MD	M	I	231 Belmont Tpke	Waymart	PA	42	18472	2	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	21	27	27	$150.00	$45.98	$36.66	$37.98
1316371164	Miglarese	Lauren	S	PA	F	I	2511 Old C Suite 200	Durham	NC	37	27713	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	16	27	27	$65.00	$38.82	$30.98	$32.29
1316471386	Kraft	Ethan	T	M.D.	M	I	13359 Isle I Ste 1	Baxter	MN	27	56425	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	18	27	27	$165.62	$45.15	$35.97	$37.28
1316980121	Barone	Anthony	J	M.D.	M	I	725 Reserv Suite 303	Cranston	RI	44	2910	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	25	27	27	$100.00	$48.67	$34.41	$33.06
1326113242	Randolph	Cynthia		P.A.C.	F	I	12547 Ocean Gateway	Ocean City	MD	24	21842	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	21	27	27	$90.00	$42.28	$31.21	$29.80
1326502428	Delia	Jessica		FNP-BC	F	I	1701 E Sou Suite 290	Rochester I	MI	26	48307	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	27	27	27	$70.00	$42.41	$26.01	$24.82
1336139658	Shockley	Jennifer	A	M.D.	F	I	115 Bridge St	Elk Rapids	MI	26	49629	10.2	Secondary	US	Family Prac	Y	69210	Removal of	N	O	26	27	27	$75.00	$42.52	$20.08	$24.22
1336160324	Farris	Linda	A	ANP	F	I	4802 E Johnson Ave	Jonesboro	AR	5	72405	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	23	27	27	$91.00	$34.28	$26.96	$32.29
1346209913	Brabazon	John	F	D.O.	M	I	222 W Fulton St	Ephrata	PA	42	17522	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	20	27	27	$89.00	$45.78	$32.49	$33.26
1346217080	Delgado	Edmund	F	MD	M	I	2863 S Delaney Ave	Orlando	FL	12	32806	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	26	27	27	$95.00	$46.96	$33.44	$33.34
1346266269	Tyson	Brian	M	M.D.	M	I	2026 N Imperial Ave St	El Centro	CA	6	92243	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	26	27	27	$90.47	$49.77	$30.66	$29.54
1346269248	Athalye	Rahul	S	MD	M	I	3501 N Sco #334	Scottsdale	AZ	4	85251	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	26	27	27	$70.00	$46.94	$32.03	$32.59
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	G0008	Administra	N	O	27	27	27	$25.52	$24.60	$24.60	$14.13
1356470678	Monfared	Ashkan		M.D.	M	I	2300 M St Nw Fl 4	Washingto	DC	11	20037	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	15	27	27	$164.00	$56.49	$41.29	$34.54
1366638835	Goebel	Theresa		D.O.	F	I	11786 Se Federal Hwy	Hobe Soun	FL	12	33455	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	25	27	27	$105.00	$49.23	$39.38	$36.57
1376094037	Wherry	Allison	R		F	I	930 S Harbor City Blvd	Melbourne	FL	12	32901	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	25	27	27	$97.00	$36.09	$28.78	$30.19
1376623165	Fraley	Patrick	L	M.D.	M	I	2425 Dave Ward Dr Ste	Conway	AR	5	72034	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	27	27	27	$110.33	$37.95	$26.46	$30.12
1396165171	Yip	Candice			F	I	3692 E Sunset Rd	Las Vegas	NV	32	89120	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	24	27	27	$180.00	$44.82	$32.21	$32.76
1407368228	Swann	Jessica	L	PHYSICIAN	F	I	5211 S College Rd	Wilmingtor	NC	37	28412	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	21	27	27	$114.00	$38.00	$25.31	$27.42
1407855422	Lough	David	R	M.D.	M	I	500 Donnally St Ste 20	Charleston	WV	54	25301	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	26	27	27	$114.98	$31.74	$25.29	$25.83
1407860539	Pittman	Christophe	L	M.D.	M	I	4208 N Rodney Parhan	Little Rock	AR	5	72212	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	27	27	27	$107.85	$41.06	$27.18	$32.18
1407885221	Solik	William	B	M.D.	M	I	8244 E Us H Ste 1100	Avon	IN	18	46123	1	Metropolit	US	Emergency	Y	69210	Removal of	N	O	24	27	27	$100.00	$42.32	$29.24	$32.19
1407898646	Khalil	Sherif	F	MD	M	I	81 Highlan Ste 200	Beaumont	CA	6	92223	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	22	27	27	$50.44	$42.74	$27.70	$26.24
1417319807	Moore	Charles	A	M.D.	M	I	2308 E Main St Ste B	New Iberia	LA	22	70560	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	25	27	27	$130.00	$43.24	$31.75	$33.21
1427019637	Jones	Gregory	C	MD	M	I	134 Southview St	Owatonna	MN	27	55060	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	21	27	27	$76.74	$45.11	$25.72	$26.48
1427031517	Hundt	Nancy		M.D.	F	I	25086 Olyr Suite 320	Punta Gord	FL	12	33950	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	25	27	27	$102.30	$47.87	$35.34	$35.18
1437109121	Goddard	Joseph	P	M.D.	M	I	13332 Midlothian Tpke	Midlothian	VA	51	23113	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	24	27	27	$93.00	$48.06	$32.77	$32.42
1447282991	Jain	Mukesh		MD	M	I	7615 Clarington Cv	Southaven	MS	28	38671	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	23	27	27	$85.74	$43.17	$31.87	$35.52
1457354862	Pope	Robert	H	PA-C	M	I	38 The Village Overlook	Sylva	NC	37	28779	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	27	27	27	$95.00	$38.11	$24.60	$25.47
1457881930	Ramler	Jenna	L	PA	F	I	6099 Wayzata Blvd Ste	St Louis Pa	MN	27	55416	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	27	27	27	$189.93	$38.18	$21.11	$21.94
1457891970	Berus	Kelly		PA-C	F	I	6001 Stonewood Dr	Wexford	PA	42	15090	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	27	27	27	$138.00	$38.97	$25.32	$25.99
1477589950	Rivers	Steven	J	MD	M	I	1503 Buen Bldg 110	The Village	FL	12	32159	1.1	Secondary	US	Family Prac	Y	69210	Removal of	N	O	26	27	27	$75.00	$47.77	$36.67	$36.58
1487738050	Miles	Kasey	L	FNP-BC	F	I	5301 Farao Suite 160	Saint Josep	MO	29	64506	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	15	27	27	$158.33	$37.80	$25.80	$28.01
1487766382	Kim	Dennis	Y	M.D.	M	I	39755 Mur Suite E-130	Murrieta	CA	6	92563	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	23	27	27	$101.00	$50.20	$37.12	$35.17
1497169445	Francis	Schuyler			F	I	777 Clinton Ave S	Rochester	NY	36	14620	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	17	27	27	$180.00	$39.63	$23.50	$24.31
1497715072	Stoler	Richard	K	DO	M	I	14555 Leva Suite 206	Livonia	MI	26	48154	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	23	27	27	$85.00	$50.19	$30.79	$29.10
1508370651	Wagnon	Christa	M	RN, FNP	F	I	7330 N 99th Ave Ste 32	Glendale	AZ	4	85307	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	25	27	27	$121.00	$39.95	$30.40	$30.74
1508869553	Van Houter	Lee	A	D.O.	F	I	220 Pine St	Williamsto	NJ	34	8094	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	24	27	27	$129.74	$52.77	$37.07	$33.25
1518696863	Hollifield	Breanna		PA	F	I	826 S Governors Ave	Dover	DE	10	19904	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	27	27	27	$87.00	$40.11	$31.96	$31.68
1538461413	Hartman	Kathleen	A	NP-C	F	I	9500 Euclic Mail Code F	Cleveland	OH	39	44195	1	Metropolit	US	Nurse Prac	Y	69210	Removal of	N	O	25	27	27	$305.22	$27.95	$18.17	$18.31
1548248388	Jamali	Farhad		M.D.	M	I	12150 Ann Suite 308	Glenn Dale	MD	24	20769	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	24	27	27	$113.37	$55.61	$35.07	$29.94
1548271448	Simmons	Ryan	C	M.D.	M	I	618 Pegram Dr	Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	26	27	27	$135.64	$43.03	$31.73	$35.52
1568683399	Horne	Stefanie	K	MD	F	I	1222 S Patt Suite 400	Dayton	OH	39	45402	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	25	27	27	$80.00	$40.66	$32.54	$33.06
1588647572	Anoia	James	F	MD	M	I	615 Wesley Dr Ste 200	Charleston	SC	45	29407	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	24	27	27	$153.97	$45.29	$28.95	$30.23
1588956064	Master	Adam	N	MD	M	I	1514 Jefferson Hwy	New Orlear	LA	22	70121	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	27	27	27	$123.81	$33.34	$23.62	$23.63
1598836850	Hill	Shane	A	M.D.	M	I	107 6th Ave Sw	Ronan	MT	30	59864	10	Rural areas	US	Internal Me	Y	69210	Removal of	N	O	25	27	27	$100.00	$47.10	$31.37	$31.18
1609122233	Williams	Joshua	J	DO	M	I	1214 S Grant Rd	Carroll	IA	19	51401	7	Small town	US	Family Prac	Y	69210	Removal of	N	O	22	27	27	$119.00	$44.56	$30.42	$32.24
1609134063	Imbery	Terence			M	I	5841 S Maryland Ave	Chicago	IL	17	60637	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	22	27	27	$361.98	$51.62	$39.21	$35.32
1609927276	Gowda	Savitha		M.D.	F	I	95 Chapel S Suite 3a	Norwood	MA	25	2062	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	23	27	27	$130.00	$53.37	$39.39	$35.17
1619169281	Agnew	Kelly	P	PA-C	F	I	51 N 39th St	Philadelphi	PA	42	19104	1	Metropolit	US	Physician A	Y	69210	Removal of	N	F	22	27	27	$95.00	$28.29	$19.92	$18.24
1619382835	Gupta	Arun		DO, MPH	M	I	105 Valley West Dr	West Des M	IA	19	50265	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	25	27	27	$108.00	$41.49	$26.53	$29.57
1629078936	Benner	Priscilla	J	M.D.	F	I	2781 Geryville Pike	Pennsburg	PA	42	18073	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	26	27	27	$90.00	$51.02	$35.09	$32.74
1629093372	Righi	Paul	D	MD	M	I	590 Court S Cheshire M	Keene	NH	33	3431	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	F	19	27	27	$94.78	$33.59	$26.86	$26.32
1649702754	Hao	Jason		M.D.	M	I	4410 106th St Sw	Mukilteo	WA	53	98275	1	Metropolit	US	Family Prac	Y	69210	Removal of	N	O	27	27	27	$131.25	$47.88	$28.33	$28.25
1659349264	Huhn	John	F	MD	M	I	7251 Unive Suite 300	Winter Park	FL	12	32792	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	26	27	27	$70.00	$41.69	$31.84	$31.66
1659632867	Jara	Sebastian		M.D.	M	I	1550 N 115th St	Seattle	WA	53	98133	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	25	27	27	$158.20	$52.36	$41.72	$37.98
1669679759	Damon	Katherine	E	P.A.	F	I	11035 W Forest Home .	Hales Corn	WI	55	53130	1	Metropolit	US	Physician A	Y	69210	Removal of	N	O	20	27	27	$300.00	$37.77	$26.76	$29.04
1679545362	Alokeh	Wael		MD	M	I	425 Nursing Home Driv	Arcadia	FL	12	34266	3	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	21	27	27	$97.00	$48.49	$34.52	$33.77
1689084022	Polacco	Marc		MD	M	I	902 Ponder Place Ct	Evans	GA	13	30809	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	O	26	27	27	$178.33	$47.73	$33.48	$33.45
1689862401	Saste	Micah	H	MD	F	I	750 S Bascom Ave	San Jose	CA	6	95128	1	Metropolit	US	Otolaryngo	Y	69210	Removal of	N	F	23	27	27	$357.44	$37.49	$27.55	$24.11
1699797878	Kuhns	Henry	R	M.D.	M	I	700 W Cen Suite 201	El Dorado	KS	20	67042	4	Micropolita	US	Internal Me	Y	69210	Removal of	N	O	21	27	27	$76.00	$42.27	$27.92	$30.18
1700285103	Roberto	Saverio	M	DO	M	I	4700 Hoen Ave	Santa Rosa	CA	6	95405	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	21	27	27	$179.00	$51.27	$39.42	$35.87
1700850625	Grela	Jacek		M.D.	M	I	1011 State Suite 140	Lemont	IL	17	60439	1	Metropolit	US	Internal Me	Y	69210	Removal of	N	O	20	27	27	$83.04	$50.10	$32.22	$31.30

1700877164	Pollpeter	Joseph	C	M.D.	M	I	421 E Merle Hibbs Blvd	Marshalltow	IA	19	50158	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	19	27	27	$116.80	$42.91	$28.44	$30.91
1700978889	Pruitt	Charles		M.D.	M	I	360 Simpsc Suite300	Magee	MS	28	39111	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	27	27	$115.00	$43.28	$28.56	$32.24
1710225305	Thomas	Zainab	J	FNP-BC	F	I	3440 S Jefferson St	Falls Churc	VA	51	22041	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	27	27	$80.00	$47.24	$36.97	$30.99
1710441415	Dukeshire	Tammy	J	NP	F	I	5255 E Stop 11 Rd Ste :	Indianapoli	IN	18	46237	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	27	27	$109.00	$31.78	$23.98	$26.18
1720002132	Robbins	Wayne	K	DO	M	I	5193 W Broad St Ste 1(	Columbus	OH	39	43228	1	Metropolita	US	Ophthalmc	Y	69210	Removal of N	O	23	27	27	$148.00	$45.82	$31.14	$31.91
1740565282	Keagle	Wanda	F	FNP	F	I	586 S Jefferson Ave Ste	Cookeville	TN	47	38501	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	27	27	$75.00	$37.32	$19.48	$22.41
1750374492	Papoi	Benjamin	F	D.O.	M	I	9815 Main : Suite 208	Damascus	MD	24	20872	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	27	27	$57.10	$55.85	$39.57	$33.49
1750479200	Kauffman	Joseph	R	NP	M	I	1683 Main St	Windsor	CO	8	80550	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	27	27	$93.45	$41.07	$29.76	$29.37
1750921631	Reevas	Brent		APRN, CNP	M	I	12251 S 80th Ave	Palos Heigl	IL	17	60463	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	27	27	$149.00	$43.77	$34.87	$32.28
1760407936	Lyapis	Victor		M.D.	M	I	199 E Webster St	Colusa	CA	6	95932	7	Small town	US	General Pra	Y	69210	Removal of N	O	24	27	27	$125.00	$55.81	$44.54	$37.28
1780679662	Blackwell	Wess	J	M.D.	M	I	1253 N Von Minden St	La Grange	TX	48	78945	7	Small town	US	Family Prac	Y	69210	Removal of N	O	26	27	27	$100.00	$44.80	$27.57	$27.95
1790105997	Andera	Luke	N	M.D.	M	I	200 1st St Sw	Rochester	MN	27	55905	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	27	27	$150.33	$28.57	$22.86	$24.36
1790165454	Jones	Jocelyn	G	PA-C	F	I	4950 Norton Healthcar	Louisville	KY	21	40241	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	26	27	27	$89.83	$37.99	$28.62	$30.57
1790793537	Qayyum	Basit		M.D	M	I	314 E 30th St	New York	NY	36	10016	1	Metropolita	US	Rheumatol	Y	69210	Removal of N	O	17	27	27	$146.30	$56.81	$45.32	$37.98
1801850227	Hebert	Christophe	J	MD	M	I	28 S Williams St	Burlington	VT	50	5401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	27	27	$72.00	$46.68	$31.67	$32.54
1811416589	Brimmer	Sarah	J	NP	F	I	602 Ivy St Fl 2	Elmira	NY	36	14905	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	23	27	27	$48.00	$27.51	$15.48	$16.04
1821067448	Smith	Tracy	T	M.D.	M	I	3120 Clearwater Dr	Prescott	AZ	4	86305	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	27	27	$88.00	$46.24	$36.88	$37.98
1831114743	Serfino	Leonardo	C	MD	M	I	1590 Pasec Ste 101	Sierra Vista	AZ	4	85635	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	27	27	$79.00	$46.48	$34.35	$35.29
1831164201	Barrow	Howard	N	MD	M	I	1419 Viscaya Pkwy	Cape Coral	FL	12	33990	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	27	27	27	$166.30	$42.74	$29.67	$29.19
1831169515	Gumina	John	D	M.D.	M	I	3499 Route 9 N	Freehold	NJ	34	7728	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	27	27	$167.87	$48.67	$33.66	$30.34
1831403229	Herman	Cara	J	PA-C	F	I	116 Defense Hwy Ste 4	Annapolis	MD	24	21401	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	26	27	27	$140.00	$44.07	$29.90	$27.50
1831486596	Wallace	John	G	M.D.	M	I	332 Highway 12 W	Kosciusko	MS	28	39090	7	Small town	US	Family Prac	Y	69210	Removal of N	O	26	27	27	$110.00	$43.22	$25.08	$29.00
1851309108	Lyman	Katherine	S	N.P.	F	I	110 Francis Division Of	Boston	MA	25	2215	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	27	27	$112.00	$30.29	$24.17	$22.38
1851370282	Stout	Elmer	H	MD	M	I	930 W Wilson Ave	Mooresville	NC	37	28117	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	27	27	$100.00	$38.58	$29.49	$30.31
1851378616	Liu	Lei		MD	F	I	3311 E Murdock St	Wichita	KS	20	67208	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	27	27	$98.70	$43.22	$29.08	$32.10
1861490039	Rachel	John	D	M.D.	M	I	2350 Ravin Suite 400	Glenview	IL	17	60025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	27	27	$106.75	$46.16	$32.17	$29.54
1861599987	Sherwood	Bradley	K	M.D.	M	I	8170 Lagur #220	Elk Grove	CA	6	95758	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	27	27	$161.00	$37.90	$25.47	$24.23
1861668980	Card	Richard	D	D.O.	M	I	141 E Main St	Pulaski	VA	51	24301	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	23	27	27	$56.52	$46.80	$28.33	$29.08
1861754947	Dye	Adam	H	FNP	M	I	1449 N 140 Suite 19	St George	UT	49	84770	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	27	27	$86.00	$37.33	$21.41	$22.94
1871016394	Montez	Nicol		NURSE PRA	F	I	21620 N 19th Ave Ste A	Phoenix	AZ	4	85027	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	27	27	$95.00	$39.33	$30.19	$30.54
1871049726	Kohler	Kelly			F	I	5800 Park (Suite C	Toledo	OH	39	43615	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	27	27	$116.00	$37.56	$16.96	$18.50
1871711911	Triana	Jason		M.D.	M	I	9500 Bonita Beach Rd S	Bonita Spri	FL	12	34135	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	27	27	$102.31	$50.71	$35.93	$33.76
1871779330	Zacharski	Lidia		NP	F	I	128 Glen St	Glen Cove	NY	36	11542	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	27	27	$80.00	$50.54	$38.80	$31.08
1881076594	Lawrence	Lauren		M.D.	F	I	2621 Ne 134th St Ste 3	Vancouver	WA	53	98686	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	27	27	$141.17	$42.94	$27.90	$30.03
1881127330	Weatherly	Leah		M.D.	F	I	920 W Ironwood Dr Ste	Coeur D Ale	ID	16	83814	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	27	27	$90.37	$41.61	$26.55	$30.21
1891772430	Downey	Herman	J	MD	M	I	810 Lane Ave S	Jacksonvill	FL	12	32205	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	27	27	$104.11	$41.23	$27.26	$26.75
1902818925	Henochowi	Stuart		M.D., M.B.A	M	I	6035 Burke Suite 120	Burke	VA	51	22015	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	27	27	$150.00	$55.80	$43.03	$36.57
1902895782	Johnson	Paul	C	M.D.	M	I	3998 Red Lion Rd Ste 2	Philadelphi	PA	42	19114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	27	27	$110.00	$46.93	$34.52	$35.17
1912060195	Drew	Daniel	J	MD	M	I	11181 Health Park Blvc	Naples	FL	12	34110	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	27	27	$57.00	$51.37	$36.60	$33.06
1922003276	Munch	Dorothy	M	D.O.	F	I	930 N Westwood Blvd	Poplar Bluf	MO	29	63901	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	22	27	27	$98.00	$43.91	$32.41	$35.47
1932279049	Webber	Richard	A	M.D.	M	I	16 Degranc Suite 300	Plattsburgh	NY	36	12901	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	24	27	27	$45.00	$42.71	$25.01	$29.55
1932339488	Dostal	Patrick	J	MD	M	I	100 E Lanc: Suite 467 M	Wynnewoo	PA	42	19096	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	F	21	27	27	$120.93	$32.77	$26.24	$26.32
1952327280	Steele	Elizabeth	H	MD	F	I	1170 Royal Ave	Medford	OR	41	97504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	27	27	$148.89	$43.30	$26.80	$28.26
1952588873	Lawniczak	Tania		NURSE PRA	F	I	40 La Riviere Dr # 201	Buffalo	NY	36	14202	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	27	27	$72.59	$39.02	$29.92	$31.14
1962077958	Brackett	Chelsey	W	CRNP	F	I	112 Haven Dr	Dothan	AL	1	36301	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	27	27	$65.00	$38.45	$23.89	$25.69
1962432302	Ferras	Alejandro	F	M.D.	M	I	1070 Sw 1st St	Miami	FL	12	33130	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	27	27	$60.74	$53.52	$42.70	$37.98
1962993956	Murray	Jillianne	M	DO	F	I	311 S Clark St	Carroll	IA	19	51401	7	Small town	US	Family Prac	Y	69210	Removal of N	F	26	27	27	$43.63	$27.91	$11.53	$13.54
1972528479	Sirkin	Amy	J	APNP RN	F	I	75 Veronic: Suite 204	Somerset	NJ	34	8873	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	27	27	$145.56	$45.79	$27.03	$23.91
1982664611	Chan	Edwin	K	M.D.	M	I	13640 39th Suite 6gb	Flushing	NY	36	11354	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	27	27	$200.00	$37.59	$29.10	$23.22
1982767976	Rosenberg	Kathryn	L	MD	F	I	1500 S 48tl Suite 200	Lincoln	NE	31	68506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	27	27	$95.00	$40.51	$26.54	$29.59
1982796686	Danowski	David	P	MD	M	I	3120 Clearwater Dr	Prescott	AZ	4	86305	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	27	27	27	$88.00	$46.29	$30.53	$31.76
1982975512	Winokur	Morgan	R	PAC	F	I	1001 N Fed #354	Hallandale	FL	12	33009	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	27	27	27	$90.00	$43.60	$34.90	$32.28
1003432576	Diehl	Jessica		APRN	F	I	2307 Laporte Ave Ste 8	Valparaiso	IN	18	46383	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	26	26	$101.00	$43.21	$23.81	$22.35
1003818196	Eisenman	David	J	M.D.	M	I	16 S Eutaw Suite 500	Baltimore	MD	24	21201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	23	26	26	$104.00	$35.42	$28.35	$25.80
1013953660	Chernoff	Brian	H	M.D.	M	I	935 Kings Hwy Ste 100	West Deptf	NJ	34	8086	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	26	26	$105.00	$51.61	$39.70	$35.79
1023011673	Myers	Todd	R	M.D.	M	I	410 2nd St	Marietta	OH	39	45750	4	Micropolita	US	General Pra	Y	69210	Removal of N	O	26	26	26	$198.08	$45.43	$34.00	$35.75
1023095593	Lenz	Matthew	L	MD	M	I	1701 Sunset Blvd	Houston	TX	48	77005	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	26	26	$49.52	$49.29	$29.34	$27.60
1023165685	Parikh	Vipul	V	M.D.	M	I	7051 Heatl Suite 155	Gainesville	VA	51	20155	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	26	26	$75.00	$48.13	$34.44	$33.99
1043226822	Hanna	Nadia	F	M.D.	F	I	3333 Clark Suite 190	Sarasota	FL	12	34231	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	26	26	$73.23	$47.78	$38.11	$37.98
1053364133	Morey	Noami		PA	F	I	4724 Nesconset Hwy	Port Jeffers	NY	36	11776	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	24	26	26	$140.00	$50.85	$32.77	$26.07
1053370213	Buttross	John	B	MD	M	I	6799 Great 250	Memphis	TN	47	38138	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	26	26	$150.00	$43.83	$30.08	$32.55
1053474163	Penn	Edward	B	MD	M	I	200 Patewood Dr Ste B	Greenville	SC	45	29615	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	26	26	$160.00	$44.65	$32.06	$33.81
1063486082	Debs	Michael	E	MD	M	I	14320 Ridge Rd	North Roya	OH	39	44133	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	26	26	$100.00	$46.23	$29.67	$30.96
1063708634	Nguyen	Hanh	N	DO	F	I	811 W Interstate 20 Ste	Arlington	TX	48	76017	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	26	26	$103.00	$45.91	$26.47	$27.35
1073011748	Moldoff	Emily			F	I	110 Turnpike Rd Ste 30	Westborou	MA	25	1581	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	26	26	$196.54	$44.31	$28.12	$25.93
1073072781	Richards	Amy		PA-C	F	I	1229 E Seminole St Ste	Springfield	MO	29	65804	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	26	26	26	$127.00	$37.90	$12.45	$15.13
1104278548	Henrichs	Allison	D	NURSE PRA	F	I	1900 S Country Club Rc	El Reno	OK	40	73036	4.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	23	26	26	$90.00	$37.93	$25.60	$27.78
1134186489	Parhar	Avtar	S	MD FCCP	M	I	721 N Beer Ste 2g	Holmdel	NJ	34	7733	1	Metropolita	US	Pulmonary	Y	69210	Removal of N	O	22	26	26	$150.00	$52.00	$35.65	$32.61
1134452501	Mikhaeil	Mounir		MD	M	I	500 Kirts Bl Suite 200	Troy	MI	26	48084	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	26	26	$75.00	$49.88	$33.60	$32.12
1134607674	Tulino	Joseph		PA	M	I	3700 Route Suite 101	Neptune	NJ	34	7753	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	26	26	26	$100.00	$43.93	$35.00	$32.28
1144334533	Kayne	David	M	M.D.	M	I	16030 Vent Suite 680	Encino	CA	6	91436	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	26	26	$163.54	$52.90	$36.43	$32.63
1144565433	Callahan	Callie	M	APRN	F	I	1615 Parker Ave	Osawatom	KS	20	66064	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	26	26	$153.85	$37.76	$27.87	$30.05
1154488351	Haddad	George	A	MD	M	I	3800 Delav Suite 100	Kenmore	NY	36	14217	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	26	26	$70.00	$45.21	$34.63	$35.86
1164765814	Maxwell	Anne	K	M.D.	F	I	4014 Leave Ent Clinic A	Omaha	NE	31	68105	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	26	26	$100.00	$46.63	$32.50	$32.64
1164768438	Au	Jessica		ARNP	F	I	325 9th Ave 4th Floor, V	Seattle	WA	53	98104	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	25	26	26	$106.39	$29.55	$18.19	$16.83
1164926549	Wilkins	Carissa		DO	F	I	560 E Herndon Ave # 2(	Fresno	CA	6	93720	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	26	26	$148.00	$48.81	$37.42	$36.52
1184614596	Sabinsky	Richard	N	MD	M	I	55 Southern Blvd	Nesconset	NY	36	11767	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	26	26	$200.00	$59.58	$43.86	$35.06

1184674178	Katz	Gregory		MD	M	I	520 Superi	Ste 220	Newport Be	CA	6	92663	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	23	26	26	$100.00	$51.53	$34.42	$32.14
1194752543	Asghar	Mir	M	M.D.	M	I	1255 E Grand River Ave		Howell	MI	26	48843	2	Metropolit	US	Rheumatol	Y	69210	Removal of N	O	25	26	26	$76.00	$46.62	$34.09	$35.06
1205089778	Gill	Gurjiwan	K	D.O	F	I	7191 N Millbrook Ave S		Fresno	CA	6	93720	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	18	26	26	$65.00	$48.82	$37.85	$36.89
1225054810	Boon	Mauritis		M.D.	M	I	925 Chestr	6th Floor	Philadelphi	PA	42	19107	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	17	26	26	$110.00	$28.97	$23.11	$21.76
1225086598	Shawl	Matthew	W		M	I	853 Broadv	Suite 903	New York	NY	36	10003	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	23	26	26	$100.00	$40.01	$32.04	$26.32
1225157902	Daly	Stephen	D	DO	M	I	221 Piikea Ave Ste A		Kihei	HI	15	96753	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	21	26	26	$85.84	$47.67	$30.38	$30.68
1225204274	Marzouk	Haidy	A	M.D.	F	I	750 E Adan	Dept. Of Ot	Syracuse	NY	36	13210	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	16	26	26	$99.77	$43.09	$31.08	$31.75
1235109521	Friedman	Mark	D	MD	M	I	1905 Clint	Suite 201	Boca Rator	FL	12	33496	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	26	26	26	$90.00	$51.25	$34.98	$31.58
1235185299	Denenberg	Greg	D	MD	M	I	4905 Old O	Lower Leve	Skokie	IL	17	60077	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	25	26	26	$172.08	$51.86	$35.32	$32.50
1235795808	Craft	Sarah	R	PA-C, ATC	F	I	615 W 39th St		Kearney	NE	31	68845	4	Micropolit	US	Physician A	Y	69210	Removal of N	F	22	26	26	$125.00	$24.61	$18.06	$20.00
1235800822	Reed	Lisa		ACNP	F	I	1010 Old Des Peres Rd		Saint Louis	MO	29	63131	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	26	26	26	$106.92	$40.26	$20.72	$21.11
1245230796	Labrador	Carlos	A	MD	M	I	6775 Crosswinds Dr N		Saint Peter:	FL	12	33710	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	22	26	26	$80.19	$47.93	$30.82	$30.70
1255307989	Milgrim	Laurence	M	M.D.	M	I	1 Ruckman Rd		Closter	NJ	34	7624	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	22	26	26	$219.23	$51.42	$37.87	$32.14
1255500906	Chernicher	Natalya		MD	F	I	450 Clarks	Box 126	Brooklyn	NY	36	11203	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	24	26	26	$176.00	$51.05	$36.76	$28.81
1255515359	Ramos	Tracy	A		F	I	575 Turnpike St Ste 25		North Ando	MA	25	1845	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	24	26	26	$132.08	$43.90	$33.63	$31.04
1265403356	Noll	Mindy	A	M.D.	F	I	1010 Blymire Rd		Dallastown	PA	42	17313	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	25	26	26	$75.00	$45.64	$29.02	$29.53
1265418206	Geilker	Joyce	B	MD	F	I	2955 Ivy Rc	Suite 205	Charlottes	VA	51	22908	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	24	26	26	$121.77	$46.91	$31.59	$31.47
1265540777	Jain	Dave	K	DO	M	I	201 Floyd St		Kennett	MO	29	63857	4	Micropolit	US	Internal Me	Y	69210	Removal of N	O	20	26	26	$91.00	$43.84	$33.61	$36.67
1275679755	Kholoki	Mohamed	S	MD	M	I	418 Sherwood Rd		Lagrange P	IL	17	60526	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	20	26	26	$107.00	$50.85	$37.34	$34.33
1275927642	Wilde	Kristen		MD	F	I	3003 W Good Hope Rd		Milwaukee	WI	55	53209	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	24	26	26	$300.00	$44.40	$29.47	$32.25
1285084905	Flam Yoffe	Juliette	O	M.D.	F	I	2651 Strang Blvd		Yorktown H	NY	36	10598	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	22	26	26	$170.00	$46.54	$37.16	$34.69
1285305706	Baumle	Addison	M	PA-C	F	I	4405 N Holland Sylvan		Toledo	OH	39	43623	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	25	26	26	$114.77	$38.31	$29.31	$30.48
1285725408	Walker	Rogers	S	M.D.	M	I	1300 Highway 17		Little River	SC	45	29566	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	25	26	26	$74.04	$44.81	$24.06	$26.70
1295394112	Chan	Livia			F	I	800 Washington St		Boston	MA	25	2111	1	Metropolit	US	Physician A	Y	69210	Removal of N	F	22	26	26	$132.28	$30.74	$19.59	$17.75
1295727345	Vandenber	Steven	J	M.D.	M	I	1520 N Meade St		Appleton	WI	55	54911	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	24	26	26	$176.31	$44.27	$31.16	$34.01
1295811966	Yoo	Jae	Y	MD	M	I	966 S West Ste 208		Los Angele:	CA	6	90006	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	26	26	26	$80.00	$53.13	$36.69	$31.93
1306028907	Noman	Zaid		M.D.	M	I	131 E 17th St		Costa Mes	CA	6	92627	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	24	26	26	$64.90	$52.42	$40.20	$35.79
1316902919	Gros	William	H	M.D.	M	I	512 W Burli	Suite 100	La Grange	IL	17	60525	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	25	26	26	$116.00	$51.99	$34.50	$31.49
1316906191	Prenatt	William		MD	M	I	945 82nd Pkwy		Myrtle Bea	SC	45	29572	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	24	26	26	$105.92	$44.36	$30.65	$32.57
1326073750	Walters	Nigel	N	MD	M	I	199 W. Rand Road		Mount Pros	IL	17	60056	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	24	26	26	$136.00	$52.65	$37.32	$33.60
1326194358	Keebler	John	S	MD	M	I	6701 Airpo	Ste B123	Mobile	AL	1	36608	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	23	26	26	$70.00	$45.56	$30.86	$32.58
1336304856	Sharma	Arun		M.D.	M	I	720 N Bond St		Springfield	IL	17	62702	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	21	26	26	$118.46	$44.24	$35.39	$35.06
1336477728	Brunk	Tamara	R	APRN-CNS	F	I	1115 Walnut Dr		Ardmore	OK	40	73401	4	Micropolit	US	Certified Cl	Y	69210	Removal of N	O	16	26	26	$100.00	$38.11	$30.48	$32.29
1346272408	Ghadishah	Babak		D.O.	M	I	201 N Buffalo Dr		Las Vegas	NV	32	89145	1	Metropolit	US	Osteopathi	Y	69210	Removal of N	O	21	26	26	$75.00	$49.12	$33.08	$31.41
1356301147	Duke	John	R	M.D.	M	I	705 Santa Fe Dr		Searcy	AR	5	72143	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	25	26	26	$86.00	$40.29	$29.40	$33.17
1356306070	Shah	Nilamben	D	MD	F	I	5778 5th Ave N		Saint Peter:	FL	12	33710	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	22	26	26	$125.00	$47.72	$36.93	$36.89
1366471682	Christoff	Jeffrey	S	M.D.	M	I	2500 W Str	Suite 310	Sandusky	OH	39	44870	4	Micropolit	US	Otolaryngo	Y	69210	Removal of N	O	24	26	26	$190.00	$46.06	$29.14	$29.70
1366556011	Boettcher	Tamra	A	A.P.R.N.	F	I	4508 38th St	Ste 157	Columbus	NE	31	68601	4	Micropolit	US	Nurse Prac	Y	69210	Removal of N	O	22	26	26	$100.00	$36.95	$23.20	$26.26
1376530303	Saifi	Ali	M	MD	M	I	1840 N Highland Ave		Clearwater	FL	12	33755	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	21	26	26	$107.00	$47.84	$35.20	$35.07
1376754200	Gill	Matthew	T	M.D.	M	I	4320 Suwa	Ste 200	Suwanee	GA	13	30024	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	22	26	26	$155.00	$46.53	$37.10	$37.25
1386610632	Glance	Gregory	L	M.D.	M	I	60 Livingst	Ste 200	Asheville	NC	37	28801	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	25	26	26	$67.00	$46.08	$31.92	$33.20
1386617629	Nazareno	Nestor	N	M.D.	M	I	14827 W Bı	Suite 103	Surprise	AZ	4	85374	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	23	26	26	$92.00	$46.26	$34.14	$35.29
1396131678	Mehta	Kinneri		M.D.	F	I	1 Lyons St		Dedham	MA	25	2026	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	26	26	26	$277.62	$51.01	$38.31	$32.87
1396953956	Oza	Amish	S	M.D.	M	I	1728 Marion Waldo Rd		Marion	OH	39	43302	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	21	26	26	$60.00	$46.69	$34.49	$35.20
1407823404	Rosen	Arie		M.D.	M	I	2 S Summit Ave		Hackensac	NJ	34	7601	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	24	26	26	$81.28	$48.43	$33.73	$29.96
1407851777	Maw Maw	Nina	K	M.D.	F	I	35900 Bob Hope Dr Ste		Rancho Mir	CA	6	92270	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	26	26	26	$101.92	$50.14	$30.74	$29.22
1407937485	Ambler	Kristin		M.D.	M	I	128 Boynton Ave		Plattsburgh	NY	36	12901	4	Micropolit	US	Internal Me	Y	69210	Removal of N	O	26	26	26	$100.00	$46.65	$31.71	$32.51
1437138856	Crawford	Ricky	E	MD	M	I	1202 W Bu	Suite 100	Evansville	IN	18	47710	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	23	26	26	$72.00	$38.51	$20.75	$23.20
1437538881	Tower	Jacob	I	M.D.	M	I	335 Boylston St		Newton	MA	25	2459	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	25	26	26	$130.77	$33.75	$25.74	$23.65
1447348966	Dermody	John	F	M.D.	M	I	1001 Professional Dr		Napa	CA	6	94558	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	24	26	26	$115.00	$50.69	$32.29	$29.22
1457562761	Ritchhart	Brett	H	P.A.-C	M	I	17030 Lake	Ste. 204	Omaha	NE	31	68130	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	25	26	26	$100.00	$36.69	$29.24	$31.67
1467527655	Obrien	John	G	MD	M	I	8100 Oswe	Suite 220	Liverpool	NY	36	13090	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	23	26	26	$100.00	$45.22	$31.78	$33.08
1477537348	Witte	Mark	C	MD	M	I	13330 Usf Laurel Dr		Tampa	FL	12	33612	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	22	26	26	$143.42	$47.02	$36.16	$35.35
1477834570	Mandalapu	Amaravani		M.D.	F	I	153 Brodhead Rd		Bethlehem	PA	42	18017	1	Metropolit	US	Geriatric M	Y	69210	Removal of N	O	25	26	26	$119.15	$46.95	$25.88	$26.57
1487631214	Fath	Michael	E	D.O.	M	I	575 Pierce St	Ste 101	Kingston	PA	42	18704	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	23	26	26	$125.00	$44.93	$27.36	$28.17
1497118855	Saadi	Robert	A	M.D.	M	I	4301 W Markham St #		Little Rock	AR	5	72205	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	24	26	26	$106.81	$30.06	$20.21	$22.74
1508181157	Lawrence	Nicole	Z	M.D.	F	I	23451 Madison St	Ste 2	Torrance	CA	6	90505	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	25	26	26	$91.38	$51.37	$38.51	$34.97
1518946458	Bundy	Robert	F	M.D.	M	I	106 Corpor	Suite 200 &	Mooresville	NC	37	28117	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	22	26	26	$121.96	$46.22	$31.26	$32.44
1528221769	Engberg	Dacia	C	PA-C	F	I	1707 Gold Dr S	Ste 101	Fargo	ND	38	58103	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	22	26	26	$100.00	$39.76	$25.76	$25.77
1528559697	Campbell	Anne	E		F	I	1809 S Main Street		Upland	IN	18	46989	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	22	26	26	$70.00	$37.69	$23.36	$25.77
1538143888	Bauman	Kimberley	L	M.D.	F	I	2955 Ivy Rc	Suite 205	Charlottes	VA	51	22908	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	26	26	26	$121.77	$47.88	$27.62	$27.55
1538164066	Nelson	David	C	M.D.	M	I	1205 S Gra	Ste 510	Sioux Falls	SD	46	57105	1	Metropolit	US	Internal Me	Y	69210	Removal of N	F	24	26	26	$41.00	$31.02	$18.53	$19.73
1548444136	Albert	Mark		MD	M	I	1208 Oneill Hwy		Dunmore	PA	42	18512	1	Metropolit	US	Emergency	Y	69210	Removal of N	O	26	26	26	$89.00	$46.06	$35.30	$36.59
1568689420	Seluk	Crystal	D	D.O.	F	I	105 W Stone Dr Ste 4d		Kingsport	TN	47	37660	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	21	26	26	$162.00	$42.16	$32.00	$34.93
1578534020	Nguyen	Henry	H	M.D.	M	I	1800 Medic	Suite 105	San Bernar	CA	6	92411	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	22	26	26	$91.00	$47.13	$34.52	$32.87
1578753638	Arps	Janell	J	CFNP	F	I	1215 Ridge	Suite B	Bowling Gr	OH	39	43402	4	Micropolit	US	Nurse Prac	Y	69210	Removal of N	O	16	26	26	$73.00	$39.30	$26.49	$27.55
1578914966	Fischman	Kenna		MD	F	I	1325 Research Park Dr		Manhattan	KS	20	66502	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	25	26	26	$106.25	$43.73	$30.20	$32.65
1588668578	Tomaneng	Edward	U	M.D.	M	I	2000c Medical Parkwa		San Marcos	TX	48	78666	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	21	26	26	$75.00	$29.78	$23.75	$24.10
1588959472	Johnson	Kyle	D	MD	M	I	350 23rd Avenue E		West Fargo	ND	38	58078	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	19	26	26	$48.46	$31.27	$21.12	$22.03
1609118736	Wertz	Anna Sophi	G	MD	F	I	2521 Stockton Blvd	Ste	Sacrament	CA	6	95817	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	25	26	26	$196.00	$32.51	$26.00	$25.31
1609126671	Olson	Lindsey	L	APNP	F	I	1836 South Ave		La Crosse	WI	55	54601	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	F	23	26	26	$187.38	$26.26	$17.79	$19.29
1619936069	Gupta	Deepti		M.D.	F	I	2 Medical D	Ste D	Port Jeffers	NY	36	11776	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	22	26	26	$123.58	$56.58	$43.41	$36.52
1619940210	Bruns	Alan	D	M.D.	M	I	1702 University Dr S		Fargo	ND	38	58103	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	22	26	26	$39.00	$30.85	$22.16	$23.45
1629738844	Barton	Elizabeth		FNP-C	F	I	3501 Health Center Blv		Estero	FL	12	34135	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	25	26	26	$51.15	$43.01	$32.97	$31.04
1639631260	Koneru	Chaitanya		MD	F	I	6624 Fannin St	Ste 124	Houston	TX	48	77030	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	25	26	26	$120.00	$49.58	$36.47	$34.90
1669404000	Liotta	Joseph	A	MD	M	I	25 Main St		Sparta	NJ	34	7871	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	17	26	26	$65.00	$54.45	$41.94	$36.52
1679508931	Stamas	Peter	P	MD	M	I	8320 Bello	Suite 120	Towson	MD	24	21204	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	24	26	26	$90.00	$51.77	$39.69	$36.52

1689601155	Young	Gary	W	M.D.	M	I	4341 Golde	Suite B	Placerville	CA	6	95667	4.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	25	26	26	$92.00	$31.97	$20.98	$20.32
1689674426	Smith	Richard	B	M.D.	M	I	1 Medical C	Dartmouth	Lebanon	NH	33	3756	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	25	26	26	$191.85	$33.12	$26.39	$25.81
1699769190	Godoshian	Charles	G	M.D.	M	I	27177 Lahs	Suite 104	Southfield	MI	26	48034	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	26	26	$75.00	$49.96	$35.48	$33.64
1699822536	Nyquist	Gurston	G	M.D.	M	I	925 Chestnut St Fl 6		Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	23	26	26	$110.00	$25.73	$15.10	$14.17
1699888438	Losh	Garrett	G	M.D.	M	I	5950 Unive	Ste 265	West Des M	IA	19	50266	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	26	26	$138.08	$43.61	$26.10	$28.07
1700944915	Soine	Lesley	A	MD	F	I	2700 12th A	Ste D	Fargo	ND	38	58103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	26	26	$156.00	$45.39	$30.49	$30.21
1700954633	Nyhus	Charles	D	MD	M	I	922 Lincoln Ave		Harvey	ND	38	58341	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	24	26	26	$113.96	$44.39	$29.18	$30.48
1710964416	Dixon	William	M	MD	M	I	600 N Wheeler Ave		Prosperity	SC	45	29127	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	26	26	$85.00	$42.57	$23.58	$26.50
1720057540	Rudys	Aliona		MD	F	I	19-21 Fair Lawn Ave		Fair Lawn	NJ	34	7410	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	26	26	$165.38	$54.31	$35.45	$30.82
1720588486	Weatherwa	Lupita	A	APRN-CNP	F	I	3100 N Glassford Hill F		Prescott Va	AZ	4	86314	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	26	26	26	$99.00	$39.71	$25.98	$26.67
1730356619	Amaralikit	Phetpailin		MD	F	I	420 Elden St		Herndon	VA	51	20170	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	26	26	$132.31	$55.46	$42.49	$36.52
1730359258	Nguyen	Kimanh	D	M.D.	F	I	600 South San Vicente		Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	26	26	$200.00	$43.30	$32.91	$29.22
1750317889	Von Suskil	Kurt	E	MD	M	I	235 Rt 71		Manasquar	NJ	34	8736	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	26	26	$77.00	$52.28	$36.93	$33.60
1770080418	Spradling	Tyler	J	DO	M	I	3501 Health Center Blv		Estero	FL	12	34135	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	26	26	$50.47	$50.29	$30.23	$28.70
1770845992	Moffitt	Catherine	C	DO	F	I	1717 S Calhoun St		Fort Wayne	IN	18	46802	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	26	26	$145.50	$44.08	$20.78	$24.14
1790723245	Tirandaz	Arash		M.D.	M	I	6124 W Pai	Mob Iii Suit	Plano	TX	48	75093	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	26	26	$72.91	$44.78	$30.26	$32.86
1790880698	Halvorson	David	J	M.D.	M	I	1228 First S	Suite 301	Alabaster	AL	1	35007	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	26	26	$65.00	$44.99	$35.71	$37.81
1811023682	Kahyaoglu	Aret	Y	M.D.	M	I	165 Summit Ave		Hackensac	NJ	34	7601	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	26	26	$100.00	$53.63	$35.43	$31.46
1811505803	Adams	Larreasha	K	APRN	F	I	345 N Riverview St Ste		Wichita	KS	20	67203	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	26	26	$52.00	$37.52	$25.50	$27.99
1811903131	Taber	Brian	J	M.D.	M	I	136 N 3rd St		Lompoc	CA	6	93436	1	Metropolita	US	Obstetrics	Y	69210	Removal of N	O	25	26	26	$121.15	$51.83	$34.93	$32.14
1821079310	Erickson	John		M.D.	M	I	275 W Herndon Ave		Clovis	CA	6	93612	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	26	26	$148.00	$49.30	$33.35	$32.14
1831167410	Leech	David	C	D.O.	M	I	101 Hospit	Suite 114	Albuquerqu	NM	35	87109	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	26	26	$71.52	$42.54	$26.79	$28.10
1831182831	Downs	Daniel	H	MD	M	I	1300 N Rim	Suite B	Flagstaff	AZ	4	86001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	26	26	$94.00	$43.09	$24.50	$25.38
1831412295	Connor	Matthew	P	MD	M	I	400 8th St N		Naples	FL	12	34102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	26	26	26	$102.31	$45.62	$27.13	$24.83
1841289899	Demarco	Kenneth	M	MD	M	I	2700 Silver	Suite 3	Wilmingtor	DE	10	19810	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	26	26	$75.00	$48.41	$30.90	$30.45
1851327092	Kleyn	Ilya		MD	M	I	225 Broadway Ste 142(		New York	NY	36	10007	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	26	26	$44.14	$42.64	$31.03	$34.72
1851378434	Jones	Mary	C	P.A.	F	I	1423 Stone St		Falls City	NE	31	68355	7	Small town	US	Physician A	Y	69210	Removal of N	O	23	26	26	$90.73	$37.31	$25.90	$28.50
1851480974	Williams	Kenneth		MD	M	I	1938 Crescent Meadov		Holly Sprin	MS	28	38635	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	26	26	$111.00	$43.20	$26.43	$30.31
1851607634	Peplow	Michael		D.O.	M	I	800 Biesterfield Rd Ste		Elk Grove V	IL	17	60007	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	26	26	$143.15	$51.98	$33.41	$30.68
1851616148	Neis	John	P	MD	M	I	626 Burnett Dr		Mountain H	AR	5	72653	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	26	26	$84.00	$40.51	$27.09	$30.76
1851662498	Clear	Lauren	L	PA	F	I	7714 Conner Rd Ste 10		Powell	TN	47	37849	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	24	26	26	$116.00	$37.06	$27.22	$30.08
1861444085	Cole	Stephanie	M	M.D.	F	I	6005 Monc	Suite 320	Maumee	OH	39	43537	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	26	26	$98.00	$39.56	$26.23	$26.86
1861781510	Bailey	Christophe	E	M.D., PH.D	M	I	1 Medical C	Box 9200	Morgantow	WV	54	26506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	26	26	$138.00	$45.70	$27.43	$29.13
1891923975	Dobstaff	Joshua	D	MD	M	I	1202 Medical Center D		Wilmingtor	NC	37	28401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	26	26	$125.00	$46.03	$36.80	$37.98
1891938759	Ward	Bryan	K	M.D.	M	I	601 N Caro	6210 Jhoc	Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	26	26	$177.00	$52.22	$36.92	$33.60
1902800261	Picken	Catherine	A	M.D.	F	I	2440 M Str	Suite 620	Washingtor	DC	11	20037	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	26	26	$123.00	$56.30	$37.48	$31.49
1902995319	Patel	Anilkumar	K	M.D.	M	I	4046 S Demaree St		Visalia	CA	6	93277	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	26	26	26	$75.00	$49.42	$33.34	$32.00
1912274432	Hardy	Cameron	P	P.A.C	M	I	872 W Highway 40		Vernal	UT	49	84078	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	24	26	26	$108.81	$38.24	$25.79	$27.03
1912938549	Brainard	Karen	O	MD	F	I	8614 State Road 70 E S		Bradenton	FL	12	34202	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	26	26	$108.00	$48.50	$32.88	$32.16
1942444641	Choudhry	Shahroon	R	M.D.	M	I	449 Scranton Carbond		Scranton	PA	42	18508	1	Metropolita	US	Hospitalist	Y	69210	Removal of N	O	26	26	26	$96.40	$46.15	$29.07	$30.45
1952325334	Marzili	Thomas	J	M.D.	M	I	128 Route 3	Suite 13	Medford	NJ	34	8055	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	26	26	$110.58	$52.00	$38.27	$35.06
1952417248	Wientzen	Daniel	S	DO	M	I	1830 State Highway 9		Decorah	IA	19	52101	7	Small town	US	Family Prac	Y	69210	Removal of N	O	23	26	26	$337.31	$41.82	$22.03	$24.84
1962455626	Trudel	Ronald	R	MD	M	I	3465 Magic Hills Circle		Salt Lake C	UT	49	84121	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	26	26	$140.00	$45.49	$32.93	$34.70
1962544494	Motherway	Julia	C	M.D.	F	I	17400 Irvin	Suite F	Tustin	CA	6	92780	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	26	26	$110.00	$52.32	$39.09	$35.53
1972500577	Sunio	Gilbert		M.D.	M	I	5510 W De Las Robles		Visalia	CA	6	93291	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	26	26	$64.00	$49.36	$34.94	$33.60
1972526622	Shehan	Matthew	A	M.D.	M	I	8019 Cass St		Omaha	NE	31	68114	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	26	26	$129.00	$42.58	$29.93	$33.39
1982668794	Olson	Darwin	D	MD	M	I	7912 E 31s	Suite 200	Tulsa	OK	40	74145	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	26	26	$81.00	$44.34	$35.14	$37.77
1982743977	Morrison	Aaron		MD	M	I	1229 E Sen	Suite 520	Springfield	MO	29	65804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	26	26	$127.00	$41.86	$26.69	$29.26
1992734412	Harden	William	S	M.D.	M	I	2510 Airpai	Suite 201	Redding	CA	6	96001	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	26	26	26	$69.81	$49.32	$24.62	$23.67
1003044199	Hess	Benjamin	R	MD	M	I	2225 Us Highway 41 N		Tifton	GA	13	31794	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	25	25	25	$65.00	$45.26	$31.00	$32.95
1013028976	Cotterel	Ronald	D	MD	M	I	635 Anders	Suite 12	Davis	CA	6	95616	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	25	25	$161.00	$47.99	$35.15	$33.37
1013101054	Plooster	Wayne		DO	M	I	717 Saint Francis St		Rapid City	SD	46	57701	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$46.41	$44.21	$30.84	$32.14
1013962620	Abraham	Ralph	L	MD	M	I	115 Christian Dr		Rayville	LA	22	71269	2	Micropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$36.40	$35.97	$27.53	$36.93
1013968478	Cole	Eric	L	MD	M	I	1690 Skylyn Dr Ste 300		Spartanbur	SC	45	29307	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	25	25	$105.00	$44.43	$35.40	$37.98
1023092020	Liang	Wen		M.D.	M	I	2621 W Ho	Suite 150	Henderson	NV	32	89052	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	25	25	$90.10	$49.34	$36.24	$34.94
1023097136	Vasta	Jeffrey	S	M.D.	M	I	3633 Little	Suite 101	Trinity	FL	12	34655	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	25	25	$99.00	$46.99	$28.23	$27.37
1023224664	Misho	Vian		MD	F	I	3345 Coolidge Hwy		Berkley	MI	26	48072	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$75.00	$50.47	$33.19	$31.13
1033436423	Barrett	Dane	M	MD	M	I	3116 N Duk	Suite 25a	Durham	NC	37	27704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	25	25	$119.00	$43.87	$32.06	$32.84
1033776562	Olson	Ray	B	PA	M	I	2245 N 400	Ste 301	North Loga	UT	49	84341	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	24	25	25	$137.58	$38.95	$30.35	$31.49
1043214778	Birner	Nancy	P	MD	F	I	12700 Sout	Ste 215	Saint Louis	MO	29	63128	1	Metropolita	US	Pediatric M	Y	69210	Removal of N	O	19	25	25	$88.00	$46.58	$30.87	$30.38
1053316489	Kaufman	Susan	M	D.O	F	I	1251 Linco	Suite 1	Wapakonet	OH	39	45895	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$50.00	$32.76	$20.96	$21.26
1053377457	Schneider	Timothy	J	MD	M	I	1850 Gause Blvd E		Slidell	LA	22	70461	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	25	25	$143.00	$53.23	$17.64	$15.20
1053408542	Fann	Patrick		MD	M	I	701 E El Camino Real		Mountain V	CA	6	94040	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	25	25	$171.84	$55.75	$42.77	$34.18
1063407328	Robinson	Amy	J	M.D.	F	I	34445 King Streeet Rov		Lewes	DE	10	19958	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$100.00	$49.03	$35.11	$33.94
1063494185	Stambaugh	Kweon		M.D.	M	I	155 Crystal Run Rd		Middletowr	NY	36	10941	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	25	25	$143.83	$43.91	$26.28	$28.10
1073571303	Boring	Billy	R	MD	M	I	1441 Redbi	Ste 111	Mckinney	TX	48	75069	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$48.91	$42.44	$30.36	$33.88
1073594107	Reekie	Timothy	G	MD	M	I	1107 Bethl	Suite 210	Flourtown	PA	42	19031	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$121.00	$51.59	$36.34	$32.66
1073963492	Chandler	Garvin	L	DO	M	I	21 Commerce Pkwy		Adairsville	GA	13	30103	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	21	25	25	$144.40	$39.35	$28.87	$34.82
1083607410	Shantz	Ian	M	MD	M	I	2401 Branc	Suite 250	Gambrills	MD	24	21054	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$95.00	$48.69	$35.38	$32.55
1083720411	Nelson	Magalie		M.D.	F	I	605 Pointe North Blvd		Albany	GA	13	31721	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$90.00	$43.05	$27.14	$31.40
1083871693	Condrey	Tara	S	PA	F	I	11512 Lake	Suite 531	Jacksonvill	FL	12	32256	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	22	25	25	$96.66	$37.90	$30.34	$29.70
1083886733	Heinzen	Benjamin	J	M.D.	M	I	1855 S Koeller St		Oshkosh	WI	55	54902	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	25	25	$203.76	$43.61	$26.92	$29.62
1093813644	Berry	Michael	P	M.D.	M	I	2508 Crestwood Rd		North Little	AR	5	72116	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$114.84	$41.92	$30.71	$34.60
1114095064	Keller	Julie	A	PA-C	F	I	922 Lincoln Ave		Harvey	ND	38	58341	10	Rural areas	US	Physician A	Y	69210	Removal of N	O	20	25	25	$110.40	$39.30	$24.88	$25.98
1114990892	Parry	David	A	MD	M	I	1358 W. Orange Grove		Tucson	AZ	4	85704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	25	25	$94.00	$47.02	$34.67	$35.07
1124113535	Cha	Min		M.D.	M	I	3185 Rt 27		Franklin Pa	NJ	34	8823	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	24	25	25	$60.00	$53.47	$42.63	$37.22
1124238506	Modi	Dixitkumar	N	MD	M	I	4350 N Atlantic Ave		Cocoa Bea	FL	12	32931	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$73.00	$47.96	$35.20	$34.95

1134129257	Gross	Monica	L	MD, MPH	F	I	360 Kingsto	Suite 104	Narraganse	RI	44	2882	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$75.00	$49.44	$39.44	$37.98
1144546045	Pietz	Carrissa	M	MD	F	I	1104 W 8th St		Yankton	SD	46	57078	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	25	25	25	$137.00	$44.05	$29.88	$31.36
1154505428	Mathison	Clyde	C	MD	M	I	144 Concord Rd	Dept C	Farragut	TN	47	37934	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$114.28	$42.04	$29.30	$34.30
1154598696	Gupta	Sachin		MD	M	I	600 Broadway	Ste 200	Seattle	WA	53	98122	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	25	25	$132.40	$48.87	$30.27	$29.41
1154838704	Leach	Deborah		CNP	F	I	614 Northtown		Mountain H	AR	5	72653	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	25	25	$98.80	$35.54	$24.84	$28.29
1154870624	Dejong	Malia		APRN	F	I	5701 W 119th	St Ste 42	Overland P	KS	20	66209	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	25	25	$89.00	$37.83	$30.14	$32.28
1164446001	Harley	Robert	E	M.D.	M	I	6035 Fairview	Rd	Charlotte	NC	37	28210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	25	25	$95.00	$44.51	$31.35	$32.28
1164763330	Nelson	Natalie	R	PA-C	F	I	1614 S Byrne	Rd	Toledo	OH	39	43614	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	25	25	$141.00	$39.02	$28.73	$29.87
1174587539	Schlager	Philip		M.D.	M	I	1200 Mountain	St	Carson City	NV	32	89703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$49.70	$49.35	$34.81	$33.54
1174726541	Hopfenspir	Michael	T	MD	M	I	675 Water	St	Excelsior	MN	27	55331	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	22	25	25	$103.00	$31.41	$19.00	$20.44
1174889323	Falle	Rachael	K	NP	F	I	2920 Superior	Ave	Sheboygan	WI	55	53081	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	25	25	$164.00	$37.02	$21.01	$23.44
1184010415	Yamasaki	Alisa		M.D.	F	I	19900 Haggerty	Rd	Livonia	MI	26	48152	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$173.00	$44.81	$35.84	$32.67
1184350076	Buum	Brooke		FNP	F	I	101 Tower	Rd Ste 120	Dakota Dur	SD	46	57049	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	25	25	$121.00	$37.54	$29.91	$31.63
1184660490	Dell	Lawrence	M	M.D.	M	I	2300 Hagg	Suite 1010	West Bloon	MI	26	48323	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	25	25	$80.00	$49.78	$34.90	$33.42
1184682189	Hoisington	Douglas	R	DO	M	I	2600 Westown	Pkwy St	West Des M	IA	19	50266	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	25	25	$152.00	$43.04	$30.87	$33.89
1184823403	Ausmanas	Militza		M.D.	F	I	840 N 5th A	Suite 2100	Sequim	WA	53	98382	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$91.00	$47.25	$30.16	$29.71
1194736470	Rizzo	Anthony	J	DO	M	I	200 Howells	Rd	Bay Shore	NY	36	11706	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	25	25	$118.00	$60.45	$48.43	$37.98
1215911516	Gardner	Lawrence	G	M.D.	M	I	1501 Kings	Otolaryngo	Shreveport	LA	22	71103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	23	25	25	$92.00	$31.43	$23.94	$24.32
1215960653	Haas	Anuneet	K	MD	F	I	1920 E. Baseline	Road	Tempe	AZ	4	85283	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	25	25	$94.00	$46.42	$32.99	$34.02
1225016074	Jodoin	V Douglas		MD	M	I	39000 Bob	W208	Rancho Mir	CA	6	92270	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	25	25	$60.00	$50.00	$34.34	$32.71
1225021678	Arnett	John	D	M.D.	M	I	200 Doctor	Suite 106	Douglas	GA	13	31533	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	22	25	25	$75.00	$44.87	$27.41	$29.85
1225098353	Zaun	Shelley	L	MD	F	I	270 Main St N	Ste 300	Stillwater	MN	27	55082	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	25	25	$60.78	$46.71	$33.85	$34.54
1225178296	Horne	Allen	B	M.D	M	I	6715 Whitt	100	Mclean	VA	51	22101	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	25	25	$150.00	$55.72	$37.96	$32.33
1225665797	Mayer	Kaley	M	PA-C	F	I	200 Theda Clark	Medic	Neenah	WI	55	54956	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	21	25	25	$58.31	$37.78	$27.26	$29.50
1235130113	Bergman	Bradford	A	MD	M	I	1401 25th St	S	Great Falls	MT	30	59405	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	19	25	25	$70.52	$32.74	$22.96	$22.64
1245523034	Rowand	Jeffrey	P	MD	M	I	1010 Blymire	Rd	Dallastown	PA	42	17313	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	25	25	$75.00	$45.66	$32.05	$32.88
1245586940	Singh	Manjit		M.D.	M	I	10000 Shannondell	Dr	Audubon	PA	42	19403	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$150.00	$51.10	$37.49	$34.94
1255509626	Semaan	Maroun	T	M.D	M	I	11100 Eucl	Lks 5045	Cleveland	OH	39	44106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	25	25	$285.64	$45.60	$24.90	$26.00
1255645156	Patel	Anjan		M.D.	M	I	13660 S Jog	Rd Ste 1b	Delray Bea	FL	12	33446	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	21	25	25	$92.12	$50.67	$38.52	$36.18
1265438352	Grigg	John	T	MD	M	I	9750 Nw 3	Ste 113	Coral Sprin	FL	12	33065	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	25	25	$75.00	$50.74	$33.71	$31.65
1275009292	Johnson	Kyle	D	NP	F	I	4635 Southwest	Fwy St	Houston	TX	48	77027	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	25	25	$57.40	$40.60	$32.41	$31.63
1275621963	Gambrell	Larry	K	D.O.	M	I	6880 Palm	Avenue	Sebastopo	CA	6	95472	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$150.00	$44.42	$28.14	$30.16
1275723942	Rabalais	Amy	G	MD	F	I	9001 Summa	Avenue	Baton Roug	LA	22	70809	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	23	25	25	$114.68	$32.93	$23.06	$23.18
1275799439	Smart	Cameale	A	M.D.	F	I	80 Seymou	Hartford Hc	Hartford	CT	9	6102			US	Internal Me	Y	69210	Removal of N	O	25	25	25	$163.00	$50.84	$37.49	$35.01
1285652602	Seigler	Laurence		MD	M	I	435 N Bedf	Suite 308	Beverly Hill	CA	6	90210	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	25	25	$125.00	$49.83	$38.16	$36.46
1285735332	Zmily	Misbah	D	MD	M	I	190 Hospital	Dr	Raton	NM	35	87740	7	Small town	US	Internal Me	Y	69210	Removal of N	O	18	25	25	$99.00	$44.27	$33.10	$34.30
1285806190	Chan-Leve	Teresa	V	M.D.	F	I	5303 Harry	Seventh Flc	Dallas	TX	48	75390	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	25	25	$168.00	$46.07	$35.28	$35.90
1285912733	Kline	Natasha	M	PA	F	I	3925 N Lecanto	Hwy	Beverly Hill	FL	12	34465	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	24	25	25	$73.50	$40.46	$30.96	$30.99
1295724359	Cummin	David	L	MD	M	I	751 State Route 664 N		Logan	OH	39	43138	7	Small town	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$75.00	$41.99	$26.77	$29.45
1306855069	Niederee	David	W	M.D.	M	I	1101 N Rock	Rd	Derby	KS	20	67037	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	25	25	$155.04	$43.52	$26.45	$29.20
1306904628	Fagan	John	A	MD	M	I	10787 Laurel	St	Rancho Cu	CA	6	91730	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	25	25	$103.00	$49.00	$32.95	$31.37
1316032097	Potesta	Eugene	L	M.D.	M	I	7227 Glenwood	Ave	Youngstow	OH	39	44512	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	25	25	$90.00	$43.72	$29.87	$32.66
1316959687	Mattei	John	F	M.D.	M	I	1910 Gregg	St	Columbia	SC	45	29201	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$65.67	$42.93	$32.82	$35.07
1326065129	Sonoda-Fo	Lorraine		MD	F	I	65-1230 Mamalahoa	H	Kamuela	HI	15	96743	7	Small town	US	Internal Me	Y	69210	Removal of N	O	20	25	25	$100.26	$50.80	$27.49	$25.83
1336156819	Gardner	Richard	E	M.D.	M	I	8314 Trafor	C	Springfield	VA	51	22152	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	25	25	$80.00	$50.20	$32.62	$31.04
1336467885	Dean	Clare		MD	F	I	9020 5th Ave	Fl 3	Brooklyn	NY	36	11209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	25	25	$210.42	$56.44	$45.14	$35.70
1336481522	Thomson	April	M	D.O.	F	I	2800 S Seacrest	Blvd S	Boynton Be	FL	12	33435	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	25	25	$75.00	$50.58	$38.57	$35.56
1346315017	Wiet	Richard	M	M.D.	M	I	25 N Winfield	Rd Ste 42	Winfield	IL	17	60190	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	25	25	$162.00	$51.76	$31.90	$28.39
1346507589	Harun	Aisha			F	I	1365 Clifton	Rd Ne	Atlanta	GA	13	30322	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	25	25	$197.28	$45.50	$33.19	$33.45
1356301774	Dibble	William	J	DO	M	I	4000 Medic	Suite 101 D	Fayettevill	NY	36	13066	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$96.64	$45.19	$33.07	$34.33
1356318919	Legako	Ronal	D	MD	M	I	1501 E 19th	St	Edmond	OK	40	73013	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$156.48	$44.54	$26.02	$28.80
1356360887	Emrani	Afshine	A	MD	M	I	18370 Burt	401	Tarzana	CA	6	91356	1	Metropolita	US	Cardiology	Y	69210	Removal of N	O	19	25	25	$150.00	$53.20	$39.22	$34.94
1356694525	Steiner	Elizabeth	K	PA-C	F	I	468 Cadieux	Rd	Grosse Poi	MI	26	48230	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	23	25	25	$135.00	$29.23	$19.46	$18.35
1366779357	Marovich	Ryan	S	MPAS, PA-C	M	I	410 Cranberry	St Ste 3	Erie	PA	42	16507	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	23	25	25	$140.28	$26.68	$18.16	$18.98
1386609220	Pollock	Richard	A	MD	M	I	97 Deep South Farm	Rc	Blairsville	GA	13	30512	10	Rural areas	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$122.55	$48.28	$33.99	$33.41
1386642478	Stephenso	Robert	L	M.D.	M	I	320 Santa F	Suite 303	Encinitas	CA	6	92024	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	25	25	$171.00	$48.61	$37.20	$36.08
1386650406	Kincaid	Robert	G	D.O.	M	I	3754 Highv	Suite 200	Pace	FL	12	32571	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	25	25	$39.50	$32.94	$23.05	$22.11
1386653913	Born	Eric	E	D.O	M	I	2350 E G	Ave	Parchment	MI	26	49004	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$78.00	$44.46	$31.71	$32.70
1396742128	Palmer	Richard	D	MD	M	I	2277 Nw M	Ste 100	San Antoni	TX	48	78213	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	25	25	$60.00	$43.83	$29.09	$30.76
1396742433	Hoddeson	Robert	B	M.D.	M	I	5673 Peacl	Ste 150	Atlanta	GA	13	30342	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	25	25	$155.00	$45.78	$33.07	$33.07
1396768883	Wright	Phillip	G	M.D.	M	I	8060 Surrey	Ln	Oakland	CA	6	94605	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	24	25	25	$40.00	$39.51	$25.11	$32.04
1396838322	Daggett	Dana		ARNP	F	I	2318 E Central	Ave	Wichita	KS	20	67214	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	25	25	$98.60	$37.54	$20.65	$23.32
1396933867	Donald	Carrlene	B	P.A.-C.	F	I	5779 E Mayo	Blvd	Phoenix	AZ	4	85054	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	24	25	25	$161.16	$39.47	$30.21	$30.37
1407858335	Saweikis	Anthony		MD	M	I	240 New Creek	Hwy	Keyser	WV	54	26726	7	Small town	US	Family Prac	Y	69210	Removal of N	O	22	25	25	$64.80	$45.13	$32.65	$34.73
1427306190	Watts	Michael	T	PA-C	M	I	1490 E Fork	Ste 320	Saint Georg	UT	49	84790	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	25	25	25	$150.00	$37.64	$27.68	$29.38
1437109543	Deyarmin	Brian	J	M.D.	M	I	1000 Higbe	Suite 104	Bethel Park	PA	42	15102	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	25	25	$50.00	$43.85	$27.63	$28.46
1437111341	Meehan	Joan	N	DO	F	I	100 Guy	Rd	Clayton	NC	37	27520	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$165.60	$43.91	$32.34	$35.30
1437143443	Frame	Joshua	L	DO	M	I	292 South	Suite 100	St George	UT	49	84790	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	25	25	$80.00	$45.97	$30.10	$30.73
1437172533	Anderson	Kenneth	L	D.O.	M	I	1945 Garnet	Ave	San Diego	CA	6	92109	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$120.24	$51.49	$33.45	$30.83
1457359713	Liebross	Ira		MD	M	I	32 Church	St	Flemington	NJ	34	8822	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	25	25	$150.00	$54.31	$31.34	$27.35
1467121624	Mitchell	Taylor	E	PA-C	F	I	700 University	Blvd	Galveston	TX	48	77555	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	22	25	25	$135.00	$27.15	$21.64	$21.93
1467472175	Spiegel	Joseph	R	M.D.	M	I	925 Chestr	6th Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	21	25	25	$110.00	$18.23	$14.54	$13.70
1487741146	Wallace	James	P	MD	M	I	705 N 8th A	Suite 1a	Dillon	SC	45	29536	7	Small town	US	Internal Me	Y	69210	Removal of N	O	23	25	25	$95.00	$45.29	$35.51	$37.24
1497711840	Jircik	Frank	P	MD	M	I	12001 South Fwy	Ste 3(	Burleson	TX	48	76028	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	25	25	$123.00	$46.68	$32.73	$32.81
1497716849	Ware	William	C	M.D.	M	I	2901 Dutton Mill	Rd Ste	Aston	PA	42	19014	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	25	25	$75.00	$51.06	$34.98	$32.62
1497747828	Cedo Alzan	Carlos	J	MD	M	I	Edif La Palr	Peral #14 E	Mayaguez	PR	72	680	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	25	25	$48.65	$48.09	$32.14	$31.90
1497790059	Della Santi	Charles	C	M.D.	M	I	600 N Wolfe	St	Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	24	25	25	$178.77	$32.37	$23.57	$21.05

1508027632	Blackler	Edmund	L	MD	M	I	2025 Bighorn Rd	Fort Collins	CO	8	80525	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$93.45	$44.50	$31.94	$31.47
1508597915	Warren	Jordyn	M	APRN-CNP	F	I	300 W 10th Ave Fl 1	Columbus	OH	39	43210	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	25	25	$95.00	$38.59	$30.75	$32.29
1508805888	Holt	David	B	M.D.	M	I	4660 Haygood Rd	Virginia Bea	VA	51	23455	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$56.12	$45.59	$33.30	$33.46
1508967746	Lupicki	Marek	R	M.D.	M	I	200 Perrine Suite 211	Old Bridge	NJ	34	8857	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	25	25	$80.00	$53.74	$27.27	$24.11
1518108711	Dyer	Steven	R	D.O.	M	I	6475 S Yale Ave Ste 40	Tulsa	OK	40	74136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	25	25	$114.00	$43.15	$29.70	$31.78
1528049269	Carter	Paula		PA	F	I	812 W Stuart Dr	Galax	VA	51	24333	7	Small town	US	Physician A	Y	69210	Removal of N	O	22	25	25	$68.00	$40.89	$28.81	$28.46
1528051133	Hensleigh	Charles	D	M.D.	M	I	83745 Highway 9	Ashland	AL	1	36251	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$65.00	$41.41	$30.16	$32.14
1528064805	Briggs	Paul	A	M.D.	M	I	1009 W Ferguson Ave	Blackwell	OK	40	74631	7	Small town	US	Emergency	Y	69210	Removal of N	O	17	25	25	$53.16	$45.03	$28.87	$31.08
1528090644	Kennedy	David	W	MD	M	I	3400 Spruc 5 Silverstei	Philadelphi	PA	42	19104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$102.00	$47.61	$38.03	$37.22
1528325453	Calloway	Hollin	E		F	I	79 Hudson St Ste 303	Hoboken	NJ	34	7030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	24	25	25	$211.40	$46.76	$32.53	$28.21
1528473881	Ezeilo	Nnenna		M.D.	F	I	619 S 8th St Ste 304	Griffin	GA	13	30224	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$120.44	$41.45	$30.32	$32.21
1538171160	Cowell-Kus	Kristi	M	M.D.	F	I	3101 Ridge Bldg C	Rochester	NY	36	14626	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	25	25	$149.00	$49.02	$35.94	$34.98
1548332125	Parent	Melony	B	MD	F	I	5333 Hollis Suite #210	Santa Barb	CA	6	93111	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	25	25	$120.00	$52.03	$38.22	$34.94
1548653850	Stephenso	Ryan		D.O.	M	I	800 Peakwood Dr Ste 3	Houston	TX	48	77090	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$355.73	$44.72	$28.60	$28.23
1568756070	Koroma-Ne	Mariatu		M.D.	F	I	3440 S Jefferson St	Falls Churc	VA	51	22041	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	18	25	25	$107.33	$56.34	$34.31	$28.86
1568891406	Hardy	Rebecca	N	PA-C, MSP/	F	I	2944 Breckenridge Ln	Louisville	KY	21	40220	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	21	25	25	$91.00	$37.12	$24.79	$26.32
1578511804	Podhajsky	Timothy	P	M.D.	M	I	2121 E Harmony Rd Un	Fort Collins	CO	8	80528	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$93.45	$43.55	$26.93	$26.59
1578773917	Abrantes	Clarissa	R	MD	F	I	871 County Suite 200	Lady Lake	FL	12	32159	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	25	25	25	$97.00	$48.27	$35.50	$34.95
1588604177	Mohan	Seema		MD	F	I	36800 N. Si A4	Carefree	AZ	4	85377	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	25	25	$93.00	$46.27	$33.91	$35.07
1588622641	Martin	James	F	MD	M	I	566 Spears Suite 102	Elgin	SC	45	29045	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$90.00	$43.72	$27.86	$31.42
1588657365	Makhija	Manoj		M.D.	M	I	10192 W Coggins Dr	Sun City	AZ	4	85351	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	25	25	$76.00	$46.49	$27.03	$28.16
1588894653	Ingram	Amy	L	MD	F	I	4004 Dupo Suite 220	Louisville	KY	21	40207	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	25	25	$91.00	$41.94	$28.52	$30.89
1598215022	Tang	Nikki	B	PA-C	F	I	7 Blanchard Cir	Wheaton	IL	17	60189	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	24	25	25	$149.00	$43.07	$33.06	$30.99
1598309445	Kinimaka	Mai		APRN-RX	F	I	550 S Beretania St Ste (	Honolulu	HI	15	96813	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	25	25	$125.00	$42.96	$32.88	$30.99
1598764102	Gozaine	Teofilo		MD	M	I	506 S 6th St	Leesville	LA	22	71446	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	24	25	25	$130.00	$46.40	$30.95	$31.98
1598773970	Aldrich	Jorge	A	M.D.	M	I	101 Ave Sa Suite 1160	Guaynabo	PR	72	968	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	25	25	$60.00	$35.57	$28.37	$28.11
1609811330	Russell	Ann Marie		APRN, CNP	F	I	12251 S 80th Ave Ste 1	Palos Heigl	IL	17	60463	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	25	25	$149.00	$43.82	$32.12	$29.70
1609850700	Giaconi	Mirko	A	MD	M	I	1600 S Gaffey St	San Pedro	CA	6	90731	1	Metropolita	US	Cardiology	Y	69210	Removal of N	O	18	25	25	$102.94	$52.91	$42.32	$37.98
1619219482	Worthen	Mary	L	M.D.	F	I	219 N Broad St Fl 10	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	24	25	25	$67.20	$24.32	$17.78	$17.37
1619519774	Mascaro	Jeremy	L		M	I	1000 N Main St	Findlay	OH	39	45840	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	22	25	25	$109.00	$38.42	$25.82	$27.56
1619929627	Dumapit	Gerardo	D	MD	M	I	906 Oak Tre Suite C	South Plain	NJ	34	7080	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	25	25	$68.72	$53.68	$35.90	$31.90
1619955796	Snitzer	Michael	T	M.D. LTD	M	I	735 Niles Cortland Rd S	Warren	OH	39	44484	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	25	25	$65.00	$46.23	$31.33	$32.57
1629038393	Patel	Snehal		M.D.	M	I	1550 Rodney Road	York	PA	42	17408	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$162.44	$44.70	$28.29	$29.22
1629090709	Jorde	Michael	D	M.D.	M	I	1093 Hilltop Dr	Redding	CA	6	96003	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	25	25	$53.96	$46.84	$25.41	$26.26
1629164967	Rehl	Ryan	M	M.D.	M	I	926 E Mcdowell Rd Ste	Phoenix	AZ	4	85006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	25	25	$94.00	$26.93	$21.46	$21.99
1629428644	Blair	William	R	D.O.	M	I	479 Swansea Mall Dr	Swansea	MA	25	2777	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	25	25	$156.06	$50.16	$40.16	$37.22
1639320658	Maissian	Gevork	J	D.O.	M	I	1737 W Glenoaks Blvd	Glendale	CA	6	91201	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	25	25	$222.00	$52.43	$38.45	$34.94
1639656044	Leighlitner	Ashley	M	PA-C	F	I	6001 Stonewood Dr Ste	Wexford	PA	42	15090	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	25	25	25	$138.00	$39.84	$23.03	$23.67
1649258617	Lait	Marci	E	MD	F	I	4917 S Croatan Hwy St	Nags Head	NC	37	27959	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	25	25	$96.56	$45.74	$30.33	$31.99
1649367681	Topkis	Robert	L	D.O.	M	I	350 W Street Rd	Warminste	PA	42	18974	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	25	25	$65.00	$51.07	$36.24	$33.74
1649701020	Roberts	Christophe	A		M	I	840 E Hill Ave	Moses Lak	WA	53	98837	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$140.00	$46.31	$35.36	$35.72
1659332344	Burnette	J	P	MD, F.A.C.I	M	I	2130 Fores Ste B	Wilson	NC	37	27893	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	25	25	25	$214.00	$42.59	$31.19	$34.54
1659361335	Isaacson	David	J	MD	M	I	100 Navarre Pl Ste 446	South Benc	IN	18	46601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	25	25	$232.44	$43.11	$28.73	$31.79
1669462305	Connely	Thomas	V	MD	M	I	615 West 39th Street	Kearney	NE	31	68845	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	25	25	$125.00	$41.67	$30.45	$33.78
1669537791	Wehri	Carl	S	MD	M	I	1775 E Fifth St	Delphos	OH	39	45833	7.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$75.00	$46.68	$32.12	$32.89
1669558219	Mcevoy	Michael	K	M.D.	M	I	1380 Progr Suite 114	Eldersburg	MD	24	21784	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	25	25	$90.00	$51.80	$28.46	$26.22
1669754701	Squires	Lane	D	M.D.	M	I	2521 Stock #7200	Sacrament	CA	6	95817	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	25	25	$196.00	$30.40	$24.30	$23.69
1679597652	Kaza	Srinivas	R	MD	M	I	229 Parrish Suite 250	Canandaig	NY	36	14424	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	25	25	$105.48	$40.63	$28.70	$29.81
1689089138	Nemeth	Noemi	E	N.P.	F	I	52 Meadows St	Pearl River	NY	36	10965	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	25	25	$64.59	$49.10	$24.18	$19.65
1689202269	Joyce	Adam			M	I	2900 Lamb Cir	Christiansb	VA	51	24073	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	25	25	25	$105.00	$39.46	$31.46	$31.64
1689780579	Mcgibbon	Karen	E	MD	F	I	3028 Bright #104	Lanham	MD	24	20706	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	25	25	$105.00	$48.96	$31.38	$30.38
1699823021	Batniji	Kamal	A	M.D.	M	I	361 Hospit Suite #329	Newport Be	CA	6	92663	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$100.00	$45.86	$30.17	$27.35
1699886465	Nyer	Kenneth	L	M.D.	M	I	1610 Williamsbridge R	Bronx	NY	36	10461	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	25	25	$195.00	$59.45	$41.66	$33.42
1710323704	Overton	Lewis	J	MD	M	I	3024 New Bern Ave	Raleigh	NC	37	27610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	25	25	$95.00	$46.28	$26.14	$27.42
1710904164	Yekinni	Abideen	O	M.D.	M	I	550 University Blvd Ste	Indianapoli	IN	18	46202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	25	25	$154.00	$43.05	$27.26	$30.43
1730523598	Boudreau	Mary	E	NP (AGPCN	F	I	790 E Columbia St	Mason	MI	26	48854	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	25	25	$37.00	$27.90	$17.90	$18.05
1740250067	Thompson	Becky	A	MD	F	I	2051 Everg Suite D	Show Low	AZ	4	85901	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	21	25	25	$80.40	$46.37	$29.52	$30.70
1740254309	Grob	Daniel	K	M.D.	M	I	1140 Perry Hwy	Pittsburgh	PA	42	15237	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	25	25	$66.60	$45.31	$25.74	$27.09
1740787084	Raymond	Patricia	J	AGPCNP-B	F	I	4772 Monterey Ct	Waldorf	MD	24	20602	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	25	25	$158.00	$41.73	$33.26	$32.28
1750344230	Abu-Absi	Michael	S	MD	M	I	2000 Meade Parkway	Suffolk	VA	51	23434	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	25	25	$108.00	$47.56	$34.89	$34.98
1750475240	Vickaryous	Joseph	P	D.O.	M	I	531 Bald Eagle Dr	Marco Islar	FL	12	34145	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$56.87	$50.72	$37.22	$34.94
1750609285	Walgama	Evan		M.D.	M	I	8635 W 3rd St Ste 590v	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	25	25	$231.00	$51.93	$39.85	$35.70
1750651618	Debouchel	Jill	P	FNP	F	I	1111 Medic Suite S750	Marrero	LA	22	70072	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	25	25	$93.36	$40.63	$30.67	$30.58
1750700415	Chari	Divya		MD	F	I	55 Lake Ave N	Worcester	MA	25	1655	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	21	25	25	$221.00	$33.91	$23.78	$23.15
1760447395	Sugar	Annie	L	PA-C	F	I	600 Highland Ave	Madison	WI	55	53792	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	22	25	25	$198.00	$26.16	$15.05	$16.75
1760514111	Corbet	Kathryn		APRN	F	I	615 Hope Rd Ste 5	Eatontown	NJ	34	7724	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	25	25	$45.10	$44.38	$26.88	$24.53
1760622849	Schneiders	Sara	L	PA-C	F	I	505 39th Ave	Amana	IA	19	52203	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	23	25	25	$51.63	$36.68	$20.91	$23.59
1770588402	Aikin	John	D	MD	M	I	9088 Ridgeline Blvd St	Highlands I	CO	8	80129	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	25	25	$76.00	$47.44	$34.22	$32.92
1770678021	Janas	Nodar		M.D.	M	I	3501 202nd St	Bayside	NY	36	11361	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	25	25	$79.40	$57.56	$45.97	$37.98
1780670844	Pardo	Beatriz	C	MD	F	I	1418 Cross St Ste 250	Belleville	IL	17	62269	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	25	25	$156.00	$48.75	$31.36	$30.64
1780681049	Ahmed	Shahnaz		M.D.	F	I	4401 Cortez Rd W	Bradenton	FL	12	34210	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	25	25	$97.00	$47.88	$35.12	$34.95
1780683300	Gergis	Samy	B	M.D.	M	I	101 Fairview Cir	Lebanon	PA	42	17042	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	25	25	25	$89.00	$45.03	$19.84	$22.59
1780792739	Neskovic	Spasoje	M	MD	M	I	500 E Olive Ave Ste 75(	Burbank	CA	6	91501	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	25	25	$105.00	$49.91	$38.90	$33.90
1801059514	Cristobal	Ricardo		M.D.	M	I	6320 South Suite #200	Fort Worth	TX	48	76109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	25	25	$164.64	$45.49	$33.40	$33.52
1801903885	Cawley	Carmen		MD	F	I	4114 Pond Suite 202	San Antoni	TX	48	78231	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	25	25	$85.00	$44.72	$32.72	$33.57
1801978135	Dalton	Stephanie		PA-C	F	I	6565 W Emerald St	Boise	ID	16	83704	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	23	25	25	$109.69	$36.67	$26.26	$28.76
1811970817	Davis	Gigi	W	DO	F	I	1010 Wayn Suite100	Savannah	TN	47	38372	7	Small town	US	Family Prac	Y	69210	Removal of N	O	18	25	25	$92.15	$44.09	$23.91	$27.14

1821041716	Irving	Joann		A.R.N.P.	F	I	13823 Tamiami Trl	North Port	FL	12	34287	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	25	25	$97.98	$40.60	$29.76	$29.71
1821075045	Melaragno	Daniel	P	M.D.	M	I	4895 Olent Suite 250	Columbus	OH	39	43214	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	25	25	25	$83.00	$46.20	$27.91	$29.29
1821081043	Mcallen	Steven	J	M.D.	M	I	295 Posada	Suite C	Templeton	CA	6	93465	1	Metropolita	US	Internal Me	N	69210	Removal of N	O	23	25	25	$54.53	$44.18	$27.72	$28.34
1821595042	Salahuddin	Saba	M		F	I	3361 Highway 9 E	Little River	SC	45	29566	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	25	25	$102.00	$44.62	$32.70	$35.20
1841553997	George-Rei	Debra		M.D.	F	I	777 Route 113	Souderton	PA	42	18964	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	25	25	$71.00	$51.03	$35.77	$33.42
1841714474	Dosunmu	Adeola	O	APN	F	I	275 Hobart St	Perth Amb	NJ	34	8861	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	25	25	$45.36	$44.80	$25.62	$23.24
1851457527	Morelock	Michael	D	M.D.	M	I	225 E 2nd A	Suite 202	Escondido	CA	6	92025	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$104.00	$51.48	$35.14	$32.46
1851616106	Angelucci	Andrea		D.O.	F	I	84 Santa Ro	Suite A	San Luis Ot	CA	6	93405	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$89.32	$47.50	$32.40	$31.19
1851766026	Paul	Laura	S	PA	F	I	601 John St	Suite M-27	Kalamazoo	MI	26	49007	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	20	25	25	$95.00	$38.61	$23.50	$25.28
1861467789	Dionne	Pierre	L	MD	M	I	225 Derry Rd		Hudson	NH	33	3051	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$80.00	$48.29	$32.38	$31.14
1871538025	Vashishta	Ashok	K	MD	M	I	2940 Health Parkway		Mt Pleasan	MI	26	48858	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	22	25	25	$127.60	$45.14	$27.42	$28.83
1881652832	Pradhan	Pratik	S	M.D.	M	I	35 Pearl St	Ste 100	Brockton	MA	25	2301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	25	25	25	$150.00	$48.33	$36.00	$32.66
1891846614	Orr	Daniel	G	M.D.	M	I	134 Pottstown Pike		Chester Sp	PA	42	19425	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$68.00	$51.31	$32.98	$30.22
1891856902	Rogers	William	B	M.D.	M	I	916 Myrtle St		Sturgis	MI	26	49091	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	18	25	25	$75.68	$45.77	$27.65	$29.39
1891859856	Bull	Mindi	M	D.O.	F	I	800 W Bois	Ste 150	Broken Arr	OK	40	74012	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	25	25	$109.00	$38.13	$29.33	$31.67
1902169485	Halversen	Zachary	P	M.D.	M	I	606 N 3rd A	#101	Sandpoint	ID	16	83864	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$102.00	$42.49	$20.60	$24.49
1902431182	Kerstiens	Makayla	D	PA	F	I	1751 Veterans Dr	Ste 2	Florence	AL	1	35630	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	23	25	25	$102.35	$37.60	$26.89	$28.61
1902838527	Bunker	Orville	W	MD	M	I	300 N 4th A	Suite 200	Newton	IA	19	50208	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	22	25	25	$125.00	$44.31	$31.22	$33.92
1912006453	Meller	William	M	M.D.	M	I	2954 State St		Santa Barb	CA	6	93105	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	25	25	$64.67	$51.78	$34.62	$31.90
1912116492	Dempewolf	Ryan	D	MD	M	I	202 10th Street Se		Cedar Rapi	IA	19	52403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	25	25	$124.00	$44.10	$33.80	$36.62
1912499146	Mashaw	Zachary	M	MD	M	I	921 State St		Ogdensbur	NY	36	13669	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$80.00	$45.19	$29.35	$30.71
1912940628	Borodulin	Tatyana		M.D.	F	I	1600 W Campbell Ave		Campbell	CA	6	95008	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	25	25	$88.00	$54.46	$38.00	$33.04
1922192517	Deingeniis	Antoinette		DO	F	I	468 Parish	Suite 6	Wayne	NJ	34	7470	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	25	25	$105.00	$53.59	$37.73	$33.42
1942255443	Keck	Martha	J	APN	F	I	1 Cedar Crest Village D		Pompton P	NJ	34	7444	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	25	25	25	$54.18	$45.31	$36.10	$32.28
1942274089	Hall	Leo		MD	M	I	2160 S Firs	(17w740 22	Maywood	IL	17	60153	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	25	25	$162.24	$35.63	$19.87	$18.31
1942292024	Trainor	Brian	E	DO	M	I	3420 S Mer	Ste 107	Gilbert	AZ	4	85297	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	25	25	$118.63	$40.77	$31.03	$31.21
1952306458	Gutman	Michael	T	M.D.	M	I	3805 E. Bel	Suite 5800	Phoenix	AZ	4	85032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	25	25	$84.00	$41.77	$26.66	$27.68
1952843286	Choi	Jamie	T	NP	F	I	34400 Mission Blvd,		Fremont	CA	6	94578	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	25	25	$118.00	$47.28	$36.17	$31.00
1962478776	Saini	Manish	S	M.D.	M	I	1163 Rte 3	Suite B1	Toms River	NJ	34	8755	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	25	25	$120.00	$52.02	$39.84	$36.46
1962496349	Zurad	Edward	G	MD	M	I	71 Hollow (	Suite 4	Tunkhanno	PA	42	18657	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	25	25	$90.00	$46.02	$34.04	$35.39
1972600260	Barbosa	Elisabeth	M	M.D.	F	I	2361 E Vineyard Ave		Oxnard	CA	6	93036	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	25	25	$55.00	$33.14	$24.36	$23.29
1982600359	Lee	Kendra	B	M.D.	F	I	500 W Broadway St		Missoula	MT	30	59802	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	25	25	$94.00	$48.01	$27.99	$27.84
1982610184	Kleiner	Mark	A	MD	M	I	1175 Corporate Park D		Forest	VA	51	24551	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	25	25	$98.52	$44.79	$32.69	$32.70
1982683637	Lo	Alan	Y	MD	M	I	25401 Cab	Suite 101	Laguna Hill	CA	6	92653	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	22	25	25	$80.00	$51.40	$37.63	$33.42
1982684692	Tadros	Nabil		MD	M	I	160 Kingsley Ln	Ste 50(	Norfolk	VA	51	23505	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	25	25	$75.00	$43.07	$32.12	$31.93
1992760318	Worley	N.	K	MD	M	I	4224 Houm	Suite 640	Metairie	LA	22	70006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	25	25	$65.00	$47.83	$35.07	$34.95
1003081597	Seo	Sarah	S	MD	F	I	1 Medical (	Otolaryngo	Lebanon	NH	33	3756	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	19	24	24	$168.54	$32.04	$22.36	$22.06
1003215237	Jervis	Jacqueline	J	PA-C	F	I	281 Seaside Ave		Milford	CT	9	6460	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	21	24	24	$216.67	$43.97	$32.24	$29.60
1003472481	Schulz	Katherine	E	RPA-C	F	I	1729 Burrstone Rd		New Hartfo	NY	36	13413	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	22	24	24	$125.38	$39.22	$26.02	$27.16
1003802612	Kamaraju	Manjula		MD	F	I	2460 Samaritan Dr		San Jose	CA	6	95124	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	24	24	$185.00	$57.19	$41.74	$34.82
1003869058	Krohn	Jeffrey	D	MD	M	I	111 S Main St		Kingsley	IA	19	51028	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	24	24	$140.83	$42.27	$20.88	$24.05
1003887324	Ogden	David	L	M.D.	M	I	895 Sir Francis Drake B		San Anseln	CA	6	94960	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	24	24	$140.05	$56.01	$37.18	$31.65
1013945070	Chennault	John	S	D.O.	M	I	1010 Woodson Dr		Caldwell	TX	48	77836	7.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	21	24	24	$153.00	$45.55	$32.01	$33.78
1013962430	Khoory	Wissam	J	M.D.	M	I	20 Hope Av	Suite G03	Waltham	MA	25	2453	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	24	24	$175.00	$50.88	$34.17	$31.12
1023059250	Fairman	Dan	S	MD	M	I	100 Hospital Drive		Ketchum	ID	16	83340	7	Small town	US	Internal Me	Y	69210	Removal of N	F	23	24	24	$66.00	$30.28	$22.12	$24.37
1023091543	Mcreynolds	George	W	MD	M	I	7789 South	#470	Houston	TX	48	77074	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	24	24	$140.00	$49.37	$33.43	$32.16
1023145125	Moyers	Lori	A	DO	F	I	3129 Blattner Dr		Cape Girar	MO	29	63703	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	24	24	$52.00	$43.96	$32.14	$35.15
1033636337	Mccauley	Karen		NP	F	I	201 Lew Dewitt Blvd	St	Waynesbor	VA	51	22980	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	24	24	24	$78.00	$38.73	$29.60	$31.02
1043203441	Aldinger	Kyle	A	MD	M	I	711 N Dekalb St		Shelby	NC	37	28150	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	21	24	24	$97.00	$45.63	$30.25	$32.03
1043282395	Alqassem	Nasser	J	MD	M	I	1101 9th St	Ste A	Alamogord	NM	35	88310	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	22	24	24	$106.00	$46.57	$35.73	$36.48
1053301713	Hachigian	Todd	M	MD	M	I	1701 South	Ste 290	Rochester I	MI	26	48307	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	24	24	24	$70.00	$49.18	$29.84	$29.11
1093706905	Mcrae	Wilton	D	MD	M	I	1320 Highv	Suite 3	Troy	AL	1	36081	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	24	24	$60.00	$43.72	$26.86	$30.48
1093761785	White	Jeffrey	L	D.O.	M	I	1240 Big Jack Rd		Platteville	WI	55	53818	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	23	24	24	$126.13	$43.54	$27.82	$30.51
1104137454	Haas	Patrick	J	M.D.	M	I	40 N Grand	Suite 103	Fort Thoma	KY	21	41075	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	24	24	$85.00	$41.12	$23.78	$26.04
1124261748	Chauhan	Keyur	M	M.D.	M	I	2000 Glenv	Suite 107	Joliet	IL	17	60435	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	24	24	$116.00	$51.22	$32.28	$30.07
1134127616	Ng	Christopher		M.D.	M	I	100 S Jerse	Suite 14	Setauket	NY	36	11733	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	24	24	$89.00	$60.35	$48.33	$37.98
1144239229	Berends	Jennifer	L	DO	F	I	416 S Main		Shattuck	OK	40	73858	10.2	Secondary	US	Family Prac	Y	69210	Removal of N	O	13	24	24	$48.00	$44.38	$30.91	$33.67
1144298126	Gozar	John		MD	M	I	13001 State Road 80		Loxahatche	FL	12	33470	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	20	24	24	$52.77	$50.60	$40.37	$37.98
1144308529	Graul	Cynthia	A	NP C	F	I	2835 Grand Ave		Dallas	TX	48	75215	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	24	24	$145.57	$40.44	$28.19	$28.28
1144461591	Salim	Harris		M.D.	M	I	3636 Stockton Hill Rd		Kingman	AZ	4	86409	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	24	24	24	$75.00	$46.35	$33.87	$34.95
1154478956	Bennett	Marc		MD	M	I	7209 Medic	1215 21st A	Nashville	TN	47	37232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	21	24	24	$195.00	$30.97	$21.27	$22.95
1154784361	Chaskes	Mark	B	MD	M	I	2226 Nelson Hwy	Ste 1	Chapel Hill	NC	37	27517	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	24	24	$343.38	$52.46	$41.80	$34.03
1164435095	Phifer	William	F	MD	M	I	1287 Us Highway 41 By		Venice	FL	12	34285	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	24	24	$102.31	$47.91	$33.41	$33.25
1164446043	Cline	Barbara	A	P.A.	F	I	2155 W State Route 89		Sedona	AZ	4	86336	7	Small town	US	Physician A	Y	69210	Removal of N	O	16	24	24	$100.00	$39.50	$22.50	$23.48
1184029035	Gordy	Karen	C		F	I	4515 Marsha Sharp Fw		Lubbock	TX	48	79407	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	24	24	$74.00	$38.84	$19.67	$20.61
1184612624	Tanner	Garth	B	MD	M	I	1429 Colle	Ste K	Modesto	CA	6	95350	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	24	24	$85.00	$45.25	$34.14	$36.79
1184887895	Motameni	Neda		MD	F	I	1250 S Miami Ave		Miami	FL	12	33130	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	24	24	$91.04	$51.57	$34.34	$30.90
1194046490	Baig	Rifaqat		M.D.	M	I	963 Route 9 North		South Amb	NJ	34	8879	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	24	24	24	$135.11	$52.93	$36.40	$32.74
1194886549	Schlocker	Caroline	M	M.D.	F	I	2233 Post St	Fl 3	San Francis	CA	6	94115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	24	24	$279.00	$38.71	$28.97	$25.94
1194932921	Hoa	Michael		M.D.	M	I	3800 Reser Gorman Blv		Washingto	DC	11	20007	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	24	24	$123.00	$56.38	$41.39	$34.02
1205804036	Li	Xin-Nong		MD	M	I	6600 Merc	Ste 130	Fair Oaks	CA	6	95628	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	24	24	$80.00	$50.12	$40.07	$37.13
1205876893	Rosenberg	Sharon	B	MD	F	I	7126 N Lincoln Ave		Lincolnwoo	IL	17	60712	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	24	24	$133.00	$51.94	$29.20	$26.90
1205946589	Fischer	Carol	A	MD	F	I	1331 Prairie	#2	Cheyenne	WY	56	82009	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	24	24	$125.00	$46.79	$33.79	$33.66
1215925961	Worrell	Dan	C	M.D.	M	I	22 Training Center Rd		Woodlawn	VA	51	24381	9	Small town	US	Family Prac	Y	69210	Removal of N	O	23	24	24	$132.00	$48.02	$33.62	$33.29
1225065311	Horowitz	Jerry	A	D.O.	M	I	618 N Shore Rd		Beesleys P	NJ	34	8223	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	24	24	$86.72	$51.94	$37.45	$34.21
1225144934	Navone	Ronald	G	M.D.	M	I	845 S Fairmont Ave	Ste	Lodi	CA	6	95240	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	24	24	$89.00	$44.89	$30.09	$29.28
1225414436	Murray	Alexandra		PA-C	F	I	12547 Ocean Gtwy		Ocean City	MD	24	21842	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	22	24	24	$90.00	$42.25	$28.14	$26.90

1225490840	Wang	James		M.D., PH.D	M	I	675 N Saint Clair St Ste	Chicago	IL	17	60611	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	22	24	24	$166.00	$51.74	$41.25	$37.98
1235153438	Aronoff	Phillip	M	MD	M	I	8210 Walnut Hill Ln Ste	Dallas	TX	48	75231	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	24	24	24	$70.00	$46.99	$36.42	$36.07
1245299932	Delboy	Frederick	W	MD	M	I	6602 Churc Suite 200	Chestertow	MD	24	21620	7	Small town	US	Family Prac	Y	69210	Removal of N		O	23	24	24	$85.00	$49.78	$36.50	$34.82
1245902485	Sadler	Hannah	M	FNP-C	F	I	500 W Thomas Rd Ste S	Phoenix	AZ	4	85013	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	21	24	24	$93.00	$39.63	$27.69	$28.41
1265519193	Friduss	Michael	E	MD	M	I	710 Lawrence Expy	Santa Clara	CA	6	95051	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	21	24	24	$279.00	$48.88	$37.14	$31.65
1275522914	Orange	Paul	D	M.D.	M	I	4225 Lincoln Way E	Fayettevill	PA	42	17222	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	24	24	24	$51.63	$46.09	$36.65	$37.86
1285071233	Wolf	Kevin	P	DO	M	I	12420 War Riverside Ir	Newport Ne	VA	51	23606	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	15	24	24	$87.79	$47.15	$37.44	$36.89
1295718096	Brauer	David	W	MD	M	I	335 Sw 13th St	Ontario	OR	41	97914	4	Micropolita	US	Family Prac	Y	69210	Removal of N		O	22	24	24	$110.00	$45.48	$21.09	$23.27
1295733178	Holguin	Raul		M.D.	M	I	1211 Jacaranda Blvd	Venice	FL	12	34292	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	21	24	24	$102.30	$48.55	$35.19	$34.36
1295840379	Redling	Theresa	M	D.O.	F	I	200 S Orange Ave Ste 1	Livingston	NJ	34	7039	1	Metropolita	US	Geriatric M	Y	69210	Removal of N		O	22	24	24	$215.67	$54.31	$41.67	$36.40
1306813316	Nikoleit	James		MD	M	I	170 North Lakewood Rd	Lake In The	IL	17	60156	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	21	24	24	$98.00	$45.93	$28.93	$29.60
1306969696	Couret	Raul		M.D	M	I	264 New St Suite 107	Henderson	TN	47	37075	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	21	24	24	$85.00	$42.65	$28.27	$32.73
1316021827	Henry	William	J	MD	M	I	3998 Red L Suite 204	Philadelphi	PA	42	19114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	21	24	24	$189.00	$45.97	$36.20	$37.54
1316921935	Tran	Long	V	MD	M	I	4714 Okeechobee Blvd	West Palm	FL	12	33417	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	24	24	24	$163.00	$50.85	$33.68	$31.65
1316952807	Arulandu	Joseph	R	MD	M	I	7002 W Johnson Rd	La Porte	IN	18	46350	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	23	24	24	$250.67	$43.99	$30.69	$32.94
1326128547	Lawlor	Mark	E	MD	M	I	2211 Brown St	Anderson	IN	18	46016	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	23	24	24	$89.00	$43.97	$24.47	$27.80
1326223751	Lawrence	Eric		DO	M	I	5840 E 2nd St Ste 200	Casper	WY	56	82609	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	20	24	24	$101.00	$47.45	$29.95	$30.25
1326252255	Anbarasu	Rani		M.D.	F	I	4206 N Interstate 35	Denton	TX	48	76207	1.1	Secondary	US	Internal Me	Y	69210	Removal of N		O	22	24	24	$77.29	$45.97	$36.76	$37.98
1326647991	Brown	Gregory	W		M	I	3701 Corriere Rd Ste 2(	Easton	PA	42	18045	1	Metropolita	US	Physician A	Y	69210	Removal of N		O	21	24	24	$100.00	$37.60	$24.32	$25.42
1336118900	Kuo	Wilbur	Y	M.D.	M	I	5963 Excha Suite 112	Sykesville	MD	24	21784	2	Metropolita	US	Internal Me	Y	69210	Removal of N		O	20	24	24	$100.00	$51.96	$34.51	$31.65
1336362706	Mesghali M	Sheeba	F	M.D.	F	I	1370 E Ven Suite 202	Venice	FL	12	34285	1	Metropolita	US	Pediatric M	Y	69210	Removal of N		O	17	24	24	$102.30	$48.45	$35.56	$34.83
1336547843	Mckinney	Gregory	S	MD	M	I	100 Walco Ln	Malvern	AR	5	72104	2.1	Secondary	US	Family Prac	Y	69210	Removal of N		O	23	24	24	$89.33	$42.82	$29.09	$33.10
1346246659	Splendoria	Arthur		MD	M	I	1265 36th St	Vero Beach	FL	12	32960	1	Metropolita	US	Family Prac	Y	69210	Removal of N		F	24	24	24	$99.67	$35.30	$24.81	$22.62
1346315868	Baker	Myra	B	PA-C	F	I	2450 Ne Mary Rose Pl S	Bend	OR	41	97701	1	Metropolita	US	Physician A	Y	69210	Removal of N		O	24	24	24	$128.00	$37.02	$25.69	$27.19
1346354396	Scherer	Darrin	D	D.O.	M	I	3030 N Litc Suite 110	Goodyear	AZ	4	85395	2	Metropolita	US	Family Prac	Y	69210	Removal of N		O	23	24	24	$75.00	$46.34	$33.85	$34.95
1346509833	Lacey	Ann	M	MSN, FNP-I	F	I	345 E. Virginia Avenue	Phoenix	AZ	4	85004	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	24	24	24	$71.00	$38.53	$28.08	$29.03
1356336697	Wenzel	Christophe	T	M.D.	M	I	63 Haywood Park Dr	Clyde	NC	37	28721	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	18	24	24	$121.50	$45.95	$30.56	$32.03
1356428478	Gerace	John	P	MD	M	I	29257 Center Ridge Rd	Westlake	OH	39	44145	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	24	24	24	$190.00	$45.75	$27.29	$28.14
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	G0447	Face-to-fac	N	O	24	24	24	$40.00	$21.20	$21.20	$22.20
1356683494	Tiwana	Jasleen	K	M.D.	F	I	5901 E 7th St	Long Beach	CA	6	90822	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	15	24	24	$75.00	$49.30	$37.64	$36.40
1376735613	Knapp	David	J	M.D.	M	I	75 Colonia Suite 200a	Sierra Vista	AZ	4	85635	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	19	24	24	$90.00	$46.29	$34.79	$34.32
1376867929	Kohlberg	Gavriel	D		M	I	1959 Ne Pacific St	Seattle	WA	53	98195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		F	21	24	24	$107.00	$35.45	$22.45	$20.83
1386990315	De Groot	Kara		ARNP	F	I	1801 19th Ave Sw	Willmar	MN	27	56201	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N		O	19	24	24	$148.00	$39.18	$30.62	$31.68
1396746145	Germann	Sara	C	AGPCNP-B	F	I	7150 Clearvista Dr	Indianapoli	IN	18	46256	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	15	24	24	$91.80	$37.44	$24.57	$27.19
1407270549	Saleh	Gaber			M	I	1450 Treat Blvd Ste 32(	Walnut Cre	CA	6	94597	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	24	24	24	$147.00	$55.85	$40.83	$34.82
1407293103	Buschmani	Cory		MD	M	I	925 E Mcdowell Rd Fl 2	Phoenix	AZ	4	85006	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	24	24	24	$52.43	$44.08	$33.70	$36.56
1407820095	Brodie	Hilary	A	M.D.	M	I	2521 Stock Suite 7200	Sacrament	CA	6	95817	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		F	23	24	24	$196.00	$31.02	$23.66	$24.38
1407848922	Franks	Jason	A	M.D.	M	I	211 E Stadium	Magnolia	AR	5	71753	4	Micropolita	US	Internal Me	Y	69210	Removal of N		O	21	24	24	$58.13	$40.86	$27.26	$31.30
1427008226	Smith	Carlos	I	MD	M	I	50 Barracuda Ln	Key Largo	FL	12	33037	4	Micropolita	US	Internal Me	Y	69210	Removal of N		O	18	24	24	$101.00	$53.84	$35.81	$31.65
1427256106	Ferrell	Charles	W	M.D.	M	I	500 N Main St	Hennessey	OK	40	73742	10	Rural areas	US	Family Prac	Y	69210	Removal of N		O	23	24	24	$94.00	$44.47	$32.50	$35.11
1427474691	Dunnell	Kristin	B	P.A.	F	I	590 Court S	Dartmouth	Keene	NH	33	3431	4	Micropolita	US	Physician A	Y	69210	Removal of N		O	22	24	24	$72.46	$28.76	$11.97	$11.55
1437145190	Doro	Danielle	L	M.D.	F	I	2010 16th St Ste C	Greeley	CO	8	80631	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	22	24	24	$123.00	$48.41	$37.00	$36.40
1437152568	Keller	Christophe	J	M.D.	M	I	119 E Bell St	Neenah	WI	55	54956	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	19	24	24	$269.00	$44.42	$32.46	$35.11
1437157609	Palazzo	Ronald	G	MD	M	I	3671 South Suite 109	Orchard Pa	NY	36	14127	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	17	24	24	$85.00	$46.27	$25.06	$26.43
1447202064	Bryant	Gail	G	MD	F	I	125 S Wilke Suite 100	Arlington H	IL	17	60005	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	19	24	24	$105.00	$51.88	$38.34	$35.12
1447208525	Reiter	Evan	R	M.D.	M	I	1201 E Mar Suite 410	Richmond	VA	51	23219	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		F	22	24	24	$221.00	$30.86	$20.21	$20.35
1457309569	Olson	Kurt	R	M.D.	M	I	1504 Sand Point Road	Munising	MI	26	49862	7	Small town	US	Family Prac	Y	69210	Removal of N		O	24	24	24	$158.67	$45.81	$27.32	$29.03
1467418384	Cox	Svetlana	F	MD	F	I	820 S Mcclellan St Ste	Spokane	WA	53	99204	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	24	24	24	$127.00	$47.92	$33.92	$33.66
1467494401	Desilva	Brad	W	MD	M	I	915 Olentangy River Rc	Columbus	OH	39	43212	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	18	24	24	$165.00	$46.71	$29.61	$30.44
1467630640	Maher	Sasha		DO	F	I	11480 Brookshire Ave	Downey	CA	6	90241	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	20	24	24	$110.00	$50.16	$38.98	$35.39
1477082188	Colvard	Katie	A	NP-C	F	I	320 Montebello Oaks [	Paso Roble	CA	6	93446	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	19	24	24	$72.75	$42.05	$32.14	$30.94
1487071940	Graham	Hannah	E	MD	F	I	7447 W Talcott Ave Ste	Chicago	IL	17	60631	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	19	24	24	$126.00	$51.98	$34.36	$31.25
1487620373	Roberts	Kenneth	H	MD	M	I	7041 Lee Park Rd	Mechanicsv	VA	51	23111	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	21	24	24	$139.00	$48.01	$35.21	$34.85
1487668174	Dickerman	William	R	D.O.	M	I	190 W Gerr Suite 155	East Norrit	PA	42	19401	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	19	24	24	$64.25	$49.47	$38.23	$35.10
1487690749	Campanell	Joseph	L	MD	M	I	2510 Airpark Dr Ste 30:	Redding	CA	6	96001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	23	24	24	$156.00	$48.39	$30.92	$29.65
1487744819	Elsanadi	Raef	M	MD	M	I	333 Corporate Dr Ste 2	Ladera Ran	CA	6	92694	1.1	Secondary	US	Internal Me	Y	69210	Removal of N		O	15	24	24	$100.00	$53.18	$39.06	$34.82
1497709315	Sidhu	Jasvir		MD	M	I	590 W Putn #9	Porterville	CA	6	93257	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	23	24	24	$80.00	$48.39	$36.93	$35.46
1497715650	Kreel	Barbara	J	M.D.	F	I	1000 E Mountain Blvd	Wilkes Barr	PA	42	18711	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		F	21	24	24	$116.92	$30.26	$23.05	$23.62
1497785737	Brinkman	Jon	A	D.O.	M	I	613 23rd St Ste 420	Ashland	KY	21	41101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	21	24	24	$146.00	$34.02	$20.99	$21.16
1497964886	Lenkowski	Paul	W	M.D.PH.D.	M	I	4633 Brambleton Ave S	Roanoke	VA	51	24018	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	24	24	24	$134.00	$36.59	$26.14	$27.93
1508851775	Bergeron	Christophe	M	M.D.	M	I	10710 N Torrey Pines R	La Jolla	CA	6	92037	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	20	24	24	$183.27	$45.04	$32.50	$30.07
1518052224	Toupin	Leo	R	MD	M	I	12335 Hymeadow Dr S	Austin	TX	48	78750	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	21	24	24	$115.00	$44.52	$35.50	$37.19
1528110764	Gibson	Thomas	J	MD	M	I	4000 W Woodway Dr	Muncie	IN	18	47304	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	22	24	24	$100.00	$44.43	$30.72	$33.34
1528316742	Puffer	Elise	A	APRN	F	I	100 Mallar Suite 320	Louisville	KY	21	40207	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	17	24	24	$139.00	$38.03	$16.48	$18.90
1528475498	Salminen	Jennifer			F	I	750 E 34th St	Hibbing	MN	27	55746	5	Micropolita	US	Nurse Prac	Y	69210	Removal of N		F	22	24	24	$104.25	$27.02	$18.05	$18.91
1528621885	Agostinelli	Tina		PA	F	I	16646 N Dale Mabry Hi	Tampa	FL	12	33618	1	Metropolita	US	Physician A	Y	69210	Removal of N		O	22	24	24	$120.00	$39.80	$29.87	$29.76
1538173141	Flower	Elizabeth		M.D.	F	I	6580 Hembree Ln Ste 2	Windsor	CA	6	95492	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	24	24	24	$125.59	$52.49	$36.01	$32.43
1548392442	Pelletier	Betty	D	ANP-BC	F	I	1612 Chapin Rd	Chapin	SC	45	29036	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	20	24	24	$146.00	$37.62	$22.43	$24.23
1548587827	Andrews	Genevieve	A	M.D.	F	I	924 Colonial Ave Ste E	York	PA	42	17403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	22	24	24	$81.00	$36.08	$28.89	$29.28
1558342790	Von Haam	Karen	E	MD	F	I	270 Teatick Ste 1a	Teaticket	MA	25	2536	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	22	24	24	$106.00	$48.65	$37.20	$35.61
1568571438	Jenkins	Brad	N	MD	M	I	2508 Crestwood Lane	North Little	AR	5	72116	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	24	24	24	$113.54	$40.94	$25.50	$29.58
1578042362	Lacerenza	Christophe	R	DNP, FNP-I	M	I	60 Westwo Suite 104	Waterbury	CT	9	6708	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	24	24	24	$342.81	$39.21	$29.86	$27.58
1578239042	Bringle	Kelly	W	FNP	F	I	4 Vanderbilt Park Dr St	Asheville	NC	37	28803	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	22	24	24	$93.92	$38.84	$27.08	$28.49
1588672943	Patel	Vikram	N	MD	M	I	2407 W Louisiana Ste 1	Midland	TX	48	79701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	23	24	24	$120.00	$45.51	$34.39	$36.13
1588685077	Anderson	Michael	R	M.D.	M	I	512 Wilcox St	Fort Atkins	WI	55	53538	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N		O	22	24	24	$144.92	$30.37	$13.18	$16.30
1588766299	Ence	Bradford	K	MD	M	I	39 Professi Suite 1	Payson	UT	49	84651	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	24	24	24	$107.00	$45.45	$30.16	$32.07
1588926844	Weber	Brittany	C	M.D.	F	I	490 E North Ave Ste 51!	Pittsburgh	PA	42	15212	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	21	24	24	$140.25	$46.76	$32.78	$32.67

1598715393	Weiss	Raymond	L	M.D.	M	I	1137 Ocean Springs Rc	Ocean Spri	MS	28	39564	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	23	24	24	$125.00	$41.96	$29.24	$34.22
1598725616	Sagers	Timothy		MD	M	I	1790 Blairs Ferry Rd	Hiawatha	IA	19	52233	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	23	24	24	$106.00	$43.19	$29.04	$31.94
1609057736	Munoz	Amanda	A	MD	F	I	801 Welch	Stanford Ol	Palo Alto	CA	6	94304	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	24	24	24	$355.79	$37.50	$27.25	$23.84
1609868736	Kerr	Kathleen	M	PA	F	I	1001 E 2nd St	Couderspo	PA	42	16915	10	Rural areas	US	Physician A	Y	69210	Removal of N	O	20	24	24	$90.63	$39.20	$28.62	$29.72
1619990314	Reyes	Jaime	M	MD	M	I	1713 Sw Health Pkwy S	Naples	FL	12	34109	1	Metropolitz	US	General Pra	Y	69210	Removal of N	O	24	24	24	$90.00	$50.67	$37.03	$34.02
1629017447	Krasner	David	M	D.O.	M	I	1100 S Broom St	Wilmingtor	DE	10	19805	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	20	24	24	$75.00	$47.53	$36.34	$35.61
1629172358	Irwin	Thomas	M	MD	M	I	1111 Medic	Suite N406	Marrero	LA	22	70072	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	23	24	24	$92.63	$46.97	$32.68	$32.46
1629434279	Templeton	Jennifer		PA-C	F	I	110 Highland Center D		Columbia	SC	45	29203	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	22	24	24	$87.01	$37.78	$24.37	$25.93
1639105968	Onstad	Lyle	J	MD	M	I	401 15th Avenue South		Great Falls	MT	30	59405	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	20	24	24	$48.04	$45.67	$26.14	$26.30
1639127798	Arango	Pablo		M.D.	M	I	8950 Sw 74th Ct Ste 12		Miami	FL	12	33156	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	15	24	24	$211.72	$50.12	$36.37	$32.44
1649230012	Paddock	Bradley	H	M.D.	M	I	182 Steele Ave Lowr	Le	Gloversvill	NY	36	12078	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	24	24	$80.00	$34.33	$24.88	$25.15
1649590076	Schularick	Nathan	M	MD	M	I	6099 Wayzata Blvd Ste		St Louis Pa	MN	27	55416	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	22	24	24	$161.00	$44.43	$27.40	$28.55
1659360816	Bybee	Jerald	W	MD	M	I	206 North Arcade		Maquoketa	IA	19	52060	7	Small town	US	Family Prac	Y	69210	Removal of N	O	23	24	24	$111.00	$42.21	$31.94	$34.71
1659369353	Iltis	Mark	P	MD	M	I	619 5th Street		Durant	IA	19	52747	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	21	24	24	$157.00	$43.07	$26.98	$30.10
1659370195	Kimmel	Craig	A	M.D.	M	I	2211 Quarr	Suite E58c	West Lawn	PA	42	19609	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	23	24	24	$75.00	$46.62	$12.43	$13.85
1659419091	Crawford	Rustin	W	D.O.	M	I	4545 E Sou	# 103	Mesa	AZ	4	85206	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	23	24	24	$93.64	$46.35	$28.25	$29.48
1659774131	Deppen	Jessica		APRN	F	I	507 Ne 12th St		Moore	OK	40	73160	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	15	24	24	$59.60	$37.85	$26.40	$28.62
1659840825	Brockway	Bridget	M	FNP-BC	F	I	777 North St		Pittsfield	MA	25	1201	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	24	24	24	$121.83	$41.33	$31.77	$31.27
1669479127	Nanez	Gary		M.D.	M	I	5959 Gatev	Ste 160	El Paso	TX	48	79925	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	23	24	24	$140.39	$44.02	$22.08	$24.69
1669867719	Matson	Maxwell	J	M.D.	M	I	340 S Willard St		Cottonwoo	AZ	4	86326	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	19	24	24	$91.00	$45.45	$29.80	$30.89
1679548622	Kelly	Frank	C	M.D.	M	I	1725 W Ha	Suite 774	Chicago	IL	17	60612	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	20	24	24	$125.00	$52.00	$34.17	$31.19
1689606030	Brandt	John	F	MD	M	I	5200 Nw 4	Suite 102, #	Gainesville	FL	12	32606	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	22	24	24	$67.71	$47.82	$35.10	$35.00
1689791923	Topp	Shelby	G	M.D.	M	I	9250 Sw Hall Blvd		Tigard	OR	41	97223	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	21	24	24	$166.00	$44.62	$30.60	$33.89
1699752436	Cislo	David	G	D.O.	M	I	13823 Tamiami Trl		North Port	FL	12	34287	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	24	24	24	$102.31	$46.89	$33.73	$33.57
1699838003	Giebeig	Peter	W	MD	M	I	5085 West Us Hwy 90		Lake City	FL	12	32055	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	24	24	24	$111.00	$48.42	$32.31	$31.67
1699887513	Singh	Jagdev			M	I	6101 N Fresno St #102		Fresno	CA	6	93710	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	22	24	24	$120.00	$49.26	$31.30	$30.16
1699982496	Moore	Evan	R	M.D.	M	I	5020 E 68th St		Tulsa	OK	40	74136	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	15	24	24	$88.00	$44.36	$32.10	$34.82
1700318078	Vickers	Donald		M.D.	M	I	4301 W Markham St #	!	Little Rock	AR	5	72205	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	23	24	24	$104.40	$31.62	$25.19	$26.31
1700497062	Garreffi	Nicole			F	I	24 W Main St		Northboro	MA	25	1532	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	19	24	24	$101.00	$42.08	$33.58	$32.28
1700838745	Nelson	Kenneth		MD	M	I	2434 Wolf Rd		Westchest	IL	17	60154	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	21	24	24	$135.75	$48.90	$26.38	$24.03
1710097779	Kmicikewy	Alexander	W	MD	M	I	12622 South Harlem A		Palos Heigl	IL	17	60463	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	20	24	24	$75.00	$51.88	$39.45	$36.21
1720051089	Schaffer	Stephen	B	M.D.	M	I	3841 Piper	Suite T230	Anchorage	AK	2	99508	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	19	24	24	$100.00	$52.56	$31.52	$27.53
1720232390	Error	Marc	E	M.D.	M	I	50 N Medical Dr		Salt Lake C	UT	49	84132	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	24	24	24	$131.05	$27.68	$21.24	$22.26
1720533201	Smith	Keri	J	FNP	F	I	520 8th Ave Ne		Demotte	IN	18	46310	2	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	18	24	24	$126.00	$35.77	$22.11	$26.47
1730131012	Snyder	William	H	MD	M	I	615 Wesley	Suite 200	Charleston	SC	45	29407	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	24	24	24	$154.00	$45.29	$29.35	$31.32
1730152729	Denhouter	Willard	B	M.D.	M	I	990 W Ann Arbor Trl	Ste	Plymouth	MI	26	48170	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	21	24	24	$122.00	$48.79	$34.09	$32.56
1740935501	Mcleod	Jacqueline		FNP-C	F	I	13555 W Mcdowell Rd		Goodyear	AZ	4	85395	2	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	21	24	24	$280.92	$39.17	$31.21	$32.28
1750471546	Manjooran	Earnest	G	MD	M	I	588 N Sunr	Suite 120	Roseville	CA	6	95661	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	19	24	24	$60.83	$49.38	$39.39	$37.98
1750795670	Davis	Andrew		M.D.	M	I	920 E 1st St	Ste 301	Duluth	MN	27	55805	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	20	24	24	$66.00	$30.71	$20.29	$21.70
1750926077	Mcdannald	Amanda	J	DNP	F	I	720 N Bond St		Springfield	IL	17	62702	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	20	24	24	$136.00	$39.77	$26.49	$27.12
1760489371	Goland	Jay	H	MD	M	I	2925 N. Palo Verde		Long Beach	CA	6	90815	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	14	24	24	$110.00	$49.75	$37.62	$35.61
1760608533	Patel	Sonalee	M	RPA-C	F	I	85 High St		Buffalo	NY	36	14203	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	23	24	24	$75.00	$36.83	$22.81	$23.19
1780644302	Smouha	Eric		MD	M	I	261 Fifth A	9th Floor	New York	NY	36	10016	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	17	24	24	$220.21	$56.18	$41.15	$33.23
1790725182	Hannel	Jeffrey	W	M.D.	M	I	4515 Marsha Sharp Fw		Lubbock	TX	48	79407	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	23	24	24	$74.00	$43.68	$28.67	$30.42
1801185863	Pierce	Matthew	L	M.D.	M	I	110 Irving St Nw	Ste 27	Washingto	DC	11	20010	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	F	23	24	24	$119.00	$34.00	$27.22	$23.57
1801528930	Stewart	Erin		PHYSICIAN	F	I	133 Benmore Dr Ste 10		Winter Park	FL	12	32792	1	Metropolitz	US	Physician A	Y	69210	Removal of N	O	24	24	24	$138.00	$40.42	$32.20	$32.28
1801916531	Sadr	Sharon	M	M.D.	F	I	160 Kingsley Ln Ste 50		Norfolk	VA	51	23505	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	20	24	24	$75.00	$47.97	$33.57	$33.29
1811950264	Mount	Mark	R	MD	M	I	927 Broadway St		Quincy	IL	17	62301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	24	24	$143.83	$45.98	$28.99	$29.60
1821382433	Moskovitz	Jessica		MD	F	I	120 Ochsner Blvd Ste 2		Gretna	LA	22	70056	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	21	24	24	$359.00	$46.03	$27.11	$26.94
1821565805	Bennett	Emily			F	I	1 Medical Center Dr		Morgantow	WV	54	26506	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	23	24	24	$138.00	$38.86	$23.34	$24.80
1831462134	Fioretti	Julie	A	APRN - FNF	F	I	907 Nw 5th St		Stigler	OK	40	74462	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	18	24	24	$58.00	$37.71	$26.87	$29.20
1841279841	Jiang	Kenneth	P	MD	M	I	901 Sunset #3		Hollister	CA	6	95023	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	23	24	24	$103.00	$57.39	$42.03	$34.02
1851377030	Kirkpatrick	Richard	A	M.D.	M	I	1706 Washington Way		Longview	WA	53	98632	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	21	24	24	$70.00	$47.59	$29.99	$30.16
1851388029	Kagan	Joseph	P	MD	M	I	1 Pearl St	Suite 2100	Brockton	MA	25	2301	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	22	24	24	$161.00	$47.53	$22.96	$24.13
1851870786	Williams	Catherine	V		F	I	19450 Deerfield Avenu		Leesburg	VA	51	20176	1	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	21	24	24	$162.00	$40.50	$30.10	$28.76
1871072991	Pearcy	Alexandra		PA-C	F	I	148 Skyview Dr		Mount Ster	KY	21	40353	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	20	24	24	$92.00	$35.74	$27.97	$29.66
1871577015	Malinchak	Marie	L	MD	F	I	3239 Electr	Suite A	Roanoke	VA	51	24018	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	23	24	24	$94.92	$46.28	$28.66	$30.15
1881912293	Laurent	Yvenalie		MD	F	I	854 Route 212		Saugerties	NY	36	12477	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	22	24	24	$103.79	$52.93	$40.41	$36.38
1891758124	Resser	John	R	M.D.	M	I	2605 Kentu	Suite 601	Paducah	KY	21	42003	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	24	24	$102.25	$42.98	$30.86	$32.20
1891992061	Case	Ryan	C	MD	M	I	201 S Railroad Ave		Brookhaver	MS	28	39601	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	24	24	$100.00	$40.55	$23.65	$27.30
1902879950	Rebello	Vernon		M.D.	M	I	13590 Jog F	Suite C3	Delray Bea	FL	12	33446	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	22	24	24	$62.18	$46.43	$33.49	$31.51
1902888019	Petitjean	Mark	C	M.D.	M	I	1307 Crowl	Suite E	Crowley	LA	22	70526	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	19	24	24	$106.85	$32.77	$26.24	$25.76
1902896947	Wilkerson	Billie	F	MD	F	I	407 S Medical Arts Ct S		Gillette	WY	56	82716	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	24	24	24	$138.00	$47.61	$22.04	$22.36
1912259946	Teng	Chunwen		D.O.	F	I	831 Sterling Pkwy Ste 1		Lincoln	CA	6	95648	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	20	24	24	$100.00	$48.40	$35.23	$33.87
1922066455	Harris	Steven	W	PA	M	I	3917 West Road #250		Los Alamos	NM	35	87544	7	Small town	US	Physician A	Y	69210	Removal of N	O	24	24	24	$100.00	$38.45	$26.77	$27.78
1922558089	Brown	Ann	E	PA-C	F	I	26659 Pleasant Park R		Conifer	CO	8	80433	2	Metropolitz	US	Physician A	Y	69210	Removal of N	O	22	24	24	$80.00	$39.35	$30.00	$29.59
1942247085	Nenow	Mark	C	MD	M	I	2010 Garfield Ave		Parkersbur	WV	54	26101	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	24	24	24	$138.00	$41.87	$31.98	$33.35
1952320384	Patterson	James	R	M.D.	M	I	3 Hospital Dr Ste 214		Lewisburg	PA	42	17837	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	23	24	24	$110.83	$44.34	$30.73	$33.83
1952403933	Volfinzon	Leonid		M.D.	M	I	728 Ocean	Suite 1	Brooklyn	NY	36	11235	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	23	24	24	$70.00	$60.19	$46.16	$36.40
1952988271	Craig	Mary	E	NP-FAMILY	F	I	200 Patewood Dr Ste B		Greenville	SC	45	29615	2	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	23	24	24	$118.00	$37.92	$26.40	$28.59
1962438812	Weber	Dan	L	PA-C	M	I	256 N 2nd E		Rexburg	ID	16	83440	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	19	24	24	$132.00	$36.00	$21.32	$24.54
1972662849	Cienkus	Scott	B	MD	M	I	400 Skokie Blvd Ste 53		Northbrook	IL	17	60062	1	Metropolitz	US	Internal Me	Y	69210	Removal of N	O	24	24	24	$91.25	$37.00	$19.78	$17.55
1972683001	Raab	Gary	W	D.O.	M	I	500 E 6th St		Ocean City	NJ	34	8226	1	Metropolitz	US	Family Prac	Y	69210	Removal of N	O	22	24	24	$80.00	$52.10	$35.23	$32.14
1982018271	Logeman	Andrew	W	M.D.	M	I	4400 Emile St		Omaha	NE	31	68198	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	17	24	24	$322.92	$40.89	$26.29	$26.55
1982926317	Riedt	Stacy	L	FNP-BC	F	I	17112b Mountain Rd		Montpelier	VA	51	23192	2	Metropolitz	US	Nurse Prac	Y	69210	Removal of N	O	22	24	24	$73.00	$40.90	$27.45	$27.12
1992166888	Perdoni	Christophe	J	M.D.	M	I	1021 Bandana Blvd E S		Saint Paul	MN	27	55108	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	23	24	24	$204.40	$42.51	$27.14	$28.21
1003127259	Chiu	Ilene		M.D.	F	I	600 S Main St		Fort Worth	TX	48	76104	1	Metropolitz	US	Otolaryngo	Y	69210	Removal of N	O	21	23	23	$168.00	$45.75	$36.50	$37.15

1003572470	Whitley	Shannon	L	APRN	F	I	1650 Midtown Rd	Peru	IL	17	61354	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	23	23	$80.65	$28.06	$18.46	$18.53
1003836784	Wilson	Michael	A	MD	M	I	4222 Lincoln Hwy	York	PA	42	17406	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	23	23	$89.00	$46.64	$33.93	$34.69
1003844960	Hong	Chun		MD PHD	M	I	11357 Sunset Hills Rd	Reston	VA	51	20190	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	23	23	$95.87	$53.06	$34.95	$31.37
1013112911	Singh	Priyanka		M.D.	F	I	2509 Park / Suite 1a	South Plain	NJ	34	7080	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	23	23	$260.00	$52.59	$31.87	$28.52
1013550110	Tryba	Rachel	J	PA-C	F	I	46 Warren St	Agawam	MA	25	1001	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	18	23	23	$106.97	$42.07	$28.98	$27.92
1013907567	Parsons	Kalob	J	AU.D.	M	I	1753 W Broadway St	Idaho Falls	ID	16	83402	1	Metropolita	US	Audiologist	Y	69210	Removal of N	O	21	23	23	$56.09	$43.31	$27.51	$31.22
1013967140	Koehler	Kathleen	E	MD	F	I	364 State Rd	Vineyard H	MA	25	2568	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	20	23	23	$110.00	$49.54	$26.53	$25.54
1023076528	Regier	Chris	W	DO	M	I	9020 E Reno Ave	Midwest Ci	OK	40	73130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	23	23	$109.00	$42.98	$34.39	$36.33
1023334919	Sewell	Andrew	B	M.D.	M	I	21000 E 12 Mile Rd Ste	Saint Clair	MI	26	48081	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	23	23	$45.52	$35.92	$22.53	$20.53
1023601309	Alexander	Rebecca		CRNP	F	I	204 Medical Center Dr	Prattville	AL	1	36066	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	23	23	$85.00	$36.61	$27.87	$30.64
1033180211	Shorago	George	W	M.D.	M	I	50 S San M. Suite 320	San Mateo	CA	6	94401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	23	23	$114.92	$37.35	$26.53	$23.30
1033381801	Shaffer	Marcus	D	M.D.	M	I	830 Penns\ Suite 302	Charleston	WV	54	25302	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	20	23	23	$94.00	$30.04	$20.61	$20.12
1043217599	Meulenberg	Daniel	J	M.D.	M	I	606 N 3rd Ave Ste 101	Sandpoint	ID	16	83864	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	20	23	23	$102.00	$42.36	$21.70	$25.55
1043295918	Buyo	Rogelio	O	RN, APN, C	M	I	3000 Essex Rd	Tinton Falls	NJ	34	7753	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	23	23	$75.00	$44.16	$30.47	$27.26
1043756745	Barnes	Victoria	H	N.P.	F	I	161 Wadsworth Dr	North Ches	VA	51	23236	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	23	23	$90.00	$38.41	$30.61	$30.89
1053311068	Bowman	Vernon	D	MD	M	I	146 Hwy 32-2a	Ashdown	AR	5	71822	7.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	22	23	23	$100.00	$43.15	$30.03	$33.71
1053450304	Hales	Nathan	W	M.D.	M	I	4775 Hamilton Wolfe R	San Antonio	TX	48	78229	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	23	23	$129.74	$39.59	$31.58	$30.55
1053758094	Modzeski	Mara	C	MD	F	I	132 Abigail Ln	Port Matild	PA	42	16870	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	23	23	$119.74	$44.22	$30.44	$31.61
1063461788	Portela-Arr	Juan	C	MD	M	I	Torre Medic Suite 352	Manati	PR	72	674	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	23	23	$48.60	$37.98	$25.09	$26.33
1063501591	Javaid	Nusrat		M.D.	M	I	Children's I 3901 Beaul	Detroit	MI	26	48201	1	Metropolita	US	Pediatric M	Y	69210	Removal of N	O	21	23	23	$120.87	$46.29	$32.22	$33.40
1063527430	Gladin	Collier	B	M.D.	M	I	140 N Crest Blvd	Macon	GA	13	31210	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	23	23	$155.00	$44.75	$31.00	$33.44
1063553543	Lonial	Manu		M.D.	M	I	1741 Mesquite Ave # 1(	Lake Havas	AZ	4	86403	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	23	23	$75.00	$46.48	$32.95	$33.92
1073119574	Gallmeyer	Michael	C	NP-C	M	I	3909 New Vision Dr	Fort Wayne	IN	18	46845	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	23	23	$146.00	$37.37	$24.31	$26.99
1073143178	Key	Jessica	R	APRN	F	I	5147 N 9th Ave Ste 325	Pensacola	FL	12	32504	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	21	23	23	$37.98	$28.73	$22.89	$22.37
1083695696	Coccia	Christophe	D	D.O.	M	I	408 Clark St Ne	Cullman	AL	1	35055	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	20	23	23	$85.74	$43.31	$28.24	$31.88
1093256216	May	Maria	C	D.O.	F	I	1930 Tamarack Rd	Newark	OH	39	43055	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	23	23	$70.00	$44.43	$31.92	$34.09
1104384015	Guinn	Jennifer	A	PA-C	F	I	1836 South Ave	La Crosse	WI	55	54601	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	22	23	23	$206.96	$26.34	$15.63	$17.14
1104812478	Westerkam	John	C	MD	M	I	451 Northcrest Dr	Springfield	TN	47	37172	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	23	23	23	$84.00	$43.88	$30.41	$33.56
1104845445	Marcos	Yolanda		MD	F	I	510 Med Ct Suite 210	San Antonio	TX	48	78258	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	23	23	$85.00	$45.63	$33.21	$34.88
1114153681	Wood	Megan	W	M.D.	F	I	11725 N Illinois St Ste 4	Carmel	IN	18	46032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	23	23	$97.00	$40.10	$25.82	$28.77
1114337508	Hwang	Jennifer		DO	F	I	3855 W Chester Pike St	Newtown S	PA	42	19073	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	23	23	$130.43	$50.93	$40.62	$37.98
1114955960	Imburgia	Dominic	C	M.D.	M	I	901 N Maple St	Effingham	IL	17	62401	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	23	23	23	$48.16	$45.29	$32.85	$33.99
1124021605	Pish	Richard	J	MD	M	I	650 Cherry Tree Ln	Uniontown	PA	42	15401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	23	23	$75.03	$46.18	$32.00	$33.26
1124024336	Shahkoohi	Farid		M.D.	M	I	371 Merric Ste 302	Rockville C	NY	36	11570	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	23	23	$200.00	$56.99	$42.84	$34.13
1124209168	Hejtmanek	Nichole	R	D.O.	F	I	5055 A St Ste 300	Lincoln	NE	31	68510	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	23	23	$95.00	$41.52	$23.07	$26.70
1134330434	Merrell	James	A	MD	M	I	2643 Patte Suite 503	Grand Junc	CO	8	81506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	23	23	$140.00	$49.11	$29.92	$28.83
1134379225	Burns	Lauren	N	D.O.	F	I	3800 Embassy Pkwy	Fairlawn	OH	39	44333	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	23	23	23	$83.48	$46.74	$37.41	$37.98
1134656119	Lewinn	Ashley	C	NP	F	I	1516 Oriental Blvd	Brooklyn	NY	36	11235	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	23	23	$75.00	$45.57	$36.36	$31.58
1144302530	Dunn	Davonnie	M	MD	F	I	23659 Columbus Rd St	Columbus	NJ	34	8022	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	23	23	$82.87	$52.12	$28.83	$26.42
1144617887	Ona	Matthew	B	APN	M	I	615 Hope F Bldg 5 Visit	Eatontown	NJ	34	7724	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	23	23	$44.89	$44.42	$30.64	$28.07
1144827346	Chovanec	Kay	L	FNP-C	F	I	300 N Main St Ste D	Crown Poin	IN	18	46307	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	23	23	$70.76	$37.42	$24.07	$26.72
1154338424	Miley	Jennifer		M.D.	F	I	1921 E Nine Mile Rd	Pensacola	FL	12	32514	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	23	23	$106.00	$48.47	$37.12	$36.33
1154480028	Mcleod	John	F	MD	M	I	110 Doctor Ste B-2	Cheraw	SC	45	29520	7	Small town	US	Family Prac	Y	69210	Removal of N	O	23	23	23	$150.00	$45.16	$29.03	$31.14
1154525012	Zeitler	Daniel	M	M.D.	M	I	1100 9th Ave	Seattle	WA	53	98101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	23	23	23	$134.26	$35.50	$25.94	$24.02
1154897031	Mendoza G	Rebeca	J		F	I	1401 William St Se	Albuquerq	NM	35	87102	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	23	23	$100.00	$37.24	$25.57	$26.88
1154903094	Krings	Brooke		PA-C	F	I	4214 38th St	Columbus	NE	31	68601	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	22	23	23	$111.00	$36.14	$22.37	$26.10
1164439675	Wang	Andrew		M.D	M	I	909 Hyde St Ste 125	San Francis	CA	6	94109	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	23	23	$108.91	$56.05	$42.81	$36.33
1164517413	Hoerning	Keith	R	D.O.	M	I	290 Sunrise Hwy	Lindenhurs	NY	36	11757	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	15	23	23	$80.00	$60.13	$43.93	$34.68
1164783551	Taki	Nizar	H	M.D.	M	I	915 Middle River Dr Ste	Fort Lauder	FL	12	33304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	23	23	$186.87	$29.84	$22.71	$24.11
1174504930	Tamburro	Larry	S	MD	M	I	1455 W Chandler Blvd	Chandler	AZ	4	85224	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	23	23	$61.73	$45.31	$28.83	$30.04
1184621559	Winter	Todd	A	MD	M	I	965 Ellendale Dr	Medford	OR	41	97504	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	23	23	$158.00	$44.68	$24.50	$26.24
1194771840	Vandigo	Gregory	A	M.D.	M	I	10988 Bartel Blvd	Galena	IL	17	61036	7	Small town	US	Family Prac	Y	69210	Removal of N	O	20	23	23	$126.35	$38.35	$26.59	$27.47
1205836186	Bruner	Warner	L	MD	M	I	710 Colonial Dr	Baton Roug	LA	22	70806	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	23	23	$95.00	$45.82	$33.34	$34.86
1225177488	Wargovich	Teresa	D	M.D.	F	I	5200 N Cro Beach Med	Kitty Hawk	NC	37	27949	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	23	23	23	$73.41	$45.81	$30.94	$32.48
1255376133	Westrom	Joseph	V	MD	M	I	615 Saint Joseph Dr	Kokomo	IN	18	46901	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	23	23	$200.00	$44.44	$27.85	$30.60
1255466967	Deaton	Emily	C	MD	F	I	3301 La Mancha Dr Nw	Albuquerq	NM	35	87104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	23	23	$135.64	$46.08	$31.94	$32.46
1265422919	Watkins	David	P	M.D.	M	I	306 E Maumee St Ste 2	Angola	IN	18	46703	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	22	23	23	$146.00	$44.42	$22.32	$25.29
1265463194	Mansfield	Perry		M.D.	M	I	3590 Camino Del Rio N	San Diego	CA	6	92108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	23	23	$156.00	$45.82	$36.57	$33.85
1265487383	Monigatti L	Neva	M	MD	F	I	300 Sierra (Ste 170	Grass Valle	CA	6	95945	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	22	23	23	$83.65	$46.79	$34.16	$34.81
1265603047	Sonderer	Eric	D		M	I	6290 E Grant Rd	Tucson	AZ	4	85712	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	23	23	$101.22	$46.52	$33.90	$34.82
1265674865	Voigt-Field	Kathie	M	DO	F	I	4251 Sunset Dr	San Angelo	TX	48	76904	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	23	23	$120.00	$45.94	$27.12	$28.68
1265705404	Hamilton	Heather	N	NP	F	I	4000 W Woodway Dr	Muncie	IN	18	47304	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	23	23	$100.00	$37.75	$24.12	$26.44
1265953954	Kinman	Isaac	M	D.O.	M	I	532 Riverside Ave Ste 1	Jacksonvill	FL	12	32202	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	23	23	$106.93	$48.43	$33.80	$33.12
1265964662	Desai	Stuti	V	MD	F	I	17704 Jean Way Ste 10	Lake Oswe	OR	41	97035	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	23	23	$143.00	$48.28	$35.07	$34.68
1275128241	Hartzell	Desiree	L	APRN	F	I	12356 Streambed Dr	Riverview	FL	12	33579	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	23	23	$73.00	$40.75	$28.24	$28.08
1275188534	Meagher	Erin	K	FNP	F	I	246 Southbridge Rd	Charlton	MA	25	1507	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	23	23	$130.00	$40.65	$32.51	$30.88
1275557126	Levine	Joshua	D	M.D.	M	I	5933 Blake Suite 200	Charlotte	NC	37	28277	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	23	23	23	$95.00	$46.29	$30.64	$31.77
1275608184	Ford	Kevin	M	MD	M	I	7404 Execu #501	Lanham	MD	24	20706	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	23	23	$125.00	$55.67	$32.70	$28.07
1285614263	Bazylak	Robert	A	M.D.	M	I	1034 Grove St	Meadville	PA	42	16335	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	23	23	23	$83.00	$46.65	$27.16	$28.10
1285619056	Nahhas	Tony		MD	M	I	6444 N Central Ave	Chicago	IL	17	60646	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	23	23	$94.00	$52.25	$36.28	$33.03
1285693036	Clark	Richard	F	PA	M	I	10670 Wexford St	San Diego	CA	6	92131	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	21	23	23	$155.91	$43.84	$30.40	$28.07
1285740480	Coelho	Peter	R	M.D.	M	I	930 Sunset Building 1,	Hollister	CA	6	95023	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	23	23	23	$120.00	$57.34	$39.71	$33.03
1285800573	Reeves	Travis	D	M.D.	M	I	200 Patewood Dr Ste B	Greenville	SC	45	29615	2	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	23	23	$57.39	$34.58	$19.95	$20.34
1295129310	Baubly	Kathryn			F	I	103 N Haven Rd Fl 2	Elmhurst	IL	17	60126	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	23	23	$110.00	$50.69	$33.40	$30.55
1295930550	Kutz	Joe	W	M.D.	M	I	5323 Harry Hines Blvd	Dallas	TX	48	75390	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	23	23	$168.00	$47.65	$31.54	$31.61
1306863014	Meyer	Todd	A	D.O.	M	I	1501 S Madison St	Appleton	WI	55	54915	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	23	23	$271.87	$43.55	$28.53	$31.16
1316026545	Hillsamer	Peter	J	M.D.	M	I	2320 Concord Rd	Lafayette	IN	18	47909	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	23	23	$91.00	$40.23	$25.18	$28.03

1316135320	Font	Jean	P	MD	M	I	11760 Bird	Suite 352	Miami	FL	12	33175	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	19	23	23	$105.00	$51.22	$38.32	$34.02
1316913650	Eaton	Jeffrey	S	M.D.	M	I	12395 El Ca	Suite 200	San Diego	CA	6	92130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	18	23	23	$104.00	$49.21	$36.70	$33.09
1316945819	Mckinnon	Brian	J	MD	M	I	1600 W	League City Pk	League City	TX	48	77573	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	20	23	23	$135.00	$31.66	$22.45	$22.36
1326064387	Bundra	Stephen	J	MD	M	I	1921 Lake	Ave Ste B	Wilmette	IL	17	60091	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	22	23	23	$115.00	$52.45	$34.99	$31.56
1346496551	Hamilton	Thomas	S	DO	M	I	2807 Arizona	Ave Suite	Joplin	MO	29	64804	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	22	23	23	$92.66	$44.01	$27.43	$30.60
1346734860	Thoreson	Micah		NP	F	I	1000 E Park	Blvd Ste 1(	Boise	ID	16	83712	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	22	23	23	$67.17	$26.20	$18.62	$20.65
1356388516	Hom	Barbara	M	MD	F	I	320 Dardar	Ste 25b	Los Gatos	CA	6	95032	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	16	23	23	$75.00	$57.85	$38.61	$31.46
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main	St	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	87635	Amplifed d	N	O	20	23	23	$100.00	$50.86	$50.86	$50.28
1366442634	Seager	Charles		M.D.	M	I	132 Professional	Cir	Williamsbu	VA	51	23185	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	20	23	23	$121.00	$48.14	$35.20	$34.71
1376529503	Stephens	Donna	L	M.D.	F	I	2815 First Avenue	Nort	St Petersbu	FL	12	33713	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	20	23	23	$60.00	$47.84	$33.13	$33.04
1386231223	Talbott	Ellen		FNP	F	I	815 Business Park	Dr S	Traverse Ci	MI	26	49686	4	Micropolita	US	Nurse Prac	Y	69210	Removal of	N	O	15	23	23	$74.00	$38.96	$27.00	$28.31
1386633485	Cox	Carter		MD	M	I	206 S Vine	St	Bastrop	LA	22	71220	5	Micropolita	US	General Pra	Y	69210	Removal of	N	O	21	23	23	$47.55	$45.90	$28.60	$30.20
1396840682	Theivagt	Charles	P	MD	M	I	2101 S Cyn	Plex A	Mcallen	TX	48	78503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	19	23	23	$193.00	$45.97	$29.12	$30.58
1407387467	Huwyler	Camille	M	M.D.	F	I	1321 Cottonwood	St St	Woodland	CA	6	95695	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	22	23	23	$178.00	$45.99	$34.91	$33.85
1407874621	Noori	Ahmad	O	M.D.	M	I	1860 Town	Suite 280	Reston	VA	51	20190	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	17	23	23	$125.00	$48.79	$38.96	$35.50
1407898653	Hanna	Ibrahim	I	M.D.	M	I	640 W. Foo	Suite 100	Glendora	CA	6	91741	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	19	23	23	$85.00	$52.83	$31.19	$28.07
1417351297	Honeychuc	Amanda	M		F	I	707 Bryant	St	Statesville	NC	37	28677	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	22	23	23	$119.00	$39.17	$29.97	$30.97
1417944109	Katz	Arthur	H	M.D.	M	I	1950 45th S	Suite 205	Munster	IN	18	46321	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	15	23	23	$92.00	$23.48	$18.72	$18.99
1427013945	Thomas	Reid	M	MD	M	I	2900 Hawkins	Dr	Searcy	AR	5	72143	4	Micropolita	US	Internal Me	Y	69210	Removal of	N	O	20	23	23	$48.52	$29.55	$18.84	$21.20
1427052307	Sieck	Brian	M	MD	M	I	1836 South	Ave	La Crosse	WI	55	54601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	17	23	23	$184.78	$30.24	$24.20	$25.74
1437134210	Cable	Benjamin	B	M.D.	M	I	5220 W University	Dr S	Mckinney	TX	48	75071	2	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	18	23	23	$42.00	$32.88	$20.46	$20.68
1437194354	Blizzard	Daniel	R	DO	M	I	120 Causeway	Dr Ste 3	Ocean Isle	NC	37	28469	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	16	23	23	$111.00	$45.79	$30.14	$31.77
1437313723	Sankar	Narendra		M.D.	M	I	390 S High	Suite 102	Dewey	AZ	4	86327	2	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	19	23	23	$75.00	$46.36	$30.49	$31.65
1437474152	Chapman	Duncan		MD	M	I	2700 East Centre	Ave	Portage	MI	26	49002	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	14	23	23	$95.00	$31.13	$22.61	$25.03
1457845786	Skrdla	Kamille	M	APRN	F	I	1240 Aries	Dr	Lincoln	NE	31	68512	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	23	23	23	$100.00	$37.17	$28.43	$31.05
1467423616	Weekly	James	M	M.D.	M	I	3015 3rd	Ave Se	Aberdeen	SD	46	57401	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	F	22	23	23	$41.00	$30.84	$17.01	$18.34
1477719433	Draper	Amanda	M	NP-C	F	I	323 E River	Ste 224	Boise	ID	16	83616	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	20	23	23	$59.83	$25.66	$15.95	$18.00
1477934396	Patel	Devang		M.D.	M	I	2352 Meadows	Blvd St	Castle Roc	CO	8	80109	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	22	23	23	$128.00	$47.21	$32.54	$32.20
1487730842	Henderson	Frampton	W	M.D.	M	I	1101 Old Tr	Suite 100	Summervill	SC	45	29485	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	22	23	23	$130.41	$44.66	$32.49	$34.96
1487914040	Andrews	Loumarie	L	M.D.	F	I	625 Sw 4th	Ave	Gainesville	FL	12	32601	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	21	23	23	$266.00	$48.18	$31.31	$30.93
1497286009	Burger	Margaret	A	PA-C	F	I	5750 Balcones	Dr Ste 2	Austin	TX	48	78731	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	23	23	23	$154.61	$40.68	$30.23	$30.12
1497296800	Friedman	Jacob	J	MD	M	I	3000 N Halsted	St Ste 4	Chicago	IL	17	60657	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	23	23	23	$158.91	$46.01	$36.66	$33.85
1497743413	Phillips	Gregory	S	MD	M	I	382 N Main	St	Sibley	LA	22	71073	5.1	Secondary	US	Family Prac	Y	69210	Removal of	N	O	21	23	23	$100.00	$44.89	$25.72	$27.34
1508806712	Morales	Javier		M.D.	M	I	2200 North	Suite 133	Greenvale	NY	36	11548	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	18	23	23	$88.00	$60.47	$46.83	$36.39
1508967738	Thomas	Darin	D	MD	M	I	202 E	Third	Ferdinand	IN	18	47532	5	Micropolita	US	Emergency	Y	69210	Removal of	N	O	21	23	23	$67.00	$44.53	$33.23	$35.63
1518001551	Rosenstein	David	H	M.D.	M	I	6970 W. Pa	Suite 140	Las Vegas	NV	32	89113	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	20	23	23	$75.00	$49.06	$37.48	$35.54
1518077346	Zugec	Mirko		M.D.	M	I	3919 N Maple	St	Spokane	WA	53	99205	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	18	23	23	$54.65	$45.52	$31.33	$31.43
1518904648	Ma	Jose		MD	M	I	4853 Pulas	Ste 300	Perryville	MD	24	21903	1.1	Secondary	US	Family Prac	Y	69210	Removal of	N	O	20	23	23	$100.00	$45.95	$25.01	$24.26
1518992072	Brooks	Rebecca	M	M.D.	F	I	670 Cardinal	Rd	New Bern	NC	37	28562	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	22	23	23	$82.00	$44.60	$33.27	$34.92
1528282902	Houk	Lisa	L	FNP	F	I	1340 N Hwy	377 Ste 11	Pilot Point	TX	48	76258	2	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	21	23	23	$50.00	$38.85	$26.93	$28.33
1528354669	White	Lauren	C	M.D.	F	I	340 N Belair	Rd	Evans	GA	13	30809	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	22	23	23	$125.00	$42.82	$29.47	$31.79
1528486370	Irvin	Bradley	R	M.D	M	I	2090 S Ohio	St	Salina	KS	20	67401	4	Micropolita	US	Family Prac	Y	69210	Removal of	N	O	20	23	23	$136.30	$43.34	$28.06	$30.86
1528639200	Simpson	Jessica		NP	F	I	405 Avenue	A	Farwell	TX	48	79325	10.2	Secondary	US	Nurse Prac	Y	69210	Removal of	N	O	12	23	23	$75.00	$38.80	$26.19	$27.65
1538108188	Crothers	Patricia	C	APRN	F	I	5 Timber	Ln	Exeter	NH	33	3833	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	18	23	23	$60.00	$41.25	$32.90	$32.28
1538144225	Reich	Steven	C	MD	M	I	1050 Sw 3r	Ste 1200	Ontario	OR	41	97914	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	F	23	23	23	$66.61	$31.49	$10.87	$12.52
1538193214	Mihelich	Thomas	D	MD	M	I	1245 S Utica	Ave	Tulsa	OK	40	74104	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	21	23	23	$103.00	$44.59	$22.29	$25.17
1538194410	Miller	Edward	J	M.D.	M	I	200 Hospit	Suite 3	Jefferson	NC	37	28640	7	Small town	US	General Pra	Y	69210	Removal of	N	O	21	23	23	$88.70	$46.24	$33.51	$34.59
1538239041	Goheen	Barbara		M.D.	F	I	701 Doctors	Dr Ste K	Kinston	NC	37	28501	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	O	23	23	23	$156.65	$44.61	$33.97	$35.60
1538292693	Morales	Robert		M.D.	M	I	1305 S 14th	St	Kingsville	TX	48	78363	4	Micropolita	US	Family Prac	Y	69210	Removal of	N	O	20	23	23	$60.00	$44.15	$28.48	$31.75
1548895568	Nezakat	Sina		PA-C	M	I	1068 Cresthaven	Rd St	Memphis	TN	47	38119	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	21	23	23	$121.00	$37.28	$24.18	$26.92
1558324814	D'auria	Charles	E	D.O.	M	I	480 N Kerr	Suite 102	Hermitage	PA	42	16148	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	22	23	23	$65.00	$46.12	$29.45	$30.77
1558361865	Daigle	Randy	J	MD	M	I	990 Napoleon	Ave	Sunset	LA	22	70584	2	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	21	23	23	$132.52	$44.93	$25.68	$27.27
1558704700	Zaveri Mall	Rishi		MD	F	I	1200 S York	St Ste 418	Elmhurst	IL	17	60126	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	20	23	23	$262.70	$35.76	$28.54	$25.75
1568464923	Stanford	David	C	MD	M	I	29798 Hau	Ste 308	Sun City	CA	6	92586	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	19	23	23	$60.00	$48.89	$32.80	$31.27
1578515797	Rohn	Gregory	N	MD	M	I	6300 W Parker	Rd	Plano	TX	48	75093	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	18	23	23	$170.00	$45.46	$34.08	$35.86
1578545208	Werner	Terry	S	M.D.	M	I	167 North Main	Street	Tuba City	AZ	4	86045	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	F	23	23	23	$50.43	$31.91	$23.25	$22.96
1578674008	Taylor	Edward	J	M.D.	M	I	8901 W Dodge	Rd	Omaha	NE	31	68114	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	19	23	23	$129.00	$42.52	$29.37	$32.79
1588017263	Frongillo	Marissa		N.P.	F	I	495 Station	Ave	South Yarm	MA	25	2664	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	19	23	23	$127.40	$42.20	$27.18	$26.07
1588216014	Arcidicono	Christine	A	NP	F	I	136 W Elizabeth	St Ste	Harrisonbu	VA	51	22802	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	21	23	23	$96.00	$39.95	$23.92	$23.01
1588339022	Wardhana	Christina	L	FNP-BC	F	I	4101 Perimeter	Center	Oklahoma	OK	40	73112	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	20	23	23	$187.24	$39.99	$31.87	$30.88
1598081614	Mckenzie	Issel	M	NP	F	I	5700 Lake \	Suite 101	Norfolk	VA	51	23502	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	19	23	23	$53.45	$40.40	$28.93	$29.05
1598764896	Dorman	Robert	A	MD	M	I	2850 Twin I	Suite 101-A	Arkadelphi	AR	5	71923	4	Micropolita	US	Internal Me	Y	69210	Removal of	N	O	21	23	23	$100.00	$42.54	$30.92	$35.13
1598806929	Wittkopf	Maria	L	MD	F	I	5999 New Wilke	Rd Bld	Rolling Mea	IL	17	60008	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	23	23	23	$155.00	$43.14	$34.47	$31.37
1598980773	Belanger	Paul	H	D.O.	M	I	1450 Farr	Rd Ste 5000	Norton Sho	MI	26	49444	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	21	23	23	$102.00	$44.81	$32.54	$34.04
1609876507	Smith	Matthew	J	MD	M	I	1753 W Ridgeway	Ave S	Waterloo	IA	19	50701	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	21	23	23	$169.57	$42.91	$29.46	$32.60
1609934298	Ahn	Paul	M	D.O.	M	I	173 Essex /	Suite 101	Metuchen	NJ	34	8840	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	17	23	23	$53.32	$52.87	$36.65	$33.03
1619932704	Gross	Rick	D	MD	M	I	1601 Creek	Yakima Ear	Yakima	WA	53	98902	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	20	23	23	$107.78	$32.56	$21.76	$22.20
1629045646	Groskin	Stephen	D	MD	M	I	546 Main R	Prima Care	Tiverton	RI	44	2878	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	20	23	23	$168.52	$47.37	$32.58	$31.38
1629422613	Butler	Anne		M.D.	F	I	2102 S Ridgewood	Ave	Edgewater	FL	12	32141	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	20	23	23	$128.00	$48.07	$31.45	$30.55
1629450937	Bell	Christopher		DO	M	I	2345 Dougherty Ferry	F	Saint Louis	MO	29	63122	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	17	23	23	$112.00	$46.99	$32.53	$33.14
1639189616	Mahida	Chaitanya	N	M.D.	M	I	1425 West H	St. #380	Oakdale	CA	6	95361	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	17	23	23	$72.00	$48.81	$35.51	$34.68
1639567944	Garza	Joshua		PA-C	M	I	3011 Avenue	B	Scottsbluff	NE	31	69361	4	Micropolita	US	Physician A	Y	69210	Removal of	N	O	22	23	23	$120.20	$37.18	$18.06	$21.16
1649208612	Emanuel	Ivor	A	MD	M	I	490 Post St	Suite 1230	San Francis	CA	6	94102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	19	23	23	$75.00	$53.42	$42.64	$36.33
1649228990	Raben	Stephen	L	M.D.	M	I	739 N Jeffe	Suite 200	Mascoutah	IL	17	62258	2	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	20	23	23	$90.00	$46.52	$36.92	$37.16
1649268020	Deschino	Diane		MD	F	I	2 Crosfield	Suite 318	West Nyac	NY	36	10994	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	20	23	23	$147.00	$60.39	$44.19	$34.68
1659356079	Dotson	Thomas	C	M.D.P.C.	M	I	10945 George Mason	C	Manassas	VA	51	20110	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	19	23	23	$120.00	$48.12	$26.76	$26.48
1679527337	Welch	Benjamine	M	DO	M	I	1715 N Lynn Riggs	Blvd	Claremore	OK	40	74017	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of	N	O	15	23	23	$90.00	$44.50	$28.20	$30.93

1679898332	Rodriguez	Carlos	F	M.D	M	I	5350 Unive	Suite 101	Sarasota	FL	12	34243	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	22	23	23	$101.00	$47.92	$28.69	$28.61
1689018905	Olerich	Angela	R	DO	F	I	510 Bank St		Webster Ci	IA	19	50595	7	Small town	US	Family Prac	Y	69210	Removal of	N	O	20	23	23	$113.83	$43.52	$27.43	$30.01
1689782740	Tschetter	Lori		PA-C	F	I	42 E Rowan	Ave Ste A	Spokane	WA	53	99207	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	21	23	23	$90.00	$40.44	$21.46	$21.70
1699301689	Petrosino	Chris	P	FNP-BC, PI	M	I	74 Carman	Ave	Cedarhurst	NY	36	11516	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	19	23	23	$85.00	$50.69	$40.47	$32.28
1699707059	Mansfield	Justin	W	M.D.	M	I	4403 Harris	Ste 3875	Ogden	UT	49	84403	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	13	23	23	$45.86	$45.27	$34.51	$36.44
1699795146	Ahwah	Ian		M.D.	M	I	300 Hospital	Dr	Vallejo	CA	6	94589	1	Metropolita	US	Emergency	Y	69210	Removal of	N	O	19	23	23	$130.00	$48.03	$33.70	$31.34
1699852780	Krol	Bryan	J	M.D., FACS	M	I	40 N Grand	Suite 101	Fort Thoma	KY	21	41075	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	23	23	23	$85.00	$43.81	$24.28	$26.79
1700120201	Al Omari	Ahmad	I	M.D	M	I	1600 6th	Ave	York	PA	42	17403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	22	23	23	$193.65	$42.88	$34.17	$35.50
1700318151	Hansen	Alexander		MD	M	I	720 W 34th	St Ste 110	Austin	TX	48	78705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	20	23	23	$153.97	$47.66	$37.97	$37.98
1700830205	Voss	Mark	A	MD	M	I	512 S 28th	Ave	Wausau	WI	55	54401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	21	23	23	$275.00	$42.42	$27.56	$30.30
1700840352	Courtney	Susan	S	MD	F	I	1671 W Ina	Rd Ste 101	Tucson	AZ	4	85704	1	Metropolita	US	General Pra	Y	69210	Removal of	N	O	20	23	23	$48.00	$46.40	$27.26	$28.49
1710094008	Parasmo	Frank	J	M.D.	M	I	1644 Deer	Park Ave	Deer Park	NY	36	11729	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	20	23	23	$60.12	$58.84	$44.99	$35.50
1710155148	Yi	Steve		MD	M	I	27875 Smy	Suite 101	Valencia	CA	6	91355	2	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	20	23	23	$93.91	$53.01	$38.89	$33.03
1710903588	Telischi	Fred	F	MD	M	I	1120 Nw	14th St	Miami	FL	12	33136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	22	23	23	$132.00	$37.09	$29.61	$26.32
1720039449	Marasovich	William	A	MD DDS	M	I	701 Broad S	Suite D	Sewickley	PA	42	15143	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	22	23	23	$75.00	$46.18	$35.24	$36.41
1720058944	Daley	John	P	M.D.	M	I	6 Tsiennetc	Suite 100	Derry	NH	33	3038	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	20	23	23	$140.87	$49.14	$31.47	$30.38
1720262686	O'connell	Kevin	A	M.D.	M	I	400 N Main	St	Warsaw	NY	36	14569	7	Small town	US	Otolaryngo	Y	69210	Removal of	N	O	19	23	23	$85.00	$46.40	$33.83	$34.84
1730105560	Vaidya	Shilpa		MD	F	I	6704 Sterli	Suite A	The Woodla	TX	48	77382	1.1	Secondary	US	Internal Me	Y	69210	Removal of	N	O	21	23	23	$116.00	$45.63	$25.20	$27.13
1730157686	Matta	Isaac	I	MD	M	I	30 Harrisor	Ste 400	Johnson Ci	NY	36	13790	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	20	23	23	$78.13	$32.52	$20.06	$19.92
1730244310	Emanuel	Jane	M	M.D.	F	I	14040 Hospital	Rd	Boys Town	NE	31	68010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	21	23	23	$115.00	$43.44	$27.05	$30.71
1730253220	Edwards	David	L	M.D.	M	I	1000 Hawthorne Ave S		Athens	GA	13	30606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	20	23	23	$145.00	$43.09	$32.28	$33.39
1730319906	Pratt	Alisha	N	D.O.	F	I	911 E Tuolumne	Rd	Turlock	CA	6	95382	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	23	23	23	$53.94	$49.52	$32.98	$31.54
1740305473	Raisen	Jay	D	M.D.	M	I	210 9th St	Se	Rochester	MN	27	55904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	21	23	23	$228.33	$44.24	$29.36	$30.55
1740629906	Burmeister	Jay		D.O.	M	I	3385 Dexter	Ct Ste 101	Davenport	IA	19	52807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	19	23	23	$102.00	$44.73	$32.43	$33.99
1750489100	Capener	Mark	L	M.D.	M	I	2065 E 17th	Suite B-2	Idaho Falls	ID	16	83404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	17	23	23	$88.00	$43.27	$26.95	$30.75
1750749651	Hodnett	Shannon	V	PA-C	F	I	5612 Easton	Road	Plumstead	PA	42	18949	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	23	23	23	$63.00	$42.51	$26.20	$24.37
1760421358	Perkins	Aubrey	N	FNP	F	I	2965 Ne Conners Ave S		Bend	OR	41	97701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	21	23	23	$100.00	$38.74	$30.90	$32.29
1760436570	Shields	Roderick	A	MD	M	I	128 Earl Clark	Dr	Florence	MS	28	39073	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	22	23	23	$51.47	$43.51	$32.81	$36.08
1760456305	Cullen	Stephen	L	D.O.	M	I	2005 State	Suite A	Washington	IN	18	47501	5	Micropolita	US	Family Prac	Y	69210	Removal of	N	O	22	23	23	$100.00	$43.31	$29.11	$31.85
1760877948	Fisher	Jason		D.O.	M	I	1101 S 28th	Ave Ste C	Hattiesburg	MS	28	39402	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	19	23	23	$249.57	$43.81	$32.05	$35.09
1770006934	Singh	Nidhi			F	I	700 Childrens	Dr	Columbus	OH	39	43205	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	22	23	23	$99.00	$39.19	$27.12	$28.27
1770095432	Roylance	Rachel	M	PA	F	I	1706 Washington	Way	Longview	WA	53	98632	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	22	23	23	$70.00	$40.29	$31.68	$31.84
1770510349	Wong	Danny		M.D.	M	I	4201 Garth	Rd Ste 321	Baytown	TX	48	77521	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	22	23	23	$103.52	$48.99	$33.23	$32.35
1770552762	Amenta	Cira	L	DO	F	I	127 S 5th St	Ste 170	Quakertow	PA	42	18951	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	17	23	23	$102.00	$49.92	$36.25	$33.85
1770560724	Faull	Ted		MD	M	I	7341 Eisenhower	Dr	Youngstow	OH	39	44512	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	18	23	23	$86.00	$46.16	$35.21	$36.41
1770585085	Parnell	Cheryl	A	PA	F	I	360 Linden	Suite 220	Rochester	NY	36	14625	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	19	23	23	$82.64	$38.50	$27.41	$29.20
1770669863	Hayes	Christophe	D	MD	M	I	4509 Integris	Pkwy Ste	Edmond	OK	40	73034	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	22	23	23	$93.00	$40.06	$22.01	$24.15
1770847683	Oldenburg	Michael		MD	M	I	200 1st St	Sw	Rochester	MN	27	55905	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	17	23	23	$178.96	$43.94	$30.49	$32.66
1780651364	Terenchin	Shirley	B	CRNP	F	I	562 W 2nd	Ave	Lititz	PA	42	17543	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	22	23	23	$105.00	$39.34	$20.29	$21.49
1780814913	Elyaman	Mostafa		MD	M	I	101 S Osceola	Ave	Inverness	FL	12	34452	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	20	23	23	$118.38	$47.70	$36.36	$36.33
1790080653	Roberts	Jacey	A	PA-C	F	I	1046 Tulip	Ter	Rockinghar	VA	51	22801	1	Metropolita	US	Physician A	Y	69210	Removal of	N	O	18	23	23	$81.48	$40.99	$31.41	$30.90
1790155778	Miller	Ashley	M	ARNP	F	I	9131 College Pointe Ct		Fort Myers	FL	12	33919	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	23	23	23	$163.00	$43.18	$27.21	$25.39
1790815496	Contreras	Luis	J	M.D.	M	I	17222 Hos	Suite 250	Brooksville	FL	12	34601	1.1	Secondary	US	Internal Me	Y	69210	Removal of	N	O	20	23	23	$121.00	$47.41	$34.59	$33.04
1790882728	Fitzgerald	Patrick	J	M.D.	M	I	15525 Pom	Suite E1	Poway	CA	6	92064	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	21	23	23	$93.00	$51.22	$39.03	$36.33
1790965549	Toffoli	Kelley		NP	F	I	1 E New York	Ave	Somers Poi	NJ	34	8244	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	21	23	23	$100.00	$44.74	$33.27	$29.91
1811007743	Antonucci	Anthony	J	MD	M	I	830 Park Av	Carillon Nu	Huntington	NY	36	11743	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	18	23	23	$60.00	$59.33	$47.33	$37.98
1811289606	Renzulli	Brenda		APRN	F	I	235 Main	St	Norwalk	CT	9	6851	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	19	23	23	$189.13	$44.02	$33.05	$30.26
1811543457	Vijayakuma	Bharavi	B	NP	F	I	2410 Samaritan	Dr Ste	San Jose	CA	6	95124	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	23	23	23	$185.00	$48.90	$32.20	$25.96
1811936925	Crow	David	S	M.D.	M	I	1830 Wells	Suite 103	Wailuku	HI	15	96793	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	22	23	23	$87.33	$44.98	$32.54	$32.82
1811986219	Tamez	Oscar			M	I	7201 Wyon	Ste 100	Round Rocl	TX	48	78681	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	23	23	23	$120.00	$31.74	$25.33	$27.45
1821354770	Kim	Brandon	J	M.D.	M	I	1450 San Pablo	St Ste !	Los Angele	CA	6	90033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	20	23	23	$165.00	$45.66	$34.91	$35.58
1831119908	Lopez	Noel		M.D.	M	I	5140 N 10th	St	Mcallen	TX	48	78504	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	22	23	23	$65.00	$45.69	$24.60	$26.49
1831175447	Tobia	Nader	N	M.D.	M	I	114 N Orchard	Dr	Park Forest	IL	17	60466	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	20	23	23	$100.00	$51.99	$36.02	$33.03
1831207315	Nishimura	Lou		M.D.	M	I	6500 Coyle	Suite 1	Carmichae	CA	6	95608	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	21	23	23	$67.18	$48.26	$35.76	$34.49
1841204666	Pecora	Joseph	J	DO	M	I	9 Dutchtown	Harlingen	Belle Mead	NJ	34	8502	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	21	23	23	$57.16	$52.02	$41.47	$37.98
1851363055	Kopelman	Jeff	D		M	I	371 Merrick	Ste 204	Rockville C	NY	36	11570	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	22	23	23	$47.83	$31.02	$24.75	$19.83
1851552996	Tafreshi-Da	Nadereh		MD	F	I	133 Church	Suite 2a	Mc Kees Ro	PA	42	15136	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	21	23	23	$100.00	$51.29	$39.09	$35.50
1851666432	Robinson	Aaron	D	M.D.	M	I	575 S 70th	Suite 440	Lincoln	NE	31	68510	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	18	23	23	$100.00	$29.72	$20.62	$22.72
1861464299	Allen	Richard	L	M.D.	M	I	1523 W Avenue J	Ste 7	Lancaster	CA	6	93534	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	19	23	23	$60.00	$49.86	$36.30	$34.68
1861467946	Jefferson	Christophe	L	MD	M	I	997 Us Hig	Suite 201	Venice	FL	12	34285	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	20	23	23	$101.00	$45.69	$33.92	$33.86
1871656611	Guillette	Barbara	J	M.D.	F	I	3520 Post	Rd	Warwick	RI	44	2886	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	17	23	23	$120.00	$49.51	$34.63	$33.30
1881114916	Mankekar	Gauri		MD,PHD	F	I	1501 Kings	Hwy	Shreveport	LA	22	71103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	F	19	23	23	$92.00	$33.29	$23.33	$22.52
1881125714	Hurtado Ma	Wander		MD	M	I	4270 Aloma	Ave Ste 10	Winter Park	FL	12	32792	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	22	23	23	$139.00	$44.73	$26.30	$28.88
1881624377	Lee	Ha	J	MD	F	I	800 Biester	Suite 605	Elk Grove V	IL	17	60007	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	23	23	23	$135.87	$51.86	$39.07	$35.86
1881674802	Montella	Michael	K	MD	M	I	743 S Main	Ave	Scranton	PA	42	18504	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	20	23	23	$155.39	$46.18	$30.37	$31.69
1881687721	Ciccarelli	Clem	A	MD	M	I	503 Bridge	St	New Cumb	PA	42	17070	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	21	23	23	$98.00	$45.37	$28.14	$29.29
1881898104	Chung	Younho		M.D.	M	I	497 Columbia Ave E St		Battle Cree	MI	26	49014	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	20	23	23	$95.00	$45.70	$33.23	$34.87
1881909349	Crigger	Billie Jean		D.O.	F	I	240 George	St	Beckley	WV	54	25801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	13	23	23	$105.00	$43.73	$30.79	$33.05
1891144911	Harb	Jennifer		M.D.	F	I	8940 N Kendall	Dr Ste !	Miami	FL	12	33176	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	22	23	23	$116.00	$52.16	$36.14	$32.21
1891826764	Papsidero	Michael	J	M.D.	M	I	2422 Lake	Avenue	Ashtabula	OH	39	44004	4	Micropolita	US	Otolaryngo	Y	69210	Removal of	N	F	20	23	23	$87.00	$29.18	$21.33	$21.55
1891850400	Koliha	Jean	M	APRN	F	I	Children's I	8200 Dodg	Omaha	NE	31	68114	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	23	23	23	$130.00	$32.17	$17.92	$20.66
1891992376	Martin	Stephanie	R	MD	F	I	2401 Branc	Suite 250	Gambrills	MD	24	21054	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	22	23	23	$95.00	$51.90	$34.15	$31.37
1902872435	Benner	Charles	M	MD	M	I	14090 Hg Trueman Rd		Solomons	MD	24	20688	1	Metropolita	US	Internal Me	Y	69210	Removal of	N	O	22	23	23	$90.00	$49.23	$33.56	$32.52
1912122037	Donepudi	Sreekrishna	K	M.D.	M	I	23054 Westheimer	Pkv	Katy	TX	48	77494	1	Metropolita	US	Otolaryngo	Y	69210	Removal of	N	O	22	23	23	$85.30	$46.28	$35.47	$36.43
1912493990	Brinkman	Joshua	E	DO	M	I	2017 Pleasure House	F	Virginia Be	VA	51	23455	1	Metropolita	US	Family Prac	Y	69210	Removal of	N	O	22	23	23	$75.91	$32.86	$19.30	$19.55
1922022086	Bandy	Judy	G	FNP	F	I	919 12th Pl	Suite 13	Prescott	AZ	4	86305	1	Metropolita	US	Nurse Prac	Y	69210	Removal of	N	O	22	23	23	$99.00	$39.69	$30.34	$30.23
1922027556	Delarivahe	Alberto	M	MD	M	I	350 7th St	N	Naples	FL	12	34102	1	Metropolita	US	Emergency	Y	69210	Removal of	N	O	23	23	23	$90.00	$50.70	$35.14	$33.03

1922063957	Martin	James	J	MD	M	I	305 W North St	Nazareth	PA	42	18064	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	23	23	$120.91	$45.78	$31.80	$32.42
1922138080	Babin	Robert	C	PA-C	M	I	20 Granite State Ct	Brewster	MA	25	2631	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	23	23	23	$120.00	$42.26	$27.25	$26.07
1922235688	Kotar	Kevin	G	DO	M	I	2000 Oxford Dr Ste 560	Bethel Park	PA	42	15102	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	23	23	$78.00	$46.08	$30.28	$31.69
1922578392	Gonzalez	Guido			M	I	16881 Sw 146th Ct	Miami	FL	12	33177	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	23	23	$59.52	$45.39	$36.20	$32.29
1932785961	Scott	Lindsay		APRN	F	I	9350 E Central Ave	Wichita	KS	20	67206	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	23	23	23	$200.00	$37.45	$24.62	$27.23
1942291976	Molian	Arul	M	M.D.	F	I	1215 Duff Ave	Ames	IA	19	50010	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	23	23	$119.48	$44.54	$29.48	$31.24
1942405899	Droberg	Rebecca	L	CRNP ACN	F	I	718 Cedar Point Blvd	Cedar Poin	NC	37	28584	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	23	23	$80.00	$38.69	$30.77	$32.22
1952380388	Lagrua	James	C	DO	M	I	1371 Lee Hwy	Verona	VA	51	24482	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	23	23	$105.00	$43.76	$30.00	$30.69
1952509648	Hill	Gerhard	W	M.D.	M	I	2401 S 31st St	Temple	TX	48	76508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	22	23	23	$153.00	$30.83	$22.38	$23.61
1962817098	Haft	Sunny	J	M.D.	M	I	James T. Fr	16 S Eutaw	Baltimore	MD	24	21201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	21	23	23	$104.00	$32.57	$25.99	$26.88
1962846949	Mclaughlin	Conor	W	MD	M	I	1111 Exposition Blvd B	Sacrament	CA	6	95815	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	23	23	$165.00	$47.44	$36.15	$34.68
1962978528	Collins	Stacie	A	CNP	F	I	101 E Minnesota St Ste	Rapid City	SD	46	57701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	23	23	$139.23	$39.16	$28.53	$29.62
1972591899	Say	Phillip	R	MD	M	I	3692 E Sunset Rd	Las Vegas	NV	32	89120	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	23	23	$65.00	$28.91	$19.63	$18.99
1972598951	Unison	John	E	M.D.	M	I	1100 South	Suite 1220	Plainfield	IN	18	46168	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	23	23	23	$110.87	$44.47	$30.28	$32.87
1972784866	Jasser	M	Z	MD	M	I	1010 E Mcdowell Rd St	Phoenix	AZ	4	85006	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	23	23	$95.00	$44.61	$34.23	$35.16
1982699575	Rzasnicki	Michael	C	MD	M	I	21216 Nort	Suite 620	Cypress	TX	48	77429	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	23	23	$73.04	$46.62	$27.27	$28.31
1982800199	Ghahramai	Edmond		M.D.	M	I	3100 West Christoffers		Turlock	CA	6	95382	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	23	23	$161.00	$49.28	$35.98	$34.68
1992741789	Schendel	Kevin	G	M.D.	M	I	9114 Philac	Suite 300	Baltimore	MD	24	21237	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	23	23	$120.00	$51.85	$31.25	$28.72
1992813802	Parker	Stacey	M	PA-C	F	I	605 Pointe North Blvd		Albany	GA	13	31721	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	22	23	23	$90.00	$38.08	$29.06	$30.30
1003055971	Ashby	Casey		D.O.	M	I	28080 Grand River Ave		Farmington	MI	26	48336	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	22	22	$107.74	$42.59	$31.53	$33.02
1013242460	Neill	Travis	J	PA-C	M	I	5920 Mcint	#300	Golden	CO	8	80403	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	18	22	22	$101.00	$41.00	$32.69	$32.28
1013428101	Rosco	Monica		PA-C	F	I	850 E Harv	Suite 505	Denver	CO	8	80210	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	20	22	22	$138.00	$40.26	$26.10	$24.94
1013964964	Bianchi	Alessandro		D.O.	M	I	6300 Limes	Suite C	Hockessin	DE	10	19707	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	22	22	$55.00	$49.04	$32.23	$31.13
1013969583	Coppola	Joseph	P	DO	M	I	5108 Tidewater Presen		Bradenton	FL	12	34208	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$49.92	$48.43	$37.00	$36.26
1023017167	White	Jay	W	DO	M	I	101 E Minn	Suite 210	Rapid City	SD	46	57701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	22	22	$139.23	$45.44	$33.00	$33.85
1023190493	Boulware	William	T	MD	M	I	1131 W Kansas St		Liberty	MO	29	64068	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$98.86	$43.34	$32.88	$33.73
1023211752	Gasow	Jana	R	MD	F	I	1123 Pacific Ave		Tacoma	WA	53	98402	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$135.50	$47.54	$35.85	$35.93
1023218617	Kopelovich	Jonathan	C	M.D.	M	I	1231 116th	Suite 915	Bellevue	WA	53	98004	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	22	22	$168.00	$52.80	$32.49	$29.35
1023239134	Goodier	Michael	A	M.D.	M	I	1014 Saint Clair Blvd S		Gonzales	LA	22	70737	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	22	22	$109.00	$45.81	$30.99	$32.57
1023493566	Nelson	Chase	K	D.O.	M	I	1308 8th St	Ste 1	Rupert	ID	16	83350	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	18	22	22	$116.59	$40.40	$27.42	$30.73
1033179452	Benevides	Katherine	Y	NP	F	I	479 Swansea Mall Dr		Swansea	MA	25	2777	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	22	22	$159.95	$42.66	$30.75	$28.99
1033534334	Patrick	Marissa	J	APRN	F	I	14 N Main	Ste 4002	Barre	VT	50	5641	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	22	22	$47.65	$27.16	$13.13	$14.07
1033566435	Chavez	Marco	A	MD	M	I	805 Medical Dr		Longview	TX	48	75605	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	22	22	$173.32	$45.13	$25.44	$26.77
1053707042	Mildenhall	Nicholas		MD	M	I	699 Church St Ne	Ste 3	Marietta	GA	13	30060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	22	22	$111.36	$45.63	$24.65	$24.71
1053777946	Mathias	Cynthia			F	I	3550 Shaw Ave		Cincinnati	OH	39	45208	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	22	22	$75.00	$39.29	$25.70	$26.78
1063015931	Nguyo	Paulina			F	I	1604 Market St		Pocomoke	MD	24	21851	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	21	22	22	$69.00	$41.83	$28.16	$27.31
1063440816	Lalani	Abdul	S	M.D	M	I	2175 S Ave	Suite B.	Yuma	AZ	4	85364	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	22	22	$85.00	$46.82	$31.18	$31.01
1063650315	Chan	Maria Crist	C	MD	F	I	40 Candace St		Providence	RI	44	2908	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	20	22	22	$67.00	$32.31	$21.69	$22.33
1073074316	Deviney	Amy	M	NP-C	F	I	9218 Kimmer Dr Ste 20		Lone Tree	CO	8	80124	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	22	22	$97.64	$41.30	$23.92	$23.48
1073546743	Jahn	Anthony	F	M.D.	M	I	425 W 59th St Fl	10	New York	NY	36	10019	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	22	22	$225.00	$54.00	$42.23	$34.53
1073581948	Endres	Jay	E	MD	M	I	12 Elm St		Warren	PA	42	16365	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	20	22	22	$55.00	$46.04	$32.36	$33.74
1073619458	Manhart	Carolyn	M	M.D.	F	I	119 N 51st St		Omaha	NE	31	68132	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$100.00	$42.60	$21.86	$25.49
1073682241	Shimazu	Hal	S	MD	M	I	845 E Chapman Ave		Orange	CA	6	92866	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$104.00	$52.38	$32.32	$29.35
1083684310	Hempel	Richard	J	MD	M	I	640 E Lexington Ave		Danville	KY	21	40422	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	17	22	22	$90.00	$44.28	$24.07	$27.14
1093233447	King	Brian		CNP	M	I	7059 Orchard Centre D		Holland	OH	39	43528	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	22	22	$98.55	$39.37	$22.79	$23.89
1093728503	Frisch	Donna	J	MD	F	I	500 S Anah	#206	Anaheim H	CA	6	92807	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	22	22	$112.00	$45.63	$30.71	$27.62
1093880742	Moran	Sean		MD	M	I	1111 W Fra	Suite 100	Lufkin	TX	48	75904	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$126.00	$46.13	$23.61	$25.06
1104147990	Martin	Lance		M.D.	M	I	207 Nw 8th St		Seminole	TX	48	79360	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	22	22	22	$46.06	$44.60	$28.28	$30.03
1104245018	Doerfer	Karl	W	MD	M	I	9200 W Wisconsin Ave		Milwaukee	WI	55	53226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	22	22	22	$546.86	$29.67	$22.52	$23.44
1114181385	Kabiri	Hamed		MD	M	I	882 Garrisonville Rd		Stafford	VA	51	22554	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	19	22	22	$242.18	$46.11	$35.02	$36.27
1114269735	Black	Marissa		M.D.	F	I	11521 Ne 128th St	Ste	Kirkland	WA	53	98034	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	21	22	22	$81.07	$35.21	$25.54	$23.92
1114319316	Sedlacek	Amanda		DO	F	I	1104 W 8th St		Yankton	SD	46	57078	4	Micropolita	US	Hospice an	Y	69210	Removal of N	O	20	22	22	$137.00	$46.07	$31.00	$32.34
1124105010	Grunsky	Mitchell	R	M.D.	M	I	325 Broad	Suite 100	Sumter	SC	45	29150	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	22	22	$155.63	$42.57	$33.18	$37.18
1134120892	Mouaikel	Edouard		M.D.	M	I	4530 E Mui	Suite 105	Phoenix	AZ	4	85048	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$65.00	$46.31	$31.84	$33.02
1134435027	Spinelli	Kristin			F	I	28442 E River Rd		Perrysburg	OH	39	43551	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	22	22	$116.00	$38.89	$22.67	$24.26
1134486756	Ringstrom	Mark	J	M.D.	M	I	1836 South Ave		La Crosse	WI	55	54601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	21	22	22	$144.18	$28.79	$16.88	$18.61
1134579519	Pang	Bo			F	I	35 Medical Center Pkw		Augusta	ME	23	4330	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	19	22	22	$88.00	$30.55	$23.04	$24.42
1144306317	Gallo	Richard	J	MD	M	I	1625 Anderson Ave		Fort Lee	NJ	34	7024	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	22	22	$151.82	$51.93	$39.45	$36.25
1144435504	Ko	Alvin	B	MD	M	I	2799 W Gr	Henry Ford	Detroit	MI	26	48202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	19	22	22	$109.09	$29.48	$21.73	$20.45
1144570672	Weil	Stacey	L	APRN	F	I	1318 W 11th St		Coffeyville	KS	20	67337	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	22	22	$80.00	$37.55	$19.47	$22.20
1154681013	Miller	Katie	C	M.D.	F	I	1330 Exchange St Ste 2		Middlebury	VT	50	5753	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$89.00	$46.55	$35.41	$36.31
1174518310	Clulow	Scott	K	DO	M	I	5601 21st /	#d	Bradenton	FL	12	34209	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	22	22	$97.00	$47.80	$34.36	$34.28
1174886469	Michael	Austin	J	PA-C	M	I	725 North St		Pittsfield	MA	25	1201	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	22	22	22	$122.27	$42.08	$25.86	$24.94
1184656688	Pirkle	Ross	A	M.D.	M	I	112 La Casa Via Ste 13		Walnut Cre	CA	6	94598	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$175.00	$53.92	$31.89	$26.76
1194752485	Savana	Prasad	V	MD	M	I	108 Old Solomons Isla		Annapolis	MD	24	21401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$55.00	$50.56	$33.92	$31.23
1205810421	Kivett	Gerald	J	MD	M	I	4711 Curry	Suite B	Orlando	FL	12	32812	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	22	22	$67.50	$46.84	$30.36	$30.23
1205906310	Topsakalya	Arutyun		MD	M	I	702 E Colo	#c	Glendale	CA	6	91205	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	22	22	22	$125.00	$52.55	$33.14	$29.97
1215010707	Morris	Lenox	K	M.D.	M	I	521 Great Oaks Drive		Monroe	GA	13	30655	4.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	18	22	22	$82.56	$42.22	$29.32	$33.70
1215348701	Becker	Emily		MD	F	I	401 Phalen Blvd		Saint Paul	MN	27	55130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	22	22	$191.00	$45.63	$32.02	$32.76
1225018062	Chen	James	L	M.D.	M	I	531 Faunce Corner Rd		Dartmouth	MA	25	2747	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$161.00	$49.38	$37.56	$36.25
1225257488	Stinchcum	Anna	M	APRN	F	I	208 E Lam	Suite B	Americus	GA	13	31709	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	22	22	$74.00	$38.50	$26.63	$28.26
1225355613	Zelasko	Margaret	R	M.D.	F	I	1910 W Royale Dr		Muncie	IN	18	47304	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$70.00	$44.50	$30.34	$32.91
1235422635	Fleischmar	Gitanjali	M	M.D.	F	I	3024 New Bern Ave	Ste	Raleigh	NC	37	27610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	22	22	$95.00	$44.22	$30.49	$31.48
1245220532	Morgan	Alan	L	M.D.	M	I	4 Vanderbilt Park Dr St		Asheville	NC	37	28803	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$94.18	$46.17	$29.41	$30.68
1245244565	Loretan	William	D	DO	M	I	446 N Reac	Suite 301	Ephrata	PA	42	17522	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$89.00	$46.65	$33.94	$34.69
1245390376	Wildes	Jeanie	M	NP	F	I	95 Soldiers Pass Rd St		Sedona	AZ	4	86336	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	19	22	22	$74.00	$38.30	$29.07	$30.14
1245747179	Maguire	Kelsey	R		F	I	4214 38th St		Columbus	NE	31	68601	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	21	22	22	$111.00	$36.99	$25.47	$28.41

1255322251	Lowry	Thomas	R	M.D.	M	I	1400 Bellinger St	Eau Claire	WI	55	54703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	21	22	22	$70.57	$28.15	$17.61	$19.17
1255333274	Uggowitzer	Peter	G	MD	M	I	814 Houcksville Rd	Hampstead	MD	24	21074	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	22	22	$73.50	$51.73	$35.55	$32.80
1255355442	Atkins	James	S	MD	M	I	410 Celebr Suite 100	Celebration	FL	12	34747	2.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	22	22	22	$154.14	$48.26	$33.97	$33.46
1255669875	Curley	Meredith	B	FNP-BC	F	I	2500 N State St	Jackson	MS	28	39216	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	22	22	$139.00	$35.92	$19.25	$22.57
1265411870	Lancaster	Renee	T	ARNP-C	F	I	875 Militan Suite 200	Jupiter	FL	12	33458	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	22	22	$84.09	$43.11	$28.26	$26.50
1295017051	Saleh	Hassen	A	MD	M	I	3270 Greenfield Rd	Berkley	MI	26	48072	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$107.50	$49.72	$36.00	$34.53
1295056273	Melzer	Jonathan	M	M.D.	M	I	1658 St Vincents Way S	Middleburg	FL	12	32068	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	22	22	$103.00	$45.43	$34.45	$34.53
1295736031	Mercer	Scott	W	M.D.	M	I	320 Santa I Suite 205	Encinitas	CA	6	92024	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	22	22	$70.00	$51.50	$35.46	$32.80
1295742740	Bouchard	Eric	S	MD	M	I	1300 Medical Dr	Tallahasse	FL	12	32308	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$73.91	$47.80	$36.38	$36.26
1306599253	Bird	James	B	APRN	M	I	160 E Lake Howard Dr	Winter Hav	FL	12	33881	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	22	22	$116.00	$40.68	$30.96	$30.82
1306830732	Breite	Ira	D	M.D.	M	I	228 W 82nd St	New York	NY	36	10024	1	Metropolita	US	Gastroente	Y	69210	Removal of N	O	15	22	22	$278.41	$57.23	$39.72	$32.80
1316001688	Wemer	Richard	D	MD	M	I	3901 Rainb Ms 3010	Kansas City	KS	20	66160	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	22	22	$191.00	$45.15	$32.46	$33.67
1316192958	Salib	Nabil		MD	M	I	11620 Queens Blvd	Forest Hills	NY	36	11375	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$89.35	$59.39	$47.37	$37.98
1316422199	Sakyi-Agye	Angelia	L	PA	F	I	8291 Dani I Ste 100	Fort Myers	FL	12	33966	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	20	22	22	$185.00	$43.24	$26.64	$24.94
1326453465	Ukatu	Ceisha		M.D.	F	I	12001 South Fwy Ste 2(	Burleson	TX	48	76028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	22	22	$154.14	$46.84	$28.92	$29.73
1336133305	Hanrahan	Beth	A	MD	F	I	1831 N Belcher Rd Ste	Clearwater	FL	12	33765	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$71.45	$47.82	$36.39	$36.26
1336191287	Greenfield	Michael	A	MD	M	I	7840 W 165th St Ste 21	Overland P	KS	20	66223	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$148.05	$44.54	$26.70	$29.40
1336376995	Bienek	Anthony	C	DO	M	I	1106 W Mill St	New Braun	TX	48	78130	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$90.40	$45.19	$32.84	$33.88
1346254364	Iqbal	Bader		M.D.	M	I	3180 Willow Ln Ste 102	Thousand (	CA	6	91361	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	22	22	$65.00	$52.60	$40.19	$36.25
1346288933	Goco	Paulino	E	MD	M	I	1370 Gatev Suite 100	Murfreesbo	TN	47	37129	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	22	22	22	$220.00	$40.78	$25.66	$28.77
1346303906	Leistikow	Kathleen	H	MD	F	I	563 Westfield Ave	Westfield	NJ	34	7090	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	22	22	$160.23	$53.53	$36.78	$32.80
1346539871	Pagano	Nunzio	P	DO	M	I	60 Livingsto Suite 200	Asheville	NC	37	28801	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$67.00	$46.07	$23.92	$25.46
1346779568	Lange	Leah		FNP	F	I	15510 W Bell Rd	Surprise	AZ	4	85374	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	22	22	$98.55	$39.41	$28.55	$28.73
1356383863	Capio	Mario	R	M.D.	M	I	230 W Park Unit 10	Pompton P	NJ	34	7444	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$90.00	$54.06	$38.20	$33.27
1356464689	Lin	Jerry	W	MD	M	I	411 E Chestnut St # Str	Louisville	KY	21	40202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	22	22	$116.00	$44.40	$30.38	$33.08
1356548531	Grimm	Alan	R	MD	M	I	6000 W Hig Naval Hosp	Pensacola	FL	12	32512	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	22	22	$49.09	$32.51	$25.95	$25.12
1366429714	Allen	Michael	J	MD	M	I	3801 Bellemeade Ave S	Evansville	IN	18	47714	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	22	22	$93.05	$38.90	$29.63	$33.42
1366484891	Sale	Keith	A	MD	M	I	3901 Rainb Ms 3010	Kansas City	KS	20	66160	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	22	22	$96.18	$30.58	$21.73	$23.29
1386668473	Dawes	Thomas	M	MD	M	I	235 S Palisade Dr	Santa Mari	CA	6	93454	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	22	22	$110.00	$52.21	$40.56	$36.81
1396035630	Buck	Charles	R	D.O.	M	I	50 Hillcrest Medical Bl	Waco	TX	48	76712	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	22	22	$123.00	$45.56	$33.00	$34.74
1396155958	Kim	Christine	S	M.D.	F	I	1783 Route 9 Ste 205	Halfmoon	NY	36	12065	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	22	22	$145.00	$44.19	$33.60	$34.61
1396701850	Fukuda	William	P	M.D.	M	I	400 Newpo Suite 608	Newport Be	CA	6	92660	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	22	22	$105.00	$51.85	$34.77	$31.07
1396714200	Doucet	Maria	M	M.D.	F	I	4630 Amba Suite 402	Lafayette	LA	22	70508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	22	22	$105.00	$45.73	$33.10	$34.72
1396763272	Rodgers	Bret	J		M	I	6077 N Eagle Rd	Boise	ID	16	83713	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	22	22	$150.00	$43.20	$26.54	$30.42
1396902490	Shogan	Andrea			F	I	5841 S Maryland Ave	Chicago	IL	17	60637	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	18	22	22	$260.45	$34.81	$26.42	$23.93
1407100993	Cam White	Sharon		PHYSICIAN	F	I	500 N Hiatus Rd Ste 10	Pembroke I	FL	12	33026	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	22	22	22	$116.00	$43.42	$26.82	$24.94
1407852825	Cerny	John	M	M.D.	M	I	515 N Main St	Anna	IL	17	62906	7	Small town	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$115.95	$46.98	$34.19	$34.67
1417035502	Elzi	Stanton	R	MD	M	I	7821 W 38th Ave	Wheat Ridg	CO	8	80033	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$73.86	$47.30	$28.31	$27.94
1417303694	Tierney	William	S	M.D.	M	I	9500 Euclid Ave	Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	22	22	$365.45	$30.33	$22.97	$23.35
1417910407	Marwaha	Jatinder	P	M.D.	M	I	1081 Marke Suite 200	San Ramon	CA	6	94583	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	22	22	$175.00	$55.06	$34.83	$29.35
1427018506	Shields	Stephen	J	MD	M	I	1211 Reynolds Ave	Clearwater	FL	12	33756	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$87.50	$47.86	$36.43	$35.40
1427153527	Odorczuk	Marzena		MD	F	I	426 Union Blvd	Totowa	NJ	34	7512	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$84.00	$50.04	$35.99	$33.66
1427391283	Linn	David	T		M	I	N16w24131 Riverwood	Waukesha	WI	55	53188	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	22	22	$195.18	$40.28	$28.87	$31.40
1437121910	Yirga	Rahel	G	MD	F	I	20 Pidgeon Hill Dr Ste 2	Sterling	VA	51	20165	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	22	22	$127.50	$52.81	$42.17	$37.12
1437246220	Reddy	Surya	M	MD	M	I	1207 E Florida Ave	Hemet	CA	6	92543	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	22	22	$90.00	$50.59	$35.00	$31.94
1437524360	Godefroid	Julie	A	FNP-BC	F	I	1010 Old Des Peres Ro	St. Louis	MO	29	63131	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	22	22	$106.92	$40.60	$19.07	$19.17
1437554813	Brockman	Dana	M	APRN	F	I	102 W John Rowan Blvd	Bardstown	KY	21	40004	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	22	22	$99.00	$37.62	$25.53	$27.24
1437633070	Reit	Marissa	R	PA-C	F	I	10770 Se 173rd St	Summerfie	FL	12	34491	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	20	22	22	$147.00	$40.75	$27.44	$25.83
1447273727	Bernstein	Keith	A	MD	M	I	224 S Woo Suite 500 S	Chesterfiel	MO	29	63017	1	Metropolita	US	Rheumatol	Y	69210	Removal of N	O	18	22	22	$55.00	$42.85	$25.05	$25.58
1457353443	Reiner	Louis		MD	M	I	3909 Wood Suite 300	Toledo	OH	39	43606	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$96.00	$46.84	$32.42	$33.04
1457356677	Colleran	Margaret	A	M.D.	F	I	13403 Boyette Rd	Riverview	FL	12	33569	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$166.32	$48.13	$30.93	$30.60
1457647067	Ference	Elisabeth	D	MD	F	I	1450 San Pablo St Ste 4	Los Angele	CA	6	90033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	22	22	$156.86	$46.62	$36.27	$32.80
1467443580	Cook	John	C	D.O.	M	I	101 5th Str Suite G	Barberton	OH	39	44203	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	22	22	$94.00	$46.07	$32.57	$33.93
1477510329	Shipley	Scott		MD	M	I	1055 N 300 W Ste 401	Provo	UT	49	84604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	22	22	$88.00	$45.45	$34.93	$36.65
1477524452	Nguyen	Quyen	T	M.D.	F	I	200 W Arbor Dr	San Diego	CA	6	92103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	22	22	$239.00	$50.25	$38.22	$35.39
1477543486	Sistek	Marcia	L	M.D.	F	I	9755 N 90t Suite C-200	Scottsdale	AZ	4	85258	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	22	22	$81.41	$46.39	$30.22	$31.37
1477565810	Edwards-P	Michele	T	MD	F	I	5437 Bowman Rd Ste 1	Macon	GA	13	31210	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$152.45	$45.35	$36.31	$37.12
1477711893	Marek	Kristin	J	M.D.	F	I	801 Ostrum St	Bethlehem	PA	42	18015	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	22	22	$120.09	$46.73	$22.51	$22.65
1487687513	Grigsby	Benson	A	M.D.	M	I	2916 N Trenton St	Ruston	LA	22	71270	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	20	22	22	$89.00	$45.98	$26.62	$28.20
1487752655	Hetherington	Hugh	E	M.D.	M	I	925 Highland Blvd Ste 3	Bozeman	MT	30	59715	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	21	22	22	$80.86	$25.84	$18.26	$17.99
1487944682	Agan	Ashley	D	M.D.	F	I	5323 Harry Hines Blvd	Dallas	TX	48	75390	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	22	22	$168.00	$43.27	$32.77	$33.68
1497749147	Oliveira	Holly		FNP	F	I	100 Kiowa I Suite 103	Lake Kiowa	TX	48	76240	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	22	22	$85.00	$38.84	$26.74	$28.15
1497753131	Katz	Paul	J	MD	M	I	6401 Popla Suite 400	Memphis	TN	47	38119	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$89.00	$44.35	$26.45	$29.30
1508246703	Wei	Justin		MD	M	I	101 Bodin Cir	Travis Afb	CA	6	94535	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	22	22	$229.45	$48.61	$38.75	$35.39
1508852971	Griffin	Mark	C	MD	M	I	2643 Patte Suite 503	Grand Junc	CO	8	81506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	22	22	$140.00	$49.06	$30.10	$29.06
1508929266	Joyce	Karen	F	APN	F	I	315 N Was Ste 102	Cookeville	TN	47	38501	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	22	22	$68.00	$35.58	$24.30	$26.90
1518385566	Cass	Nathan	D	MD	M	I	740 S Limestone St	Lexington	KY	21	40536	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	22	22	$162.00	$43.02	$34.27	$37.12
1528160173	Kingsland	Stacy	M	MD	F	I	401 15th Ave S Ste 201	Great Falls	MT	30	59405	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	22	22	$48.14	$46.94	$31.44	$31.14
1538126784	Baig	Abdullah		MD	M	I	8081 Us Highway 51 N	Millington	TN	47	38053	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$100.00	$39.84	$31.80	$34.53
1538139100	Okba	Ahmed	F	MD	M	I	600 John D Suite 200	Moline	IL	17	61265	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$54.55	$46.49	$26.25	$27.41
1538183884	Holt	Raymond	R	MD	M	I	3980 Highv Suite 100	Little River	SC	45	29566	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	22	22	$112.00	$45.14	$27.90	$29.22
1538485701	Ferril	Geoffrey	R	M.D.	M	I	12605 E 16th Ave	Aurora	CO	8	80045	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	22	22	$169.00	$33.39	$21.89	$21.58
1538797212	Hall	Keegan	M	NP	F	I	1050 Wishard Blvd	Indianapoli	IN	18	46202	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	19	22	22	$109.00	$25.47	$14.87	$16.63
1548666258	Smith	Hillary	A	APRN, FNP	F	I	925 Highland Blvd Ste 3	Bozeman	MT	30	59715	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	22	22	$76.00	$39.88	$31.85	$30.82
1558321364	Patel	Narendrak	G	M.D.	M	I	3299 Sw 34 Unit 100	Ocala	FL	12	34474	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$94.25	$47.72	$27.01	$27.15
1558355750	Shah	Darshan	J	M.D.	M	I	139 Hazarc Bldg 4, Suit	Enfield	CT	9	6082	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$176.00	$50.10	$32.73	$30.37
1558397315	Sniezek	Timothy	J	MD	M	I	3683 Choptank Rd	Preston	MD	24	21655	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	19	22	22	$83.88	$49.41	$38.51	$37.06

1568524411	Caivano Sa	Dale	E	DO	F	I	549 Old Country Road	Plainview	NY	36	11803	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	22	22	$66.13	$60.20	$39.44	$31.07
1568542736	Schenk	Curtis	A	M.D.	M	I	407 N Clarence Nash B	Watonga	OK	40	73772	7	Small town	US	Family Prac	Y	69210	Removal of N	O	18	22	22	$75.00	$44.55	$32.73	$35.24
1578163911	James	Stacy		DNP	F	I	350 Mill St	Hagerstow	MD	24	21740	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	22	22	$83.89	$41.80	$33.33	$32.28
1578519286	Al Shroof	Mohamma	N	M.D.	M	I	2054 Watson Blvd	Warner Rot	GA	13	31093	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$84.82	$44.75	$32.28	$34.68
1578545752	Sassler	Alfred	M	DO	M	I	7690 Discovery Dr	West Ches	OH	39	45069	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	22	22	$96.73	$28.40	$20.28	$20.38
1578699005	Polvino	Lauren	K	PA-C, CDE	F	I	1130 Middl Suite 260	Sevierville	TN	47	37862	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	20	22	22	$130.68	$37.72	$25.52	$27.76
1578880290	Tsai	Anna	X	MD	F	I	4700 Las Vegas Blvd N	Nellis Afb	NV	32	89191	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	22	22	$102.00	$49.51	$39.58	$37.98
1588657050	Duran	Arthur	W	DO	M	I	6615 Cling	Suite C	Poland	OH	39	44514	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	22	22	$65.00	$45.43	$28.79	$29.80
1598151763	Gigliotti	Adam	R	M.D.	M	I	400 E Stonewall St	Charlotte	NC	37	28202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	22	22	$95.00	$45.16	$32.79	$33.87
1598413312	Rexine	Michelle	J		F	I	521 10th Ave N	Casselton	ND	38	58012	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	22	22	$65.00	$39.19	$29.81	$30.88
1598777559	Gustaveso	Steven	J	MD	M	I	1111 W 4th Bldg B	Madera	CA	6	93637	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	22	22	$75.00	$45.56	$29.55	$28.78
1598855967	Poe	Thaddaeus		MD	M	I	8607 E Us Highway 36	Avon	IN	18	46123	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$83.00	$43.93	$30.22	$33.35
1609047067	Gaffney-Ad	Alexea	M	MD	F	I	205 N. Bell	Stony Brool	E. Setauket	NY	36	11733	1	Metropolita	US	Infectious I	Y	69210	Removal of N	O	15	22	22	$150.00	$60.37	$36.04	$28.00
1609122175	Devine	Elizabeth	A	APRN	F	I	843 E 4th St Ste A	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99204	New patien	N	O	22	22	22	$314.00	$131.90	$81.06	$89.77
1609864453	Krempel-Pe	Bonita	J	D.O.	F	I	121 W. Main Street	Emmitsbur	MD	24	21727	7	Small town	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$70.00	$49.33	$31.87	$30.82
1609867258	Kuruc	Stephen	G	M.D.	M	I	4232 Mall Dr	Steubenvill	OH	39	43952	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$96.00	$46.65	$28.22	$29.14
1609891860	Keen	Susan		M.D.	F	I	1850 W Arlington Blvd	Greenville	NC	37	27834	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	22	22	$127.00	$44.61	$32.24	$33.87
1609989250	Ferguson	Susan	P	M.D.	F	I	106 E Park St	Lincoln	AR	5	72744	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	22	22	$111.00	$41.54	$21.52	$27.19
1619434602	Patel	Roshni	K	PHYSICIAN	F	I	675 N Saint Clair St Ste	Chicago	IL	17	60611	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	22	22	22	$166.00	$42.93	$19.76	$19.38
1619518693	Johnston	Kaitlyn			F	I	510 S. Washington St	Bastrop	LA	22	71220	5	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	22	22	$115.34	$38.83	$30.96	$32.29
1619924388	Beagin	Erinn	E	M.D.	F	I	800 Bunn Dr Ste 302	Princeton	NJ	34	8540	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$110.00	$52.00	$31.95	$29.35
1619952413	Rogers	Milda	H	CFNP	F	I	3221 N Windsong Dr	Prescott Va	AZ	4	86314	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	22	22	$100.64	$39.47	$27.16	$28.06
1619972478	Brock	Kymberli	R	NP-C	F	I	3841 Piper	Suite T100	Anchorage	AK	2	99508	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	22	22	$203.86	$51.07	$35.14	$27.89
1629039409	Carreno	Octavio	D	M.D	M	I	3100 Sw 62	Ste 124	Miami	FL	12	33155	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	22	22	$105.00	$51.11	$36.11	$31.88
1629120811	Tyer	Teri	L	P.A.-C	F	I	12311 San Jose Blvd	Jacksonvill	FL	12	32223	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	22	22	22	$73.38	$39.06	$20.42	$22.08
1629287990	Isseroff	Hillel	N	MD, MS	M	I	358 Kingston Ave	Brooklyn	NY	36	11213	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$150.00	$59.55	$45.35	$36.25
1629521307	Thompson	Diane	M	ARNP	F	I	4998 10th Ave N	Greenacres	FL	12	33463	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	22	22	$163.00	$43.10	$33.51	$31.41
1639123714	Emami	Afshin	J	M.D., F.A.C	M	I	1775 W Sai	Suite 211	Tucson	AZ	4	85745	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	22	22	$94.00	$46.64	$33.87	$34.67
1639374572	Pleas	Adam	M	M.D.	M	I	17030 Lake	Suite 204	Omaha	NE	31	68130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	20	22	22	$100.00	$29.87	$21.58	$23.57
1659302818	Ramanan	Venkat	S	M.D.	M	I	3575 Old W	Suite A	Waldorf	MD	24	20602	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$120.00	$49.75	$30.73	$29.35
1659378628	Birnbaum	Neil	S	MD	M	I	1177 Boston Providenc		Norwood	MA	25	2062	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$132.00	$51.03	$28.00	$25.03
1659395556	Castaneda	Barry	A	P.A.	M	I	302 University Blvd		Round Roc	TX	48	78665	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	22	22	22	$153.00	$27.07	$12.80	$13.81
1659513869	Jakhro	Mazhar	A	MD	M	I	100 Rosebr	2nd Fl	Wareham	MA	25	2571	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$163.43	$47.95	$32.96	$33.23
1659518462	Naventi	Gabriel	M	MD	M	I	710 Stockbridge Rd		Lee	MA	25	1238	7	Small town	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$75.00	$48.43	$30.39	$29.24
1659749471	Hardy	Kristina	C	APRN	F	I	7440 S 91st St		Lincoln	NE	31	68526	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	22	22	$100.00	$36.46	$23.76	$26.38
1669555470	Ibrahim	John	D	M.D.	M	I	8133 State Road 54		New Port Ri	FL	12	34655	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	22	22	$118.18	$45.78	$31.93	$31.73
1689025827	Miller	Mark	A	M.D.	M	I	1170 Royal Ave		Medford	OR	41	97504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	22	22	$149.00	$45.20	$34.20	$36.17
1689650707	Espinosa	Karl	H	M.D.	M	I	1950 S Country Club D		Mesa	AZ	4	85210	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	22	22	$94.00	$46.29	$31.82	$33.02
1689944712	Zara	Jojet	L	M.D.	M	I	6501 Coyle Ave		Carmichae	CA	6	95608	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	22	22	$178.00	$47.65	$30.84	$29.35
1699147215	Bibb	Kellie			F	I	3220 Atlanta St		Springfield	IL	17	62707	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	22	22	$152.77	$39.97	$10.26	$11.16
1699709089	Manger	Philip		MD	M	I	13359 Isle Dr Ste 1		Baxter	MN	27	56425	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	22	22	$165.62	$43.71	$31.60	$32.09
1699743567	Long	Timothy	R	M.D.	M	I	1320 Andrea St		Bowling Gr	KY	21	42104	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	22	22	$75.00	$44.91	$26.29	$28.66
1700877388	Woodard	Gerald	R	D.O.	M	I	3512 S Atlantic Ave		Daytona Be	FL	12	32118	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$105.00	$48.20	$35.01	$34.54
1700879897	Hernandez	Ruben	A	M.D.	M	I	38209 47th St E Ste C		Palmdale	CA	6	93552	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	22	22	$88.86	$53.04	$36.67	$32.80
1700973666	Diemer	Jill	L	PA	F	I	301 E Main St		Bay Shore	NY	36	11706	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	22	22	22	$140.00	$50.81	$40.59	$32.28
1710534540	Schiermeye	Jennifer	L	APRN	F	I	945 E Zero St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99232	Follow-up h	N	F	13	22	22	$139.00	$56.31	$44.95	$47.51
1710936232	Tavdy	David		MD	M	I	107-21 Queens Blvd St		Forest Hills	NY	36	11375	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$75.00	$59.87	$43.41	$34.53
1710945506	Wright	Simon	K	MD	M	I	105 Valley '	Suite 100	West Des M	IA	19	50265	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	22	22	$108.00	$39.88	$30.19	$32.98
1710970884	Tomlinson-	Treise	N	M.D.	F	I	1000 Newb	Suite 130	Newbury P	CA	6	91320	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$76.00	$52.11	$34.87	$31.67
1720177157	Beck	Robert	K	MD	M	I	29738 Rancho Californ		Temecula	CA	6	92591	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	21	22	22	$107.59	$32.01	$25.62	$26.24
1720210800	Wijewickra	Rohan	C	M.D.	M	I	736 Cambr	Division Of	Boston	MA	25	2135	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	20	22	22	$168.32	$31.43	$25.05	$23.33
1720339559	Campbell	Jacqueline	K	NP	F	I	8988 Lortor	# 100	Lorton	VA	51	22079	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	22	22	$100.00	$38.94	$31.10	$32.29
1720652381	Rangaswar	Poonguzhali			F	I	4809 Argonne St		Denver	CO	8	80249	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	22	22	$99.00	$41.03	$29.69	$29.35
1730103698	Skaff-Schu	Melissa	M	ARNP	F	I	28960 Us H	Suite 100	Clearwater	FL	12	33761	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	22	22	$49.30	$40.72	$31.01	$30.82
1730152976	Chun	David	J	MD	M	I	361 Hospital Rd Ste 32		Newport Be	CA	6	92663	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$90.00	$53.05	$38.12	$33.02
1730470899	Casey	Justin	T	M.D.	M	I	39 Barkley Cir		Fort Myers	FL	12	33907	1	Metropolita	US	Ophthalmo	Y	69210	Removal of N	O	22	22	22	$166.30	$32.69	$24.32	$22.44
1740279553	Dawson	J	D	MD	M	I	2901 Medical Center D		Pocahonta	AR	5	72455	7	Small town	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$100.00	$43.04	$30.12	$33.86
1740351147	Angelo	Joseph		MD	M	I	208 Plumtr	Suite D	Bel Air	MD	24	21015	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$122.72	$49.80	$39.81	$38.41
1740849900	Kaiser	Kelsey	N	FNP-C	F	I	2911 Roberts Ave		Tallahasse	FL	12	32310	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	22	22	$142.82	$39.80	$30.27	$30.82
1750368817	Casey	Tyler	L	MD	M	I	6000 Unive	Suite 201	West Des M	IA	19	50266	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$111.00	$41.96	$28.12	$33.27
1750504734	Young	Aaron	M	M.D.	M	I	303 S Nappanee St		Elkhart	IN	18	46514	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$151.59	$43.44	$29.00	$31.57
1750636809	Mcmullen	Kyle	P	M.D.	M	I	1000 Ochsner Blvd		Covington	LA	22	70433	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	21	22	22	$105.00	$32.26	$24.53	$24.53
1760004337	Urick	Pamela			F	I	45 High St		Nashua	NH	33	3060	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	22	22	$83.00	$41.12	$32.77	$32.28
1760420376	Valenzuela	Eduardo		PAC	M	I	1426 Oak St		Eugene	OR	41	97401	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	21	22	22	$121.73	$36.85	$24.49	$27.85
1760452049	Waters	Jeremy	J	M.D.	M	I	606 N 3rd A	Suite 101	Sandpoint	ID	16	83864	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$102.00	$43.30	$25.20	$29.01
1760492680	Barats	Lev	L	MD	M	I	14 Vista Blvd		Slingerland	NY	36	12159	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	22	22	$131.00	$46.18	$27.75	$29.13
1760594170	Ge	Norman	N	M.D.	M	I	5901 E 7th St		Long Beach	CA	6	90822	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	22	22	$67.98	$38.07	$26.52	$24.17
1770016081	Ching	Steven		M.D.	M	I	3853 W Stetson Ave St		Hemet	CA	6	92545	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$174.62	$49.95	$36.19	$34.53
1770177529	Bargstadt	Mackenzie	A	APRN	F	I	7710 Mercy Rd Ste 300		Omaha	NE	31	68124	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	22	22	$100.00	$35.25	$24.47	$26.56
1770697526	Dennett	Bryan	K	M.D.	M	I	1305 E 19th Ave		Winfield	KS	20	67156	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	19	22	22	$90.00	$44.09	$25.47	$28.67
1770796583	Lee	Richard	G	MD	M	I	3446 S 15th E		Idaho Falls	ID	16	83404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	22	22	$130.00	$41.38	$33.05	$36.25
1780621946	Habboosh	May		MD	F	I	520 Saybro	Suite N100	Middletow	CT	9	6457	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	22	22	$170.00	$51.82	$38.20	$34.91
1780632141	Abernathy	Susan	P	D.O.	F	I	1410 Tusc	Suite 2500	Greeneville	TN	47	37745	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	22	22	$88.00	$40.85	$30.68	$33.54
1780682013	Rose	Thomas	A	MD	M	I	801 Saint Marys Dr Ste		Evansville	IN	18	47714	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	22	22	$153.73	$44.45	$35.58	$37.98
1790731750	Hakim	Ishrat		MD	M	I	18700 N 64	Ste 312	Glendale	AZ	4	85308	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	22	22	$94.00	$46.43	$32.54	$32.71
1790836187	Lathia	Amanda	T	M.D.	F	I	11100 Euclid Ave # B15		Cleveland	OH	39	44106	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	18	22	22	$135.00	$32.54	$25.03	$25.45
1801039516	Ramachan	Tara		MD	F	I	1060 Meyer Rd		Wentzville	MO	29	63385	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	22	22	$106.92	$46.54	$29.16	$29.22

1801469028	Garofano	Katrina	M		F	I	8333 N Davis Hwy	Pensacola	FL	12	32514	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	22	22	22	$98.00	$40.42	$32.20	$31.55
1801866462	Polansky	Irina	Y	PA-C	F	I	130 Lincoln Place Ct St	Belleville	IL	17	62221	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	21	22	22	$156.00	$41.36	$25.42	$24.94
1811252968	Reghunath	Saranya		M.D.	F	I	2361 E Vineyard Ave	Oxnard	CA	6	93036	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	22	22	$55.00	$33.69	$25.82	$24.70
1811982937	Devente	Jason	E	M.D.	M	I	431 N Judd Pkwy Ne	Fuquay Var	NC	37	27526	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$122.00	$44.64	$32.26	$33.87
1821382151	Hoyne	Marisa	S	MD	F	I	705 6th Ave E	Kalispell	MT	30	59901	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$36.00	$33.14	$25.23	$25.13
1821586884	Thompson	Gregory		DO	M	I	2605 W Main St	Jenks	OK	40	74037	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$114.00	$42.20	$33.62	$36.25
1831144161	Sathianath	Kumar		M.D.	M	I	3613 Willia Ste 404	Georgetow	TX	48	78628	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$105.00	$45.54	$34.65	$36.36
1831147669	Tayag	Rommer	M	M.D.	M	I	1743 Watsı	Suite B	Warner Rot	GA	13	31093	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	19	22	22	$110.00	$43.30	$24.82	$28.92
1831166677	Northcross	Phillip	R	M.C.	M	I	3440 Popla	Suite 13	Memphis	TN	47	38111	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	22	22	$250.00	$43.83	$27.53	$30.83
1831240308	Mewborn	Quentin	A	MD	M	I	2210 Hemt	Suite 105	Greenville	NC	37	27834	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$141.14	$45.75	$30.19	$31.84
1831416197	Calais	Charles		D.O	M	I	1219 Mccullough Ave	San Antonio	TX	48	78212	1	Metropolita	US	Allergy/ Imı	Y	69210	Removal of N	O	17	22	22	$44.55	$40.06	$31.95	$37.98
1831553502	Liu	Xinlu		M.D.	M	I	1301 Taylor St Ste 8a		Columbia	SC	45	29201	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	22	22	$118.00	$43.82	$28.63	$32.09
1831731629	Hartl	Jenna	S	PA-C	F	I	1430 Harrisburg Pike		Lancaster	PA	42	17601	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	22	22	22	$150.00	$36.85	$23.16	$23.96
1831795343	Stout	Anna	M		F	I	1100 S Jackson Hwy St		Sheffield	AL	1	35660	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	22	22	$61.00	$38.36	$26.41	$28.22
1841248408	Weaver	John	D	MD	M	I	405 S Us Hi	Ste 101c	Johnson Cit	TX	48	78636	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	20	22	22	$50.00	$46.03	$31.38	$32.70
1851430961	Miller	Walter	P	MD	M	I	53 Nautilus	Suite B	Manahawk	NJ	34	8050	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$90.00	$50.82	$36.10	$33.03
1851552392	Monga	Sonia		M.D.	F	I	2230 Lynn I	Suite 200	Thousand (	CA	6	91360	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	22	22	$100.00	$52.33	$38.01	$34.53
1861053860	Burnette	Cristie	A	NP	F	I	430 W Stuart Dr		Hillsville	VA	51	24343	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	15	22	22	$112.59	$40.42	$31.11	$31.16
1861435695	Salopek	Vlatko		MD	M	I	2450 Tamiami Trl	Ste A	Port Charlo	FL	12	33952	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	22	22	$102.30	$47.94	$31.25	$31.10
1861467581	Viswanath	Sathyamurthy		MD	M	I	1843 Quiet Cove		Fayettevill	NC	37	28304	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$46.21	$46.20	$26.33	$27.67
1861652711	Daniels	Sarah		MD	F	I	1004 W 32nd St Ste 40		Austin	TX	48	78705	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$100.00	$48.03	$31.30	$31.08
1861978371	Vazquez	Vicente		MD	M	I	3634 Elizabeth St		Riverside	CA	6	92506	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	22	22	$150.00	$49.83	$37.90	$35.39
1871031427	Ditommas	Kayla		NP	F	I	80 Beharrell St # 80a		Concord	MA	25	1742	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	22	22	$264.00	$45.43	$30.51	$27.15
1871145367	Bodden Ho	Jillian	M	DNP, AGPC	F	I	5249 E Terrace Dr		Madison	WI	55	53718	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	22	22	22	$198.00	$25.95	$17.85	$19.64
1871507418	Boyle	Susan	H	M. D.	F	I	300 S Church St		Middletow	MD	24	21769	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	22	22	22	$87.18	$49.99	$35.69	$32.96
1871532366	Calleja	Dan	E	M.D.	M	I	100 Sterlin	Suite 1	Mt Sterling	KY	21	40353	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$60.00	$43.22	$34.47	$37.12
1871760140	Goodman	Joseph	F	MD	M	I	2300 M St N	4th Floor (C	Washingto	DC	11	20037	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	22	22	$164.00	$55.18	$44.19	$37.12
1881248177	Lovelace	Chelsea	D	FNP-BC	F	I	1700 Wheeling St		Aurora	CO	8	80045	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	22	22	$98.09	$41.42	$18.25	$17.85
1881675098	Davis	Lawrence	J	MD	M	I	177 N Dear Sutie 207		Englewood	NJ	34	7631	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$79.29	$54.21	$37.47	$32.80
1881699916	Develin	Edward	D	MD	M	I	1790 Old Trail Rd		Etters	PA	42	17319	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	22	22	$89.00	$46.60	$29.83	$30.75
1881763209	Monge-Mel	Patricia	K	MD	F	I	107 Dmv Drive		Kilmarnock	VA	51	22482	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$77.36	$48.18	$36.84	$36.27
1891734968	Shallin	Anthony	W	M.D.	M	I	3613 Willia Ste 404		Georgetow	TX	48	78628	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$105.00	$44.46	$33.78	$35.50
1902006406	Joseph	Manu	C	MD	M	I	1910 W Royale Dr		Muncie	IN	18	47304	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	22	22	$157.55	$54.28	$37.53	$32.80
1902068497	Larson	Daniel	A	MD	M	I	1222 S Patt	Suite 400	Dayton	OH	39	45402	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	22	22	$80.00	$40.85	$30.88	$32.02
1902288848	Williams	Tiffany		FNP	F	I	700 Stonebrae Rd		Tuscaloosa	AL	1	35406	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	22	22	$53.32	$38.46	$27.04	$28.72
1902821713	Wilks	Gary	B	M.D.	M	I	7758 Wisc	211	Bethesda	MD	24	20814	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	15	22	22	$56.22	$54.45	$41.42	$35.39
1912932161	Dubois	Thierry	J	M.D.	M	I	15300 West Ave		Orland Par	IL	17	60462	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	22	22	$149.77	$37.46	$24.57	$22.06
1912940552	Anderson P	Elizabeth	A	MD	F	I	1515 Sheridan Rd Ste 3		Wilmette	IL	17	60091	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	22	22	22	$91.09	$37.02	$24.26	$21.53
1922075415	Carrey	Zev		M.D., F.C.C	M	I	1436 Broadway		Hewlett	NY	36	11557	1	Metropolita	US	Pulmonary	Y	69210	Removal of N	O	18	22	22	$59.09	$58.34	$46.52	$36.25
1922085265	Mckenzie	Jason	S	DO	M	I	480 E Prater Way		Sparks	NV	32	89431	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	22	22	$145.45	$49.29	$28.53	$27.62
1922238732	Goldfish	Randall	L		M	I	816 22nd A Suite 100		Kearney	NE	31	68845	4	Micropolita	US	Family Prac	Y	69210	Removal of N	F	18	22	22	$103.00	$29.72	$18.66	$21.40
1922298454	Im	John	J	D.O.	M	I	11950 Cou	Suite 101	The Village	FL	12	32162	1.1	Secondary	US	Emergency	Y	69210	Removal of N	O	20	22	22	$88.21	$47.68	$38.01	$37.98
1922440940	Mazzeo	Laura	M	NP-C	F	I	45 Resnik Rd		Plymouth	MA	25	2360	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	22	22	$110.00	$42.20	$30.38	$29.12
1922480698	Kennel	Christophe	E	M.D.	M	I	826 S Governors Ave		Dover	DE	10	19904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	22	22	22	$87.00	$46.41	$32.11	$31.41
1932120847	Bucchino	Svetlana		MD	F	I	1910 W Royale Dr		Muncie	IN	18	47304	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$70.00	$44.44	$27.71	$30.43
1932399136	Ostrowski	Kimberly	R	D.O.	F	I	885 Tiger Blvd Ste A		Clemson	SC	45	29631	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	22	22	$127.64	$43.73	$25.06	$27.64
1942439625	Singh	Simarjit		MD	M	I	620 State Rt 23		Pompton P	NJ	34	7444	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	22	22	22	$135.11	$53.67	$34.95	$31.07
1952300600	Suarez Loz	Francisco	R	M.D.	M	I	27 Calle Ne	Edificio Do	Mayaguez	PR	72	680	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	22	22	$48.60	$48.14	$30.39	$30.13
1952308405	Dunn	Scott	R	M.D.	M	I	606 N Third Suite #101		Sandpoint	ID	16	83864	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	20	22	22	$102.00	$43.33	$23.49	$27.39
1962415430	Bhama	Prabhat	K	MD, MPH, F	M	I	1330 Rockefeller Ave S		Everett	WA	53	98201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	22	22	$127.00	$46.00	$28.99	$27.71
1962445346	Keller	Robert	T	MD	M	I	724 Pennsylvania Ave		Fort Worth	TX	48	76104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	22	22	$119.00	$44.63	$33.04	$33.75
1962445726	Luck	David	W	MD	M	I	322 N Maple St		Lebanon	TN	47	37087	4.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	20	22	22	$162.05	$44.55	$34.09	$35.58
1962478438	Ilyayev	Aleksandr		M.D.	M	I	1651 Coney Island Ave		Brooklyn	NY	36	11230	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	13	22	22	$150.00	$59.49	$47.47	$37.98
1972501096	Hernandez	Michael		M.D.	M	I	1710 N Rar	Suite 200	Elgin	IL	17	60123	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$126.00	$51.12	$38.92	$36.25
1972561512	Schreiner	Phyllis	S		F	I	6000 Execu	Suite 300	Rockville	MD	24	20852	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	22	22	$191.75	$55.65	$44.41	$37.98
1972594828	Decker	Raymond	G	MD	M	I	13911 St Fr	Suite 101	Midlothian	VA	51	23114	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	22	22	$70.00	$47.05	$32.43	$32.00
1982644886	Hill	Benjamin	H	M.D.	M	I	4230 Hardi Suite 400		Nashville	TN	47	37205	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	22	22	$220.00	$42.59	$32.38	$35.58
1982750451	Barta	Gina			F	I	10115 W River St		Truckee	CA	6	96161	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	22	22	22	$253.55	$49.43	$32.34	$31.07
1982929741	Willis	John	H	MD	M	I	110 Charlois Blvd		Winston Sa	NC	37	27103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	22	22	$141.09	$42.70	$30.53	$31.91
1992277263	Bulat	Jenny		APRN	F	I	1931 S Tuttle Ave		Sarasota	FL	12	34239	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	22	22	$101.00	$40.66	$29.45	$29.35
1992453674	Bigelow	Katie	R	AGNP-C	F	I	815 Business Park Dr		Traverse Ci	MI	26	49686	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	22	22	$74.00	$38.76	$30.90	$32.28
1992807341	Hryniewick	Thomas	A	M.D.	M	I	845 E Chapman Ave		Orange	CA	6	92866	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	22	22	$104.00	$52.72	$36.35	$31.94
1003880055	Choi	Susan	W	MD	F	I	1246 State Route 38		Owego	NY	36	13827	7.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$189.00	$46.76	$28.57	$29.37
1013304914	Hanick	Andrea	L		F	I	1000 W Nifong Blvd Ste		Columbia	MO	29	65203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	21	21	$92.14	$42.89	$27.35	$30.49
1013354521	Summerfor	Ross	A	M.D.	M	I	850 5th Ave E		Tuscaloosa	AL	1	35401	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$80.00	$45.41	$32.85	$34.64
1023086147	Hunter	Karen	R	M.D.	F	I	2755 S Higl	Suite 1200	Greer	SC	45	29650	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	21	21	$183.86	$44.76	$27.01	$29.59
1023363249	Stanley	Douglas	J	M.D.	M	I	9200 Pinecroft Dr Ste 4		Shenandoa	TX	48	77380	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	20	21	21	$140.00	$41.30	$20.69	$22.48
1023401619	Moss	Dustin	J		M	I	229 Interst	Suite 103	Crossville	TN	47	38555	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	21	21	$55.00	$37.30	$21.61	$24.46
1023609401	Donlon	Ryan	C	FNP-BC	M	I	1700 N Waterman Ave		San Bernar	CA	6	92404	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	21	21	$51.00	$41.62	$30.36	$29.50
1023758620	Reece	America	B	FNP-C	F	I	200 Pavilion Way		Southern Pi	NC	37	28387	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$115.00	$38.64	$29.30	$30.84
1033134317	Tawila	Mohamad	Y	M.D.	M	I	3600 W 13 Mile Rd		Royal Oak	MI	26	48073	1	Metropolita	US	Allergy/ Imı	Y	69210	Removal of N	O	20	21	21	$65.00	$49.77	$39.37	$37.64
1033404892	Argo	Jimmy		MD	M	I	920 Sl Young Blvd		Oklahoma	OK	40	73104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	21	21	$128.00	$43.86	$29.96	$32.15
1033675798	Merritt	Andria	M	APRN	F	I	520 N Spring St		Harrison	AR	5	72601	5	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	21	21	$90.30	$35.66	$22.93	$26.22
1033684782	Eccles	Laura			F	I	74 E 11800 S Ste 360		Draper	UT	49	84020	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	21	21	21	$123.18	$38.82	$20.80	$22.40
1043245970	Lee	Kenneth	K	MD	M	I	885 Roosevelt Rd		Glen Ellyn	IL	17	60137	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$149.00	$50.50	$36.17	$33.16
1043255003	Renzi	Joseph	J	D.O.	M	I	1324 W Ritner St		Philadelphi	PA	42	19148	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$150.00	$46.20	$33.93	$33.91
1043264781	Devereaux	Robert	A	MD	M	I	11100 War Ste 100		Fountain V	CA	6	92708	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	21	21	$79.52	$52.44	$36.55	$33.12

1043340185	Magill	Christina	B	M.D.	F	I	3719 E Meridian Loop S	Wasilla	AK	2	99654	4.1	Secondary	US	Plastic and	Y	69210	Removal of N	O	19	21	21	$400.00	$60.15	$41.09	$32.55
1043419138	Sizemore	Marc		FNP	M	I	215 E Caldwell Ave	Visalia	CA	6	93277	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	21	21	$91.00	$39.72	$29.21	$30.22
1043538564	Christiansc	Brandon	L	M.D.	M	I	4601 Heritage Trace Pk	Fort Worth	TX	48	76244	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	21	21	$112.00	$47.49	$32.65	$32.72
1053352724	Schmitz	Stephen	P	MD	M	I	10950 Rockfish Valley I	Afton	VA	51	22920	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$98.29	$48.05	$25.64	$25.46
1053379735	Padala	Lakshmi	N	MD	M	I	2063 N Lecanto Hwy St	Lecanto	FL	12	34461	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$66.00	$47.76	$34.41	$34.37
1053750257	Lawrence	Christine		MD	F	I	4144 Clemson Blvd	Anderson	SC	45	29621	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$95.78	$43.14	$27.51	$30.44
1063594943	Cassidy	Brian	J	MD	M	I	2253 South Ave	Scotch Plai	NJ	34	7076	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	21	21	$234.00	$53.60	$38.63	$34.36
1063677599	Gibber	Marc			M	I	3400 Bainbridge Ave	Bronx	NY	36	10467	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	19	21	21	$250.00	$41.98	$33.60	$26.32
1073516852	Allmon	Joan	M	M.D.	F	I	526 Halle Park Dr	Collierville	TN	47	38017	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	21	21	$150.00	$43.74	$33.21	$36.37
1073710364	Plum	Franz	J	M.D.	M	I	1250 N Vantage Point D	Crystal Rive	FL	12	34429	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$65.00	$48.45	$36.94	$36.18
1083645972	Pearson	Gregg	A	DO	M	I	369s White Horse Pike	Waterford	NJ	34	8089	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	21	21	$60.00	$52.53	$37.24	$32.68
1083712665	Morgan	Michelle	D	D.O.	F	I	2804 W Ma Suite A	Lecanto	FL	12	34461	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	21	21	$127.29	$46.58	$36.83	$37.91
1083732325	Ditto	John	L	MD	M	I	241 Charles H Dimmoc	Colonial He	VA	51	23834	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	21	21	$177.45	$40.78	$27.98	$28.09
1093745697	Barham	Wilson	T	M.D.	M	I	2802 Kilpatrick Blvd	Monroe	LA	22	71201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	21	21	$90.00	$44.85	$34.05	$35.37
1093781957	Patel	Vishal	V	MD	M	I	244 Livingston St	Northvale	NJ	34	7647	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	21	21	$120.00	$53.71	$40.80	$36.17
1104292853	Brown	Jenna	E	ARNP	F	I	8562 Ne 138th Ln	Lady Lake	FL	12	32159	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$60.00	$40.94	$29.59	$29.22
1104920792	Wetzel	Jennilyn		MD	F	I	30695 Little Suite 200	Roseville	MI	26	48066	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	18	21	21	$70.00	$49.89	$35.64	$34.02
1114085248	Whittaker	Lynn	A	ANP	F	I	421 Chestnut St	Evansville	IN	18	47713	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$135.00	$37.38	$19.85	$22.70
1114095106	Hamblin	Basil	C	MD	M	I	11150 State Route One	Point Reyes	CA	6	94956	10.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$120.00	$56.69	$38.79	$32.11
1114959392	Yeatts	Donald	E	M.D., D.D.S	M	I	13911 St Fr Suite 101	Midlothian	VA	51	23114	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	21	21	$70.00	$48.17	$32.55	$32.09
1124055231	Blasiol	Joseph		DO	M	I	72 Washington St	Topton	PA	42	19562	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	21	21	$65.00	$46.11	$32.54	$33.85
1124127345	Kalucis	Chris	J	DO	M	I	15299 Bagley Rd	Cleveland	OH	39	44130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$100.00	$46.65	$1.80	$3.50
1124197140	O'gara	Josephine		MD	F	I	270 Main St N Ste 300	Stillwater	MN	27	55082	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	21	21	$60.11	$46.58	$33.67	$34.52
1124232137	Losavio	Phillip	S		M	I	1611 W Ha Suite 550	Chicago	IL	17	60612	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	19	21	21	$162.00	$34.49	$25.34	$22.37
1134196041	Darrow	Nicole		D.O.	F	I	754 Deer Park Ave	North Baby	NY	36	11703	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$95.00	$59.59	$36.98	$29.35
1134252653	Gingrich	David	L	PA	M	I	47 Santa Rosa St	San Luis Ot	CA	6	93405	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	18	21	21	$85.00	$40.60	$27.27	$27.67
1144221961	Malaker	Clayton	R	M.D.	M	I	824 Van Buren St	Belvidere	IL	17	61008	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	21	21	$46.89	$47.04	$29.03	$29.58
1144405747	Bolinger	Matthew	A	M.D.	M	I	2000 10th Ave Ste 370	Columbus	GA	13	31901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$163.00	$42.04	$31.08	$32.78
1144470600	Lukenda	Robert		D.O.	M	I	216 North Ave E	Cranford	NJ	34	7016	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$87.00	$54.25	$37.22	$32.55
1144575002	Mushtaq	Asfar		M.D.	M	I	120 Cypress Edge Dr St	Palm Coast	FL	12	32164	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	21	21	$163.00	$50.91	$37.17	$34.63
1144690140	Bermudez	Christophe	G	PA-C	M	I	1394 W 16th St	Yuma	AZ	4	85364	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	20	21	21	$50.00	$27.74	$14.91	$15.30
1154310555	Hawkins	William	H	MD	M	I	6802 S Olyı Suite 200	Tulsa	OK	40	74132	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$175.00	$41.67	$33.33	$37.53
1154314326	Green	Gene	E	M.D.	M	I	1000 E Eager St	Baltimore	MD	24	21202	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$160.00	$50.55	$34.35	$31.65
1164441572	Miller	Elliot	F	MD	M	I	1800 Hollister Dr	Libertyville	IL	17	60048	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$162.00	$51.21	$29.84	$27.64
1164597498	Fairbanks D	Lauri	A	DO	F	I	8100 Oswe Suite 220	Liverpool	NY	36	13090	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$100.00	$46.04	$34.94	$36.26
1174553770	Neshewat	Michael		M.D.	M	I	3 Heritage I Suite 1	Southgate	MI	26	48195	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	21	21	$85.00	$50.23	$28.06	$26.53
1174721138	Rutherford	Kimberley	D	MD	F	I	599 Farmington Ave St	Farmington	CT	9	6032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$153.00	$49.17	$37.93	$34.83
1194382440	Natale	Jeffery	A	MSN, CRNF	M	I	1602 Ford Ave	Cumberlan	MD	24	21502	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$55.00	$41.91	$28.60	$27.67
1205803301	Lucas	John	F	MD	M	I	1339 East St	Graham	TX	48	76450	7	Small town	US	Family Prac	Y	69210	Removal of N	O	14	21	21	$140.00	$43.44	$32.92	$34.47
1215034103	Kautz	Kathleen	E	M.D.	F	I	1029 Keyser Avenue	Natchitoch	LA	22	71457	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	17	21	21	$120.00	$45.93	$32.16	$33.60
1215043971	Smith	Michael		M.D.	M	I	1000 Health Center Dr	Mattoon	IL	17	61938	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	21	21	$141.67	$44.62	$28.55	$29.23
1215428891	Bellingham	Dwight	N	MD	M	I	705 Gaither Rd	Statesville	NC	37	28625	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$119.00	$38.16	$22.48	$23.92
1215529136	Jacobs	Maegan	E	FNP-C	F	I	421 W College St	Florence	AL	1	35630	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	21	21	$89.00	$38.24	$26.91	$28.80
1215955919	Svidler	Inessa		M.D.	F	I	2320 Sutte #203	San Francis	CA	6	94115	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	19	21	21	$70.00	$56.64	$41.80	$34.77
1225001126	Sabo	Mildred	R	MD	F	I	900 Se Salerno Rd	Stuart	FL	12	34997	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	19	21	21	$106.00	$51.36	$32.40	$29.83
1225119159	Andrews	Mary	L	M.D.	F	I	1635 N Gre Suite 134	Mesa	AZ	4	85205	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$60.00	$46.45	$29.30	$30.40
1235127184	Lynd	Gary	L	DO	M	I	724 W Franklin St	Jackson	MI	26	49201	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	21	21	$85.00	$46.37	$35.36	$36.27
1235246331	Taylor	David	L	MD	M	I	248 Mchenry St	Burlington	WI	55	53105	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$300.00	$44.90	$28.24	$30.57
1235627142	Marretta-Le	Mijanou	D	FNP-C	F	I	106 N Main St	New Carlisl	OH	39	45344	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	21	21	$78.00	$39.23	$28.98	$30.02
1245297258	Ferro	Fernando		M.D.	M	I	7602 Belair Rd	Baltimore	MD	24	21236	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	21	21	$105.00	$51.89	$30.08	$27.60
1245844463	Vanden Ho	Lara		CNP	F	I	3339 Hales Ranch Rd	Cheyenne	WY	56	82007	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	21	21	$90.00	$40.62	$18.15	$18.28
1255321253	Marquis	Richard	W	M.D.	M	I	700 Congre Suite 103	Quincy	MA	25	2169	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$153.00	$53.40	$34.35	$30.69
1255839346	Werth	Belinda	J	APRN	F	I	10222 W 21st St N	Wichita	KS	20	67205	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$98.52	$37.62	$22.84	$25.37
1265421101	Covey	Richard	D	M.D.	M	I	3155 Stillw Suite B	Prescott	AZ	4	86305	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	21	21	$64.00	$46.29	$34.79	$35.91
1265432371	Marshall	Darby	D	MD	M	I	406 Taylor St Ste B	Scottsboro	AL	1	35768	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$68.00	$43.99	$33.37	$35.41
1265968275	Warsh	Andrea	N	FNP	F	I	45 Mohouli St	Hilo	HI	15	96720	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$75.00	$43.01	$29.35	$27.67
1275513491	Bhatia	Sanjeev		M.D.	M	I	4504 N Laurent St	Victoria	TX	48	77901	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	21	21	$90.00	$45.65	$34.69	$36.28
1275623233	Styka	Beata		M.D.	F	I	12130 S Ha Ste B	Palos Heigl	IL	17	60463	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	20	21	21	$100.00	$52.14	$29.51	$26.98
1275631426	Milik	Adam	W	MD	M	I	4854 W Court St	Monee	IL	17	60449	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	21	21	$190.00	$51.61	$35.38	$32.55
1275978298	Kola	Aruna	R	M.D.	F	I	9715 Liberia Ave	Manassas	VA	51	20110	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	21	21	$75.00	$47.89	$32.81	$32.62
1285649343	Kolte	Bharati	P	MD	F	I	1301 W 38th St #205	Austin	TX	48	78705	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	21	21	$90.00	$48.07	$29.15	$28.94
1285969790	Evangelista	Odette	D	M.D.	F	I	1526 Savannah Rd	Lewes	DE	10	19958	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$100.00	$48.95	$35.46	$34.36
1295223063	Zubrickaite	Alina		APN	F	I	800 Austin St Ste 369	Evanston	IL	17	60202	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	21	21	$134.63	$43.53	$32.38	$29.25
1306208004	Bibb	Terrell		M.D.	M	I	1 Burnside	Wichita Fal	TX	48	76310	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	21	21	$117.00	$45.73	$26.47	$28.24
1306230586	Glasgow	Phillip	J	M.D.	M	I	300 E 6th St	Texarkana	AR	5	71854	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	21	21	$89.00	$42.75	$23.10	$27.48
1316521040	Ngoran	Ann		FNP	F	I	3512 Diamond Springs	Raleigh	NC	37	27610	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	21	21	$65.00	$38.83	$29.07	$30.43
1316945819	Mckinnon	Brian	J	MD	M	I	1600 W League City Pk	League City	TX	48	77573	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	19	21	21	$135.00	$33.07	$23.97	$23.88
1316977119	Hession	Melissa	A	M.D.	F	I	11200 Governor Manly	Raleigh	NC	37	27614	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$115.00	$51.23	$37.31	$34.61
1326091117	Torres	Roger	V	M.D.	M	I	12555 W N #201	New Berlin	WI	55	53151	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	21	21	$139.19	$44.25	$33.57	$36.34
1326200775	Myhill	Jeffrey	A	MD	M	I	12201 Renfert Way	Austin	TX	48	78758	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	21	21	$99.86	$43.75	$29.54	$32.75
1336133917	Zisselman	Pamela	M	C.R.N.P.	F	I	6334 Ceda Suite 103	Columbia	MD	24	21044	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	21	21	$63.00	$43.48	$30.31	$28.16
1346245438	Oakden	Richard	W	M.D.	M	I	1059 N 100 W	Beaver	UT	49	84713	7	Small town	US	Family Prac	Y	69210	Removal of N	O	21	21	21	$132.86	$41.06	$26.96	$28.75
1356319933	Hoover	Hunter	A	M.D.	M	I	6035 Fairview Rd	Charlotte	NC	37	28210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	21	21	$95.00	$39.67	$28.25	$29.16
1356345979	May	Michael	G	MD	M	I	110 Millsaps Dr	Hattiesburg	MS	28	39402	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$100.00	$43.33	$26.31	$30.07
1356442032	Hart	Ronald	D	MD	M	I	1085 Gray Ave	Yuba City	CA	6	95991	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	21	21	$70.00	$46.58	$31.89	$31.06
1356640379	Lyons	Martin	A	MD	M	I	41 Cambridge Ct	Wetumpka	AL	1	36093	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$93.46	$45.04	$33.99	$36.09
1356827323	Gharzeddir	Jenna	R	MD	F	I	2876 Sycamore Dr Ste	Simi Valley	CA	6	93065	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	21	21	$104.00	$52.54	$28.69	$25.80

1356870299	Whitley	Allie	G	D.O.	F	I	3980 Highway 9 E Ste 1	Little River	SC	45	29566	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	21	21	$112.00	$45.18	$27.88	$30.00
1366449191	Schrei Broa	Catherine		DO	F	I	4059 Jandy Blvd Ste 10	Nazareth	PA	42	18064	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	21	21	$126.38	$46.71	$27.73	$28.60
1366494197	Pennebake	Gordon	E	MD	M	I	1344 Haile St	Camden	SC	45	29020	4.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$138.52	$45.07	$34.32	$36.33
1376540567	Woodruff	Mark	W	MD	M	I	7100 W Center Rd	Omaha	NE	31	68106	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$48.00	$42.30	$27.68	$30.39
1376706762	Bush	Matthew	L	M.D.	M	I	Ukmc Depa	800 Rose S	Lexington	KY	21	40536	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	21	21	$157.00	$44.81	$32.45	$34.71
1376812958	Hauser	Gina		NP	F	I	17761 Cottonwood Dri	Parker	CO	8	80134	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	21	21	$98.52	$41.12	$23.47	$23.20
1376856559	Lidvall	John		MD	M	I	815 Main St	Peoria	IL	17	61602	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$111.00	$45.41	$27.32	$28.40
1386256006	Swindle	Courtney	P	APRN, FNP	F	I	246 Wedgewood Way	Allen	TX	48	75002	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	20	21	21	$244.71	$27.67	$22.08	$22.37
1386285914	Dover	Sara	E	PA-C	F	I	550 Peachtree St Ne	Atlanta	GA	13	30308	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	21	21	$191.57	$40.36	$30.62	$29.99
1386971141	Duncan	Robin	M	FNP	F	I	1428 W 5th St	Sheridan	WY	56	82801	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$79.00	$40.40	$27.59	$27.74
1396711925	Fingerer	Walter	M	M.D.	M	I	3001 Nw 4	Suite 207	Lauderdale	FL	12	33313	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$98.74	$48.26	$33.10	$33.32
1396731469	Bennion	Jeffrey	G	M.D.	M	I	2245 N 400	Ste 301	North Loga	UT	49	84341	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$136.63	$45.23	$32.63	$34.60
1407076417	Cullinan	Donna	M	NP	F	I	100 Highla	Suite 209	Milton	MA	25	2186	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	21	21	$95.00	$45.36	$27.95	$24.89
1407820657	Valledor Ma	Luis	E	MD	M	I	Bayamon M	Suite 105	Bayamon	PR	72	960	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$48.60	$44.63	$33.75	$33.46
1407850365	Wilson	Carlene	A	M.D.	F	I	6038 W Nordling Loop		Crystal Rive	FL	12	34429	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	21	21	$75.00	$47.87	$34.52	$34.37
1417096595	Robinson	Irving		MD	M	I	1401 W 5th St		Sheridan	WY	56	82801	4	Micropolita	US	Emergency	Y	69210	Removal of N	O	21	21	21	$110.00	$47.58	$25.21	$25.48
1417621376	Wagaman	Heather	J	CRNP	F	I	220 Wilson St Ste 109		Carlisle	PA	42	17013	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	21	21	$67.00	$39.24	$27.48	$28.55
1427036474	O'brien	Dan		D.O.	M	I	260 S Maple St		Orleans	IN	18	47452	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$63.00	$42.96	$24.71	$27.87
1427072453	Lin	Nobel		PA	M	I	1141 W Re	Suite 402	Gardena	CA	6	90247	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	21	21	$55.97	$43.60	$33.10	$29.21
1427095926	Sears	Christophe	D	MD	M	I	81 Ashwood Dr		Tiffin	OH	39	44883	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	21	21	21	$131.00	$46.27	$27.24	$28.55
1427470590	Roark	Erin		FNP	F	I	26 W Dry Creek Cir Ste		Littleton	CO	8	80120	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	21	21	$128.00	$40.70	$25.39	$24.51
1437101359	Wanger	Michael	P	MD	M	I	516 Lakevie	Bldg 4	Clearwater	FL	12	33756	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$72.05	$46.87	$33.21	$32.94
1437230877	Pammi	Neesha		M.D.	F	I	2637 Shadelands Dr		Walnut Cre	CA	6	94598	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	21	21	$175.00	$55.89	$40.32	$34.36
1437539426	Brown	Meredith		NP	F	I	4007 W Colfax Ave		Denver	CO	8	80204	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$99.00	$41.35	$26.70	$26.13
1447289962	Singh	Ravinder		M.D.	M	I	8231 Rochester Ave		Rancho Cu	CA	6	91730	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	21	21	$60.00	$49.85	$37.84	$36.17
1447296421	Goldvug	Rita		M.D	F	I	9830 67th Ave Ste Gg		Rego Park	NY	36	11374	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	21	21	$100.00	$60.58	$48.51	$37.08
1447298476	Converse	George	M	MD	M	I	1370 Gatev	Suite 100	Murfreesbo	TN	47	37129	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	18	21	21	$220.00	$41.20	$32.20	$36.78
1447543608	Meligan	Tamara	K	PAC	F	I	8333 N Davis Hwy		Pensacola	FL	12	32514	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	20	21	21	$98.00	$40.65	$29.69	$29.60
1457301871	Herman	Gail	D	M.D.	F	I	7900 N Mil	18	Niles	IL	17	60714	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	21	21	$108.00	$51.96	$33.49	$30.75
1457352999	Weis	George	G	DO	M	I	119 Holland Circle Dr		Amsterdam	NY	36	12010	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$100.00	$41.78	$23.76	$25.06
1467525840	Attia-Alla	Ayman	Z	MD	M	I	1752 Francis Lewis Blv		Whitestone	NY	36	11357	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	21	21	$110.00	$59.75	$47.68	$37.98
1477000743	Gutierrez	Lorena			F	I	2002 Del Prado Blvd S		Cape Coral	FL	12	33990	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$102.30	$43.10	$31.08	$29.21
1477544682	Linthicum	William	R	M.D.	M	I	1 Kings Dr		Taneytown	MD	24	21787	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$158.00	$51.90	$36.49	$32.53
1487621512	Muir	Eric		MD	M	I	2863 Highway 45 Byp		Jackson	TN	47	38305	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	21	21	$115.00	$44.38	$30.61	$33.23
1497713283	Baral	Sarad	R	M. D.	M	I	1604 Market St		Pocomoke	MD	24	21851	7	Small town	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$69.00	$47.12	$32.78	$33.73
1497798342	Sharma	Om	D	M.D.	M	I	1885 Englewood Rd		Englewood	FL	12	34223	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$56.23	$48.35	$31.32	$30.77
1497802193	Musselmar	Corey	N	M.D.	M	I	1110 Se Ca	Suite 203	Cary	NC	37	27518	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$90.00	$45.72	$24.18	$26.07
1508057159	Tompkins	James	P	MD	M	I	601 W Main St		Byrdstown	TN	47	38549	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$73.00	$43.89	$30.88	$33.98
1508283813	Fontenot	Benjamin	S		M	I	277 N Highway 171 Ste		Lake Charl	LA	22	70611	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	21	21	$238.81	$46.05	$35.39	$36.61
1508398629	Bareiss	Anna	K	MD	F	I	4150 Regents Park Row		La Jolla	CA	6	92037	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	20	21	21	$109.00	$29.27	$23.32	$25.69
1508813742	Ensminger	Bobby	T	M.D.	M	I	1200 Celebrity Dr Ste 1		Ruston	LA	22	71270	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$84.00	$44.22	$31.87	$35.02
1508836636	Gassen	Gavin	M	M.D.	M	I	3004 Oran	Suite 2	St. Croix	VI	78	820	99	Unknown	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$130.89	$48.54	$38.82	$37.98
1508849894	Hanson	Jana	G	MD	F	I	805 Aerovis	Suite 106	San Luis Ot	CA	6	93401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	21	21	$70.00	$49.52	$32.32	$31.07
1518008580	Khanna	Manish		M.D.	M	I	2021 K St Nw Ste 206		Washingto	DC	11	20006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	21	21	$177.45	$43.77	$32.87	$28.04
1518970888	Welgrin	Susan	P	M.D.	F	I	465 Willis Ave		Williston P	NY	36	11596	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$100.00	$56.62	$42.88	$36.62
1518979541	Almeida	Frank	G	M.D.	M	I	235 Rt 71		Manasquar	NJ	34	8736	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$77.00	$50.08	$38.08	$36.62
1548207319	Dolan	Lynda	M	M.D.	F	I	409 Kilauea Ave		Hilo	HI	15	96720	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	21	21	$124.66	$50.55	$31.44	$29.56
1548934409	Reynolds	Betty	J	APRN-C	F	I	1715 Miracle Dr		Casper	WY	56	82609	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$155.00	$40.20	$28.95	$29.25
1558495705	Stoermer	Christian	H	MD	M	I	2110 E Flar	#102	Las Vegas	NV	32	89119	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	21	21	$45.00	$44.47	$32.04	$34.68
1568036069	Wattenbur	Jordan	R	DNP, FNP-(	F	I	403 Fairview St		Clinton	NC	37	28328	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	20	21	21	$165.38	$38.93	$22.35	$23.80
1568500445	Korn	Matthew		D.O.	M	I	20601 E Di	Suite 340	Aventura	FL	12	33180	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	21	21	$137.23	$53.61	$35.39	$31.22
1568778116	Cordero	Tina	L	PA-C	F	I	600 N Park St		Brenham	TX	48	77833	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	19	21	21	$153.00	$36.69	$29.23	$30.74
1578518031	Rao	Gorantla	S	M.D	M	I	1425 Weatherly Rd Se		Huntsville	AL	1	35803	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	21	21	$50.00	$45.59	$30.40	$32.10
1578569125	Cyran	Daniel	J	D.O.	M	I	575 Underhill Blvd Ste		Syosset	NY	36	11791	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	21	21	$196.67	$59.59	$38.41	$30.75
1588653091	Boland	Susan		CNP	F	I	1680 Hospital South Dr		Austell	GA	13	30106	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$115.00	$39.71	$25.53	$26.19
1588674055	Keyser	Jeffrey	S	MD	M	I	1350 N 500 E		Logan	UT	49	84341	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	21	21	$103.81	$45.42	$27.52	$29.54
1598260580	Rhodes	Ellen	R	MD	F	I	37464 Lion Unit 2		Selbyville	DE	10	19975	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$148.81	$48.72	$37.16	$36.17
1598752271	Crisanti	Joseph	S	M.D.	M	I	12547 Ocean Gateway		Ocean City	MD	24	21842	4	Micropolita	US	Emergency	Y	69210	Removal of N	O	19	21	21	$90.00	$48.77	$39.29	$38.43
1598769358	Mass	Ann	M	MD	F	I	225 N Mill S	Ste 116	Aspen	CO	8	81611	7	Small town	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$209.00	$47.33	$29.34	$28.87
1598791543	Goyal	Parul		M.D.	M	I	101 Richmond Ave Ste		Syracuse	NY	36	13204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	21	21	$122.67	$26.95	$20.66	$21.80
1609812296	Mckenna	Jeffrey	A	M.D.	M	I	5110 E War	Suite 100	Phoenix	AZ	4	85044	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	21	21	$94.00	$44.34	$24.72	$25.78
1609872894	Kaiser	Peter	C	M.D.	M	I	3805 E. Bel	Suite 5800	Phoenix	AZ	4	85032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	21	21	$84.00	$46.46	$31.75	$31.88
1609893411	Paisan	Carlos	M	MD	M	I	350 7th St N		Naples	FL	12	34102	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	21	21	$150.00	$50.90	$30.92	$28.94
1609958289	Weiss	David	M	M.D.	M	I	360 N Sepu	Suite 3000	El Segundo	CA	6	90245	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$66.67	$52.54	$37.91	$34.36
1609971605	Maddox	Patrick	T	MD	M	I	80 Doctors Dr Ste 2		Henderson	NC	37	28792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	21	21	21	$131.05	$27.30	$19.91	$20.76
1619035169	Harris	David	M	MD	M	I	819 Church St		Royston	GA	13	30662	7	Small town	US	Family Prac	Y	69210	Removal of N	O	21	21	21	$67.00	$37.33	$28.07	$30.00
1629017785	Smith	Jeffrey	A	MD	M	I	1033 Basin Ave		Bismarck	ND	38	58504	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	21	21	$117.38	$40.67	$24.81	$27.18
1639121841	Kesliker	Manish	N	M.D.	M	I	27211 Lahs	Ste #200	Southfield	MI	26	48034	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$75.22	$49.65	$39.59	$37.98
1639220445	Park	Dennis	J	DO	M	I	2 Transam Plaza Dr Ste		Oakbrook T	IL	17	60181	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	21	21	$75.00	$51.34	$37.74	$34.94
1639342363	Obiaja	Kenneth	C	M.D. , M.P.I	M	I	201 Lagrande Blvd		The Villages	FL	12	32159	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	21	21	21	$88.05	$48.43	$35.08	$34.37
1639495054	Mori	Matthew		M.D.	M	I	1 Gustave L Mount Sina		New York	NY	36	10029	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	21	21	$225.00	$30.47	$24.41	$19.89
1649289968	Cogan	Fredric		M.D.	M	I	176 Tulip Ave		Floral Park	NY	36	11001	1	Metropolita	US	Plastic and	Y	69210	Removal of N	O	15	21	21	$242.00	$56.78	$41.89	$33.46
1649328519	Azizollahi	Farid		MD	M	I	8920 Wilshire Blvd Ste		Beverly Hill	CA	6	90211	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	21	21	$100.00	$52.56	$39.95	$36.17
1649450479	Hentzen	Douglas		M.D.	M	I	2115 N Kansas Ave		Hastings	NE	31	68901	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	19	21	21	$45.84	$43.39	$32.95	$36.39
1649686353	Lytle Rushi	Katlyn	M	PA-C	F	I	648 N Main St		Taylor	PA	42	18517	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	18	21	21	$85.00	$27.11	$21.61	$22.38
1649817487	Skinner	Laura	K	FNP	F	I	300 Ocean Ave		Raymond	WA	53	98577	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$100.00	$39.30	$28.42	$29.44
1659305027	Hom	David	B	M.D.	M	I	200 W Arbor Dr		San Diego	CA	6	92103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	21	21	21	$239.00	$34.22	$23.77	$22.33

1659385219	Mahoney	Gerard	J	D.O.	M	I	826 Forest Ave	Frankfort	MI	26	49635	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	18	21	21	$76.90	$45.86	$28.78	$30.39
1669577672	Graves	Taylor	R	M.D.	M	I	1841 Clifton Rd Ne	Atlanta	GA	13	30329	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	18	21	21	$189.86	$48.27	$33.15	$31.70
1669758777	Charlton	Micheal	D	APN	M	I	136 Block St	Marion	AR	5	72364	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	21	21	$68.00	$35.17	$19.47	$24.34
1669994794	Schexnyde	Kaylan		FNP	F	I	2707 Kaliste Saloom R	Lafayette	LA	22	70508	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	21	21	$95.00	$39.02	$23.65	$25.03
1679113922	Chapman	Elena			F	I	293 Salem St 4	Medford	MA	25	2155	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	21	21	$100.00	$44.99	$33.69	$30.31
1679607170	Herrington	Heather	C	MD	F	I	111 Colchester Ave	Burlington	VT	50	5401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	19	21	21	$116.25	$31.00	$23.48	$24.49
1679976195	Halsey	Robyn	J	F.N.P.	F	I	1200 Sunset Ln Ste 221	Culpeper	VA	51	22701	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	21	21	$127.00	$40.94	$24.88	$24.55
1699339648	Anderson	Bobbi	J	APRN	F	I	300 S 8th St Ste 480w	Murray	KY	21	42071	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$112.19	$36.29	$25.87	$29.58
1699746958	Davies	Joanna	M	M.D.	F	I	1136 W 6th #307	Los Angele	CA	6	90017	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$75.00	$52.46	$39.85	$36.17
1699762948	Earnhardt	Christophe	M	MD	M	I	3 Medical Plaza Pl	Minden	LA	22	71055	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$92.57	$43.61	$33.95	$37.61
1699834978	Mcgrath	Kevin	J	MD	M	I	107 Dmv Drive	Kilmarnock	VA	51	22482	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	18	21	21	$74.00	$48.27	$36.84	$36.19
1700327954	Klinginsmit	Michael	J	MD	M	I	615 W 39th St	Kearney	NE	31	68845	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$125.00	$40.06	$31.92	$35.27
1700541927	Schweitzer	Stephanie		FNP-C	F	I	8822 Ne 97th St	Kansas Cit	MO	29	64157	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$125.00	$39.54	$28.51	$29.33
1710364179	Bickers	Mark	E	MD	M	I	800 Highlander Point D	Floyds Kno	IN	18	47119	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	21	21	$102.24	$43.46	$34.80	$37.08
1710961198	Sall	Edward	T	MD,DDS	M	I	4000 Medic	Ste 404	Fayettevill	NY	36	13066	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	21	21	$75.00	$43.43	$27.48	$28.17
1720018310	Smith	Keitha	R	M.D.	F	I	101 Murrell	Suite 3	Minden	LA	22	71055	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	21	21	$248.14	$45.84	$31.29	$32.86
1720183395	Shepard	Kimberly	G	MD	F	I	751 S Basc	Ent Clinic	San Jose	CA	6	95128	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	20	21	21	$358.52	$37.43	$27.83	$24.38
1730150848	Patel	Sunil	H	MD	M	I	1470 Bessie Ave	Tracy	CA	6	95376	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	21	21	$110.00	$45.60	$35.97	$37.08
1730185125	Sumer	Volkan		DO	M	I	1491 Valle Vista Blvd		Pekin	IL	17	61554	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$100.00	$45.40	$28.38	$29.43
1730815911	Warchol	Amy		MSN, APRN	F	I	226 E Perkins Ave		Sandusky	OH	39	44870	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	21	21	$99.00	$39.01	$31.08	$32.28
1740204999	Newton	Albert	H	MD	M	I	2900 Doctors Park Dr		Medford	OR	41	97504	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	21	21	$148.00	$45.53	$33.83	$34.60
1740213958	Eshraghi	Adrien	A	MD	M	I	1666 Nw 1(	Box (M851)	Miami	FL	12	33101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	21	21	$132.00	$38.69	$27.54	$25.48
1740252048	Levine	Michael	M	M.D.,	M	I	8635 W 3rd	Ste#485w	Los Angele	CA	6	90048	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	21	21	$100.00	$53.28	$40.19	$34.79
1740269455	Wieland	Winfried	G	M.D.	M	I	2850 Willo	Suite A	Willow Stre	PA	42	17584	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	21	21	$80.00	$43.92	$29.71	$31.00
1740497791	Okun	Monica	N	M.D.	F	I	154 E 85th St.		New York	NY	36	10028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	21	21	$156.00	$59.57	$39.51	$31.40
1750347282	Jeffreys	Ronald	D	D.O.	M	I	8800 Walther Blvd		Baltimore	MD	24	21234	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	21	21	$52.34	$51.70	$39.24	$36.17
1750357836	Vasiq	Muhammad		MD	M	I	11670 Martin Rd		Warren	MI	26	48093	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	21	21	$70.00	$50.11	$40.05	$37.98
1750679338	Cuthbertso	David		M.D.	M	I	1 Baylor Plz		Houston	TX	48	77030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	21	21	$130.95	$41.30	$28.03	$29.58
1760412084	Sullivan	Timothy	F	M.S., PA-C	M	I	1210 Boston Providenc		Norwood	MA	25	2062	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	21	21	$50.00	$43.95	$32.41	$29.72
1760593032	Lesser	Michael		MD	M	I	1095 Pingr	Suite 108	Crystal Lak	IL	17	60014	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$84.00	$45.90	$30.49	$32.13
1770050585	Hawley	Donna	J	APNP	F	I	1855 S Koeller St		Oshkosh	WI	55	54902	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	21	21	$307.10	$37.86	$25.88	$28.11
1770534570	Coleman	Sean	C		M	I	1436 Chattanooga Ave		Dalton	GA	13	30720	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	21	21	$140.64	$42.90	$30.85	$32.86
1780014944	Worner	Amanda	J	ARNP	F	I	4951 Cente	Suite 200	Omaha	NE	31	68106	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	21	21	$101.52	$37.30	$20.00	$22.86
1780706457	Zanation	Adam	M	MD	M	I	304 10th Ave Ne		Hickory	NC	37	28601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	21	21	$171.68	$42.36	$33.03	$33.62
1780833707	Dixon	Jared	A	MD	M	I	1304 Military Rd		Benton	AR	5	72015	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$87.00	$43.31	$30.95	$34.42
1790382893	Bush	Eyrone	M	MSN, APRN	F	I	3720 Nw 83rd St		Gainesville	FL	12	32606	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	21	21	$170.00	$28.96	$22.00	$21.30
1801345145	Seber	Vicki	D	AGNP-BC	F	I	300 N Main St Ste D		Crown Poin	IN	18	46307	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	21	21	$70.76	$37.71	$28.73	$29.38
1801848650	Trimble	Stewart	A	MD	M	I	59 Morningside Dr		Brevard	NC	37	28712	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	21	21	$53.13	$46.23	$30.88	$32.05
1811100985	Campbell	David	C	M.D.	M	I	38 Rowe Dr		Guntersvill	AL	1	35976	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	21	21	21	$58.00	$44.97	$29.78	$32.10
1811300577	Dawson	Sean		M.D.	M	I	540 Hemlock St		Macon	GA	13	31201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$121.00	$44.97	$22.16	$24.73
1811955636	Hasan	Yasmeen	J	M.D.	F	I	3707 Doty Rd Ste H		Woodstock	IL	17	60098	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	21	21	21	$149.00	$45.83	$28.63	$29.27
1821072125	Hirsch	Ronald		D.O.	M	I	1385 E 12 M	Suite 100	Madison He	MI	26	48071	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$75.00	$49.78	$31.26	$29.97
1821093212	Rowin	Gregory	S	DO	M	I	2101 S Cynthia St		Mcallen	TX	48	78503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	21	21	$193.00	$44.90	$23.63	$25.20
1821185703	Laningham	Rodney	J	MD	M	I	4015 Interstate 45 N		Conroe	TX	48	77304	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$130.95	$45.62	$27.64	$29.49
1821191404	Wiesman	Gary	G	MD	M	I	712 N Dearborn St		Chicago	IL	17	60654	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	21	21	$103.53	$49.48	$31.50	$28.94
1821645870	Atwood	Benjamin	J	PA	M	I	3446 S 15th E		Idaho Falls	ID	16	83404	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	20	21	21	$130.00	$35.92	$25.85	$28.05
1831308907	Trinh	Thuong	H	DO	F	I	1330 Budinger Ave Ste		Saint Cloud	FL	12	34769	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	20	21	21	$149.00	$46.63	$36.47	$36.37
1831352723	Langley	Jean-Maria	C	D.O.	F	I	9001 S 101	Suite 280	Tulsa	OK	40	74133	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	21	21	$103.00	$42.95	$29.27	$31.25
1831749159	Morren	Abbey		FNP	F	I	5400 W Hillsdale Ave		Visalia	CA	6	93291	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	21	21	$123.35	$39.70	$31.71	$30.74
1841295698	Schmidt	Jonna	L	MD	F	I	456 Cross St		Hudson	MI	26	49247	5	Micropolita	US	Internal Me	Y	69210	Removal of N	O	15	21	21	$75.00	$45.85	$23.78	$25.57
1841514890	Dorsey-Fur	Beverly	A	PAC	F	I	2325 Heritage Center D		Furlong	PA	42	18925	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	21	21	21	$100.00	$43.41	$27.97	$26.14
1841546512	Embretson	Stacey	A	ARNP	F	I	911 Carter St Nw		Elkader	IA	19	52043	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	18	21	21	$126.57	$36.49	$22.39	$25.04
1851068068	Reddick	Jordan		PA	F	I	1000 W Kingshighway S		Paragould	AR	5	72450	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	21	21	21	$162.00	$24.43	$18.51	$20.36
1851365126	Wilkes	William	L	M.D.	M	I	1800 Glenside Dr		Richmond	VA	51	23226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	21	21	$110.71	$47.85	$27.27	$27.25
1851386247	Kee	Kathy	G	NP,RN,BSN	F	I	3493 Veter	Suite C	Huntingdor	TN	47	38344	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	20	21	21	$60.00	$37.22	$23.97	$26.81
1851394217	Harbour	David		DO	M	I	110 Longwood Ave		Rockledge	FL	12	32955	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	21	21	21	$75.00	$47.96	$32.77	$31.67
1851993513	Henney	Christine	A	CRNP	F	I	2000 Cliffmine Rd		Pittsburgh	PA	42	15275	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	21	21	$60.00	$39.10	$31.17	$32.28
1861432650	Vaywala	Nayan		M.D.	M	I	1130 Baltimore Blvd		Westminst	MD	24	21157	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	21	21	21	$80.00	$51.80	$37.23	$34.11
1861442410	Citron	Daniel	C	M.D.	M	I	4545 E 9th Ave	Ste 400	Denver	CO	8	80220	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	21	21	$148.00	$49.05	$35.54	$34.36
1861661696	Tauzin	Marcie		M.D.	F	I	4224 Houm	Suite 640	Metairie	LA	22	70006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	20	21	21	$105.00	$33.38	$23.74	$22.92
1861771727	Hilterman	Christine	S	PA-C	F	I	3 Hospital I	Suite 206	Lewisburg	PA	42	17837	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	20	21	21	$140.24	$39.30	$25.60	$26.67
1861905416	Cox	Kasey		FNP	F	I	2082 Mesquite Ave		Lake Havas	AZ	4	86403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$74.00	$39.40	$28.41	$29.33
1871513077	Usborne	Paul	S	M.D.	M	I	256 W San Bernardino		Covina	CA	6	91723	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	21	21	$70.00	$51.29	$39.10	$35.27
1871532895	Szewczyk-S	Krystyna		M.D.	F	I	1033 Clifto	Suite 210	Clifton	NJ	34	7013	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	21	21	$40.00	$39.57	$30.73	$36.25
1871986703	Cohen	Meir	S	D.O.	M	I	9901 Queens Blvd		Rego Park	NY	36	11374	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	21	21	$200.00	$60.49	$41.52	$32.55
1881114932	Fuest	Stephen	E	MD	M	I	1635 Aurora Ct		Aurora	CO	8	80045	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	21	21	$178.29	$47.68	$36.37	$36.21
1881783181	Snyder	Howard	T	MD	M	I	330 S 5th S	Suite 202	Enid	OK	40	73701	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$90.00	$42.21	$27.03	$31.63
1902009459	Kolessa	Alexander		M.D.	M	I	44 Monroe	# A24	New York	NY	36	10002	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	21	21	$57.76	$55.85	$44.56	$37.08
1902023625	Hsu	Anna	P	MD	F	I	8670 Wilshire Blvd	Ste	Beverly Hill	CA	6	90211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	21	21	$100.00	$52.25	$39.81	$36.17
1902253487	Moses	Lindsey		M.D.	F	I	1500 E Medical Center		Ann Arbor	MI	26	48109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	21	21	$763.00	$53.71	$42.79	$36.62
1902293129	Nasser	Hassan	B	M.D.	M	I	21000 E 12 Mile Rd	Ste	Saint Clair	MI	26	48081	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$58.86	$35.46	$25.04	$23.59
1902870496	Strother	Sue	D	FNP	F	I	4980 Alpha Ln		Hixson	TN	47	37343	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	21	21	21	$149.00	$37.62	$25.81	$28.18
1902878226	Schmidt	Ricky	R	MD	M	I	1800 N Green Ave	Ste 1	Purcell	OK	40	73080	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	21	21	$88.81	$44.50	$30.39	$32.15
1902996309	Botero	Andres		MD	M	I	500 Old Yo	Suite 203	Jenkintown	PA	42	19046	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	21	21	$112.38	$50.92	$38.64	$36.17
1912015942	Meccia	John	W	M.D.	M	I	490 S Mapl	Suite 205	Waconia	MN	27	55387	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	19	21	21	$103.00	$31.40	$21.45	$22.83
1912093311	Thwing	Philip	T	MD	M	I	400 Y Street		Greeneville	TN	47	37743	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	20	21	21	$102.00	$41.84	$24.98	$28.11
1912901869	Freedman	Steven	F	M.D.	M	I	850 Aquidn	Unit B9	Middletow	RI	44	2842	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	21	21	21	$95.00	$49.53	$30.62	$29.42

1912944349	Poon	Thaw		M.D.	M	I	301 Saint P	Phys Office	Baltimore	MD	24	21202	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	20	21	21	$105.00	$51.92	$31.48	$28.94
1922030881	Hogan	Patricia		M.D.	F	I	2850 Capital	Medical E	Tallahasse	FL	12	32308	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	20	21	21	$86.00	$46.72	$33.60	$33.47
1922079409	Abuzarad	Husam	A	MD	M	I	11373 Cort	Suite 300	Brooksville	FL	12	34613	1.1	Secondary	US	Internal Me	Y	69210	Removal of N		O	18	21	21	$102.00	$47.83	$34.48	$34.37
1922080092	Mulholland	Brendan	J	MD	M	I	35 S Gilbert	St	Tinton Falls	NJ	34	7701	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	19	21	21	$99.00	$51.96	$30.18	$27.68
1922492818	Kam	Joanna		M.D.	F	I	3400 Spruce	St	Philadelphi	PA	42	19104	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	19	21	21	$173.00	$49.45	$39.45	$36.17
1922513696	Barrow	Alicia		PA-C	F	I	220 Alafaya	Woods Blv	Oviedo	FL	12	32765	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	20	21	21	$175.00	$32.08	$21.31	$21.14
1932342698	Tan	Marietta		M.D.	F	I	4940 Eastern	Ave	Baltimore	MD	24	21224	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		F	19	21	21	$177.00	$33.37	$25.91	$23.68
1932356367	Sugumarar	Manikandan		M.D.	M	I	4530 E Shea	Blvd Ste 1	Phoenix	AZ	4	85028	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	17	21	21	$99.00	$41.99	$30.45	$31.36
1932501780	Howes	Angela	R	NP	F	I	60 Middle	Rd	Dover	NH	33	3820	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N		O	19	21	21	$80.25	$41.15	$32.80	$32.28
1942312186	Khehra	Balram	S	MD	M	I	2 W Fern	Ave	Redlands	CA	6	92373	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	17	21	21	$50.45	$47.88	$34.43	$32.55
1942380092	Mullins	Sarah	S	MD	F	I	5311 Limes	Suite 201	Wilmingtor	DE	10	19808	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	18	21	21	$60.00	$43.76	$29.34	$31.20
1952064289	Sturzebech	Julia	G	APRN	F	I	4123 Dutchmans Ln	St	Louisville	KY	21	40207	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N		O	21	21	21	$99.00	$37.73	$25.77	$28.11
1952501447	Williams	Lillian	E	PA-C	F	I	2101 S Cynthia	St	Mcallen	TX	48	78503	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	20	21	21	$193.00	$39.02	$28.21	$29.40
1952530156	Almen	Joann	S	FNP-C	F	I	425 Colleg	Suite 14	Devils Lake	ND	38	58301	7	Small town	US	Nurse Prac	Y	69210	Removal of N		O	20	21	21	$41.00	$26.74	$16.17	$17.38
1952726820	Bishop	Tracy	C	FAMILY CRI	F	I	110 Painters Mill Rd	Ste	Owings Mil	MD	24	21117	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N		O	20	21	21	$50.00	$44.23	$32.26	$29.39
1962600338	Gull	Justin	D	M.D.	M	I	5770 S 250 E	Ste 285	Murray	UT	49	84107	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	19	21	21	$123.18	$43.24	$28.07	$29.03
1962814673	Altorelli	Nicole			F	I	125 New Milford	Tpke	New Presto	CT	9	6777			US	General Pra	Y	69210	Removal of N		O	15	21	21	$75.00	$51.44	$35.99	$33.12
1962815944	Cambareri	Rocco	M	MD	M	I	301 Prospect	Ave	Syracuse	NY	36	13203	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	21	21	21	$85.00	$42.83	$33.65	$34.76
1972084796	Borgsmiller	Sarah	E	PA	F	I	13303 Tesson Ferry	Rd	Saint Louis	MO	29	63128	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	19	21	21	$109.00	$40.53	$22.63	$22.70
1972665339	Sexton	Perry	W	MD	M	I	351 Santa Fe Dr	Ste 10	Encinitas	CA	6	92024	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	15	21	21	$151.00	$50.22	$34.70	$32.05
1982046363	Kluender	Konni	K	APRN	F	I	843 E 4th St	Ste A	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99213	Establishec	N	F	13	21	21	$77.14	$54.70	$41.50	$42.92
1992262117	Wun	Aaron	J	FNP-C	M	I	2068 Talbert Dr	Ste 15(	Chico	CA	6	95928	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N		O	19	21	21	$100.00	$41.56	$27.33	$26.64
1992841423	Perez-Pasc	Miguel	F	M.D.	M	I	5061 Villa Linde	Pkwy	Flint	MI	26	48532	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	17	21	21	$60.00	$44.16	$28.31	$29.35
1003013160	Grabenstei	William	P	M.D.	M	I	1822 Memorial	Dr	Clarksville	TN	47	37043	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	17	20	20	$80.00	$40.65	$28.99	$33.76
1003094293	Brigance	Joseph	S	MD	M	I	201 Whitesport	Drive	Huntsville	AL	1	35801	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	17	20	20	$87.50	$44.00	$29.20	$31.28
1003380973	Olbert	Sean		PA-C	M	I	100 Wason Ave	Ste 10(	Springfield	MA	25	1107	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	20	20	20	$150.00	$40.38	$28.96	$26.63
1003808593	An	Young	H	M.D.	M	I	1240 Highway 54 W	Blc	Fayettevill	GA	13	30214	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	20	20	20	$100.00	$47.62	$34.15	$34.22
1013969849	Dartt	Richard	M	M.D.	M	I	106 Commercial	Dr	Harrodsbu	KY	21	40330	7	Small town	US	Family Prac	Y	69210	Removal of N		O	20	20	20	$85.00	$44.27	$24.61	$27.66
1023277936	Constantin	Kristin	K	MD	F	I	409 Central	Park Dr	Arlington	TX	48	76014	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	12	20	20	$149.68	$46.46	$29.39	$29.51
1023339801	Heincelma	Sarah	K	M.D.	F	I	2061 Highway	52	Moncks Co	SC	45	29461	2	Metropolit	US	Family Prac	Y	69210	Removal of N		O	20	20	20	$99.80	$40.77	$25.41	$29.65
1033101720	Zerbe	Daniel	L	MD	M	I	3 Handley	St	Perry	NY	36	14530	7	Small town	US	Family Prac	Y	69210	Removal of N		O	19	20	20	$180.00	$44.28	$18.47	$20.82
1033107750	Baker	Robert	L	MD	M	I	250 W Badillo	St	Covina	CA	6	91723	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	20	20	20	$119.00	$51.43	$33.60	$30.03
1033430335	Stevens	Shawn	M	M.D.	M	I	2910 N 3rd Ave	# 330	Phoenix	AZ	4	85013	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	13	20	20	$133.00	$46.79	$35.56	$36.16
1043237522	Penn	Jeremiah	J	MD	M	I	401 N 9th	St.	Bismarck	ND	38	58501	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	19	20	20	$120.75	$46.65	$27.98	$27.97
1043500598	Vu	Khiem	Q	D.O.	M	I	2700 Citize	Suite 400	Victoria	TX	48	77901	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	19	20	20	$65.00	$45.76	$36.55	$37.98
1043776867	Ellsworth	Debra		FNP-C	F	I	1701 E Thomas	Rd	Phoenix	AZ	4	85016	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N		O	19	20	20	$140.00	$38.67	$26.33	$28.04
1043834633	Bacon	Hannah		PA-C	F	I	4633 Brambleton Ave	S	Roanoke	VA	51	24018	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	20	20	20	$134.00	$38.41	$30.66	$32.69
1053465344	Korovin	Gwen	S	M.D.	F	I	70 E 77th S	1b	New York	NY	36	10075	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	20	20	20	$63.12	$47.31	$37.71	$32.28
1063637544	Hassan	Syed	O	MD	M	I	3922 Mercy	Dr	Mchenry	IL	17	60050	2	Metropolit	US	Family Prac	Y	69210	Removal of N		O	20	20	20	$204.03	$46.94	$23.68	$24.49
1073510681	Vora	Manoj	R	M.D.	M	I	7785 N Sta	Suite 250	Lowville	NY	36	13367	7.1	Secondary	US	Internal Me	Y	69210	Removal of N		O	17	20	20	$261.00	$46.25	$23.89	$25.32
1083608301	Wingert	Kevin		M.D.	M	I	2131 Herndon	Ave Ste	Clovis	CA	6	93611	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	19	20	20	$148.00	$46.74	$26.32	$25.46
1083677421	Weigel	Christian	F	M.D.	M	I	333 Beacon Hill Rd	Ste	Morehead	KY	21	40351	7	Small town	US	Internal Me	Y	69210	Removal of N		O	17	20	20	$92.00	$44.99	$34.12	$36.14
1093881245	Yuskavage	Marybeth		MD	F	I	221 W Fir A	Suite 101	Clovis	CA	6	93611	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	18	20	20	$148.00	$48.02	$34.45	$33.23
1104032028	Nadir	Ehreema	J	M.D.	F	I	1915 E Chandler Blvd	S	Chandler	AZ	4	85225	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	16	20	20	$65.00	$46.32	$36.28	$37.32
1104084904	Lin	Fred	Y	MD	M	I	1 Gustave L	Box 1189	New York	NY	36	10029	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	20	20	20	$225.00	$57.01	$38.73	$31.33
1104100882	Barrie	Assiatu	B	FNP	F	I	711 Maiden Choice	Ln	Catonsville	MD	24	21228	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N		O	18	20	20	$52.34	$44.22	$35.32	$32.28
1114977063	Jones	Marcia		M.D.	F	I	100 E. Lefevre	Road	Sterling	IL	17	61081	4	Micropolita	US	Family Prac	Y	69210	Removal of N		O	18	20	20	$114.90	$33.36	$21.18	$20.92
1114980737	Doull	Gregory	H	MD	M	I	1011 East J	Suite 202	Charlottes	VA	51	22902	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	19	20	20	$96.00	$48.06	$32.70	$32.35
1124017744	Handy	William	M	MD	M	I	389 Falls	Nwdr	Abingdon	VA	51	24210	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	18	20	20	$94.87	$48.20	$35.95	$35.38
1124025952	Pogodzinsk	Christophe	M	MD	M	I	4059 Jandy Blvd	Ste 10	Nazareth	PA	42	18064	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	18	20	20	$174.55	$45.69	$31.40	$31.98
1124065560	Ranzenberg	Steven	S	D.O.	M	I	3550 S 4th St	Ste 200	Leavenwor	KS	20	66048	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N		O	19	20	20	$134.00	$44.19	$26.38	$29.45
1124094800	Caridi	Steven	V	M.D.	M	I	1590 Nw 1(	Suite 201	Boca Rator	FL	12	33486	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	17	20	20	$79.00	$50.10	$36.03	$33.23
1124174347	Walsh	Francis	X	M.D.	M	I	35 River Rd	Suite 200	Cos Cob	CT	9	6807	1	Metropolit	US	Nephrolog	Y	69210	Removal of N		O	20	20	20	$100.00	$51.89	$39.35	$35.97
1124271689	Pahlavan	Shane		M.D.	M	I	6550 Fanni	Suite 1727	Houston	TX	48	77030	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	15	20	20	$137.00	$45.58	$33.76	$35.45
1124502893	Braud	Morgan			F	I	123 Lee	Dr	Baton Roug	LA	22	70808	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	17	20	20	$158.50	$38.73	$30.86	$32.29
1134130735	Yeghiazaria	Vartan		MD	M	I	411 Merrimack	St	Methuen	MA	25	1844	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	17	20	20	$161.00	$49.32	$35.33	$34.18
1134282544	Eldridge	Stephanie	D	M.D.	F	I	1817 Cypre	Suite 101	Trinity	FL	12	34655	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	18	20	20	$81.00	$48.20	$34.67	$34.19
1134570369	Heubach	Ellen		ARNP	F	I	659 Ne Hw	Unit 1	Crystal Riv	FL	12	34429	2	Metropolit	US	Nurse Prac	Y	69210	Removal of N		O	20	20	20	$75.00	$40.57	$29.37	$29.37
1144330051	Nguyen	Victor	V	MD	M	I	39765 Date	Suite 102	Murrieta	CA	6	92563	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	19	20	20	$101.00	$49.18	$34.47	$32.41
1144438193	Gul	Muhamma	A	MD	M	I	40 Crane	Ave	East Longm	MA	25	1028	1	Metropolit	US	Addiction M	Y	69210	Removal of N		O	13	20	20	$76.25	$49.58	$29.59	$28.49
1144455114	Schneider	Zachary	J	MD	M	I	8787 Bryan	Suite 320	Largo	FL	12	33777	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	14	20	20	$142.35	$47.11	$31.78	$32.30
1154312247	Soles	Donald	E	MD	M	I	206 Gumw	Suite A	Smithfield	VA	51	23430	2	Metropolit	US	Family Prac	Y	69210	Removal of N		O	17	20	20	$116.25	$47.66	$27.23	$27.38
1154460590	Raley	Robert	C	M.D.	M	I	2301 W North Loop	Blv	Austin	TX	48	78756	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	17	20	20	$175.00	$47.89	$38.20	$37.03
1164421525	Wright	Brian	D	DO	M	I	929 Medical	Cir	Myrtle Bea	SC	45	29572	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	14	20	20	$47.89	$44.81	$32.17	$34.51
1164475919	Arosarena	Oneida	A	MD	F	I	3509 N Broad	St	Philadelphi	PA	42	19140	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	17	20	20	$160.00	$43.83	$27.85	$25.64
1164488797	Pantelakos	Steven	T	MD	M	I	1839 Quiet	Cove	Fayettevill	NC	37	28304	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	20	20	20	$117.00	$40.44	$28.67	$32.04
1164532750	Smith	Roberta	J	MD	F	I	970 Monun	Suite 210	Pacific Pali	CA	6	90272	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	18	20	20	$85.00	$52.48	$32.09	$28.13
1164555363	Swamy	Ravi	S	M.D., M.P.H	M	I	6355 Walk	Suite 308	Alexandria	VA	51	22310	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	17	20	20	$162.00	$53.05	$40.12	$34.18
1164598348	Pryor	Shannon	P	MD	F	I	10810 Connecticut	Ave	Kensington	MD	24	20895	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	20	20	20	$123.00	$56.33	$40.10	$33.40
1164857058	Gunn	Victor	O		M	I	275 W Herndon	Ave	Clovis	CA	6	93612	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	18	20	20	$129.78	$41.86	$28.43	$27.44
1164972196	Glassman	Cortney	R	APRN	F	I	45 Industrial	Blvd Suite	Pensacola	FL	12	32503	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N		O	19	20	20	$68.00	$40.80	$32.58	$32.28
1174017545	Mathews	Jared		MD	M	I	925 Bishop Walsh	Rd S	Cumberlan	MD	24	21502	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	19	20	20	$75.00	$49.44	$29.80	$28.71
1174595466	Tasharofi	Kamran		M.D.	M	I	300 South	Ave	Garwood	NJ	34	7027	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	20	20	20	$130.00	$53.62	$36.27	$32.28
1174610737	Lanier	Laura	W	M D	F	I	146 S Main	St	Lexington	VA	51	24450	7	Small town	US	Family Prac	Y	69210	Removal of N		O	17	20	20	$66.00	$47.55	$32.19	$32.35
1174928386	Gutierrez	Erica	D	PA-C	F	I	110 Francis St	Ste 3b	Boston	MA	25	2215	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	19	20	20	$324.80	$41.74	$13.36	$12.91
1184689895	Mapp	Albert	F	MD	M	I	489 N Tyndall	Pkwy	Panama Ci	FL	12	32404	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	11	20	20	$83.00	$47.96	$38.29	$37.98
1184779589	Srinivasan	Rajesh		MD	M	I	1025 S 6th	St	Springfield	IL	17	62703	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	20	20	20	$153.30	$46.93	$33.04	$33.60

1184796310	Gold	Richard	S	MD	M	I	215 E Main St	Smithtown	NY	36	11787	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$150.00	$59.50	$42.67	$34.18
1194143107	Perez	Philip		M.D.	M	I	203 Lothrop St	Pittsburgh	PA	42	15213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	20	20	$138.00	$46.06	$33.01	$33.41
1194747824	Haga	Michael	D	M.D.	M	I	5700 Cano	Suite 500	Woodland	CA	6	91367	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	20	20	$158.00	$52.37	$39.66	$36.08
1205134939	Palmer	Brandon	W	ACNP	M	I	3700 Forest Dr Ste 200	Columbia	SC	45	29204	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	20	20	$130.41	$38.28	$22.93	$24.90
1205829710	Tucker	Robert	S	M.D.	M	I	4208 N Rodney Parhan	Little Rock	AR	5	72212	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$118.30	$41.23	$24.60	$30.39
1215226469	Black	Kaelan	D	M.D.	F	I	12901 Bruc Mdc 41	Tampa	FL	12	33612	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	20	20	$184.00	$48.66	$38.53	$37.13
1225005465	Abensohn	Mark	H	M.D.	M	I	266 Main S Unit 4	Medfield	MA	25	2052	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	20	20	$140.00	$53.39	$34.03	$30.38
1225127509	Rareshide	Elisabeth	H	M.D	F	I	2820 Napo Suite 820	New Orlear	LA	22	70115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	20	20	$359.00	$47.86	$34.33	$34.20
1235107657	Letellier	Jean-Pierre		MD	M	I	1004 Hobb Ste 4	Seminole	TX	48	79360	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	18	20	20	$143.00	$45.67	$28.33	$30.11
1235137662	Ramsey	Alice	L	M.D.	F	I	108 Sw 6th Ave	Mineral We	TX	48	76067	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	18	20	20	$100.00	$45.06	$28.90	$30.06
1235309246	Sebastian	Jeremy	S	M.D.	M	I	3816 S 1st St	Austin	TX	48	78704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	20	20	$96.00	$44.57	$29.80	$29.44
1245215607	Freshwater	Stephen	J	M.D.	M	I	906 North Main Street	Arlington	OH	39	45814	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	18	20	20	$100.00	$46.22	$33.13	$34.33
1245262096	Smith	Daron	J	MD	M	I	8924 Blakeney Profess	Charlotte	NC	37	28277	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	20	20	$115.35	$43.32	$29.01	$30.72
1245286988	Hella	Brent	M	M.D.	M	I	4450 31st Ave S Ste 10	Fargo	ND	38	58104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$100.00	$46.18	$34.97	$35.22
1245290840	Sciortino	Vincent		MD	M	I	840 Executive Ln Ste 1	Rockledge	FL	12	32955	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$96.00	$46.76	$31.53	$31.35
1245797901	Reid	Karissa		PA-C	F	I	3300 Nw Expressway	Oklahoma	OK	40	73112	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	20	20	$68.20	$37.80	$30.23	$32.28
1255833497	Casiano	Briana	E	APRN, FNP	F	I	3401 Pga Blvd	Palm Beacl	FL	12	33410	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	20	20	$132.00	$43.10	$29.00	$27.26
1265412910	Klocek	Jonathan	R	MD	M	I	1004 W 32nd St Ste 40	Austin	TX	48	78705	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	20	20	$100.00	$47.87	$34.31	$34.18
1265465900	Poon	Gilbert	B	M.D.	M	I	3799 Us Hi	Suite 209	Parsippany	NJ	34	7054	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	20	20	$85.00	$53.89	$40.88	$36.08
1265538235	Rice	Nicholas	H	MD	M	I	3120 Clearwater Dr	Prescott	AZ	4	86305	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	20	20	$88.00	$46.28	$33.17	$34.34
1265540686	Kelly	John		MD	M	I	382 W Passaic Ave	Bloomfield	NJ	34	7003	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$95.00	$51.98	$38.82	$35.88
1265799100	Noonan	Kathryn	Y	M.D.	F	I	800 Washington St	Boston	MA	25	2111	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	18	20	20	$134.14	$35.23	$23.89	$21.71
1265831994	Holloway	Danielle	A	NP	F	I	8501 W 95th St	Overland P	KS	20	66212	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	20	20	$115.00	$37.82	$30.25	$32.28
1275143687	Vinomon	Justin			M	I	6675 Corporate Center	Jacksonvill	FL	12	32216	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	20	20	20	$122.55	$40.86	$18.56	$18.47
1275509739	Hussey	Shannon	R	FNP	F	I	3361 Highway 9 E	Little River	SC	45	29566	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	20	20	$107.10	$37.41	$22.25	$24.09
1275532459	Bezard	Herve		MD	M	I	895 Adams Blvd	Boulder Cit	NV	32	89005	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$66.00	$48.03	$25.54	$24.76
1285024026	Elman	Igor		D.O.	M	I	7c Medical Park Dr	Pomona	NY	36	10970	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	19	$75.00	$59.33	$40.12	$31.33
1285153866	Kokar	Chatchai		MD	M	I	3640 Main St Ste 207	Springfield	MA	25	1107	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$45.00	$44.55	$31.95	$34.52
1285635136	Street	Timothy	N	PA C	M	I	1600 Division Rd	Great Falls	MT	30	59404	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	20	20	20	$156.50	$41.08	$27.92	$27.46
1285976951	Ingram	Meredith	M	PA-C	F	I	550 Peacht 6th Floor	Atlanta	GA	13	30308	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	20	20	20	$191.25	$39.95	$31.84	$31.34
1295122653	Maducdoc	Marlon	M	M.D.	M	I	11480 Brookshire Ave S	Downey	CA	6	90241	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	20	20	$110.00	$47.49	$36.01	$32.29
1295405314	La Fave	Ashley	M	PA-C	F	I	655 Kenmoor Ave Se St	Grand Rapi	MI	26	49546	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	18	20	20	$100.00	$38.75	$29.32	$30.76
1306162318	Meiklejohn	Duncan	A	M.D.	M	I	2211 Loma Unm Surgic	Albuquerq	NM	35	87106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	19	20	20	$104.75	$33.20	$24.68	$23.80
1306203633	Rozzelle	Denise	K	MSN, APN-	F	I	261 Connecticut Dr Ste	Burlington	NJ	34	8016	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	20	20	$54.18	$44.12	$33.41	$30.67
1306814256	Lee	Cindy	B	MD	F	I	5 Harris Ct	Bldg. T Suit	Monterey	CA	6	93940	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$76.00	$50.47	$27.88	$25.56
1306837471	Patel	Dhirendra	K	MD	M	I	2981 N Main St	Decatur	IL	17	62526	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	20	20	$172.00	$47.04	$31.13	$31.63
1306888219	Codiga	Michael	A	MD	M	I	321 N Mall Dr Ste I102	St George	UT	49	84790	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	20	20	$75.00	$46.05	$28.41	$29.78
1316032097	Potesta	Eugene	L	M.D.	M	I	7227 Glenwood Ave	Youngstow	OH	39	44512	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	20	20	20	$140.00	$30.90	$24.62	$24.35
1316602006	Mcbride	Caitlyn		PA-C	F	I	3521 Silverside Rd Ste	Wilmingtor	DE	10	19810	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	18	20	20	$57.00	$41.23	$32.92	$32.28
1316926728	Oltmanns	Kevin	L	M.D.	M	I	1815 W 6th Ave	Stillwater	OK	40	74074	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$144.15	$44.85	$26.95	$29.38
1316986664	Siedlecki	John	A	MD	M	I	3742 Winterfield Rd	Midlothian	VA	51	23113	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$95.00	$48.23	$30.45	$29.98
1326056706	Vanlanding	Hugh		M.D.	M	I	1511 Surgeons Dr	Tallahasse	FL	12	32308	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	20	20	$86.00	$47.87	$33.33	$33.21
1326294745	Thakkar	Kapil	H	M.D.	M	I	287 E Hunt Hwy Ste 10	San Tan Va	AZ	4	85143	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$226.00	$45.93	$29.26	$30.81
1326337296	Whiting	Phillip	B	M.D.	M	I	10099 Ridg Conifer Bui	Lone Tree	CO	8	80124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	20	20	$109.05	$43.10	$27.28	$30.42
1326559683	Hutchings	Joseph	R	APRN-CNP	M	I	1556 S Virginia Ave	Atoka	OK	40	74525	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	20	20	20	$107.00	$38.53	$25.24	$26.88
1336110782	Yunginger	Richard	C	M.D.	M	I	418 Cloverleaf Rd	Elizabethto	PA	42	17022	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	20	20	$105.00	$46.13	$36.08	$37.26
1336123124	Evan	Michael	B	M.D.	M	I	6615 Cling	Suite A	Poland	OH	39	44514	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	20	20	$65.00	$42.97	$26.88	$27.89
1336136373	Scheri	Tad	D	M.D.	M	I	1140 Perry Hwy	Pittsburgh	PA	42	15237	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$68.00	$46.06	$34.87	$36.17
1346475787	Ruter	Sara	J	M.D.	F	I	1205 S Gra	Suite 510	Sioux Falls	SD	46	57105	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	18	20	20	$41.00	$31.62	$19.49	$20.59
1356300479	Isaacs	John	H	MD	M	I	1601 Sw Archer Rd	Gainesville	FL	12	32608	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	20	20	$266.00	$46.68	$30.98	$30.89
1356323901	Manning	Karen	L	M.D.	F	I	16240 Highway 17	Toxey	AL	1	36921	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$175.50	$44.25	$30.82	$32.65
1356385868	Ahern	James	K	M.D.	M	I	77 Danbury Rd	Ridgefield	CT	9	6877	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	20	20	$125.00	$51.25	$36.75	$33.23
1366402737	Johnson	Steven	E	MD	M	I	361 High St	Somerswor	NH	33	3878	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	20	20	$154.00	$40.25	$31.57	$34.33
1366460347	Watson	John	M	MD	M	I	5575 Kietzke Ln	Reno	NV	32	89511	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$94.00	$49.42	$37.50	$36.08
1366490815	Dossett	Brian	W	M.D.	M	I	1029 N 8th St	Vandalia	IL	17	62471	7	Small town	US	Family Prac	Y	69210	Removal of N	O	16	20	20	$49.40	$44.20	$27.60	$28.61
1366694135	Brunworth	Joseph	D	M.D.	M	I	1225 S. Gra	Door 3	St. Louis	MO	29	63104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	20	20	$95.00	$46.42	$34.23	$35.12
1376500314	Wilson	Nathan	E	M.D.	M	I	30 W Cole Rd	Biddeford	ME	23	4005	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	20	20	$185.15	$49.72	$26.64	$25.52
1376542159	Rein	Jennifer	A	M.D.	F	I	112 Clover Ln	Hanover	PA	42	17331	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	20	20	$151.90	$45.43	$25.15	$26.17
1386748408	Patel	Kamal	J	MD	M	I	176 Dermis Ave Ste 10	Hardeeville	SC	45	29927	2.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	18	20	20	$141.00	$44.93	$31.45	$33.68
1396407078	Hartley	Melanie	L	NP-C	F	I	10222 W 21st St N	Wichita	KS	20	67205	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	20	20	$98.50	$37.53	$22.39	$25.03
1396735767	Butcher	Robert	P	MD	M	I	13347 Warwick Blvd	Newport Ne	VA	51	23602	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$133.10	$44.55	$29.91	$29.50
1396745147	Flurry	Robert		M.D.	M	I	9290 Baldridge Rd	Pensacola	FL	12	32514	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$83.09	$46.62	$31.39	$31.35
1396762126	Guzik	Christophe	J	DO	M	I	1135 Lake Ave	Clermont	FL	12	34711	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	20	20	$59.45	$47.86	$29.89	$29.85
1407029192	Hillier	Linda	A	D.O.	F	I	630 S Rayn	Suite 320	Pasadena	CA	6	91105	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$75.50	$52.36	$36.29	$30.89
1407389323	Alif	Razan		M.D.	F	I	10115 Forest Hill Blvd	S	Wellington	FL	12	33414	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	20	20	$102.00	$50.76	$28.25	$26.59
1407401474	Vopal	Abby	C		F	I	66 Bramhall St Fl 1		Portland	ME	23	4102	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	20	20	$120.70	$27.52	$22.00	$22.37
1407804586	Emmons	Joseph	S	M.D.	M	I	3707 Doty Rd Ste Cand		Woodstock	IL	17	60098	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	20	20	$149.00	$45.80	$27.01	$27.64
1407853542	Gokli	Anup	J	M.D.	M	I	1850 Pocahontas Trail		Quinton	VA	51	23141	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	20	20	$118.00	$48.03	$31.67	$31.37
1407876774	Cummings	Douglas	E	M.D.	M	I	5333 Hollister Ave Ste		Santa Barb	CA	6	93111	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	20	20	$60.00	$51.78	$35.04	$32.28
1407895915	Sheehan	Kevin	M	MD	M	I	500 West Broadway		Missoula	MT	30	59802	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	20	20	$127.00	$46.86	$27.75	$27.55
1417394602	Talmadge	Jason	D	M.D.	M	I	6431 Fanni Msb 5.036		Houston	TX	48	77030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	20	20	$140.00	$41.32	$29.78	$31.02
1417554338	Valencia	Diana			F	I	1631 W Ina Rd Ste 151		Tucson	AZ	4	85704	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	20	20	$101.85	$38.53	$25.99	$26.83
1417557273	Yon	Jared	M	PA-C	M	I	1400 Locust St Ste 210		Pittsburgh	PA	42	15219	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	20	20	$138.00	$39.25	$26.57	$27.67
1417918061	Frank	George	M	MD	M	I	6169 S Bal	Suite 190	Littleton	CO	8	80123	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	20	20	$79.00	$47.15	$34.68	$34.18
1417951138	Koscinska	Maria	A	M.D.	F	I	100 E 33rd	Ste 206	Vancouver	WA	53	98663	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	20	20	$102.00	$47.63	$28.43	$28.60
1427209147	Hardoon	Scott		M.D.	M	I	6619 N Wickham Rd		Melbourne	FL	12	32940	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$95.00	$48.24	$38.57	$37.98
1427332030	Love	Nancy	D	M.D.	F	I	19582 Beach Blvd Ste 2		Huntington	CA	6	92648	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	20	20	$158.00	$53.14	$41.22	$36.68

1437290905	Jagielo	Ted	J	MD	M	I	7447 W Talcott Ave Ste	Chicago	IL	17	60631	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	20	20	$95.00	$51.89	$35.11	$32.28
1447204714	Talampas	Conrado	E	M. D.	M	I	1506 Village Oak Lane	Kissimmee	FL	12	34746	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	17	20	20	$75.00	$47.85	$36.24	$36.09
1447206602	Chong	Byron	J	PA-C	M	I	4945 Williams Dr	Georgetow	TX	48	78633	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	20	20	20	$153.00	$26.89	$19.31	$20.29
1447220900	Orrell	James	M	M.D.	M	I	1391 N Baldwin Ave	Marion	IN	18	46952	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$72.00	$43.00	$24.25	$27.33
1447220926	Stewart	John	S	D.O.	M	I	9377 E Bell Ste 207	Scottsdale	AZ	4	85260	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	20	20	$177.45	$40.48	$28.54	$29.60
1447291737	Hart	Francis		MD	M	I	4069 Lake I Suite 315	Grand Rapi	MI	26	49546	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	20	20	$132.00	$44.02	$30.13	$31.12
1447434915	Parikh	Shatul	L	M.D.	M	I	80 Lacy St I Northwest	Marietta	GA	13	30060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	20	20	$222.67	$48.24	$34.77	$34.22
1467525584	Chaudhry	Suhail	B	M.D.	M	I	7825 Laurel Ave	Cincinnati	OH	39	45243	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	20	20	$102.00	$46.78	$28.13	$28.93
1467558163	Kheraj	Dilshad	M	D.O.	F	I	591 Mccray Suite 221	Hollister	CA	6	95023	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	20	20	$80.00	$57.08	$33.59	$27.16
1467681619	Lee	Brian		D.O.	M	I	30 W Cole Rd	Biddeford	ME	23	4005	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	20	20	$193.75	$42.77	$25.80	$25.00
1477811479	Kothari	Nilanjana			F	I	10440 E Riggs Rd Ste 1	Sun Lakes	AZ	4	85248	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	20	20	$65.00	$46.41	$35.04	$36.03
1487631859	Schultz	Douglas	E	MD	M	I	237 N Fayetteville St St	Asheboro	NC	37	27203	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	18	20	20	$90.00	$45.55	$34.47	$36.19
1487646675	Bettag	Matthew	E	M.D.	M	I	1520 N Meade St	Appleton	WI	55	54911	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	20	20	$176.31	$44.36	$31.81	$34.54
1487775771	Cobbold	Christian	M	MD	M	I	7125 Murrell Rd	Melbourne	FL	12	32940	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	20	20	$118.60	$45.94	$32.89	$32.30
1497712152	Saluta-Ferr	Maria	E	MD	F	I	1335 S Fairmont Ave	Lodi	CA	6	95240	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$161.00	$48.13	$29.73	$28.57
1497735112	Hajimomer	Amir		MD	M	I	1200 Atlantic Shores D	Virginia Bea	VA	51	23454	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	20	20	$82.66	$45.52	$28.86	$30.71
1497739429	Tipton	Anga-Lee	M	NP	F	I	4000 Village View Drive	Gainesville	GA	13	30506	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	20	20	$51.92	$38.00	$28.78	$30.81
1497957526	Reyes	Hubert	S	MD	M	I	2345 W Franklin St Ste	Evansville	IN	18	47712	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	20	20	$75.00	$42.28	$28.80	$31.21
1508098476	Colman	Kathryn	L	M.D.	F	I	3000 N Hal Suite 400	Chicago	IL	17	60657	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	20	20	$146.15	$51.98	$39.39	$36.08
1508168873	Hubbard	Freda	Y	APRN	F	I	746 Campt Suite 101	Bowling Gr	KY	21	42104	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	20	20	$143.00	$37.88	$21.91	$24.24
1508273095	Hughes	Marie	B		F	I	1222 Pine St	Saint Heler	CA	6	94574	7	Small town	US	Family Prac	Y	69210	Removal of N	O	18	20	20	$115.00	$51.43	$36.81	$33.23
1508371014	Tisdale	Angela	S	ARNP	F	I	6804 Cecelia Dr	New Port Ri	FL	12	34653	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	20	20	$96.66	$41.00	$32.78	$32.28
1508963125	Schettler H	Erika	E	MD	F	I	17704 Jean Suite 101	Lake Oswe	OR	41	97035	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	20	20	$143.00	$47.36	$29.96	$29.44
1518007020	Wellmon	Baxter	D	DO	M	I	97 Progress Blvd	Shippensbı	PA	42	17257	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	20	20	$75.00	$46.19	$31.28	$32.55
1518172014	Van Bened	William	J	D.O.	M	I	613 23rd St Ste 420	Ashland	KY	21	41101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	20	20	20	$146.00	$30.22	$22.91	$23.78
1528086642	Crider	John	B	M.D.	M	I	1170 N Main St	Arab	AL	1	35016	7.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	16	20	20	$71.00	$45.44	$32.49	$34.26
1528290061	Skiadas	Melissa	E	FNP	F	I	800 Hooper Rd	Endwell	NY	36	13760	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	20	20	$82.20	$27.58	$14.08	$14.60
1538193396	Iannuzzi	Ralph	A	M.D.	M	I	133 Brookline Ave	Boston	MA	25	2215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	20	20	$132.00	$52.14	$30.85	$27.54
1538389366	Leight	William	D	M.D.	M	I	14040 Boystown Hospi	Boys Town	NE	31	68010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	20	20	$115.00	$35.82	$25.08	$27.04
1548341050	Talarico	Matthew	T	MD	M	I	265 Posada Suite B	Templeton	CA	6	93465	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	20	20	$100.74	$47.45	$26.99	$25.64
1548466519	Ravid	Joseph		M.D.	M	I	21942 Edgewater Dr	Port Charlo	FL	12	33952	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	20	20	$69.30	$48.44	$38.52	$37.73
1548603525	Chen	Tiffany	T	M.D.	F	I	1 Long Wharf Dr Ste 30	New Haven	CT	9	6511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	20	20	$57.81	$51.92	$35.78	$32.58
1548673692	Carle	Taylor	R	MD	F	I	630 S Raymond Ave Un	Pasadena	CA	6	91105	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	20	20	$166.00	$52.87	$40.17	$36.08
1548689730	Gerritsen	Ryan		MD	M	I	145 Hospital Ave Ste 3	Du Bois	PA	42	15801	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	20	20	$93.00	$44.12	$33.40	$34.27
1558371344	Schneider	Lynn	E	NP	F	I	210 Cornel Suite 202	Plattsburgh	NY	36	12901	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	20	20	$92.00	$39.59	$12.56	$13.71
1558375477	Ideen	Dana	R	M.D.	M	I	1315 E A St	Casper	WY	56	82601	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	20	20	$50.60	$47.51	$33.68	$33.83
1558515924	Schreiber	Nathan	T	M.D.	M	I	1000 N Oak Ave	Marshfield	WI	55	54449	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	20	20	$245.55	$27.78	$20.62	$21.46
1558591131	Torske	Brian		FNP	M	I	2331 Tyler Pkwy Ste 6	Bismarck	ND	38	58503	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	20	20	$134.00	$39.24	$25.38	$26.52
1568444677	Issa	Nadheer		MD	M	I	44344 Deq Suite 540	Sterling He	MI	26	48314	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$83.85	$50.43	$38.36	$36.08
1578523239	Cioflec	Daniela	G	MD	F	I	1714 E Hun Suite 101	Chester	VA	51	23836	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	20	20	$63.00	$46.87	$29.83	$29.52
1578527735	Kashian	Stephen	M	MD	M	I	4905 Old O Lower Leve	Skokie	IL	17	60077	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	20	20	$240.95	$52.44	$37.75	$33.23
1578549226	Bowman	William	P	MD	M	I	595 Barcla Ste D	Rochester I	MI	26	48307	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$60.00	$50.46	$34.36	$32.28
1578676904	Betancourt	Amy		PA C	F	I	815 Dr Martin Luther Ki	Bakersfield	CA	6	93307	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	20	20	$100.25	$40.37	$27.22	$27.04
1578940649	Paxton	David	M	MD	M	I	7 East Cove Ave	Wheeling	WV	54	26003	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	20	20	$138.00	$45.23	$28.80	$30.94
1578981346	Jennings	Jeremy			M	I	1111 Baker Ave	Whitefish	MT	30	59937	7	Small town	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$110.00	$47.91	$33.64	$33.49
1598012213	Foley	Shayne	M	M.S., PA-C	M	I	1 Medial Center Drive	Biddeford	ME	23	4005	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	20	20	$48.04	$27.17	$15.60	$16.45
1598838211	Bosi	John	F	DO	M	I	426 W Railr Ste 1	Nesquehor	PA	42	18240	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	18	20	20	$121.00	$46.73	$32.85	$33.55
1609060185	Momjian	Manuel	P	MD	M	I	946 N Brand Blvd	Glendale	CA	6	91202	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$75.00	$52.32	$35.38	$32.28
1609080175	Raso	Jon	A	M.D.	M	I	#10 Mount Bethel Plaz	Mount Beth	PA	42	18343	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	20	20	20	$70.00	$46.32	$25.81	$27.12
1609839786	Peters	Melissa		D.O.	F	I	5555 E Arapahoe Rd	Centennial	CO	8	80122	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	20	20	$79.00	$48.73	$35.12	$34.23
1609848621	Cupp	Craig	L	MD, ED.D	M	I	1 Boone Rd Attn: Medic	Bremerton	WA	53	98312	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	20	20	$135.40	$45.00	$30.36	$31.88
1609867266	Prussin	Aaron	J	M.D.	M	I	830 Davis S Suite 1	Blacksburg	VA	51	24060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	20	20	$134.80	$27.28	$17.46	$18.98
1609873991	Shusman	Robert	S	MD	M	I	9 N Brookside Rd	Springfield	PA	42	19064	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	20	20	$134.00	$51.23	$25.25	$23.47
1619962263	Koh	Han-Jong		MD	M	I	224d Corn Ste 302	Leesburg	VA	51	20176	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	20	20	$75.00	$47.97	$24.43	$24.35
1639112873	Gill	Navdeep		M.D.	M	I	1303 E Herndon Ave	Fresno	CA	6	93720	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	18	20	20	$76.00	$46.33	$31.33	$32.52
1639136104	Villar	Vanessa		MD	F	I	361 Fair Hill Dr	Elkton	MD	24	21921	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	20	20	$62.00	$49.38	$35.56	$33.30
1639336662	Terzian	Christian		MD	M	I	905 E Central Ave	La Follette	TN	47	37766	2	Micropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$75.00	$40.67	$27.01	$32.25
1639354434	Pandya	Tanya	O	D.O., M.B.A	F	I	3925 Johns Suite A	Suwanee	GA	13	30024	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$135.00	$47.59	$34.27	$33.27
1639642077	Fernandes	Sophia		PA-C	F	I	100 Wason Ave Ste 100	Springfield	MA	25	1107	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	20	20	$150.00	$42.58	$32.38	$30.67
1649355256	Hosseini	Robert		M.D.	M	I	1728 S Catalina Ave	Redondo B	CA	6	90277	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	20	20	$84.00	$52.47	$41.88	$37.98
1649512013	Boring	Kimberly	A	FNP	F	I	194 Cleveland St	Crossville	TN	47	38555	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	20	20	$60.00	$37.36	$22.31	$25.09
1659320604	Brinker	John	W	D.O.	M	I	1803 W Main St	Stroudsbur	PA	42	18360	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	20	20	$133.70	$46.67	$30.29	$31.12
1659337681	Kedar	Rajesh	H	MD	M	I	2670 Mills Park Dr	Rock Hill	SC	45	29732	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$112.20	$45.07	$32.43	$34.51
1659366409	Knefely	George	M	MD	M	I	14 W Jorda Ste A	Pensacola	FL	12	32501	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	20	20	20	$77.00	$47.89	$32.42	$32.30
1659515567	Osborne	Kyra	M	M.D.	F	I	9500 Euclid Ave	Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	18	20	20	$351.75	$30.24	$22.81	$23.06
1659670396	Chan	Fung	M	M.D.	M	I	128 Mott St Suite 608	New York	NY	36	10013	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	20	20	$87.60	$42.75	$31.71	$25.64
1659944940	Sarosiek	Kelly		APNP	F	I	342 N Water St Ste 600	Milwaukee	WI	55	53202	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	20	20	$58.31	$37.89	$30.27	$32.29
1669728697	Reese	Chasity	R	D.O.	F	I	7830 Veter Suite H	Columbus	GA	13	31909	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$163.00	$45.39	$27.31	$29.28
1669796546	Berry	Andrea	M	DO	F	I	101 Boulde Suite 1	Plymouth	NH	33	3264	7	Small town	US	Family Prac	Y	69210	Removal of N	O	19	20	20	$120.00	$49.07	$23.60	$22.83
1679644595	D Agostino	Anthony	M	MD	M	I	1350 Tamia Suite 201	Naples	FL	12	34102	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	20	20	$60.00	$50.72	$36.40	$34.18
1679658058	Meyer	Raeann	T	PA	F	I	350 W 23rd St	Fremont	NE	31	68025	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	19	20	20	$161.25	$36.87	$24.95	$28.02
1679761043	Shen	Ted		MD	M	I	225 S 1st Ave Ste 201	Arcadia	CA	6	91006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	20	20	20	$96.00	$37.89	$30.22	$27.54
1679930325	Reilly	Kristen	J	NP-C	F	I	27322 Carronade Dr	Perrysburg	OH	39	43551	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	20	20	20	$99.00	$39.24	$26.56	$27.66
1689151607	Alvarez	Martha		FNP-BC	F	I	10770 Se 173rd St	Summerfie	FL	12	34491	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	17	20	20	$147.00	$41.20	$29.69	$29.06
1689631467	Tikhomirov	Svetlana		MD	F	I	100 Reserve Rd Ste A4	Danbury	CT	9	6810	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	20	20	$123.75	$51.90	$35.32	$32.28
1689672784	Grubb	Stephen	D	MD	M	I	3600 Sea N Suite C	Little River	SC	45	29566	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	20	20	20	$54.10	$44.77	$28.52	$31.03
1689761959	Mugg	William	J	MD	M	I	96 Lyman St	So Hadley	MA	25	1075	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	20	20	$70.00	$49.52	$35.52	$33.23

1699134916	Prince	Jennifer			F	I	14 W Jorda	Suite C	Pensacola	FL	12	32501	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N		O	17	20	20	$79.00	$40.72	$32.50	$32.28
1699372987	Walter	Courtney		APRN	F	I	1526 Robinwood Dr		Deland	FL	12	32720	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N		O	20	20	20	$163.00	$42.89	$33.02	$31.10
1699785014	Reisman	Bruce	K	MD	M	I	3907 Waring Rd Ste 1a		Oceanside	CA	6	92056	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	20	20	20	$154.00	$44.70	$35.61	$35.13
1699862599	Kolmetz	Joshua	K	M.D.	M	I	369 N Main St		Crestview	FL	12	32536	2	Metropolit	US	Internal Me	Y	69210	Removal of N		O	19	20	20	$75.00	$46.21	$37.03	$38.46
1700487147	Devine	Zackery	R	PA	M	I	2017 W I 35 Frontage R		Edmond	OK	40	73013	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	20	20	20	$128.00	$36.13	$28.88	$32.69
1710417456	Woods	Clifton		MD	M	I	400 W Ih 635 Fwy Ste 3		Irving	TX	48	75063	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	20	20	20	$145.75	$46.20	$36.81	$36.08
1710904164	Yekinni	Abideen	O	M.D.	M	I	550 University Blvd Ste		Indianapoli	IN	18	46202	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		F	13	20	20	$109.00	$29.16	$22.04	$23.82
1710946645	Hoyt	Philip	A	MN.D.	M	I	2205 Executive Dr Ste A		Hampton	VA	51	23666	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	16	20	20	$121.00	$48.17	$34.73	$34.23
1710955893	Huang	Patti	C	MD	F	I	5520 Indep Ste 202		Frisco	TX	48	75035	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	16	20	20	$150.00	$45.58	$32.68	$34.42
1720064462	Krumian	Razmig		D.O.	M	I	32144 Agou	Suite 218	Westlake V	CA	6	91361	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	16	20	20	$115.00	$52.47	$37.65	$34.18
1720169832	Nguyen	Chau	T	M.D.	M	I	3170 Loma Suite B		Ventura	CA	6	93003	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	17	20	20	$388.75	$51.22	$28.38	$25.64
1720290083	Velazquez-	Ruben	A	M.D., PH.D	M	I	Carr 349 Kr Bella Vista		Mayaguez	PR	72	680	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	14	20	20	$48.60	$48.07	$30.59	$30.39
1730287020	Shah	Ashish	C	M.D.	M	I	405 Thompson St		Eden	NC	37	27288	4	Micropolita	US	Internal Me	Y	69210	Removal of N		O	17	20	20	$85.00	$45.82	$26.56	$28.27
1730347212	Fung	Kent	C	M.D.	M	I	985 Cedar Bridge Ave		Brick	NJ	34	8723	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	17	20	20	$164.75	$52.65	$37.95	$34.18
1730561143	Oman	Jake			M	I	1301 S Crismon Rd		Mesa	AZ	4	85209	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	20	20	20	$118.00	$44.21	$23.14	$23.31
1740252147	Yin	Leopold	K	MD	M	I	4140 E Bas Suite 211		Mesa	AZ	4	85206	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	18	20	20	$94.00	$46.50	$30.38	$31.40
1740265099	Padhiar	Hemen		MD	M	I	1400 Northside Forsyth		Cumming	GA	13	30041	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	20	20	20	$60.00	$47.66	$32.27	$32.33
1740358126	Kash	Robert	J	M.D.	M	I	6084 S Archer Ave		Chicago	IL	17	60638	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	17	20	20	$172.60	$52.12	$31.14	$28.49
1750336244	Howard	Paul	E	MD	M	I	64-1035 Ma	Ste J	Kamuela	HI	15	96743	7	Small town	US	Otolaryngo	Y	69210	Removal of N		O	20	20	20	$77.40	$44.73	$30.30	$32.83
1750382230	Timen	Sanford	M	M.D.	M	I	5400 Trans	Suite 11	Garfield Ht	OH	39	44125	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		F	17	20	20	$361.80	$31.15	$20.24	$20.49
1750589446	Wei	Calvin	C	MD	M	I	425 W 59th St Fl	10	New York	NY	36	10019	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	20	20	20	$225.00	$43.96	$35.29	$29.67
1750727954	Caldwell	Sara	G	MD	F	I	60 Livingsto	Suite 200	Asheville	NC	37	28801	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	19	20	20	$67.00	$45.96	$31.20	$32.62
1750790150	Dorta	Cristina	M	PA-C	F	I	1907 Highway 44 W		Inverness	FL	12	34453	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	20	20	20	$75.00	$39.76	$31.74	$31.47
1760400840	Ho	Dat	P	DC, PA	M	I	5201 Harry Hines Blvd		Dallas	TX	48	75235	1	Metropolit	US	Physician A	Y	69210	Removal of N		F	19	20	20	$244.80	$27.65	$19.82	$20.19
1760444509	Lorenz	Ellen	V	CFNP	F	I	3221 N Windsong Dr		Prescott Va	AZ	4	86314	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N		O	19	20	20	$84.10	$39.32	$28.18	$29.19
1760456487	Pham	Phuc	H	M.D.	M	I	1747 E Mor	Suite 303	Phoenix	AZ	4	85020	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	17	20	20	$135.00	$45.05	$32.18	$33.39
1760464812	Verheyden	Jean	S	MD	F	I	2450 Ne Ma	Suite 120	Bend	OR	41	97701	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	20	20	20	$128.00	$40.67	$30.62	$32.42
1760492219	Huffman	Jeffrey	M	MD	M	I	1350 N 500 E		Logan	UT	49	84341	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	20	20	20	$104.75	$45.26	$32.42	$34.44
1760594873	Zuber	Steven	H	M.D.	M	I	7100 W Center Rd		Omaha	NE	31	68106	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	15	20	20	$48.00	$42.39	$27.47	$30.93
1760719686	Berns	Barbara	L	ARNP	F	I	911 Carter St Nw		Elkader	IA	19	52043	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N		O	19	20	20	$126.55	$37.44	$22.34	$25.05
1770550824	Sehgal	Bindu		MD	F	I	25200 Cen	Suite 2450	Westlake	OH	39	44145	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	15	20	20	$90.00	$46.16	$31.42	$32.72
1770583189	Fox	Thomas	A	MD	M	I	1440 W 1st St N		Prescott	AR	5	71857	7	Small town	US	Family Prac	Y	69210	Removal of N		O	18	20	20	$110.00	$41.29	$28.47	$34.02
1770586448	Blum	Mitchell	E	M.D.	M	I	2160 W. Gr	Suite 250	Tracy	CA	6	95377	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	15	20	20	$152.88	$46.82	$35.70	$34.37
1770627705	Wallace	Kimberly	S	MD	F	I	1438 Defense Hwy	Suit	Gambrills	MD	24	21054	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	19	20	20	$100.00	$51.78	$33.48	$30.76
1780603613	Anton	John		M.D.	M	I	340 E North	Suite 1a	Livingston	NJ	34	7039	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	16	20	20	$85.00	$53.72	$38.55	$34.18
1780644831	Grubb	Charles	R	DO	M	I	3794 Hecktown Rd	Ste	Easton	PA	42	18045	1	Metropolit	US	General Pra	Y	69210	Removal of N		O	17	20	20	$75.00	$54.39	$34.88	$30.38
1780696229	Harouthunia	Michael	J	D.O.	M	I	22021 Ecorse Rd		Taylor	MI	26	48180	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	16	20	20	$65.00	$49.70	$37.63	$36.08
1790074755	Honda	Yukako		M.D.	F	I	2100 Webs	#423	San Francis	CA	6	94115	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	19	20	20	$120.00	$55.81	$40.03	$34.18
1790761294	Yoon	Michael		M.D.	M	I	1 Central St		Middleton	MA	25	1949	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	18	20	20	$120.00	$50.26	$38.51	$36.27
1801975313	Stone	Lucy		MD	F	I	2311 N Prospect Ave		Milwaukee	WI	55	53211	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	17	20	20	$211.30	$30.88	$23.65	$26.77
1811172067	Rojas	Pablo	G	P.A.	M	I	2030 Vibor	Suite 205	Solvang	CA	6	93463	4	Micropolita	US	Physician A	Y	69210	Removal of N		O	19	20	20	$130.00	$44.14	$28.14	$25.83
1811918295	Piccione	Stephen	J	MD	M	I	2227 Us Highway 27 S		Sebring	FL	12	33870	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	19	20	20	$102.30	$47.94	$28.61	$28.52
1821007865	Seidehame	Randall	J	P.A.-C	M	I	2831 New Hartford Rd		Owensboro	KY	21	42303	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	19	20	20	$135.00	$37.53	$28.40	$30.82
1821107947	Mcleese	Katharine	I	M.D.	F	I	7100 W Center Rd		Omaha	NE	31	68106	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	20	20	20	$135.45	$43.54	$27.76	$31.29
1821178047	Morin	Scott	R	M.D.	M	I	984 First Ca	Suite 302	Virginia Be	VA	51	23454	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	20	20	20	$57.70	$46.25	$35.61	$35.78
1821481607	Hutz	Erika			F	I	5145 N California Ave		Chicago	IL	17	60625	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	19	20	20	$94.00	$52.28	$38.28	$34.70
1831108307	Robinson	Thomas		M.D.	M	I	21 Springside Ave		Poughkeep	NY	36	12603	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	19	20	20	$127.00	$51.01	$34.40	$30.38
1841262045	Willson	Stuart	L	M.D.	M	I	1136 W 6th	Suite 307	Los Angele	CA	6	90017	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	19	20	20	$75.00	$52.35	$37.65	$34.18
1841309556	Cordova	Jaime	M	MD	M	I	1442 E Bridge St		Breaux Brid	LA	22	70517	2	Metropolit	US	Internal Me	Y	69210	Removal of N		O	17	20	20	$90.00	$45.78	$34.67	$36.19
1841552411	Sheffield	Abraham	M	M.D., PH.D	M	I	1107 College Ave	Ste 2	Quincy	IL	17	62301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N		O	17	20	20	$185.66	$44.05	$29.51	$30.62
1841653581	Kennedy	Kenneth			M	I	1655 N Gladstone Ave		Columbus	IN	18	47201	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	19	20	20	$100.00	$34.84	$22.67	$26.71
1851406524	Giitter	Michael	F	M.D.	M	I	16120 W Dodge Rd		Omaha	NE	31	68118	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	17	20	20	$129.00	$43.39	$29.35	$32.96
1851440127	Na	Song	H	M.D.	M	I	4995 Frien	Suite A	Buford	GA	13	30518	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	18	20	20	$75.00	$44.82	$29.38	$30.85
1851537286	Miller	Emily	C	ANP BC	F	I	1720 E. Re	Ste 103	Union City	TN	47	38261	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N		O	15	20	20	$63.00	$37.36	$23.82	$26.53
1851621064	Kim	Kwanghee		MD	M	I	3300 Provi	Tower B, Su	Anchorage	AK	2	99508	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	19	20	20	$251.00	$57.69	$38.33	$32.21
1861428898	Mccarver	Brian		M.D.	M	I	426 White Ave		Henderson	TN	47	38340	7	Small town	US	Family Prac	Y	69210	Removal of N		O	18	20	20	$135.00	$43.03	$26.54	$29.49
1861474967	Lenoir	Daniel	R	M.D.	M	I	100 Vermont Ave		Oak Ridge	TN	47	37830	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	19	20	20	$142.00	$44.43	$23.14	$26.08
1871572016	Nardandrea	John	P	MD	M	I	2415 Se 17th St		Ocala	FL	12	34471	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	19	20	20	$170.00	$48.32	$31.88	$31.35
1871575704	Paye	Renee	Y	MD	F	I	8545 Comr	Suite 200	Warren	MI	26	48093	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	19	20	20	$95.00	$49.79	$33.87	$32.39
1871584094	Lane	Stephen	K	MD	M	I	56 New Dri	Suite 301	Scituate	MA	25	2066	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	18	20	20	$289.80	$49.88	$21.89	$20.89
1881034361	Watson	Nichole	M	M.D.	F	I	3510 N Hig	Ste. 320	Mt Pleasan	SC	45	29466	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	19	20	20	$153.97	$45.28	$30.09	$32.03
1881696383	Murphy	Frank	V	M.D.	M	I	2930 W Cleveland Rd		South Benc	IN	18	46628	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	19	20	20	$102.00	$43.85	$33.20	$36.28
1881702355	Gardner	Kent	E	M.D.	M	I	1490 E Fort	Suite 350	St George	UT	49	84790	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	17	20	20	$150.00	$45.40	$32.56	$34.44
1881762540	Williams	Lori	J	PA-C	F	I	20110 Governors Hwy		Olympia Fi	IL	17	60461	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	19	20	20	$100.00	$38.72	$21.59	$23.39
1891188702	Basham	Tiffany	S		F	I	200 Brule Street		Fort Knox	KY	21	40121	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N		O	17	20	20	$75.00	$39.42	$28.10	$27.44
1891761854	Loesch	Winifred	M	MD	F	I	590 Searls	Suite A	Nevada Cit	CA	6	95959	4	Micropolita	US	Family Prac	Y	69210	Removal of N		O	17	20	20	$65.00	$48.71	$36.87	$36.08
1891870234	Roth	Ronald		MD	M	I	100 Maple Avenue		Smithtown	NY	36	11787	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	19	20	20	$62.65	$60.33	$45.94	$36.08
1902139058	Feltz	Michael		PA	M	I	1821 N Washington St		Tullahoma	TN	47	37388	4	Micropolita	US	Physician A	Y	69210	Removal of N		O	19	20	20	$155.00	$37.01	$29.49	$32.29
1902327869	Schaefer	Thomas	R	NP	M	I	700 N Leroy St		Fenton	MI	26	48430	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N		O	16	20	20	$60.00	$39.05	$29.58	$30.76
1902832033	Eacker	Allenscott	W	PA	M	I	4550 Execu	Suite 104	Naples	FL	12	34119	1	Metropolit	US	Physician A	Y	69210	Removal of N		O	20	20	20	$73.20	$42.47	$28.77	$26.63
1902870637	Custer	Shanon	L	MD	F	I	2214 Cante	Suite 202	Hays	KS	20	67601	4	Micropolita	US	Internal Me	Y	69210	Removal of N		F	19	20	20	$46.00	$30.77	$24.57	$26.32
1902898257	Muralidhas	Srirengam		MD	M	I	1605 El Paseo Rd		Las Cruces	NM	35	88001	1	Metropolit	US	Family Prac	Y	69210	Removal of N		O	18	20	20	$140.00	$45.14	$33.29	$34.33
1902959307	Daneshrad	Payam		MD	M	I	2811 Wilsh	Suite 800	Santa Moni	CA	6	90403	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N		O	19	20	20	$100.40	$43.54	$30.71	$29.44
1922128602	Schroeder	Clayton	B	M.D.	M	I	11819 Miracle Hills Dr		Omaha	NE	31	68154	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	18	20	20	$129.00	$42.34	$23.27	$26.99
1932107489	Gardner	Raymond	J	M.D.	M	I	1069 Delav	Suite 200	Marion	OH	39	43302	4	Micropolita	US	Family Prac	Y	69210	Removal of N		O	20	20	20	$88.00	$46.62	$27.96	$28.93
1932120466	Burgess	Kimberley	S	APN	F	I	5 E Cumberland Rd		Altamont	IL	17	62411	10.2	Secondary	US	Nurse Prac	Y	69210	Removal of N		O	17	20	20	$81.90	$38.55	$27.59	$28.38
1932485281	Morf	Alexander	E	M.D.	M	I	5333 Hollis	Suite 201	Santa Barb	CA	6	93111	1	Metropolit	US	Internal Me	Y	69210	Removal of N		O	20	20	20	$120.00	$50.47	$38.18	$35.13

1942262795	Hajjaj	Zouhdi	A	M.D.	M	I	21 Aarons Way Unit 2	West Yarm	MA	25	2673	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	20	20	$90.00	$49.42	$37.30	$35.96
1942271226	Malicdem	Angelica		MD	F	I	2841 Lomit Suite 135	Torrance	CA	6	90505	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	20	20	$78.00	$52.50	$34.81	$31.56
1942669890	Keable	Jason	R	ARNP	M	I	203 S Candy Ln Ste 1a	Cottonwoo	AZ	4	86326	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	20	20	$71.11	$39.43	$23.51	$24.55
1952349722	Miller	James	W	MD	M	I	3742 Winterfield Rd	Midlothian	VA	51	23113	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	20	20	$95.00	$48.19	$34.75	$34.23
1952565103	Wu	Arthur	W	M.D.	M	I	8635 W 3rd Suite 590w	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	20	20	$197.40	$38.54	$26.63	$24.93
1962460220	Anderson	Mary	E	M.D.	F	I	7900 Fanni Ste 1800	Houston	TX	48	77054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	20	20	20	$220.00	$31.71	$25.26	$25.66
1962495010	Kelliher	Robert	F	MD	M	I	844 Main Street	Walpole	MA	25	2081	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	20	20	$140.00	$54.01	$31.36	$27.42
1972605673	Houser	Steven	M	MD	M	I	2500 Metrohealth Dr	Cleveland	OH	39	44109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	20	20	$126.00	$30.34	$21.58	$21.77
1982046363	Kluender	Konni	K	APRN	F	I	843 E 4th St Ste A	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99443	Telephone i	N	F	13	20	20	$100.00	$81.30	$38.75	$40.48
1982058210	Shah	Parth	V	M.D.	M	I	875 Old Country Rd Fl 2	Plainview	NY	36	11803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	20	20	$357.00	$57.95	$41.42	$32.28
1982059234	Miller	Kimberly		M.D.	F	I	8675 Valley Creek Rd	Woodbury	MN	27	55125	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	20	20	$206.96	$41.59	$29.43	$30.55
1992864417	Hall	Lisa	M	M.D.	F	I	52915 Mound Road	Shelby Tow	MI	26	48316	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	20	20	$90.00	$50.38	$32.64	$30.60
1003434473	Hicks	Amanda	B	DNP, APRN	F	I	1930 Bishop Ln Fl 12	Louisville	KY	21	40218	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	19	19	$98.47	$37.63	$23.92	$26.40
1003803149	Bagnall	Richard	D	MD	M	I	120 Kings V Suite 1400	Williamsbu	VA	51	23185	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$88.26	$48.18	$36.56	$36.00
1003838665	Stanley	Jeffrey	J	MD	M	I	1500 E Medical Center	Ann Arbor	MI	26	48109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$81.00	$34.29	$22.89	$21.46
1003884388	Bolotte	Charles	P	MD	M	I	141 Highway 402	Napoleonv	LA	22	70390	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$95.00	$44.03	$28.44	$29.37
1013430552	Tilton	Layla	Z	NP-C	F	I	501 Se Osceola St Ste 3	Stuart	FL	12	34994	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	19	19	$99.12	$43.13	$34.43	$32.28
1023093580	Jung	Michael	J	MD	M	I	2501 Pierce St	Sioux City	IA	19	51104	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$110.00	$42.86	$26.73	$29.82
1023455169	Hines	John	P	MD	M	I	2550 Flowood Dr Ste 3(	Flowood	MS	28	39232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$125.00	$36.20	$28.86	$31.99
1023491909	Upton	James	T	APRN, CNP	M	I	3306 Sheyenne St Ste 2	West Fargo	ND	38	58078	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	19	19	$39.00	$27.03	$9.10	$9.68
1043286313	Porubsky	Edward	A	MD	M	I	340 N Belair Rd	Evans	GA	13	30809	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	19	19	$125.00	$42.29	$31.82	$34.15
1043292493	Faubion	Shelly	D	DO	F	I	303 Se 4th St	Moore	OK	40	73160	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$74.00	$44.67	$31.22	$33.67
1053301101	Klementavi	Jolita		MD	F	I	1118 Gulf E Suite 205	Gulf Breeze	FL	12	32561	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	19	19	$79.00	$48.07	$36.37	$35.99
1053670992	Majumder	Ananya		M.D.	F	I	5201 Harry Graduate M	Dallas	TX	48	75235	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	19	19	$168.00	$46.67	$33.24	$34.11
1063800464	Gray	Burgandy			F	I	3005 Watkins Rd	Horsehead	NY	36	14845	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	17	19	19	$48.00	$27.50	$20.84	$21.25
1073510897	Manuel	Francine	A	M.D.	F	I	4809 Amba Suite 200	Lafayette	LA	22	70508	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$105.00	$45.99	$34.78	$36.09
1073514378	Hinrichs	Catherine	A	O.D.	F	I	305 N Main St	Ainsworth	NE	31	69210	10	Rural areas	US	Optometry	Y	92083	Exam of vis	N	O	19	19	19	$71.32	$45.89	$29.99	$33.53
1073590907	Sun	Jimmy	J	MD	M	I	818 Magnolia Ave	Corona	CA	6	92879	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$91.70	$46.28	$36.90	$34.98
1073734810	Cheng	Qiufang		MD	F	I	16009 Comprint Cir	Gaithersbu	MD	24	20877	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$120.00	$53.99	$33.87	$30.48
1083247183	Lopez Whit	Maria		PA-C	F	I	6376 Pine Ridge Rd Uni	Naples	FL	12	34119	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	19	19	$177.26	$43.09	$30.73	$28.88
1083640155	Luigi Sanch	Giancarlo	E	MD	M	I	Avenue Pec Ste 2	Aguadilla	PR	72	603	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	19	19	$48.60	$45.51	$33.03	$32.78
1083852412	Turnbow	Patricia	D	FNP-BC	F	I	400 Sw 14th Ave Ste 10	Amarillo	TX	48	79101	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	19	19	$97.42	$38.70	$27.58	$29.09
1104865922	Katz	Anthony	J	M.D.	M	I	11209 N Ta Suite 180	Phoenix	AZ	4	85028	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$76.00	$46.41	$33.10	$34.15
1104897354	Lozowski	Thomas	E	D.O.	M	I	2446 Church Rd	Toms River	NJ	34	8753	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$85.00	$52.10	$39.39	$35.98
1114411402	Farruggia	Julia	T	MD	F	I	6400 Hickman Rd.	Windsor He	IA	19	50324	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$111.00	$42.15	$29.65	$34.56
1114436771	Strumpfler	Kristine		APRN	F	I	9500 Bonita Beach Rd S	Bonita Spri	FL	12	34135	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	19	19	$102.30	$42.96	$32.43	$29.73
1114911997	Swezey	Terry	L	MD	M	I	1800 43rd A Suite A3	Vero Beach	FL	12	32960	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$75.00	$50.91	$34.22	$31.98
1114940798	Parey	Barbara	A	MD	F	I	111 W High Suite 214	Elkton	MD	24	21921	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$75.00	$49.25	$33.24	$32.16
1124480702	Noblitt	Bryce		M.D.	M	I	740 S Limestone	Lexington	KY	21	40536	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	19	19	$86.00	$46.38	$27.23	$28.45
1124697206	Shirley	Amanda	L	FNP-C	F	I	2950 Pine Plantation Pl	Oak Island	NC	37	28461	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	19	19	$120.00	$37.67	$29.59	$31.86
1134157415	Harter	Gregory	K	MD	M	I	125 E Tower Park Dr	Waterloo	IA	19	50701	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	19	19	$157.32	$44.06	$27.64	$30.76
1134564115	Sanghvi	Saurin		MD	M	I	200 Bowman Dr Ste D2	Voorhees	NJ	34	8043	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	19	19	$154.00	$50.72	$33.86	$29.99
1144273475	Stapleton	Wendy	A	PA-C	F	I	1 Mercado Ste 205	Durango	CO	8	81301	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	19	19	19	$148.45	$40.23	$21.34	$20.94
1144278151	Rodriguez	Sarah	C	M.D.	F	I	615 Camelot Dr	Harlingen	TX	48	78550	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	19	19	$106.53	$45.59	$29.71	$31.52
1144510439	Rameau	Anais		M.D.	F	I	240 E 59th St	New York	NY	36	10022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$275.00	$34.75	$27.76	$22.99
1144704933	Peddycord	Kristen		FNP-BC	F	I	5330 S Highway 95	Fort Mohav	AZ	4	86426	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$141.00	$40.14	$26.22	$26.48
1154345379	Fierro	James		D.O.	M	I	1805 Foulk Suite F	Wilmington	DE	10	19810	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$60.00	$48.37	$38.60	$37.98
1154345932	Snodgrass	Shelley	L	MD	F	I	53 S Medical Park Dr	Fishersville	VA	51	22939	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$83.11	$46.90	$26.91	$26.57
1154378891	Artz	William	J	D.O.	M	I	9821 Academy Rd	Philadelphi	PA	42	19114	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$122.63	$50.89	$40.58	$37.98
1154508638	Mccool	Ryan	R	M.D.	M	I	289 County Rd	Windsor	VT	50	5089	7.2	Secondary	US	Otolaryngo	Y	69210	Removal of N	F	18	19	19	$170.84	$33.48	$21.64	$21.33
1164457958	Belding	Alfred	P	M.D.	M	I	9 Brooksite Dr	Smithtown	NY	36	11787	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$248.00	$60.05	$45.50	$35.98
1164483962	O'day	Karen	C	CNM, CFNI	F	I	1911 5th St Suite 101	Santa Fe	NM	35	87505	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	19	19	$120.00	$39.08	$28.61	$29.77
1164493300	Sardanopo	Lisa	A	MD	F	I	100 E Lanc Med Off Blc	Wynnewoo	PA	42	19096	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	19	19	$110.00	$50.89	$40.58	$37.98
1174512974	Webb	Ty	T	MD	M	I	457 Vista Dr	Sparta	TN	47	38583	7.2	Secondary	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$70.00	$43.92	$29.86	$32.96
1174517296	Koe	Steven	R	M.D.	M	I	1000 Newb Suite 115	Newbury P	CA	6	91320	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	19	19	$88.00	$51.98	$36.09	$33.04
1174568455	Ko	Christine	T	M.D.	F	I	3084 Lakec Suite 100	Lexington	KY	21	40513	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$102.79	$44.84	$29.20	$31.49
1174573562	Coen	Timothy	J	M.D.	M	I	706 S Main Ave	Fallbrook	CA	6	92028	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$105.00	$51.87	$24.74	$22.57
1174730519	Cooper	Tana	K	DO	F	I	967 Cedar Lake Rd	Biloxi	MS	28	39532	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	19	19	$197.00	$31.08	$19.64	$21.29
1174759997	Jones	Angela	L	MD	F	I	1813 W Harvard Ave St	Roseburg	OR	41	97471	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	15	19	19	$130.11	$45.25	$29.90	$31.99
1184010977	Ennis	Chad	M	M.D.	M	I	1 S Park St Fl 6	Madison	WI	55	53715	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	19	19	$198.00	$44.77	$26.36	$28.91
1184686875	Novinger	Travis	A	M.D.	M	I	316 2nd St	Cheraw	SC	45	29520	7	Small town	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$90.00	$44.01	$30.67	$32.56
1184779027	Herman	Lee	E	MD	M	I	4365 Johns Suite 400	Suwanee	GA	13	30024	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$110.00	$48.30	$32.60	$32.04
1184937914	Kwak	Paul	E	M.D.	M	I	345 E 37th Suite 306	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	19	19	$763.00	$56.18	$44.94	$36.98
1194779140	Byers	John	M	MD	M	I	1132 N Chu Suite 200	Greensbor	NC	37	27401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	19	19	$189.00	$44.95	$31.95	$33.17
1194794776	Sweeney	Gordon		M.D.	M	I	10 Woodland Rd	Saint Heler	CA	6	94574	7	Small town	US	Hospitalist	Y	69210	Removal of N	O	17	19	19	$73.52	$52.80	$35.46	$30.98
1205057072	Perry	Loring	I	M.D.	M	I	4904 Asbury Ln	Bethesda	MD	24	20814	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	19	19	$43.00	$30.74	$21.86	$23.04
1205402732	Gomez	Beverly		PA-C	F	I	950 S Pine Island Rd	Plantation	FL	12	33324	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	19	19	$105.00	$28.18	$22.46	$21.24
1205960630	Al-Dalli	Mohammed		M.D.	M	I	1749 Old Meadow Rd S	Mc Lean	VA	51	22102	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$70.00	$55.68	$41.06	$34.99
1205976008	Manolidis	Spiros		M.D	M	I	1600 W College St Ste 1	Grapevine	TX	48	76051	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$147.00	$42.65	$33.11	$36.67
1215135918	Casper	Travis	W	MD	M	I	2235 Cleveland Rd	South Benc	IN	18	46628	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$219.58	$44.01	$27.66	$30.83
1215918990	Trevino	David	R	MD	M	I	255 W Lanc Mob Ii Suite	Paoli	PA	42	19301	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	19	19	$100.00	$51.17	$29.32	$27.06
1225055064	Yanagisaw	Ken		MD	M	I	1 Long Wha Suite 302	New Haven	CT	9	6511	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$63.83	$52.07	$35.17	$31.98
1225790645	Dixon	Heather	S	FNP-BC	F	I	229 Interstate Dr Ste 1(	Crossville	TN	47	38555	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	19	19	$55.00	$36.32	$23.88	$26.52
1235119447	Leibowitz	Michael	E	M.D.	M	I	11120 New Suite 305	Silver Sprin	MD	24	20904	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$132.63	$55.51	$41.90	$35.98
1235131335	Lovoi	Michael	S	MD	M	I	13725 Nort Suite 260	Corpus Chr	TX	48	78410	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$96.00	$45.67	$34.52	$36.10
1235138975	Henke	Robert	J	M.D.	M	I	848 Broadway	Hanover	PA	42	17331	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$139.26	$42.87	$23.60	$24.61
1235207184	Weber	Robert	J	MD	M	I	575 Auto Center Dr	Watsonvill	CA	6	95076	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$182.00	$53.12	$40.26	$35.98

1235225756	Tsai	Austin		M.D.	M	I	4000 Medical Center D	Fayetteville	NY	36	13066	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$93.00	$46.18	$27.05	$28.46
1235256645	Vermaas	Andrea		M.D.	F	I	350 W 23rd St	Fremont	NE	31	68025	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$176.53	$42.34	$26.10	$29.58
1235398140	Nash	Miranda		M.D.	F	I	150 River North Blvd	Stephenvill	TX	48	76401	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	14	19	19	$239.84	$46.22	$31.20	$32.35
1235652843	Hawsey	Ericca	C	CRNP	F	I	835 S Three Notch St	Andalusia	AL	1	36420	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$56.00	$38.86	$26.24	$27.58
1245228451	Cifelli	Anthony	B	M.D.	M	I	116 Littleton Rd	Morris Plair	NJ	34	7950	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$100.00	$50.97	$40.68	$37.98
1245244060	Smith	Robert	D	DO	M	I	470 Granby Rd	South Hadl	MA	25	1075	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	19	19	$137.00	$49.90	$33.50	$31.90
1245281120	Bhatia	Sonu		M.D.	M	I	2540 W Horizon Ridge I	Henderson	NV	32	89052	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$124.00	$49.11	$35.00	$33.98
1245292085	Mahan	Marcelle		M.D.	F	I	2700 Dolbeer St	Eureka	CA	6	95501	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$129.00	$48.26	$36.57	$34.98
1245295260	Damouni	Fadi	E	MD	M	I	26744 John Suite #7	Millsboro	DE	10	19966	7	Small town	US	Internal Me	Y	69210	Removal of N	O	16	19	19	$113.00	$48.24	$36.42	$35.98
1245321876	Kubica	Susan	M	MD	F	I	1000 8th St Suite 101	Monterey	CA	6	93940	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$86.84	$51.33	$34.41	$31.95
1245395623	Hogle	David	M	MD	M	I	1995 Errecart Blvd Ste	Elko	NV	32	89801	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$113.00	$49.00	$34.89	$33.98
1245523000	Isildak	Huseyin		M.D	M	I	Stony Brook Hospital H	Stony Brool	NY	36	11794	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	19	19	$150.00	$60.13	$48.11	$36.98
1245676360	Rao	Wei		M.D.	F	I	416 16th Ave	San Francis	CA	6	94118	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$155.79	$55.99	$31.09	$26.05
1255848719	David	Amy		FNP	F	I	8080 Bluebonnet Blvd S	Baton Roug	LA	22	70810	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$152.37	$38.73	$30.86	$31.44
1265468318	Brandes	Melissa	K	M.D.	F	I	28 So Williams St	Burlington	VT	50	5401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	19	19	$72.00	$46.79	$27.61	$28.48
1265581714	Shapiro	Sofia		M.D.	F	I	511 S Orange Ave	South Oran	NJ	34	7079	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$75.00	$53.70	$42.86	$37.98
1265591242	Cos	David	S	M.D.	M	I	17450 St Lu Suite 290	The Woodla	TX	48	77384	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$156.00	$46.05	$29.08	$30.48
1265831994	Holloway	Danielle	A	NP	F	I	8501 W 95th St	Overland P	KS	20	66212	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	17	19	19	$115.00	$26.53	$21.26	$22.38
1265896534	Chen	Jenny		MD	F	I	243 Charles St	Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	19	19	19	$132.00	$35.93	$13.34	$12.24
1265920177	Schroer	Cassandra	L	NP	F	I	3397 N Camellia	Lockesburg	AR	5	71846	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	19	19	19	$109.05	$32.96	$24.12	$28.77
1275151227	Hodges	Vickie		MSN, APRN	F	I	8491 Se 165th Mulberr	The Village	FL	12	32162	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	17	19	19	$60.00	$40.66	$32.44	$32.28
1275533135	Estock	David	S	M.D.	M	I	1403 Foulk Suite 105	Wilmington	DE	10	19803	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	19	19	$75.00	$47.24	$27.60	$27.10
1275610578	Thompson	Hugh	E	MD	M	I	615 Wesley Dr Ste 200	Charleston	SC	45	29407	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$154.00	$44.33	$35.44	$37.98
1275920035	Rast	Fawad			M	I	3633 Crossings Dr	Prescott	AZ	4	86305	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$146.30	$46.17	$36.81	$37.98
1285164707	Sheppard	Christy	S	NP-C	F	I	2500 N State St	Jackson	MS	28	39216	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	19	19	$146.32	$36.62	$27.65	$30.80
1285623132	Janjua	Tanveer	A	M.D.	M	I	2345 Lamir Suite # 108	Bedminste	NJ	34	7921	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$100.00	$53.70	$31.46	$27.99
1285648808	Davis	Lisa	A	M.D.	F	I	520 Camden St	San Antoni	TX	48	78215	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$71.40	$45.75	$34.11	$35.62
1285652818	Bowersox	Michael	T	M.D.	M	I	15025 Innovation Dr	San Diego	CA	6	92128	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	19	19	$80.00	$51.48	$36.73	$33.98
1285705954	Spivak	Steven	L	DO	M	I	161 Riversi Suite 306	Binghamto	NY	36	13905	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	19	19	19	$85.00	$32.45	$15.06	$15.72
1285772871	Stafford	Lillian		PA	F	I	2000 Wash Suite 441 W	Newton	MA	25	2462	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	19	19	$154.84	$45.38	$28.50	$25.49
1285954594	Hagemann	Jason	C	D.O.	M	I	4321 53rd Ave	Bettendorf	IA	19	52722	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$206.58	$41.63	$25.74	$27.82
1285956797	Ericksen	Matthew	C	D.O.	M	I	1155 W Pai Suite 2j	Bolivar	MO	29	65613	7.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	F	19	19	19	$120.00	$31.09	$22.27	$23.05
1295025328	Nord	Ryan	S	M.D.	M	I	1250 E Mar Dept. Of Ot	Richmond	VA	51	23298	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	19	19	$221.00	$46.60	$26.53	$26.50
1295228468	Anderson	Carla	J	PA-C	F	I	1325 Eastmoreland Av	Memphis	TN	47	38104	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	15	19	19	$189.47	$26.37	$15.56	$17.05
1295718716	Patt	Bradford	S	MD	M	I	915 Gessn Suite 235	Houston	TX	48	77024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	19	19	$140.00	$48.92	$38.79	$37.76
1306232624	Schneider	Alexander	L	M.D.	M	I	675 N Saint Galter Pavi	Chicago	IL	17	60611	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	19	19	$149.00	$43.88	$35.09	$31.98
1306867833	Anderson	Stephen	C	MD	M	I	95 Sargent Route 9	Belchertow	MA	25	1007	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	19	19	$137.00	$48.48	$34.54	$32.98
1316256068	Were	Dorothy	L	DNP	F	I	3700 Odonnell St	Baltimore	MD	24	21224	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	19	19	$123.00	$43.89	$29.18	$26.85
1316482789	Jones	Trevor	A	FNP-C	M	I	5590 E Rive Suite 150	Tucson	AZ	4	85750	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	19	19	$252.98	$39.65	$14.93	$16.00
1316938160	Faulkner	Jeffrey	A	M.D., D.D.S	M	I	1600 N Main Ave	Lovington	NM	35	88260	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	19	19	$170.00	$30.24	$10.80	$11.97
1316982515	Bouteneff	Alexis	C	M.D.	M	I	105 Buell Rd	Litchfield	CT	9	6759	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	19	19	$80.42	$36.93	$28.15	$28.71
1326121070	Wang	Shuangping		M.D.	M	I	5 Grand St	Warwick	NY	36	10990	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$104.14	$53.14	$38.35	$33.20
1326146580	Sivamohan	Dhamayanthi		M.D.	F	I	1428 N Gardner St	Scottsburg	IN	18	47170	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	19	19	$291.00	$44.46	$31.85	$34.40
1326432634	Huang	Gary		MD	M	I	55 Arch St Ste 2a	Akron	OH	39	44304	1	Metropolita	US	Ophthalmc	Y	69210	Removal of N	O	18	19	19	$93.00	$43.79	$28.66	$29.87
1326483504	Teng	Stephanie		M.D.	F	I	550 1st Ave	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	19	19	$109.00	$31.90	$23.94	$22.17
1336105220	Anthony	William	E	MD	M	I	311 W 3rd Ave	Gastonia	NC	37	28052	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	19	19	$84.21	$44.82	$32.49	$33.73
1336115823	Hong	Jerome		MD	M	I	808 Rickert Dr Ste 202	Naperville	IL	17	60540	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$116.00	$51.35	$36.67	$33.98
1336138627	Peters	Kelli	V	PA-C	F	I	318 White Horse Pike	Haddon He	NJ	34	8035	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	19	19	$170.00	$44.27	$24.06	$22.09
1336149160	Charnock	David	R	M.D.	M	I	69 Allen St Suite 4	Rutland	VT	50	5701	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	17	19	19	$126.00	$31.61	$20.36	$20.78
1336324169	Ryan	Patrick	K	D.O.	M	I	4600 Olear Agape Phys	Myrtle Bea	SC	45	29577	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$54.18	$44.54	$35.51	$37.98
1346262995	Hughes	Brian	R	D.O.	M	I	205 S Main St Ste B	Longmont	CO	8	80501	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$105.11	$43.44	$28.62	$28.07
1346269883	Wallace	Mervin	P	MD	M	I	1803 Micc Suite 202	Tallahasse	FL	12	32308	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$86.00	$47.94	$28.10	$28.02
1346334935	Johnson	Eric	O	M.D.	M	I	7565 Missi Suite 200	San Diego	CA	6	92108	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$181.51	$51.44	$36.69	$33.98
1346403995	Yohe	Mark	G	M.D.	M	I	1707 Gold I Ste 101	Fargo	ND	38	58103	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$100.00	$46.72	$19.69	$20.81
1346407962	Long	Adrian		M.D.	M	I	6573 A1a S	Saint Augus	FL	12	32080	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$65.00	$47.76	$34.02	$33.99
1346711082	Mccluskey	Tommy	V	CRNP	M	I	16023 Highway 72	Rogersville	AL	1	35652	3	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	19	19	$70.00	$38.33	$23.26	$25.16
1356303671	Gaudio	Steven	A	M.D.	M	I	929 Boston Post Rd	Old Saybro	CT	9	6475	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	19	19	$100.00	$33.89	$27.07	$24.99
1366537722	Hobbs	William	N		M	I	840 N 5th Ave, Suite 21	Sequim	WA	53	98382	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	16	19	19	$91.00	$48.23	$32.57	$32.05
1366831190	Rosalia	Anthony			M	I	4724 Nesconset Hwy	Port Jeffers	NY	36	11776	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	19	19	$140.00	$48.15	$36.32	$31.01
1386620078	Ali	Irfana		M.D.	F	I	10540 Connecticut Ave	Kensington	MD	24	20895	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	19	19	19	$75.00	$55.72	$40.47	$34.37
1386724003	Blessing-Fe	Carol		PA	F	I	171 Ashley Ave	Charleston	SC	45	29425	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	19	19	$138.47	$38.07	$21.36	$23.57
1396736997	Wallace	Tasha	B	D.O.	F	I	14651 Palm Beach Blvd	Fort Myers	FL	12	33905	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$100.00	$50.70	$33.02	$31.01
1396796314	Sanders	Donald	P	M.D.	M	I	13332 Midlothian Tpke	Midlothian	VA	51	23113	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$93.00	$47.96	$32.59	$32.34
1396847554	Silvius	Ronald	D	D.O.	M	I	320 Ebaugh St	Glenwood	IA	19	51534	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$129.00	$43.91	$29.42	$32.61
1396988770	Ohnes-Ver	Vanessa	N	M.D.	F	I	5012 S Us H Suite 300	Denison	TX	48	75020	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$107.00	$44.25	$27.77	$30.98
1407091010	Jalilian-Nos	Amir-Mohammad		MD	M	I	517 W Junipero St	Santa Barb	CA	6	93105	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$60.00	$49.97	$32.91	$31.98
1407830441	Kanjo	Zayan	A	MD	M	I	231 Se Barr Suite 209	Oak Harbor	WA	53	98277	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	14	19	19	$120.00	$47.59	$31.92	$32.05
1417119991	Wold	Stephen	M	MD	M	I	1120 E Elizabeth St Ste	Fort Collins	CO	8	80524	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$109.00	$46.00	$29.89	$29.32
1417151473	Wang	Qian		MD	F	I	5 Plainsboro Rd, Suite 2	Plainsboro	NJ	34	8536	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	19	19	$260.00	$54.25	$33.22	$28.85
1417182882	Browning	Laura		PA	F	I	602 W. Uni Otolaryngo	Urbana	IL	17	61801	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	13	19	19	$122.74	$26.92	$21.55	$21.20
1417305129	Tinkerhess	Martin	J	M.D.	M	I	23200 Pontiac Trl	South Lyon	MI	26	48178	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	19	19	$124.63	$46.89	$35.84	$35.31
1417425364	Blanton	Kelsie		APRN	F	I	620 S Madison St Ste 2	Enid	OK	40	73701	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$113.00	$38.29	$30.66	$32.29
1417917220	Silver	Jeffrey	E	MD	M	I	200 Boylst Suite 303	Chestnut H	MA	25	2467	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	19	19	$102.00	$53.41	$40.36	$35.98
1417920984	Litton	John	S	M.D.	M	I	1800 Comt Suite 7	Pennington	VA	51	24277	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	15	19	19	$93.45	$47.86	$35.74	$35.52
1427142231	Kaufman	Raymond	A	M.D.	M	I	801 Dewey Blvd	Butte	MT	30	59701	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	19	19	$101.89	$40.30	$25.80	$25.77
1437144011	Jones	Jeffrey	J	M.D.	M	I	46 N Main St	West Brook	MA	25	1585	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$150.00	$48.63	$32.58	$30.98
1437150034	Stevens	Michael	E	M.D.	M	I	7534 E 2nd 102	Scottsdale	AZ	4	85251	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	19	19	$100.00	$46.39	$28.41	$29.61

1437150067	Young	Kenneth	A	M.D.	M	I	503 Greenwood Trace I	Whiteland	IN	18	46184	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$83.00	$42.76	$26.66	$29.83
1437163151	Bader	Brent	A	MD	M	I	12 W Church St	Oxford	OH	39	45056	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$102.00	$46.41	$37.15	$37.98
1437206943	Laporta	Cherese	M	D.O.	F	I	107 N Ocea Suite G	Patchogue	NY	36	11772	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	19	19	$245.89	$59.31	$47.29	$37.98
1437212313	Hall	Suzel	S	MD	F	I	9420 Key W Suite 310	Rockville	MD	24	20850	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	19	19	$115.00	$50.95	$40.60	$34.98
1437247558	Kasper	Joseph		MD	M	I	82 E Allendale Rd Ste 4	Saddle Rive	NJ	34	7458	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$71.58	$53.72	$42.88	$36.98
1437247764	Seifert	Kelly	J	PA	M	I	1310 W 22nd St	Sioux Falls	SD	46	57105	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	19	19	19	$41.00	$27.04	$14.99	$15.91
1437363702	Bryan	Jonathan	A	D.O.	M	I	950 N Porte Suite 300	Norman	OK	40	73071	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$128.00	$44.93	$32.24	$34.38
1457302366	Muscarella	Joseph	L	D.O.	M	I	180 Park Cl Suite 200	Williamsvil	NY	36	14221	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$100.00	$37.09	$28.66	$30.18
1457330102	Shinners	Patrick	A	MD	M	I	733 W Clairemont Ave	Eau Claire	WI	55	54701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	15	19	19	$87.16	$30.12	$18.95	$20.65
1457563959	Spoto	James	A	DO	M	I	1179 E Paris Ave Se	Grand Rapi	MI	26	49546	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	19	19	$327.40	$43.64	$33.02	$35.17
1457723488	Lally	Michelle	M	PA-C	F	I	3110 Wellons Blvd	New Bern	NC	37	28562	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	19	19	$123.00	$47.99	$34.41	$28.03
1467024778	Bocian	Jewel			F	I	7059 Orchard Centre D	Holland	OH	39	43528	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$98.47	$39.37	$23.10	$24.18
1467403485	Khalil	Phillip	L	DO	M	I	4275 Steels Pointe	Stow	OH	39	44224	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$93.00	$45.00	$31.17	$32.37
1467413583	Dragun	Elena		M.D.	F	I	469 Morris Ave	Elizabeth	NJ	34	7208	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$59.35	$53.64	$37.10	$31.85
1467428490	Joy	Mark	W	MD	M	I	1110 N. 35th Ave	Yakima	WA	53	98902	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$65.00	$47.53	$29.35	$29.60
1467436261	Turocy	Francis	M	M.D.	M	I	755 Boardr Suite F-5	Boardman	OH	39	44512	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	19	19	$65.00	$43.93	$27.97	$30.31
1467540559	Kalwinski	Pawel	A	M.D.	M	I	406 N India Suite 4	Englewood	FL	12	34223	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$55.00	$47.96	$33.63	$33.41
1467569400	Cavnar-Joh	Mary	E	M.D.	F	I	201 Kingwc Ste B500	Kingwood	TX	48	77339	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	19	19	19	$390.88	$48.90	$34.83	$33.98
1467781625	Vachss	Meir		RN	M	I	3709 Flatlands Ave	Brooklyn	NY	36	11234	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	19	19	$112.64	$49.28	$38.23	$30.58
1467816827	Mulcahy	Collin		MD	M	I	1515 Holcombe Blvd	Houston	TX	48	77030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	19	19	$116.00	$46.21	$34.74	$33.98
1467968545	Romero	Lennie		CRNP	M	I	1090 N Church St	Hazle Town	PA	42	18202	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	19	19	$75.00	$38.54	$23.22	$25.10
1477111615	Weaver	Paige	A	PA-C	F	I	945 82nd Pkwy	Myrtle Beac	SC	45	29572	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	18	19	19	$102.00	$38.34	$19.62	$21.64
1477595486	Sonnier	Kayla		APRN	F	I	407 N Main St	Saint Martii	LA	22	70582	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	19	19	$110.00	$39.13	$26.29	$27.47
1487060174	Nguyen	Thucuc	T	DO	F	I	4300 Londonderry Rd	Harrisburg	PA	42	17109	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$109.00	$48.41	$34.52	$33.98
1487622742	Houston	Paul	N	MD	M	I	1216 E National Ave	Brazil	IN	18	47834	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$89.00	$43.95	$25.74	$29.04
1487698197	May	Micah	M	M.D.	M	I	500 River Ave Ste 245	Lakewood	NJ	34	8701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$65.00	$52.70	$36.49	$32.72
1497275895	Mazzola	Mathew	P	DO	M	I	4540 Trenholm Rd	Columbia	SC	45	29206	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$146.00	$45.05	$35.03	$37.01
1497723811	Jahrsdorfer	Charles	E	MD	M	I	3282 Charles Blvd	Greenville	NC	37	27858	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$92.00	$46.20	$33.26	$34.37
1497746630	Nichols	James	R	MD	M	I	13838 S 46 Ste 320	Phoenix	AZ	4	85044	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$48.09	$45.60	$32.54	$33.15
1497778302	Horrell	Robin	S	MD	M	I	801 N 29th St	Billings	MT	30	59101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	19	19	$98.00	$33.19	$23.67	$23.56
1508026907	Wong	Robert	D	MD	M	I	1650 Grand Concourse	Bronx	NY	36	10457	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	17	19	19	$106.00	$41.51	$31.37	$24.93
1508068057	Lee	Nicole	J	M.D.	F	I	10 Saint Patricks Dr	Waldorf	MD	24	20603	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$134.00	$49.34	$33.44	$32.27
1518509637	Russell	Connie			F	I	1205 E Bonner Way	Salt Lake C	UT	49	84117	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	19	19	$75.00	$38.60	$29.16	$30.69
1518909548	Warwar	Robert	J	M. D.	M	I	72 N Brent St	Ventura	CA	6	93003	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$52.53	$52.79	$42.29	$37.98
1518958131	Gelev	Christina		MD	F	I	40 Second Suite 400 M	Waltham	MA	25	2451	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$197.84	$52.20	$29.07	$24.74
1518959527	Betz	Gary	A	MD	M	I	7010 E Cha Ste 145	Phoenix	AZ	4	85054	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$46.82	$46.31	$36.95	$37.98
1518980911	Makishima	Tomoko		MD	F	I	700 University Blvd	Galveston	TX	48	77550	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	18	19	19	$135.00	$33.07	$25.05	$24.95
1528297884	Cunard	Kala	K	M.D., L.L.C	F	I	330 Hospit Suite 304	Macon	GA	13	31217	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$112.00	$44.81	$31.97	$34.32
1538136387	Lucas	Christophe	A	DO	M	I	255 W Lancaster Ave M	Paoli	PA	42	19301	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	19	19	$105.00	$51.10	$30.50	$28.40
1548244759	Hosain	Syed	S	M.D.	M	I	447 E Main St	Westminst	MD	24	21157	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	19	19	$75.00	$52.24	$39.57	$35.98
1548275068	Fong	Karen	J	MD	F	I	2637 Shadelands Dr	Walnut Cre	CA	6	94598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	19	19	$175.00	$30.81	$24.58	$20.99
1548405962	Gillis	Crystal		FNP	F	I	403 Fairview St	Clinton	NC	37	28328	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	17	19	19	$151.00	$38.92	$26.55	$27.88
1558306019	Bagwell	Michael	B	D.O.	M	I	2778 Highway 51 S	Senatobia	MS	28	38668	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$150.00	$43.71	$22.14	$25.74
1558358697	Le	Nhuai	C	M.D.	F	I	1110 Nasa Pkwy Ste 30	Houston	TX	48	77058	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	19	19	$70.00	$49.08	$35.01	$33.98
1558368803	Bartolomeo	Orazio		MD	M	I	120 N Northwest Hwy	Barrington	IL	17	60010	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$101.00	$51.11	$34.25	$31.98
1558455618	Hoff	Mark	L	M.D.	M	I	999 S Fairm Suite 135	Lodi	CA	6	95240	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	19	19	$126.40	$45.01	$31.14	$30.32
1558748806	Christen	Lesia			F	I	32 Tulip Ct	Nanuet	NY	36	10954	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	19	19	$163.68	$50.68	$40.46	$32.28
1578233102	Kulick	Shanna		CRNP	F	I	1000 Alliance Dr	Hazleton	PA	42	18202	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	19	19	$100.00	$39.23	$27.84	$28.91
1578542486	Trail	Jeffery	A	MD	M	I	42 E Rowar Suite A	Spokane	WA	53	99207	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$90.00	$47.65	$37.56	$36.50
1588000954	Harvey	Rebecca		MD	F	I	1250 Forest Ave	Portland	ME	23	4103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	19	19	$134.53	$29.13	$22.64	$22.89
1588004923	Hampton	Jeremy	E	DO	M	I	12130 E W Suite A	Indianapoli	IN	18	46229	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$118.00	$43.76	$33.02	$36.19
1588797989	Gulleth	Yusuf	M	MD	M	I	736 Cambr Smc 8	Brighton	MA	25	2135	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	18	19	19	$161.00	$32.71	$25.32	$24.24
1588954937	Lee	Matthew	K		M	I	300 Pasteur Dr	Stanford	CA	6	94305	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	19	19	$163.26	$48.29	$32.13	$30.49
1598013625	Gardner	Adam	C	MPAS, PA-C	M	I	98 N 1100 I Suite 203	American F	UT	49	84003	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	18	19	19	$104.63	$38.89	$21.07	$22.65
1598275562	Kostecki	Tyler	J	PA-C	M	I	3405 North Arlington H	Arlington H	IL	17	60004	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	19	19	$76.00	$44.58	$28.15	$25.48
1598762353	Tran	Peter	A	DO	M	I	1776 W Ho Suite 120	Henderson	NV	32	89012	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	19	19	19	$62.00	$49.71	$37.78	$36.03
1609122175	Devine	Elizabeth	A	APRN	F	I	843 E 4th St Ste A	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	83036	Hemoglobi	N	O	11	19	19	$32.26	$9.58	$9.58	$9.52
1609529312	Stover	Nicole	A	CRNP	F	I	820 Turnpike Ave	Clearfield	PA	42	16830	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	19	19	19	$80.00	$39.20	$31.27	$32.28
1629064605	Chang	Norman	A	M.D.	M	I	611 Jeffers Suite 201	Frederickst	VA	51	22401	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	14	19	19	$89.00	$46.25	$36.90	$36.98
1629145727	Shyamani	Heena		M.D.	F	I	484 Summit St	Elgin	IL	17	60120	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$114.00	$51.24	$36.42	$33.85
1629348966	Gitte	Sara	I	MD	F	I	10250 Se 1 Suite 5	Summerfie	FL	12	34491	1.1	Secondary	US	Geriatric M	Y	69210	Removal of N	O	14	19	19	$75.00	$47.84	$34.10	$33.99
1629398268	Caldwell	Charles	B	M.D.	M	I	110 Medical Circle	Nashville	AR	5	71852	7	Small town	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$82.11	$42.59	$32.68	$36.72
1629561154	Burruel	Cassandra	L		F	I	13755 N Litchfield Rd S	Surprise	AZ	4	85379	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	18	19	19	$89.68	$39.51	$23.17	$24.14
1629619846	Horton	Daniel	A		M	I	123 Everett Rd	Albany	NY	36	12205	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	19	19	$100.00	$39.88	$15.29	$16.11
1639197239	Hickey	Joseph	J	MD	M	I	69 North Main Street	Medford	NJ	34	8055	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	19	19	$170.00	$52.03	$34.90	$31.98
1639288749	Austin	Mitchell	B	MD	M	I	401 N Mills Ave Ste C	Orlando	FL	12	32803	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	19	19	$61.51	$37.85	$18.79	$19.37
1649295973	Burress	John	D	DO	M	I	607 Highway 466	Lady Lake	FL	12	32159	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$90.00	$48.14	$32.24	$31.88
1659333458	Furrow	Elena		M.D.	F	I	3075 N Reserve St Ste (	Missoula	MT	30	59808	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$127.00	$45.27	$32.02	$31.99
1659416584	So	Vannarith		MD, MPH	M	I	1777 N Bell Suite 101	Long Beach	CA	6	90815	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$80.00	$52.36	$35.08	$31.98
1659683589	Anderson	Serena		M.D.	F	I	5915 W Me Suite 300	Oklahoma	OK	40	73142	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$93.00	$44.99	$30.34	$32.53
1669426094	Balotescu	Razvan		M.D.	M	I	228 Ponte Vedra Park D	Ponte Vedr	FL	12	32082	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$102.30	$47.70	$36.00	$35.98
1669555074	Maron	Scott		MD	M	I	10 James S Suite 150	Florham Pa	NJ	34	7932	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$107.00	$53.56	$42.72	$37.98
1679664502	Bloom	Irving	A	M.D.	M	I	130 Cedar I Suite 310	Vista	CA	6	92083	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	18	19	19	$60.00	$49.99	$38.44	$35.57
1679666556	Dahl	Matthew	E	MD	M	I	22 S 900 E	Salt Lake C	UT	49	84102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	19	19	$141.00	$44.60	$30.37	$31.84
1679681894	Deloach	Mark	A	MD	M	I	16 S Sixth St	Bay Springs	MS	28	39422	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$110.00	$40.86	$27.55	$33.73
1689608747	Ingram	Danny	P	MD	M	I	Po Drawer 681330	Prattville	AL	1	36068	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$144.00	$43.43	$28.38	$32.24
1689665291	Brooks	James	S	MD	M	I	29275 Nort Ste 208	Southfield	MI	26	48034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$95.00	$48.55	$30.28	$28.99

1699242115	Skiechs	Jeremy	M	RPA-C	M	I	1729 Burrstone Rd	New Hartfo	NY	36	13413	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	19	19	$125.37	$36.04	$27.08	$30.24
1699720144	Marcotte	Gary	A	DO	M	I	15900 W 101st Ave	Dyer	IN	18	46311	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$90.00	$43.99	$29.51	$32.62
1699744755	Pecorelli	Nicholas	T	M.D.	M	I	245 Valley Blvd	Wood-Ridg	NJ	34	7075	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$60.79	$54.42	$38.87	$33.84
1699752642	Vergara	Jesus	R	M.D.	M	I	111 E Cath	Suite 110	Milford	PA	42	18337	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$89.00	$46.27	$23.02	$24.46
1699799122	Cheung	Steven	W	M.D.	M	I	400 Parnassus Ave # A	San Francis	CA	6	94143	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	19	19	$279.00	$35.26	$25.05	$22.85
1699900522	Shkullaku	Rita	J	MD	F	I	116 Defens	Suite 400	Annapolis	MD	24	21401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$140.00	$51.85	$35.61	$32.64
1700086741	Starks	Bradly	W	D.O.	M	I	282 W Main St	Elizabethvi	PA	42	17023	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$134.21	$46.09	$36.77	$37.98
1700228152	Calderon	Julie	C	ARNP	F	I	2690 Ne Kresky Ave	Chehalis	WA	53	98532	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	19	19	$90.00	$40.40	$21.93	$22.21
1700247509	Coil	Angie		FNP-BC	F	I	203 S Candy Ln Ste 13	Cottonwoo	AZ	4	86326	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$93.96	$39.45	$19.76	$20.88
1700806486	Schofield	Jason	D	PA-C	M	I	425 W Grand Ave Ste 3	Dayton	OH	39	45405	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	19	19	$84.00	$38.53	$25.75	$26.53
1700879657	Obri	Samer	S	MD	M	I	1250 Ralst	Suite 202	Defiance	OH	39	43512	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	15	19	19	$96.00	$46.28	$30.22	$31.45
1700989233	Leestma	Eric	J		M	I	519 N Halleck	Demotte	IN	18	46310	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	19	19	$92.84	$43.99	$27.78	$30.92
1710396387	Epperson	Rebecca		ARNP	F	I	6330 31st Ave Ne Ste 1	Tulalip	WA	53	98271	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	19	19	$119.00	$41.02	$31.14	$30.60
1710508734	Kitchens	Laura	M	FNP-C	F	I	6160 Kempsville Cir St	Norfolk	VA	51	23502	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	12	19	19	$74.00	$27.97	$22.33	$22.38
1710985965	Braunberge	Kerry	S	AUD	M	I	3955 Harris	Suite U7	Ogden	UT	49	84403	1	Metropolita	US	Audiologist	Y	69210	Removal of N	O	17	19	19	$56.00	$45.46	$30.49	$32.38
1720029747	Giles	William	C	MD	M	I	9 Richland	Ste 510	Columbia	SC	45	29203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	19	19	$166.95	$37.09	$24.02	$25.50
1720082423	Bruss	Mark	R	M.D.	M	I	900 Waterv	Ste A	Waterville	OH	39	43566	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$112.42	$46.35	$25.25	$26.55
1720210800	Wijewickra	Rohan	C	M.D.	M	I	736 Cambr	Division Of	Boston	MA	25	2135	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	19	19	$161.00	$47.14	$35.83	$35.48
1720262108	Anand	Akash	G	MD	M	I	4224 Houn	Suite 205	Metairie	LA	22	70006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	19	19	$225.00	$42.29	$28.04	$31.88
1720519739	Bennett	Donald	A		M	I	2315 W 57th St	Sioux Falls	SD	46	57108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	19	19	$200.00	$45.67	$36.39	$37.98
1730183013	Ferguson	James	W	MD	M	I	170 W Main St	East Islip	NY	36	11730	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$150.00	$59.64	$47.62	$37.98
1740255892	Jansons	Karen	B	GNP	F	I	4730 Chicago Ave	Minneapoli	MN	27	55407	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$162.25	$39.74	$25.80	$25.60
1740347111	Klein	Nicole	R	M.D.	F	I	18051 Rive	Suite 104	Noblesville	IN	18	46062	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	19	19	$97.00	$41.63	$31.36	$34.19
1740391663	Dupuis	Denis	P	M.D.	M	I	40 S River F	Bedford Pla	Bedford	NH	33	3110	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$75.00	$48.67	$32.65	$31.98
1740570944	Butrymowi	Anna			F	I	2380 Sutter St	San Francis	CA	6	94115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$279.00	$45.10	$32.05	$26.91
1740887348	Mcdonoug	Ashley		PA-C	F	I	3 W Olive St	Scranton	PA	42	18508	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	16	19	19	$115.00	$27.38	$21.83	$22.37
1750394979	Dooley	Richard	H	PAC	M	I	586 Oak Hill Rd	Williston	VT	50	5495	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	18	19	19	$98.00	$38.63	$25.77	$26.52
1750673687	Dunn	Joel	D	M.D.	M	I	2900 12th Ave N Ste 33	Billings	MT	30	59101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	19	19	$81.00	$48.47	$34.71	$33.99
1750741062	Jimenez	Heather		FNP	F	I	3501 N Scottsdale Rd S	Scottsdale	AZ	4	85251	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$70.00	$39.35	$22.13	$23.28
1760509624	Minor	Jacob	S	M.D.	M	I	800 Scott And White Dr	College Sta	TX	48	77845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	19	19	19	$153.00	$30.35	$16.27	$18.89
1760610067	Fox	David	J	M.D.	M	I	259 E Erie S	Suite 2230	Chicago	IL	17	60611	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$166.00	$52.65	$33.32	$29.98
1760676696	Richer	Sara		M.D.	F	I	2800 Main	Departmen	Bridgeport	CT	9	6606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	19	19	$200.00	$48.67	$34.77	$32.48
1770560252	Skovlund	Sandra	M	M.D.	F	I	3800 Park Nicollet Blvc	St Louis Pa	MN	27	55416	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	15	19	19	$98.00	$31.43	$23.77	$25.03
1770572976	Zara	Mohamme	T	M.D.	M	I	1637 E Monument Plaz	Casa Gran	AZ	4	85122	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$117.00	$46.91	$33.60	$34.15
1770579005	Pomeranet	Eugene	A	MD	M	I	500 Park Av	Ste 104	Lake Villa	IL	17	60046	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$80.00	$51.24	$28.28	$26.27
1770719486	Stewart	Knotresha	F	M.D.	F	I	28 Town Center Drive		Dublin	VA	51	24084	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$103.16	$47.63	$31.96	$32.05
1770979395	Daniyan	Opeoluwa		MD	F	I	2302 Lone Star Rd Ste 2		Mansfield	TX	48	76063	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	19	19	$169.68	$39.55	$29.61	$31.11
1780778555	Lenns	Thomas	P	M.D.	M	I	89 Main St		Hilton Hea	SC	45	29926	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	19	19	$79.00	$44.77	$26.24	$28.84
1790082550	Kumar	Mehandar		M.D	M	I	100 Main St		Keansburg	NJ	34	7734	1	Metropolita	US	Hematolog	Y	69210	Removal of N	O	19	19	19	$80.00	$50.39	$36.50	$34.40
1790353688	Lannoo	Alyssa	A		F	I	8380 Warren Pkwy Ste		Frisco	TX	48	75034	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	19	19	$56.00	$40.02	$23.54	$24.06
1790788313	Quaglia	Silvio		M.D.	M	I	25 E Willow St		Millburn	NJ	34	7041	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	19	19	$89.00	$54.24	$32.23	$27.75
1801182613	Contag	Stephanie	J	MD	F	I	1021 Bandana Blvd E S		Saint Paul	MN	27	55108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	19	19	$204.40	$45.46	$34.39	$35.07
1801432687	Graves	Cindy		NP	F	I	703 Robinson Rd		Jackson	MI	26	49203	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	15	19	19	$55.00	$27.33	$21.78	$22.38
1801854849	Gillies	Shirley		NP	F	I	300 Mount	Suite 517	Cambridge	MA	25	2138	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	19	19	$100.00	$45.57	$30.08	$26.66
1801856588	Schmidt	Derek	J	MD	M	I	401 Phalen Blvd		Saint Paul	MN	27	55130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	19	19	$191.00	$44.43	$33.65	$35.17
1801862131	Pence	Robert		MD	M	I	15 Killdeer Ln		Dayton	VA	51	22821	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$121.58	$46.39	$29.23	$29.34
1801936539	Kates	Matthew	J	MD	M	I	145 Huguenot St Ste 61		New Roche	NY	36	10801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	17	19	19	$158.95	$40.97	$32.81	$25.63
1811020811	Todd	Stephanie		MD	F	I	2301 Columbia Ave		Lancaster	PA	42	17603	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	19	19	$105.00	$46.81	$33.56	$34.17
1811343692	Hall	Scott	R	M.D.	M	I	2305 Coronado St		Idaho Falls	ID	16	83404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	19	19	$51.21	$30.46	$21.76	$23.86
1811954712	Chasse	Thomas	A	M.D.	M	I	194 Pleasant St Ste 2		Concord	NH	33	3301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	19	19	$127.40	$49.92	$37.82	$35.98
1821316472	Deschiney	Christina	L	PA	F	I	2211 Lomas Blvd Ne		Albuquerq	NM	35	87106	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	17	19	19	$72.00	$28.22	$17.85	$17.74
1821763384	Shepard	Leigha		NP	F	I	605 Pointe North Blvd		Albany	GA	13	31721	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$90.00	$38.06	$26.73	$28.77
1831243294	Willden	Jeffery	D	DO	M	I	4545 E Southern Ave #1		Mesa	AZ	4	85206	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$93.64	$46.31	$30.30	$31.52
1831392174	Minton	Challie	A	MD	M	I	113 Scenic Outlet Ln S		Mount Airy	NC	37	27030	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$91.41	$43.75	$23.35	$24.70
1831829332	Nakayama	Jill	S	FNP	F	I	3100 S Sheridan Blvd		Denver	CO	8	80227	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$99.00	$40.89	$32.58	$32.28
1831858257	Lizer	Samantha		PA	F	I	3100 Telegraph Ave		Oakland	CA	6	94609	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	19	19	$166.00	$44.28	$35.28	$32.28
1841236049	Shafiei	Majid		M.D.	M	I	8675 Valley Creek Rd		Woodbury	MN	27	55125	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	19	19	$58.00	$29.20	$22.04	$22.95
1841251253	Williams-V	Imani	N	M.D.	F	I	333 N Dobson Rd Ste 1		Chandler	AZ	4	85224	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$68.20	$46.31	$34.98	$36.07
1841297884	Neuenschv	Michael	C	M.D.	M	I	80 Doctors	Suite 2	Henderson	NC	37	28792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	19	19	$140.95	$29.73	$22.41	$22.91
1841383338	Ottolenghi	David	R	M.D.	M	I	2121 E Har	Suite 310	Fort Collins	CO	8	80528	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$85.00	$46.80	$35.48	$36.48
1841453032	Tran	Aaron	K	M.D.	M	I	23639 Hawthorne Blvd		Torrance	CA	6	90505	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$106.00	$49.85	$35.55	$33.98
1851318331	Weaver	Jonathan	D	MD	M	I	2121 Wilsh	#103	Santa Moni	CA	6	90403	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	19	19	$57.83	$48.67	$21.94	$20.99
1851330567	Warhaftig	Jeffrey	L	MD	M	I	5145 S College Rd		Wilmingtor	NC	37	28412	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	19	19	$181.26	$45.53	$35.72	$36.26
1851374979	Kraft	Rod		MD	M	I	1630 E Herndon Ave		Fresno	CA	6	93720	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$210.32	$47.62	$35.93	$34.98
1851384747	Perryman	Paul	E	MD	M	I	854 W Jam	Ste 103	Columbia	TN	47	38401	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$55.00	$43.71	$29.27	$32.63
1851730550	Mangino	Loren		M.D.	M	I	920 Wyoming Ave Ste 1		Forty Fort	PA	42	18704	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$130.00	$46.76	$32.12	$32.80
1861411134	Gendy	Hany	M	M.D.	M	I	514 Route 5	Suite 6	Millstone T	NJ	34	8535	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	19	19	$100.00	$52.12	$41.62	$37.98
1861449977	Gover	Alina		M.D.	F	I	1815 W 13th St		Wilmingtor	DE	10	19806	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	19	19	$62.11	$48.92	$32.66	$31.67
1861468027	Putnam	Richard	L	MD	M	I	15611 Pomerado Rd		Poway	CA	6	92064	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$93.00	$47.19	$32.04	$29.87
1861474371	Weston	John	M	MD	M	I	131 Jpm Rd		Lewisburg	PA	42	17837	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	17	19	19	$129.74	$46.25	$31.04	$32.27
1861678278	Kraja	Selatin		MD	M	I	7 Remsen S	1st Floor	Staten Isla	NY	36	10304	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$149.47	$59.92	$42.83	$32.98
1871586511	Droffner	Mark	C		M	I	260 Milus St		Punta Gord	FL	12	33950	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$96.89	$46.88	$21.19	$21.04
1871596213	Gorav	Ravi		M.D	M	I	766 Walther Rd Ste 30		Lawrencevi	GA	13	30046	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$200.00	$45.77	$26.53	$28.57
1871669838	Stone	David		FNP	M	I	221 W Fir Ave	Ste 101	Clovis	CA	6	93611	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$148.00	$41.87	$33.48	$32.28
1871686147	Dodson	Edward	E	M.D.	M	I	915 Olentangy River Rc		Columbus	OH	39	43212	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	19	19	$165.00	$41.75	$24.57	$25.41
1871850420	Veazey	Lauren		APN	F	I	2508 Crestwood Rd		North Little	AR	5	72116	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$117.00	$36.31	$20.44	$24.14
1881079283	Cagle	Aaron		FNP-BC	M	I	5127 W Noble Ave		Visalia	CA	6	93277	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	19	19	$120.00	$40.85	$28.27	$27.18

1881688620	Rauzi	Frank	R	MD	M	I	8340 S San Ste 105	Littleton	CO	8	80127	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$75.00	$48.37	$32.08	$31.65
1881692218	Krielow	Yvonne	H	NP	F	I	708 E Russell Ave	Welsh	LA	22	70591	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	19	19	$65.00	$39.08	$19.93	$21.35
1891088910	Wise	Shannon	D	MD	F	I	730 Goodlette-Frank R	Naples	FL	12	34102	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$102.00	$50.72	$32.22	$30.21
1891288007	Kruse	Kristina	L	MD	F	I	505 Mount Pleasant Rd	Thomson	GA	13	30824	7	Small town	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$150.00	$44.87	$31.87	$34.13
1891753836	Warren	Ellen	R	MD	F	I	630 Paseo Suite 150	Taos	NM	35	87571	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$90.00	$44.75	$26.96	$28.49
1891923108	Dang	Loan-Thy		M.D.	F	I	1401 S Beretania St Ste	Honolulu	HI	15	96814	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$125.00	$50.88	$34.89	$32.55
1902003502	Baker	Jeffrey	C	MD	M	I	1401 25th St S	Great Falls	MT	30	59405	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	19	19	$69.05	$30.81	$19.00	$18.72
1902156565	Vick	Melissa	L		F	I	908 N Elm S Suite 306	Hinsdale	IL	17	60521	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	19	19	19	$231.26	$42.82	$28.72	$26.32
1902225709	Holt	Justin	W	MD	M	I	3181 Sw Sa Oregon He	Portland	OR	41	97239	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	19	19	$140.00	$43.84	$33.02	$35.12
1912235490	Dariano	Erin	B	D.O.	F	I	1503 Buenos Aires Blvc	The Villages	FL	12	32159	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$75.00	$48.09	$34.35	$33.99
1922236181	Romine	Megan	J	DO	F	I	6010 Mills Civic Pkwy	West Des M	IA	19	50266	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	19	19	$111.00	$43.95	$27.59	$30.82
1922360007	Albanese	Lindsay		M.D.	F	I	424 Savannah Rd	Lewes	DE	10	19958	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$62.00	$48.31	$37.70	$37.15
1922561083	Mendoza	Ashley	B	APRN, FNP	F	I	1850 W Lake Houston I	Kingwood	TX	48	77339	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$87.00	$41.47	$33.05	$32.28
1932146966	Parsons	Stephen	P	M.D.	M	I	100 Hospital Ln Ste 22	Danville	IN	18	46122	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	19	19	$134.21	$42.16	$28.15	$30.62
1932173432	Herring	David	S	MD	M	I	103 Community Way	Staunton	VA	51	24401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$96.00	$47.97	$32.30	$32.05
1932194362	Schmeltzle	Timothy	C	D.O.	M	I	619 Dalton St	Emmaus	PA	42	18049	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$120.89	$46.79	$33.54	$34.17
1932201282	Laukhuf	Eva	S	M.D.	F	I	1810 59th St W	Bradenton	FL	12	34209	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$100.00	$46.41	$34.36	$33.41
1932273356	Holman	Margot	A	NP	F	I	40 Second Avenue	Waltham	MA	25	2451	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$198.58	$45.32	$32.30	$28.89
1932333291	Joyner	Amber	N	NP	F	I	1707 Mead Suite C	Vidalia	GA	13	30474	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$150.00	$36.67	$29.40	$29.74
1932635661	Romeo	Stephen		M.D.	M	I	N84w16889 Menomon	Menomonee	WI	55	53051	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	19	19	19	$300.00	$42.98	$33.84	$36.58
1932864501	Costa	Adrienne	R	MSN, FNP-I	F	I	5311 Limestone Rd	Wilmington	DE	10	19808	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	19	19	$60.00	$39.05	$28.47	$27.94
1942381710	Summers	Matthew	P	M.D.	M	I	336 S 9th St	David City	NE	31	68632	7	Small town	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$106.21	$41.15	$25.45	$28.94
1942396718	Poplar	Clifford	R	M.D.	M	I	915 Geneva Street	Delavan	WI	55	53115	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$96.00	$43.23	$29.24	$31.90
1942753918	Owen	Daniel			M	I	4600 Valley Ste 200	Lincoln	NE	31	68510	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$108.00	$42.75	$26.03	$30.24
1952356685	Speizman	David		DO	M	I	2015 Ocea #8	Boynton Be	FL	12	33426	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	19	19	$102.00	$50.61	$38.77	$36.40
1952359440	Sheynin	Boris		M.D.	M	I	4555 Oakton St	Skokie	IL	17	60076	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	19	19	$94.56	$52.66	$39.96	$34.98
1952384604	Sears	Sarah	B	MD	F	I	8433 Harcourt Rd Ste 2	Indianapoli	IN	18	46260	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$115.00	$44.48	$27.06	$29.77
1952475691	Yoshpe	Nina	S	MD	F	I	433 E Wardlow Rd	Long Beach	CA	6	90807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	19	19	$200.00	$47.22	$33.54	$31.99
1952522195	Maghen	Yousef		MD	M	I	6200 Wilsh #1711	Los Angele	CA	6	90048	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$85.53	$46.90	$37.43	$33.98
1962033415	Arthur	Kathryn	M	ARNP	F	I	1004 E 1st St	Sumner	IA	19	50674	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	11	19	19	$125.00	$37.60	$30.05	$32.28
1962477349	Harrison	Keith	W	DO	M	I	23 N Walnut St	Boyertown	PA	42	19512	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$78.00	$46.23	$27.09	$28.46
1962884023	Michels	Lauren	T	D.O.	F	I	4185 Technology Fores	The Woodla	TX	48	77381	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	17	19	19	$138.16	$42.69	$32.42	$35.72
1972525376	Alberda	Kelly		M.D.	M	I	1313 Red River St Ste 1	Austin	TX	48	78701	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$49.62	$48.68	$36.59	$35.63
1972531408	Holm	Eric	J	MD	M	I	1221 Pleas Ste 200	Des Moines	IA	19	50309	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$111.00	$41.71	$28.64	$33.77
1972809382	Lawrence	Jonathan		MD	M	I	229 Chatuge Way	Hiawassee	GA	13	30546	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	16	19	19	$78.00	$44.72	$35.68	$36.98
1982363925	Helsley	Emily		CNP	F	I	5705 S State Route 48	Maineville	OH	39	45039	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	19	19	$99.00	$39.16	$31.23	$32.28
1982689212	Gill	James	M	MD	M	I	213 Greenf Suite B	Wilmington	DE	10	19805	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	19	19	19	$109.00	$48.49	$33.64	$33.04
1982802419	Huff	Jeremy	M	D.O.	M	I	755 N 11th Suite P-520	Beaumont	TX	48	77702	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	19	19	19	$80.00	$45.46	$29.20	$31.09
1992708309	Creel	John	G	M.D.	M	I	447 Spruce St	Walterboro	SC	45	29488	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	19	19	$75.00	$44.79	$26.25	$28.84
1992771877	Leder	Michele	H	MD	F	I	169 N Middletown Rd	Pearl River	NY	36	10965	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	19	19	$100.00	$55.13	$44.06	$37.48
1992817936	Smith	Lonnie	R	M.D.	M	I	1066 N Cherry St	Tulare	CA	6	93274	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	19	19	$123.35	$48.94	$31.86	$31.03
1992878227	Kornmayer	John	D	DO	M	I	45 E Mills St.	Columbus	NC	37	28722	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	19	19	$60.00	$43.37	$30.91	$34.46
1003076639	Weston	Nicolett	M	APRN	F	I	1037 Main St	Corvallis	MT	30	59828	8	Small town	US	Nurse Prac	Y	69210	Removal of N	O	13	18	18	$105.57	$38.56	$21.49	$21.38
1003851676	Gutsmann	Astrid		DO, PH.D.	F	I	411 E Mcdermott Dr	Allen	TX	48	75002	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	18	18	$100.00	$45.53	$33.43	$35.17
1003922634	Espana	Christophe	B	M.D.	M	I	5034 Griffin Rd	Saint Louis	MO	29	63128	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$109.00	$47.16	$27.10	$27.68
1013020437	Duong	Huong	T	M.D.	F	I	17400 Irvin Suite F	Tustin	CA	6	92780	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$110.00	$52.35	$37.06	$33.76
1013172881	Pai	Seema		MD	F	I	1250 E Mar Departmen	Richmond	VA	51	23298	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	17	18	18	$119.00	$36.48	$27.44	$24.12
1013179639	Gabel	Elizabeth	A	NP-C	F	I	1479 N River Rd	Fremont	OH	39	43420	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	18	18	$237.22	$39.78	$23.04	$23.73
1033105598	Zemede	Markos	H	MD	M	I	1221 E Spruce Ave	Fresno	CA	6	93720	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$91.22	$46.32	$34.61	$36.20
1033512868	Guajardo	Marietta	B	FNP-BC	F	I	7913 Bandera Rd	San Antonio	TX	48	78250	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	18	18	$161.00	$42.15	$26.41	$25.17
1033682729	Ferges	Lauren	A	APN	F	I	75 Veronica Ave Ste 20	Somerset	NJ	34	8873	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	18	18	$143.33	$45.92	$32.62	$28.69
1043273204	Gray	Teresa	K	M.D.	F	I	270 Main St N Ste 300	Stillwater	MN	27	55082	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	18	18	$60.78	$46.67	$37.32	$37.98
1043283484	Schreiner	David	A		M	I	611 S Carli Suite 405	Arlington	VA	51	22204	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$75.00	$55.80	$35.30	$29.93
1043502933	Persky	Michael	J	M.D.	M	I	160 E 34th St Fl 7	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$763.00	$55.53	$44.47	$33.76
1043526403	Kelley	Jessica	L	NP-C	F	I	820 2nd Ave N	Windom	MN	27	56101	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	17	18	18	$47.77	$37.44	$18.85	$21.68
1043579303	Feinstein	Aaron	J	M.D., M.H.S	M	I	5525 Etiwanda Ave Ste	Tarzana	CA	6	91356	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	18	18	$76.99	$33.89	$27.13	$24.27
1043656952	Weber	Jennifer	N	D.O.	F	I	3070 Colle Suite 120	Beaumont	TX	48	77701	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$149.00	$45.55	$33.44	$35.13
1053300558	Holt	Brent	E	MD	M	I	2901 Medical Center D	Pocahonta	AR	5	72455	7	Small town	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$100.00	$41.85	$27.73	$31.47
1053310995	Smith	Curtis	A	D.O.	M	I	314 S Central Ave	Laurel	DE	10	19956	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$80.00	$49.11	$38.58	$37.24
1053363887	Holmstrom	Tallulah		MD	F	I	710 Dewitt Dr	Lugoff	SC	45	29078	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$137.61	$45.06	$34.02	$36.05
1053381590	Brundage	Randall	G	DO	M	I	320 Keystone Ave	Peckville	PA	42	18452	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$136.67	$46.20	$24.45	$25.92
1053498295	Numrych	Amy	S	MD	F	I	1600 116 A #102	Bellevue	WA	53	98004	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$78.00	$51.33	$31.53	$28.49
1053591644	Doreau	Heidi	R	N.P.	F	I	450 Bedford Street	Lexington	MA	25	2420	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	18	18	$247.50	$45.35	$36.19	$32.29
1053759035	O'connor	Devlin		D.O.	F	I	3330 Waterman Way	Tavares	FL	12	32778	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$148.72	$48.20	$38.53	$37.98
1053802439	Wedderbur	Lamar	R	DO	M	I	7125 Murrell Rd Ste B	Melbourne	FL	12	32940	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$110.44	$48.07	$29.81	$29.57
1063024693	Errath	Naomi	K	APRN, FNP	F	I	200 Baker / Suite 217	Concord	MA	25	1742	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	18	18	$265.83	$45.31	$34.44	$30.62
1063646495	Kalejaiye	Adedoyin	O	MD	F	I	2041 Georg Suite 4b-27	Washingto	DC	11	20060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	18	18	$234.03	$56.13	$40.75	$34.26
1063836740	Carter	Megan		AU.D	F	I	820 N Chelan Ave	Wenatchee	WA	53	98801	1	Metropolita	US	Audiologist	Y	69210	Removal of N	O	18	18	18	$67.44	$48.16	$23.02	$22.79
1083689632	Frost	Jeffrey	B	M.D.	M	I	136 Glasson Way	Grass Valle	CA	6	95945	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$62.00	$49.58	$37.52	$35.87
1083786263	Robbins	Rebecca	L	PA-C	F	I	1010 Blymire Rd	Dallastown	PA	42	17313	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	18	18	$75.00	$39.65	$28.20	$28.86
1093799256	Redleaf	Miriam	I	M.D.	F	I	University (2211 Loma	Albuquerq	NM	35	87106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	18	18	18	$186.00	$36.56	$25.90	$23.40
1093891103	Mulligan	Lisa	M	M.D.	F	I	21911 76th Ave W Ste 2	Edmonds	WA	53	98026	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$130.86	$47.93	$23.40	$23.39
1104570811	Pesola	Kara	M	PAC	F	I	2401 S 31st St	Temple	TX	48	76508	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	17	18	18	$153.00	$25.16	$20.05	$21.14
1104823350	Khatcheria	Yervant		MD	M	I	29605 Us H Suite 170	Clearwater	FL	12	33761	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	18	18	$101.00	$47.77	$31.66	$31.67
1114032901	Sevilla	Michael	J	M.D.	M	I	2370 Southeast Blvd	Salem	OH	39	44460	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	18	18	$89.00	$46.76	$27.06	$27.92
1114037330	Yeske	Reginald	W		M	I	1190 N Studebaker Rd	Long Beach	CA	6	90815	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$70.00	$53.14	$42.55	$37.98
1114126745	Kancherla	Vikas	S	M.D.	M	I	1201 Creek Suite A	Sugar Land	TX	48	77478	1	Metropolita	US	Allergy/ Imi	Y	69210	Removal of N	O	15	18	18	$87.00	$48.00	$36.19	$35.88

1114160272	Santos	John	A	FNP-BC	M	I	4669 E Sr	44 Ste 1	Wildwood	FL	12	34785	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	17	18	18	$100.00	$40.77	$25.25	$25.13
1114318581	Bates	Lindsey	M	APRN-NP	F	I	4214 38th St		Columbus	NE	31	68601	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	18	18	$117.17	$36.75	$25.47	$28.61
1114412145	Ivie	Anne	B	MD	F	I	21 Susquehanna	Valley	Selinsgrove	PA	42	17870	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$141.67	$45.02	$24.41	$25.71
1114914520	Bernard	Pierre	R	DO	M	I	230 South 6th Street		Nevada	IA	19	50201	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$103.69	$37.09	$24.76	$26.93
1114992328	Izabal	Lori	J	M.D.	F	I	360 San Mi	206	Newport Be	CA	6	92660	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$115.00	$46.72	$31.42	$28.49
1124015888	Aish	Bassil		MD	M	I	17742 Beac	Ste 215	Huntington	CA	6	92647	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$71.96	$52.59	$37.29	$33.76
1124017249	Kandiah	Vigneswaran		MD	M	I	101 College St		Clinton	NY	36	13323	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$86.56	$34.13	$24.46	$24.81
1124018155	Haider	Munawar		MD	M	I	1305 Airpor	Ste 220	Bedford	TX	48	76021	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	18	18	$130.00	$46.82	$34.24	$34.91
1124037221	Sun	Tommy		M.D.	M	I	3396 Holla	#105	Virginia Be	VA	51	23452	1	Metropolita	US	Family Prac	Y	69210	Removal of N	F	18	18	18	$75.00	$33.19	$19.17	$19.11
1124308416	Zenke	Mindy	R	CNS, APNP	F	I	800 West Ave S		La Crosse	WI	55	54601	1	Metropolita	US	Certified Cl	Y	69210	Removal of N	O	13	18	18	$296.11	$36.12	$20.45	$22.36
1124679246	Rutledge	Ashley	D	FNP-BC	F	I	1920 E Griffin Pkwy		Mission	TX	48	78572	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	18	18	$75.00	$38.77	$29.20	$30.60
1134236938	Tiwana	Ajitpal	S	M.D.	M	I	2700 F St Ste 100		Bakersfield	CA	6	93301	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$75.00	$49.68	$30.82	$29.54
1134613326	Brown	Elisabeth		NP	F	I	715 W Sherman Ave	Ste	Harrison	AR	5	72601	5	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	18	18	$111.00	$35.24	$20.80	$24.44
1144257486	Marianella	Larry		M.D.	M	I	1515 Montgomery Dr		Santa Rosa	CA	6	95405	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	18	18	$65.00	$52.10	$31.28	$28.38
1144296245	Thurston	John	E	M.D.	M	I	401 S 15th St		Worland	WY	56	82401	7	Small town	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$94.00	$46.13	$32.54	$32.76
1144860057	Coronado	Charmaine	L		F	I	5410 W Sahara Ave		Las Vegas	NV	32	89146	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	18	18	$50.00	$41.86	$22.17	$21.52
1154359149	Shapiro	Ely		M.D.	M	I	501 S Drake Rd		Kalamazoo	MI	26	49009	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	18	18	$107.74	$41.95	$31.41	$32.83
1154378644	Matson	Robin	L	MD	M	I	1100 Hospital Cir		Kingfisher	OK	40	73750	7	Small town	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$97.00	$40.79	$27.57	$30.03
1154528123	Copeland	Gregory	L	DO	M	I	7145 N Che	Ste 101	Fresno	CA	6	93720	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$122.69	$49.45	$37.39	$35.87
1154860518	Nguyen	Cang	T	DO	M	I	2055 E South Blvd	Ste	Montgomer	AL	1	36116	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	18	18	$88.00	$44.76	$35.66	$37.98
1164414546	Lindaberry	Jeffrey	S	D.O.	M	I	108 Finnegan Ct		Myrtle Bea	SC	45	29579	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	18	18	$112.00	$45.19	$32.15	$33.06
1164459418	Beecher	John	T	M.D.	M	I	5301 Vernon Ave S		Edina	MN	27	55436	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$204.40	$46.76	$35.33	$35.96
1164521787	Raper	Elizabeth	A	CRNP	F	I	2400 Avalo	Suite B	Muscle Sho	AL	1	35661	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	18	18	$65.00	$36.49	$27.04	$30.63
1164800546	Ali	Syed	A	MD	M	I	1111 Teneyck St	Ste 10	Jackson	MI	26	49201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	18	18	$120.83	$29.83	$19.49	$19.89
1164875894	Heilmann	Scott	R	FNP, RNFA	M	I	12007 Panama City	Be	Panama Ci	FL	12	32407	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	18	18	$88.11	$40.64	$32.42	$32.28
1174585426	Kittler	Jason			M	I	777 North S	Suite 207	Pittsfield	MA	25	1201	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	14	18	18	$114.00	$33.75	$26.91	$26.31
1174629919	Williams	Andrew	J	MD	M	I	14000 E Ara	Suite 380	Centennial	CO	8	80112	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$148.00	$48.40	$27.76	$27.43
1174968382	Morton	Kathryn			F	I	1705 Warre	Suite 2042(	Williamspo	PA	42	17701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	18	18	$109.00	$41.48	$29.05	$29.74
1184388647	Belz	Sara		FNP-BC	F	I	1208 Dunlawton Ave		Port Orang	FL	12	32127	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	18	18	$150.00	$40.60	$28.14	$28.12
1184698912	Bowen	Ronald	W	D.O.	M	I	5656 S Sta	Suite #250	Corpus Chr	TX	48	78411	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	18	18	$74.99	$44.43	$24.44	$26.23
1194245159	Caldwell	Memorie	V	MD	F	I	6488 103rd St	Ste B	Jacksonvill	FL	12	32210	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$125.78	$47.65	$34.55	$34.62
1194279000	Bivens	Shauna	L	FNP	F	I	3400 Griffin Ave.		Pekin	IL	17	61554	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	18	18	$100.00	$36.72	$26.98	$30.56
1194897264	Dildine	Eric	S	PA-C	M	I	2275 Ne Dc	Suite 5	Bend	OR	41	97701	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	18	18	$120.44	$37.83	$23.37	$24.72
1215029897	Kennedy	Richard	D	M.D.	M	I	1609 Rosewood Dr		Columbia	TN	47	38401	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$281.11	$43.74	$28.99	$32.34
1215048442	Mattox	Douglas		M.D.	M	I	550 Peachtree St	Ne D	Atlanta	GA	13	30308	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$190.00	$46.66	$20.47	$21.78
1215377791	Wolok	Ryan	S	M.D.	M	I	32255 Northwestern H		Farmington	MI	26	48334	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$89.50	$48.98	$34.52	$33.67
1215927272	Hallmark	Alaina	D	MD	F	I	9647 Huebner Rd		San Antonio	TX	48	78240	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$50.32	$43.51	$25.04	$28.71
1225122401	Tomasso	Tara	M	M.D.	F	I	612 Glassboro Rd		Woodbury	NJ	34	8097	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$80.00	$52.03	$29.86	$27.43
1225288376	Johnson	Jennifer	H	PA-C	F	I	74 E 11800 S	Ste 360	Draper	UT	49	84020	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	18	18	$123.18	$37.50	$26.14	$27.73
1235107012	Adams	Michael	J	DO	M	I	408 Jungermann Rd		St Peters	MO	29	63376	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	17	18	18	$89.00	$47.16	$24.99	$25.62
1235151523	Reddy	Shobha	D	M.D.	F	I	3108 Ranch Road 620	S	Lakeway	TX	48	78738	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$153.00	$48.01	$29.71	$29.54
1235151739	Ward	Christophe	M	MD	M	I	493 Blackw	Ste 202	Warrenton	VA	51	20186	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$80.00	$48.17	$36.44	$35.89
1235193228	Williams	George	W	DO	M	I	1110 W Florida St		Deming	NM	35	88030	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$88.00	$43.46	$28.49	$29.85
1235756230	States	Dayna	N	CRNP	F	I	1114 Seven Corner Rd		Perkasie	PA	42	18944	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	18	18	$71.00	$42.17	$29.75	$27.81
1245226885	Hindo	Joseph	A	M.D.	M	I	1051 Essin	Suite 100	Joliet	IL	17	60435	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$120.23	$51.03	$30.12	$28.17
1245281005	Morrissette	William	P	M.D.	M	I	15769 Wc Main St		Midlothian	VA	51	23113	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$93.00	$48.06	$27.79	$26.50
1245373539	Doyle	Patricia	A	NP	F	I	34 Haverhill St		Lawrence	MA	25	1841	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	18	18	$199.50	$42.08	$27.14	$26.14
1245627967	Hastings	Donald	M	M.D.	M	I	236 Clearfield Ave	Ste 2	Virginia Be	VA	51	23462	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	18	18	$75.00	$47.48	$35.74	$35.89
1255305892	Pantin	Sally-Ann	L	MD	F	I	4500 San Pablo Rd	S	Jacksonvill	FL	12	32224	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$108.36	$48.39	$34.43	$33.77
1255355632	Yankilevich	Leo		MD	M	I	2026 Ocea	1b	Brooklyn	NY	36	11230	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$137.50	$59.64	$47.02	$37.39
1255398657	Roomi	Noor	A	M.D.	F	I	330 Baker Ave		Concord	MA	25	1742	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$256.67	$53.48	$42.52	$37.80
1255444212	Gillespie	Marion	B	MD	M	I	7945 Wolf River Blvd		Germantow	TN	47	38138	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	18	18	$121.00	$36.96	$25.65	$27.89
1255527404	Bragg	Margo	C	PA-C	F	I	120 Executive Center	P	Fredericksb	VA	51	22401	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	17	18	18	$108.00	$40.43	$30.46	$30.52
1255580718	Jourdy	Deya	N	M.D.	M	I	200 White Plains Rd	St	Tarrytown	NY	36	10591	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	18	18	$302.00	$58.55	$37.51	$29.54
1255787156	Schnell	Stephanie	M	APN, FNP-C	F	I	1235a N Clybourn Ave	:	Chicago	IL	17	60610	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	18	18	$152.00	$44.63	$27.79	$24.21
1255793691	Frisco	Shawnita		M.D.	F	I	4001 Coliseum Dr	Ste 2	Hampton	VA	51	23666	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$75.00	$33.35	$23.76	$23.44
1265437339	Dave	Hema		D.O.	F	I	4 Joyce Plz		Stony Point	NY	36	10980	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	18	18	$150.00	$59.45	$44.76	$35.87
1265548648	Yarmark	Scott		D.O.	M	I	190 W Gerr	Suite 155	East Norrit	PA	42	19401	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$67.00	$51.48	$41.17	$37.98
1265548838	Carty Kemk	Kalen	A	MD	F	I	1002 N Shelby St	Ste 1(	Salem	IN	18	47167	7	Small town	US	Family Prac	Y	69210	Removal of N	O	15	18	18	$121.39	$44.56	$28.41	$30.98
1265549083	Ware	Suzanne		PA-C	F	I	5534 Cortez Rd W		Bradenton	FL	12	34210	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	18	18	$113.00	$37.37	$28.15	$29.78
1275500787	Cuervo	Julia		M.D.	F	I	2923 Ginnala Dr		Loveland	CO	8	80538	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$128.00	$48.69	$36.79	$35.90
1285603670	Langford Tu	Ashley		M.D.	F	I	800 Goodle	Ste 340	Naples	FL	12	34102	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$102.30	$50.60	$40.37	$37.98
1285615120	Patel	Mitul	R	M.D.	M	I	250 Patcho	Suites # 7	East Patch	NY	36	11772	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	18	18	$75.00	$59.59	$47.57	$37.98
1285618249	Menghini	Vanessa	V	MD	F	I	2024 S 6th St		Brainerd	MN	27	56401	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	12	18	18	$66.00	$31.37	$20.82	$22.24
1295052124	Austin	Grace	K	M.D.	F	I	23803 Mcbean Pkwy	St	Valencia	CA	6	91355	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	18	18	$134.17	$52.79	$40.84	$36.64
1295737526	Campbell E	Carrie	L	MD	F	I	2121 E Har	Suite 310	Fort Collins	CO	8	80528	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$85.00	$48.41	$27.42	$27.08
1295771582	Lorenz	Frederick	S	MD	M	I	2600 Independence	Sq	West Plains	MO	29	65775	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	15	18	18	$65.00	$31.23	$24.90	$25.59
1295830768	Liu	Ruth	Y	M.D.	F	I	125 N Linc	#g	Dixon	CA	6	95620	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	18	18	$161.00	$53.13	$29.39	$26.16
1306192687	Coomansir	Jessel	R	PA-C	M	I	10249 W Thunderbird	E	Sun City	AZ	4	85351	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	18	18	$94.96	$39.46	$22.66	$23.69
1306502448	Day	Jessica		NP	F	I	460 Northside Cheroke		Canton	GA	13	30115	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	18	18	$155.00	$38.52	$28.98	$28.71
1306805015	Feingold	Marc	B	M.D.	M	I	420 Bridge Plaza Drive		Manalapan	NJ	34	7726	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$204.17	$52.01	$36.84	$33.76
1306810270	Crepet	Ruth	C	MD	F	I	1780 Hanshaw Rd		Ithaca	NY	36	14850	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$189.00	$46.68	$31.87	$32.65
1306821145	Buchert	Lucy	L	FNP-C	F	I	1095 Marsh	Suite 100	Placerville	CA	6	95667	4.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	F	18	18	18	$92.00	$28.92	$21.88	$21.13
1306851720	Quinn	Edmund	P	MD	M	I	447 Meriden Rd		Waterbury	CT	9	6705	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$149.00	$51.15	$38.48	$35.87
1306926415	Fahey	Christopher		M.D.	M	I	302 Randal	Suite 202	Geneva	IL	17	60134	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$111.00	$51.14	$32.52	$30.27
1306927249	Brooks	Mark	G	M.D.	M	I	10000 W C	Suite 187	Ocoee	FL	12	34761	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$72.95	$46.02	$33.12	$33.50
1316174303	Ashford	Sarah	E	MD	F	I	8400 Washington Ave		Mount Plea	WI	55	53406	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$161.11	$41.53	$29.22	$30.95

1326015033	Biddinger	Michelle	L	MD	F	I	4600 Inves	Ste 300	Troy	MI	26	48098	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$70.00	$49.72	$35.60	$32.95
1326037508	Sarkisyan	Alla	R	MD	F	I	497 Main S	4b	Groton	MA	25	1450	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$178.89	$53.34	$37.76	$33.76
1326049040	Dabbs	William	A	M.D.	M	I	104 Ridgely	Suite 200	Annapolis	MD	24	21401	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	18	18	$95.00	$50.51	$24.05	$21.10
1336677624	Marino	Wendy	N	MSN, NP-B	F	I	764 Lakeland Dr		Jackson	MS	28	39216	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	16	18	18	$139.00	$36.73	$24.38	$27.58
1346229762	Dvorak	Douglas	W	MD	M	I	3385 Dexte	Ste 101	Davenport	IA	19	52807	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	18	18	18	$102.00	$44.26	$25.10	$27.07
1346235272	Irick	Constance	M	M.D.	F	I	15270 W 119th St		Olathe	KS	20	66062	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$72.00	$44.30	$27.77	$30.65
1346239548	Larowe	Judd		MD	M	I	424 Yellowstone Ave	St	Cody	WY	56	82414	7	Small town	US	Internal Me	Y	69210	Removal of N	O	13	18	18	$86.00	$47.77	$32.34	$32.27
1346277738	Levitz	Leonard		MD	M	I	1749 E 16th St		Brooklyn	NY	36	11229	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	18	18	$150.00	$57.84	$46.15	$36.93
1346290707	Sih	Rahmawati		MD	F	I	6101 S County Line Rd		Burr Ridge	IL	17	60527	1	Metropolit	US	Geriatric M	Y	69210	Removal of N	O	15	18	18	$116.00	$51.61	$35.46	$32.68
1346515939	Ames	Kaitlin	M	DO	F	I	15 S Main St	Ste 250	Jamestown	NY	36	14701	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$65.00	$46.61	$26.94	$27.94
1346618618	Campbell	Jennifer		APRN-CNP	F	I	2295 Henry Tecklenbur		Charleston	SC	45	29414	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	17	18	18	$128.00	$45.11	$36.08	$37.98
1356310627	Patterson	Ann	B	M.D.	F	I	721 W 13th	Suite 322	Jasper	IN	18	47546	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	15	18	18	$115.00	$43.95	$31.90	$34.91
1356354476	Zev	Zahan	M	M.D.	M	I	2994 Churchland Blvd		Chesapeak	VA	51	23321	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$70.00	$47.63	$32.66	$32.72
1356366645	Rank	Harb	L	M.D.	M	I	113 Wiggington Rd		Lynchburg	VA	51	24502	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$75.00	$47.58	$29.45	$29.64
1366417321	Williams	Harry	T	MD	M	I	2859 Virginia Beach Bl		Virginia Bea	VA	51	23452	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$75.00	$33.26	$20.71	$20.55
1366422784	Messe	Thomas	V	M.D.	M	I	4225 Woodbine Rd		Pace	FL	12	32571	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$139.00	$46.60	$27.54	$27.46
1366472573	Carnivale	Scott	P	M.D.	M	I	3720 Brownsville Rd		Pittsburgh	PA	42	15227	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$60.00	$46.80	$33.33	$33.96
1376571604	Celmer	Andrew	W	MD	M	I	1272 Garrison Dr		Murfreesbo	TN	47	37129	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$95.00	$42.64	$30.91	$33.91
1376594440	Ryals	Stephen	H	M.D.	M	I	1436 Chattanooga Ave		Dalton	GA	13	30720	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	17	18	18	$140.64	$45.32	$28.25	$30.25
1386095206	Alonso	Jose	E	MD	M	I	9275 Sw 152nd St	Ste 2	Palmetto B	FL	12	33157	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	18	18	18	$116.00	$44.34	$35.33	$31.65
1386644136	Chow	Christophe	S	M.D.	M	I	2500 Wales	Suite A	Massillon	OH	39	44646	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$81.67	$37.16	$27.57	$36.50
1386710424	Schiff	Susan	L	M.D.	F	I	1805 Kipling St.		Lakewood	CO	8	80215	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$56.79	$48.47	$30.00	$29.54
1396004552	Berry	Amber	J	D.O.	F	I	2889 S 11th St		Kalamazoo	MI	26	49009	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	12	18	18	$107.74	$45.84	$28.37	$30.02
1396039327	Jones	Janine	R	NP	F	I	575 Turnpike St	Ste 25	North Ando	MA	25	1845	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	14	18	18	$140.28	$45.25	$36.13	$32.29
1396761763	Nave	Dennis	J	MD	M	I	5586 Legionnaire Dr		Cicero	NY	36	13039	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$98.11	$46.18	$24.95	$26.42
1396770947	Vengalil	Marina	T		F	I	601 Clara Barton Blvd	S	Garland	TX	48	75042	1	Metropolit	US	Geriatric M	Y	69210	Removal of N	O	13	18	18	$203.00	$47.81	$29.62	$29.60
1407114671	Washburn	Paul	J	M.D.	M	I	611 E Carlson St	Ste B	Cheyenne	WY	56	82009	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	18	18	$100.00	$47.37	$33.52	$33.81
1407205958	Fehrenbac	Anna		M.D.	F	I	545 S Boehne Camp Rd		Evansville	IN	18	47712	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$135.00	$44.44	$25.71	$28.54
1407852304	Huberty	Chad	R	M.D.	M	I	945 82nd Pkwy		Myrtle Bea	SC	45	29572	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$102.00	$45.14	$30.09	$31.13
1407859523	Prehn	Robert	B	M.D.	M	I	119 E Bell St		Neenah	WI	55	54956	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	13	18	18	$271.00	$43.10	$32.39	$35.01
1417571258	Lockmiller	Aaron		NP-C	M	I	2301 N Mlk Blvd		Clovis	NM	35	88101	4	Micropolit	US	Nurse Prac	Y	69210	Removal of N	O	15	18	18	$93.04	$39.05	$29.12	$30.29
1417941022	Hunt	Joe	W	MD	M	I	202 Tucker Ave		Ripley	TN	47	38063	7	Small town	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$75.00	$43.84	$25.15	$28.57
1417995192	Edmunds	Ann		MD	F	I	17030 Lake	Suite 204	Omaha	NE	31	68130	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$150.00	$43.49	$26.93	$30.54
1427006816	Ellis	Robert	E	M.D.	M	I	9115 Leesg	Suite C	Louisville	KY	21	40222	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	18	18	$69.00	$44.32	$29.76	$32.56
1427090430	Kokesh	John	F	M.D.	M	I	3841 Piper	Suite T-230	Anchorage	AK	2	99508	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	15	18	18	$100.00	$50.09	$34.59	$27.43
1427496454	Melendez	Nicolle	K	PA-C	F	I	2007 Palm Beach Lake		West Palm	FL	12	33409	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	18	18	18	$90.00	$42.94	$34.24	$32.28
1437139789	Rockower	Robert	K	DO	M	I	10696 Se Us Highway 4		Belleview	FL	12	34420	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$170.00	$48.47	$36.65	$35.88
1437291713	Jenkins	Benjamin	L	M.D.	M	I	111 Lagrange Ave.		Laplata	MD	24	20624	2	Metropolit	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$63.00	$49.27	$32.67	$31.65
1437314614	Paik	Young-Ki		M.D.	M	I	450 S Kitsa	Suite 250	Port Orcha	WA	53	98366	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$210.56	$47.54	$33.16	$33.30
1437820156	Sandler	Victoria			F	I	5311 Limestone Rd	Ste	Wilmington	DE	10	19808	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	16	18	18	$60.00	$36.53	$27.30	$31.38
1447462247	Cherry	Janette	K	PA	F	I	5145 S College Rd		Wilmington	NC	37	28412	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	18	18	18	$152.33	$39.34	$28.01	$28.92
1447517156	Interval	Erik	T		M	I	5140 Liberty Ave	Ste 10	Pittsburgh	PA	42	15224	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	17	18	18	$75.00	$45.37	$29.28	$30.10
1447704135	Evangelista	Ireen			F	I	10330 W Roosevelt Rd		Westchest	IL	17	60154	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	13	18	18	$100.00	$43.20	$34.42	$32.28
1457378283	Provenza	Margaret			F	I	1253 N Alpine Rd		Rockford	IL	17	61107	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	11	18	18	$144.61	$43.39	$28.54	$31.38
1457464836	Doolittle	Grant	D	DO	M	I	1215 Duff A	Mcfarland (	Ames	IA	19	50010	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$119.61	$44.48	$23.88	$26.71
1457671596	Lin	Su-Fan	V	M.D., MPH	F	I	50 Leominster Rd		Sterling	MA	25	1564	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$221.00	$50.13	$35.54	$33.62
1467498774	Ramiro	Mark Antho	G	M.D.	M	I	1400 Claud Rd		White Hall	AR	5	71602	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$148.00	$42.77	$32.24	$36.16
1467859306	Colgan	Dixie	L	CRNP	F	I	3000 Manc	Suite 5	Mancheste	MD	24	21102	2	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	15	18	18	$111.16	$43.98	$31.12	$28.69
1467989715	Badgett	Lauren	A		F	I	1305 W Magnolia Ave	S	Fort Worth	TX	48	76104	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	13	18	18	$56.00	$40.32	$28.72	$28.81
1467991000	Speed	Brenda	O	APRN, AGA	F	I	10201 Kanis Rd		Little Rock	AR	5	72205	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	F	17	18	18	$111.50	$25.63	$19.29	$21.27
1477562718	Gorbaty	Isaac		M.D.	M	I	18411 Clar	206	Tarzana	CA	6	91356	1	Metropolit	US	Nephrolog	Y	69210	Removal of N	O	18	18	18	$75.00	$52.40	$39.46	$35.87
1477575868	Maddox	John	F	MD	M	I	835 S Three Notch St		Andalusia	AL	1	36420	7	Small town	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$56.00	$45.58	$33.56	$35.16
1477901346	Gainer	Maggie	K	MD	F	I	1308 S State Highway 1		Frederickst	TX	48	78624	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$100.00	$46.03	$24.55	$26.08
1477918332	Medina	Heidi		PA-C	F	I	169 Martin Ave		Ephrata	PA	42	17522	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	17	18	18	$155.00	$39.40	$29.71	$30.57
1487185567	Benedict	Jacob	J	M.D.	M	I	24 Del Prado Blvd N		Cape Coral	FL	12	33909	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	18	18	18	$166.30	$43.36	$33.70	$31.88
1487311080	Bjelland	Sonja		DNP	F	I	10900 W 44th Ave		Wheat Ridg	CO	8	80033	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	14	18	18	$100.00	$41.11	$32.80	$32.28
1487392957	Dratch	Vanessa	B	APRN, FNP	F	I	201 Nw 82nd Ave	Ste 4	Plantation	FL	12	33324	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	17	18	18	$105.00	$42.78	$34.08	$32.28
1487620662	Dure-Smith	Belinda	A	MD	F	I	15611 Pomerado Rd		Poway	CA	6	92064	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$93.00	$49.95	$35.24	$32.71
1487630513	Siddiqui	Mohamma	A	MD	M	I	9669 N Ken	Ste 305	Skokie	IL	17	60076	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$70.00	$52.52	$26.48	$22.74
1487809703	Litvack	Jamie	R	M.D., M.S.	F	I	1959 Ne Pacific St		Seattle	WA	53	98195	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$138.83	$46.60	$37.27	$36.93
1487883088	Suggs	Bradley	J	M.D.	M	I	507 Lakeland Pl		Flowood	MS	28	39232	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$114.00	$43.72	$28.47	$31.74
1497266407	Shamberge	Brian	J	PA-C	M	I	100 Sylvan Rd	Ste 750	Woburn	MA	25	1801	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	18	18	18	$140.00	$42.67	$31.98	$28.70
1497708556	Freedman	Lee	S	MD	M	I	806 Centra	Suite 103	Highland P	IL	17	60035	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	13	18	18	$64.84	$49.62	$36.72	$34.27
1528038403	Panitch	Kenneth	N	M.D.	M	I	132 Grove	Suite A	Haddonfiel	NJ	34	8033	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$106.00	$52.41	$30.23	$27.43
1528067477	Cool	Jennifer	L	M.D.	F	I	10450 E Ri	Suite 110	Sun Lakes	AZ	4	85248	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$66.00	$46.30	$36.94	$37.98
1528173127	Heringer	William	J	MD	M	I	2030 Viborg Rd	Ste 201	Solvang	CA	6	93463	4	Micropolit	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$84.32	$51.74	$41.28	$37.98
1528288560	Susac-Pavi	Stela		M.D.	F	I	1305 Horseshoe Bnd		Mt Pleasan	SC	45	29464	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$50.00	$44.87	$35.84	$37.98
1528362340	Mahlum	Lynsey	B	ARNP	F	I	1801 16th St		Greeley	CO	8	80631	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	18	18	18	$123.00	$40.55	$32.47	$31.38
1538143607	Williams	Rhonda	O	MD	F	I	711 Knight Ave		Waycross	GA	13	31501	4	Micropolit	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$92.00	$44.89	$25.67	$28.14
1538509443	Cone	Regan	A	D.O.	F	I	301 N 4th Ave		Eldridge	IA	19	52748	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$178.94	$41.71	$25.43	$28.31
1548272545	Schwartzer	Robert		M.D.	M	I	912 Northwest Hwy	Ste	Fox River G	IL	17	60021	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$85.00	$47.21	$29.33	$29.88
1548672249	Brower	Chelsea		M.D.	F	I	1 Cedar Crest Dr		Pompton P	NJ	34	7444	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$54.18	$53.92	$40.67	$35.87
1558374249	Harkrader	Edward	R	MD	M	I	101 Woolfolk Ave		Louisa	VA	51	23093	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$70.00	$47.53	$28.17	$28.44
1558420323	Knudtson	David	J	MD	M	I	6635 Hillway Cir	Ste 40	Naples	FL	12	34112	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$102.30	$51.29	$41.06	$36.93
1558458257	Carter	Johnnie	C	MD	M	I	135 North M	Ste #a	Athens	TN	47	37303	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$111.94	$43.76	$28.83	$32.16
1568444941	Millard	Shane	J	AMD	M	I	130 Kailua	Suite 111	Kailua	HI	15	96734	2	Metropolit	US	Physician A	Y	69210	Removal of N	O	13	18	18	$83.77	$43.01	$30.46	$28.69
1568492114	Koehn	Norman	S	MD	M	I	3311 E Murdock St		Wichita	KS	20	67208	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$96.17	$44.13	$27.31	$30.39

1568586014	Bergeaux	Scott	J	M.D.	M	I	707 N Montgomery Ave	Kaplan	LA	22	70548	7.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	15	18	18	$126.00	$44.93	$25.40	$28.03
1578578365	Sivalingam	Kanagaratnam		M.D.	M	I	44725 N. 1(	Suite 170	Lancaster	CA	6	93534	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$150.00	$52.38	$35.60	$32.31
1578590725	Trussler	Jay	M	DO	M	I	585 Interst	Suite B	Mancheste	TN	47	37355	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$90.06	$42.60	$31.65	$34.67
1578728549	Patel	Satish	N	M.D	M	I	1614 W Ce	Suite 209	Arlington H	IL	17	60005	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$104.92	$52.55	$42.06	$37.98
1578837720	Qi	Yingwei		M.D.	F	I	1555 Soquel Drive		Santa Cruz	CA	6	95065	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$182.00	$53.23	$36.47	$32.37
1578851903	Yurkewicz	Michael	R	DO	M	I	689 Yorktown Rd		Lewisberry	PA	42	17339	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	18	18	$118.06	$46.02	$36.61	$37.89
1588752414	Nguyen	Trang	D	MD	F	I	1020 Riven	Ste 100	Conroe	TX	48	77304	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$95.20	$46.33	$37.12	$35.87
1588920144	Wirtz	Nicholas	E	M.D.	M	I	6815 Frontage Rd		Merriam	KS	20	66204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$94.94	$41.64	$30.24	$33.00
1598789463	Danesh	Wali	A	M.D.	M	I	1611 Creekside Dr	Ste	Folsom	CA	6	95630	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$76.17	$48.27	$30.32	$28.98
1598926248	Mcginley	Daniel	B	M.D.	M	I	2339 Hillsboro Rd		Franklin	TN	47	37069	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$131.00	$43.74	$29.80	$33.08
1598983371	Glickstein	Jonathan	S	MD	M	I	1120 N Melvin St		Gibson City	IL	17	60936	7	Small town	US	Otolaryngo	Y	69210	Removal of N	F	16	18	18	$111.89	$30.12	$24.02	$24.13
1609137694	Yonley	Jessica	L	MD	F	I	1100 Neal Zick Rd		Willard	OH	39	44890	7	Small town	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$86.00	$46.28	$28.66	$28.88
1609191790	Teed	Jessica	L	PA-C	F	I	5323 Harry Hines Blvd.		Dallas	TX	48	75390	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	18	18	$168.00	$38.53	$30.18	$31.77
1609861905	Nelson	Marcia	F	MD	F	I	114 Missio	Ste 10	Chico	CA	6	95926	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$77.00	$49.24	$21.02	$20.27
1609862507	Barbato	Tobia	A	MD	M	I	7447 W Tal	#204	Chicago	IL	17	60631	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$123.00	$51.76	$38.94	$35.87
1609976513	Fowler	Sarah	S	M.D.	F	I	1025 S 6th St		Springfield	IL	17	62703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	18	18	$151.33	$47.61	$29.72	$29.80
1619067428	Benakanah	Manjunath	B	MD	M	I	603 W Lumsden Rd		Brandon	FL	12	33511	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$75.00	$48.30	$38.63	$36.93
1619273869	Schneider	Carla	J	PA-C	F	I	Emile 42nd St		Omaha	NE	31	68198	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	17	18	18	$173.33	$25.56	$15.82	$18.00
1619932076	Li	Yan		M.D., PH.D	M	I	4666 Mcdermott Rd	Ste	Plano	TX	48	75024	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	18	18	$300.00	$45.09	$33.83	$34.83
1619953247	Vorderstras	Tricia	L	M.D.	F	I	725 Timpar	Suite 106	Gardner	MA	25	1440	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	18	18	$125.00	$48.80	$35.27	$33.26
1619954898	Yang	Joomo		M.D.	M	I	23622 Cale	Ste 250	Calabasas	CA	6	91302	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$162.39	$52.38	$41.79	$37.98
1629018544	Brouwer	David		MD	M	I	361 Hospital Rd	Ste 32	Newport Be	CA	6	92663	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$90.00	$52.49	$36.43	$33.01
1629033709	Grzhibek	Mikhail		M.D.	M	I	285 Sills Rc	Building 4	East Patch	NY	36	11772	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$90.00	$56.70	$37.67	$31.65
1629054705	Blackwell	Michael		PA-C	M	I	9700 El Cai	Suite 100	Atascaderc	CA	6	93422	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	18	18	$95.56	$41.84	$33.35	$31.38
1629239892	Poladian	Jacklin		M.D.	F	I	800 South I	Suite 420	Pasadena	CA	6	91105	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$75.00	$48.97	$38.97	$35.87
1639176803	Terkonda	Raj	P	MD	M	I	1111 E Mcdowell Rd		Phoenix	AZ	4	85006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	18	18	$151.00	$36.27	$28.93	$28.49
1649266313	Ciccotelli	Aldo	A	M.D.	M	I	106 Corporate Dr	E	Langhorne	PA	42	19047	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$110.00	$50.97	$36.08	$33.76
1649408428	Meyer	Zachary	W	M.D.	M	I	3563 Prairieview St	Ste	Grand Islar	NE	31	68803	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$95.00	$41.45	$25.75	$28.75
1649745951	Frasse	Gigi	Y	CRNP	F	I	10000 Shannondell Dri		Audobon	PA	42	19403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	18	18	$173.61	$43.21	$34.45	$32.29
1659362655	Cornwell	Jane	K	CNP	F	I	2402 W Pie	Suite 4-A	Carlsbad	NM	35	88220	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	18	18	$58.33	$39.02	$27.71	$28.88
1659384295	Dizon	Dominic	T	M.D.	M	I	7035 N Maple Ave	Ste	Fresno	CA	6	93720	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$148.00	$45.84	$34.88	$36.93
1659536563	Girtman	Kevin		PA	M	I	47 Highway 64 W		Beebe	AR	5	72012	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	18	18	$113.28	$36.33	$22.49	$26.11
1669473716	Copeland	Billy		M.D.	M	I	3601 The Vanderbilt Cl		Nashville	TN	47	37232	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$195.00	$44.39	$29.64	$32.34
1669478368	Perman	Scott	R	MD	M	I	1177 Boston Providenc		Norwood	MA	25	2062	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$132.00	$53.43	$30.67	$27.43
1669479036	Zaidi	Syed	A	M.D.	M	I	868 Highwa	Suite 101	Ripley	TN	47	38063	7	Small town	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$74.00	$43.84	$25.15	$28.57
1679551352	Modi	Tushar	R	M.D.	M	I	413 E Oran	Suite A	Modesto	CA	6	95350	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$100.00	$47.88	$38.28	$36.93
1679665442	Freccero	Edward	F	MD	M	I	77 Bryon Avenue		Brockton	MA	25	2301	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$115.00	$49.42	$37.20	$35.87
1679677611	Kateb	David	O	M.D.	M	I	4760 W Atlantic Ave		Delray Bea	FL	12	33445	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$131.00	$50.60	$38.10	$35.87
1679792295	Jeffcoat	Benjamin	T	MD	M	I	2550 Flowc	Suite 303	Flowood	MS	28	39232	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	18	18	$125.00	$41.86	$32.63	$36.19
1679882708	Wilkes	Ellen	P	ANP-BC	F	I	100 Eastowne Drive		Chapel Hill	NC	37	27514	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	18	18	$69.38	$38.82	$29.48	$30.82
1689003048	Walker	Kerry-Ann			F	I	11100 Euclid Ave		Cleveland	OH	39	44106	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	13	18	18	$240.00	$27.15	$21.69	$21.75
1689219875	Burka	Sophia	P	APRN	F	I	1514 Jefferson Hwy		New Orlear	LA	22	70121	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	18	18	$359.00	$40.81	$23.88	$23.74
1689636011	Shaw	Alyssa	A	M.D.	F	I	914 W Ironwood Dr	Ste	Coeur D Ale	ID	16	83814	1	Metropolita	US	Family Prac	Y	69210	Removal of N	F	17	18	18	$64.00	$28.11	$19.10	$20.88
1689669970	Hogle	Gregory	A	DO	M	I	4600 Hale I	Ste 450	Denver	CO	8	80220	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	18	18	$150.00	$48.74	$34.53	$33.68
1689776320	Hukill	Bill	E	DO	M	I	8477 Davison Rd		Davison	MI	26	48423	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	18	18	$95.00	$45.88	$30.47	$32.01
1699240721	Rickman	Sandra	A	FNP-C	F	I	Bastogne Extension		Fort Liberty	NC	37	28310	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	18	18	$106.00	$39.70	$24.78	$25.48
1699438390	Klein	Tina	M	MSN, APRN	F	I	2891 Town Ter		North Port	FL	12	34286	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	18	18	$70.75	$40.44	$32.22	$32.28
1699740159	Marino	Frank	S	DO	M	I	2600 Outer Drive N		Sioux City	IA	19	51104	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$151.67	$44.08	$29.38	$32.36
1699810390	Donley-Urit	Gail	E	MD	F	I	21700 Bellaire Blvd	Ste	Richmond	TX	48	77407	1	Metropolita	US	Hospitalist	Y	69210	Removal of N	O	16	18	18	$51.48	$47.75	$31.67	$31.78
1699931097	Wahidi	Qais	M	M.D	M	I	1600 Creek	Ste 2100	Folsom	CA	6	95630	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$116.11	$48.51	$32.06	$30.52
1699972018	Fletcher	Aaron	M	M.D.	M	I	1106 Hospital Dr		Stockbridg	GA	13	30281	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$164.27	$47.59	$35.83	$35.89
1699976415	Sampat	Unnati		M.D.	F	I	1665 S Imp	Suite C	El Centro	CA	6	92243	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$90.00	$48.95	$34.68	$33.76
1700086048	Shah	Mitul	N	MD	M	I	2863 S Delaney Ave		Orlando	FL	12	32806	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$95.00	$47.71	$38.04	$37.98
1700111382	Likhterov	Ilya		MD	M	I	10 Union St	Suite 5b	New York	NY	36	10003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	18	18	$161.00	$45.00	$29.67	$30.87
1700867959	Khalil	Amin	Y	M.D.	M	I	855 W Map	Hartville	Hartville	OH	39	44632	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$92.00	$44.91	$30.83	$32.06
1700955127	Oliver	Eric	R	MD	M	I	3 Riverside Cir		Roanoke	VA	51	24016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	18	18	$45.50	$32.77	$24.66	$24.88
1700961406	Carlson	David	W	M.D.	M	I	4402 Broadway Blvd	St	Garland	TX	48	75043	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$120.00	$47.86	$36.09	$35.89
1710183009	Dixon	Tatiana	K	M.D.	F	I	1855 W Tay	Mc 648, Rm	Chicago	IL	17	60612	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	13	18	18	$186.00	$35.53	$26.72	$24.13
1710286299	Austin	Alexander	C	M.D.	M	I	921 S Beneva Rd		Sarasota	FL	12	34232	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$107.00	$47.96	$34.00	$33.77
1710450317	O'donnell	Madeline	S	CRNP	F	I	680 Blair Mill Rd		Horsham	PA	42	19044	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	18	18	$71.00	$43.27	$32.56	$30.50
1710534540	Schiermeye	Jennifer	L	APRN	F	I	945 E Zero St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99238	Hospital di	N	F	17	18	18	$140.00	$56.63	$45.18	$47.96
1720015613	Barnes	Bryan	D	DO	M	I	1901 E 32nd St	Ste 4	Joplin	MO	29	64804	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$116.00	$44.54	$29.76	$32.32
1720036528	Nyaeme	Shahla	M	MD	F	I	6101 S Cou	Clinic	Burr Ridge	IL	17	60527	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	12	18	18	$116.00	$51.32	$37.04	$34.29
1720050099	Abele	Michael	J	MD	M	I	1 Parkway		Haverhill	MA	25	1830	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$197.56	$49.54	$27.09	$26.11
1720081003	Rapp	Robert	E	MD	M	I	2027 Pulas	Suite 203	Havre De G	MD	24	21078	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$158.00	$50.47	$38.00	$34.82
1720088974	Buchanan	Ernest	G	M.D.	M	I	1101 Neal St		Cookeville	TN	47	38501	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$108.33	$43.88	$26.57	$29.87
1720181860	Roehm	Pamela	C	M.D., PHD	F	I	3509 N Broad St		Philadelphi	PA	42	19140	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$120.00	$45.51	$34.38	$34.92
1730145426	Hoye	James	P	MD	M	I	600 Old Somerset Ave		North Dight	MA	25	2764	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	18	18	$85.00	$49.62	$33.50	$32.05
1730162413	Lomelino	Todd	F	MD	M	I	1320 Las Ta	Suite F	Templeton	CA	6	93465	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$65.00	$48.06	$27.26	$26.38
1730712969	Jurecic	Anthony	J	NP-C	M	I	1414 W Fair Ave	Ste 13	Marquette	MI	26	49855	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	18	18	$94.00	$38.88	$25.79	$27.20
1740205962	Morrison	Daniel	H	MD	M	I	60 Commercial St	Ste 4	Concord	NH	33	3301	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$163.00	$33.62	$11.27	$11.05
1740255298	Bhagwakar	Ojash		MD	M	I	1801 S Higl	Ste 130	Lombard	IL	17	60148	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$116.00	$51.10	$36.18	$33.76
1740290279	Green	Leacroft		MD	M	I	1545 Atlantic Ave		Brooklyn	NY	36	11213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	18	18	$114.17	$56.17	$44.81	$35.87
1750387288	Snyder	John	W	MD	M	I	9524 Hospital Avenue		Nassawad	VA	51	23413	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$93.17	$48.00	$27.73	$27.55
1750458816	Sleep	Susan	M	MD	F	I	3742 Katell	Suite 302	Los Alamit	CA	6	90720	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$61.79	$46.66	$31.54	$28.37
1750569828	Saikali	Ragia		MD	F	I	6565 N Cha	Suite 203	Baltimore	MD	24	21204	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$190.00	$52.11	$31.44	$28.66
1750657243	Trosman	Samuel		M.D.	M	I	2950 Cleveland Clinic I		Weston	FL	12	33331	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$121.50	$60.15	$45.55	$35.87

1750874871	Thompson	Jared			M	I	343 Us Route 1	York	ME	23	3909	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	18	18	18	$112.00	$39.79	$31.73	$32.28
1760447338	Taylor	Gregory	H	MD	M	I	1501 Thompson Street	Bloomer	WI	55	54724	7.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$90.55	$46.19	$22.65	$24.12
1760476386	Kleyn	Ronald		MD	M	I	6331 N Fresno St Ste 1(	Fresno	CA	6	93710	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$148.00	$49.22	$28.18	$27.23
1760606206	Felder	Martha	J	PA-C	F	I	150 Gentilly Blvd	Cartersville	GA	13	30120	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	18	18	$130.00	$38.15	$28.76	$30.65
1760708242	Kellermeye	Brian		M.D.	M	I	1 Medical Center Drive	Morgantow	WV	54	26506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	17	18	18	$94.00	$33.02	$24.99	$24.90
1760708242	Kellermeye	Brian		M.D.	M	I	1 Medical Center Drive	Morgantow	WV	54	26506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$138.00	$45.75	$33.32	$34.78
1770254872	Schultz	Pamela		FNP	F	I	6000 S Holly St	Greenwooc	CO	8	80111	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	18	18	$99.00	$41.13	$30.35	$29.88
1770556565	Sandercoc	David	B	M.D.	M	I	3132 Old Jz Suite 200	Springfield	IL	17	62704	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$168.11	$47.08	$35.61	$35.96
1770594749	Brown	Lorenzo	S	MD	M	I	103 South Locust St	Inglewood	CA	6	90301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	18	18	$150.00	$52.68	$42.09	$37.98
1770733859	Prongay	Robert	F	MD	M	I	1205 N 10th St Ste 301	Renton	WA	53	98057	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$129.00	$53.29	$37.92	$33.76
1770893034	Aubrey	Shannon	L	PA	F	I	5008 Brittonfield Pkwy	East Syracu	NY	36	13057	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	18	18	$85.00	$39.60	$15.84	$16.92
1780253989	Stallings	Jennifer	R	NP	F	I	2200 N Ironwood Pl	Coeur D Ale	ID	16	83814	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	18	18	$70.00	$36.69	$27.62	$30.71
1780800813	Woolley	Joseph	H	M.D.	M	I	292 South : Suite 100	Saint Geor	UT	49	84790	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$80.00	$45.87	$36.70	$36.93
1780871533	Turner	Dustin	A	MD	M	I	4905 Lexington Sq	Amarillo	TX	48	79119	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	18	18	$130.44	$43.10	$30.31	$31.91
1790123891	Graper	Kyle	R	M.D.	M	I	1630 Lafayette Rd Ste 2	Crawfordsv	IN	18	47933	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$95.00	$44.47	$33.27	$35.75
1790788594	Oconnor	Jennifer		M.D.	F	I	700 Horizor Suite 103	Chalfont	PA	42	18914	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$71.00	$50.86	$40.55	$37.98
1790795730	Romo-Gritz	Marylou		M.D.	F	I	268 Green \ Bldg 4	Freedom	CA	6	95019	1	Metropolita	US	Hospitalist	Y	69210	Removal of N	O	17	18	18	$220.00	$52.46	$40.52	$36.68
1790796654	Johnson	Robert	R	DO	M	I	9070 Dixie Suite 6	Louisville	KY	21	40258	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$102.00	$42.87	$33.17	$35.80
1790825008	Ali	Muhammad		DO	M	I	1221 Pine (Port Huron	Port Huron	MI	26	48060	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	18	18	18	$88.44	$49.93	$28.69	$27.43
1801317177	Cummins	Anna	E	NP	F	I	2450 Sister Mary Colur	Red Bluff	CA	6	96080	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	18	18	$51.00	$41.97	$22.53	$21.62
1801800958	Hunt	John	E	MD	M	I	1377 Motor Pkwy	Islandia	NY	36	11749	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	18	18	18	$140.00	$59.70	$47.68	$37.98
1811168024	Mulcahy	Conor	J	D.O.	M	I	1599 Some Suite #1	Windber	PA	42	15963	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$75.00	$44.92	$31.66	$32.84
1811184211	Kretov	Aleksey		MD	M	I	1806 Route Ste 105	Oakhurst	NJ	34	7755	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	18	18	$138.75	$52.58	$39.75	$35.87
1811912157	Harmon	Lance	M	M.D.	M	I	622 W Map Suite B	Farmington	NM	35	87401	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$169.00	$43.58	$26.55	$30.50
1811991292	Direnzo	Joseph	P	DO	M	I	1028 W Oregon Ave	Philadelphi	PA	42	19148	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$70.00	$51.04	$37.72	$35.16
1811996168	Scheid	David	D	MD	M	I	2460 N Ih 35 E Ste 100	Waxahachi	TX	48	75165	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$134.14	$44.57	$19.59	$21.41
1821037599	Smith	David	A	M.D.	M	I	252 W Swa Suite 41	Doylestowr	PA	42	18901	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$78.89	$51.11	$32.17	$29.80
1821066465	Gottlieb	Michael	A	MD	M	I	5140 Liberty Ave Ste 1(	Pittsburgh	PA	42	15224	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	18	18	$140.83	$38.96	$31.19	$31.65
1821073875	Poteat	Tony	S	MD	M	I	1025 Verda Suite A	Greenville	SC	45	29607	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$118.00	$44.69	$32.00	$34.43
1821251166	Bessom	Matthew	R	M.D.	M	I	7211 Wellington Dr	Knoxville	TN	47	37919	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$102.00	$42.67	$24.23	$27.52
1821465451	Hazard	Julianne		CNP	F	I	800 Turnpike St Ste 30(	North Ando	MA	25	1845	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	18	18	$55.32	$44.35	$33.52	$30.49
1831167956	Brown	Randal	L	MD	M	I	6100 Harris 1240	Fort Worth	TX	48	76132	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$153.00	$44.45	$27.50	$30.32
1831266014	Wolf	Luann	R	CNP	F	I	1479 N River Rd	Fremont	OH	39	43420	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	18	18	$190.00	$39.71	$23.04	$23.78
1831327923	Gore	Kristin	M	MD	F	I	1657 N Expressway	Griffin	GA	13	30223	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$65.00	$45.35	$30.28	$32.18
1831395011	Krasnof	Rebecca	E	M.D.	F	I	49 Range Rd Ste 104	Windham	NH	33	3087	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$135.00	$48.98	$34.79	$33.76
1831433119	Boucke	Courtney	L	N.P.	F	I	300 Sierra (170	Grass Valle	CA	6	95945	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	18	18	$82.22	$41.98	$33.59	$32.28
1831533579	Kaplowitz	Lee	J	M.D,	M	I	1 Gustave Levy Place	New York	NY	36	10029	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$100.00	$60.42	$45.57	$35.71
1841239902	Mandzij	Roman	W	DO	M	I	525 Winnetka Ave	Winnetka	IL	17	60093	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$178.00	$52.02	$32.20	$29.54
1841256914	Whidby	Elma	D	MD	F	I	2021 N Myr Suite 101	North Myrtl	SC	45	29582	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$81.00	$45.23	$34.20	$36.05
1841277829	Lamprey	Ruth	M	MD	F	I	56 New Driftway	Scituate	MA	25	2066	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$197.17	$49.58	$33.08	$30.69
1841278520	Cromwell	Janet	L	MD	F	I	195 Enoch Blvd	Savannah	TN	47	38372	7	Small town	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$105.00	$44.05	$31.27	$34.22
1841371028	Levin	Bonnie	L	D.O.	F	I	1020 Kings Suite 208	Cherry Hill	NJ	34	8034	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	18	18	$75.00	$51.98	$39.15	$35.87
1841643384	Cutler	Michelle		APRN	F	I	11 Westmir Dartmouth	Walpole	NH	33	3608	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	16	18	18	$78.78	$28.55	$19.01	$18.65
1851326458	Mcdaniel	Clayton	R	MD	M	I	575 Auto Center Dr	Watsonvill	CA	6	95076	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	18	18	$173.91	$53.04	$35.34	$31.65
1851426621	Manestar	Luisa	T	MD	F	I	1645 S Mai Suite 101	Crossville	TN	47	38555	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$75.00	$43.59	$30.99	$34.21
1851754865	James	William		DO	M	I	400 Hobart St	Cadillac	MI	26	49601	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$77.50	$44.26	$33.47	$36.52
1851877955	Andrews	Karley	A		F	I	100 Wason Ave Ste 10(	Springfield	MA	25	1107	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	18	18	$150.00	$42.51	$32.12	$30.49
1861468068	Morris	Jason	R	MD	M	I	277 Highw Suite 8	Lake Charl	LA	22	70611	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	18	18	$212.50	$46.14	$28.65	$30.01
1861511750	Dorn	Valerie	R	A.R.N.P.	F	I	2227 Us Highway 27 S	Sebring	FL	12	33870	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	18	18	$102.30	$40.68	$30.63	$30.49
1861529158	Solomon	John	J	DO	M	I	594 Great F Suite 103	North Smitl	RI	44	2896	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$85.00	$49.60	$32.93	$31.65
1861567307	Dhillon	Gurtej	S	MD	M	I	1912 South Ste A	Visalia	CA	6	93277	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	18	18	$99.00	$49.38	$35.12	$33.76
1871507780	Fortaleza-E	Theresa	R	M.D.	F	I	2006 Ne 49th St	Ft Lauderd	FL	12	33308	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	18	18	$65.00	$50.97	$33.92	$31.65
1871530113	Purvis	Michelle	P	M.D.	F	I	1722 Hillcrest Dr	Delta	CO	8	81416	7	Small town	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$189.22	$44.70	$29.06	$28.33
1871532705	Prophit	Cecilia	M	M.D.	F	I	601 John St Suite M273	Kalamazoo	MI	26	49007	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	18	18	$95.00	$46.46	$37.21	$36.93
1871581066	Walsh	Albert	L	MD	M	I	14020 Old State Rd Ste	Evansville	IN	18	47725	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$118.67	$43.24	$27.56	$30.15
1881176964	Blankenshi	Darcy	A	MD	F	I	Ivy Creek O 500 Hospit	Wetumpka	AL	1	36092	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	18	18	$116.07	$45.13	$30.95	$32.01
1881297653	Page	Todd	J		M	I	1701 E Thomas Rd	Phoenix	AZ	4	85016	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	18	18	18	$140.00	$39.46	$24.43	$25.41
1881651057	Guy	Ronald	M	M.D.	M	I	4141 5th St	Rapid City	SD	46	57701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	18	18	$46.41	$45.26	$27.99	$28.93
1881654473	Kelley	Angela	D	D.O.	F	I	1515 Delhi Ste 100	Dubuque	IA	19	52001	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$122.00	$43.99	$31.16	$34.20
1881655215	Colvin	Julie	Y	MD	F	I	4000 Medical Center D	Fayettevill	NY	36	13066	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$92.83	$46.15	$26.48	$27.94
1881721702	Schwartz	Jerry		M.D.	M	I	7395 S Pecos Rd Ste 1(	Las Vegas	NV	32	89120	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	18	18	$75.00	$49.92	$37.79	$35.87
1881797082	Waldheim	Eddie	C	M.D.	M	I	402 Lake Howell Rd	Maitland	FL	12	32751	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$165.17	$48.29	$31.39	$29.85
1891272431	Frazier	Janet	K	NP	F	I	6151 N Main Street Rd	Webb City	MO	29	64870	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	18	18	$116.00	$34.63	$24.37	$26.38
1891702965	Ruggieri	David		M.D.	M	I	1107 W Ma 116	Punta Gord	FL	12	33950	1	Metropolita	US	Cardiology	Y	69210	Removal of N	O	14	18	18	$75.00	$48.13	$38.46	$37.98
1891894606	Zirul	James	V	D.O.	M	I	220 Spur View Drive	Kenai	AK	2	99611	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	16	18	18	$270.00	$60.04	$37.13	$29.54
1902014392	Marroquin	James	C	MD	M	I	1305 W 34th St Ste 204	Austin	TX	48	78705	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$102.89	$48.09	$34.10	$33.76
1902478365	O'connor	Crystal		FNP-C	F	I	6701 Peters Creek Rd S	Roanoke	VA	51	24019	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	18	18	$79.78	$40.48	$32.32	$32.29
1902824360	Plundo	Larry	J	DO	M	I	518 Pellis Road	Greensbur	PA	42	15601	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$70.00	$46.74	$33.27	$33.96
1902877129	Gurevich	Boris		M.D.	M	I	342 S Milwaukee Ave	Wheeling	IL	17	60090	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$129.22	$52.67	$42.18	$37.98
1912099417	Toussi	Reza	M	M.D.	M	I	6555 Coyle Ave	Carmichae	CA	6	95608	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$178.00	$49.94	$33.29	$31.65
1912968512	Mullis	Steven	L	M.D.	M	I	114 Airport Rd	Panama Ci	FL	12	32405	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$50.00	$47.84	$32.62	$32.54
1922021104	Messinese	Mark	A	MD	M	I	1127 16th Ave S	Jacksonvill	FL	12	32250	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$110.39	$48.41	$35.97	$35.26
1922077338	Gupta	Ravi	P	M.D.	M	I	401 North Blvd W	Leesburg	FL	12	34748	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$73.00	$41.16	$30.68	$30.60
1922114271	Hafeman	Bonnie	L	M.D.	F	I	300 Hecla Street	Laurium	MI	26	49913	7.2	Secondary	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$97.00	$43.25	$24.24	$25.92
1922614049	Macfarlane	Christina	J	FNP-C	F	I	4444 Germanna Hwy S	Locust Gro	VA	51	22508	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	18	18	18	$108.00	$40.41	$29.22	$29.33
1932170040	Neiswande	Michael	A	MD	M	I	702 Comm Suite 160	Perrysburg	OH	39	43551	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	18	18	$102.00	$46.26	$34.85	$35.97
1932193448	Buono	Joseph	L	MD	M	I	4269 Richmond Ave	Staten Isla	NY	36	10312	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$125.32	$59.43	$42.06	$33.76

1932264843	Ammann	Michael	T	DO	M	I	1055 E La Canada, Ste	Green Valle	AZ	4	85614	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$102.39	$46.53	$33.01	$33.94
1932275302	Zacharek	Mark	A	M.D.	M	I	1500 E Mec 1st Floor Ta	Ann Arbor	MI	26	48109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	18	18	$81.00	$31.44	$20.40	$19.00
1932281011	Robertson	Gregory	A	M.D.	M	I	20311 Sw A Ste 100	Newport Be	CA	6	92660	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	18	18	$60.00	$52.42	$37.13	$33.76
1932565173	West	Briana		NP	F	I	417 Industrial Dr	Oberlin	LA	22	70655	3	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	18	18	$121.00	$38.92	$31.05	$32.29
1932688967	Monaghan	Brendan	P	PA-C	M	I	105 Vest Mill Cir	Winston Sa	NC	37	27103	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	18	18	$120.00	$37.16	$19.76	$23.03
1942254040	Carlier	Curt	C	MD	M	I	484 Harleysville Pike	Harleysvill	PA	42	19438	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$71.00	$51.06	$31.59	$29.54
1942260831	Martin	H Fred		M.D.	M	I	56 S High Street	Arendtsvill	PA	42	17303	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$50.00	$46.25	$21.76	$23.25
1942720107	Khandalav	Rohan		MD	M	I	915 Olentangy River Rc	Columbus	OH	39	43212	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	18	18	18	$85.56	$30.71	$24.47	$25.59
1952497950	Hornback	Jennifer	K	MD	F	I	7111 S Virginia St	Reno	NV	32	89511	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$68.61	$49.10	$35.05	$34.00
1962516757	Grogan	Dougals	R	M.D.	M	I	111 Torrey St	Brockton	MA	25	2301	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$75.00	$49.51	$32.85	$31.65
1962549345	Owens	James	L	MD	M	I	7107 Caratoke Hwy	Jarvisburg	NC	37	27947	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$100.00	$45.67	$28.24	$30.04
1962601872	Liloia	Peter	A	D.O.	M	I	123 Newton Sparta Rd	Newton	NJ	34	7860	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	18	18	18	$89.00	$53.60	$42.76	$37.98
1962635763	La Vine	David	B	M.D.	M	I	3811 Valley Centre Dr	San Diego	CA	6	92130	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$181.42	$51.44	$31.90	$29.54
1962814053	Alsaiegh	Nada		M.D.	F	I	2400 S Avenue A	Yuma	AZ	4	85364	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$50.00	$32.66	$20.33	$20.67
1972080455	Bronson	Tracy	M	RN MSN FN	F	I	23811 Washington Ave	Murrieta	CA	6	92562	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	18	18	$97.13	$43.83	$29.23	$26.90
1972533487	Wood	Kimberly		MD	F	I	819 E. 32nd Street	Joplin	MO	29	64804	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$100.00	$44.35	$33.51	$36.09
1972827251	Easley	Jennifer	L	MSN, APN	F	I	1618 Highv Suite G	Covington	TN	47	38019	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	17	18	18	$80.00	$37.11	$29.59	$32.29
1982601241	Topakas	Deborah	A	DO	F	I	484 Harleysville Pike	Harleysvill	PA	42	19438	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$71.00	$51.06	$31.59	$29.54
1982604013	Maseelall	Erwin	A	MD	M	I	75 Arch St Suite 501	Akron	OH	39	44304	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	18	18	$92.00	$46.05	$36.72	$37.98
1982651774	Nurnberger	Matthias	M	M.D.	M	I	463 Worces Suite 206	Framingha	MA	25	1701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$150.00	$53.34	$39.89	$35.61
1982693396	Cordray	Scott	A	DO	M	I	2448 E 81s Ste 1350	Tulsa	OK	40	74137	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	18	18	$86.00	$44.49	$29.53	$32.23
1982701454	Frischer	Alan	A	M.D.	M	I	11480 Broc 200	Downey	CA	6	90241	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	18	18	18	$96.67	$53.02	$35.97	$32.04
1982708137	Killen	Kenneth	C	MD	M	I	10300 N Central Expy S	Dallas	TX	48	75231	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	18	18	$158.33	$47.59	$33.68	$33.79
1982776118	Dendrinos	George	A	M.D.	M	I	2020 E Chestnut Ave	Vineland	NJ	34	8361	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	18	18	$80.00	$52.24	$36.45	$33.15
1982896551	Brune	Daniel	H	M.D.	M	I	120 Wagner Dr	Creve Coe	IL	17	61610	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	18	18	$60.00	$45.10	$29.73	$30.85
1992916704	Germani	Ross	M	MD	M	I	1 Doctors Dr	Greenville	SC	45	29605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	18	18	18	$146.39	$43.58	$24.16	$26.65
1003042805	Moore	Shireen	Q	MD	F	I	363 N Belair Rd	Evans	GA	13	30809	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$150.00	$44.68	$31.39	$33.89
1003874082	Baraka	Sami	M	MD	M	I	1622 Eureka Rd	Wyandotte	MI	26	48192	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	17	17	$75.00	$49.83	$37.41	$35.75
1003880592	Larew	Richard	E	M.D.	M	I	2460 Towncrest Dr	Iowa City	IA	19	52240	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$141.00	$43.71	$34.83	$37.98
1003887761	Tomci	Thomas	G	MD	M	I	539 Green St	Greensburg	PA	42	15601	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$87.00	$46.09	$34.58	$35.85
1013016732	Vishwanath	Sasikumar		M.D.	M	I	1073 3rd St	Florala	AL	1	36442	3	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	17	17	$65.00	$45.17	$33.93	$35.92
1013969906	Thompson	Candace	L	D.O.	F	I	9e Dr Osman Babson R	Gloucester	MA	25	1930	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$99.96	$50.12	$39.23	$37.11
1023001500	Lane	Robert	E	MD	M	I	600 S Church St	Hertford	NC	37	27944	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$60.00	$43.49	$26.12	$30.13
1023088655	Lane	Lance	L	PA-C	M	I	4700 Memorial Dr Ste 2	Belleville	IL	17	62226	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	17	17	$156.00	$39.43	$27.89	$28.01
1023099835	Slattery	Michael	J	MD	M	I	1214 South Mcfarland (	Carroll	IA	19	51401	7	Small town	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$112.00	$41.84	$24.08	$26.74
1023195112	Lee	Kenneth	B	DO	M	I	7860 Sw 10 Bldg 100 St	Ocala	FL	12	34476	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$92.00	$47.85	$35.91	$35.75
1023270030	Vaughan	Gregory	G	M.D.	M	I	3256 Professional Dr	Auburn	CA	6	95602	3	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$110.00	$49.90	$38.88	$36.97
1023495512	Massoud	Ryan		D.O.	M	I	212 E Central Ave Ste 4	Spokane	WA	53	99208	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$127.00	$48.11	$27.22	$26.94
1033156591	Singh	Bikramjit		M.D	M	I	125 Washington Ave	Carteret	NJ	34	7008	1	Metropolita	US	Nephrology	Y	69210	Removal of N	O	15	17	17	$82.35	$53.69	$40.31	$35.75
1033189956	Mcinnis	Michael	G	MD	M	I	252 Matloc Suite 130	Mansfield	TX	48	76063	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$120.00	$47.27	$33.37	$33.65
1033193024	Luther	Stephen	S	M.D.	M	I	460 William Hilton Pkw	Hilton Hea	SC	45	29926	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$68.00	$45.05	$31.78	$33.89
1043209554	Mirzaian	Alen		M.D.	M	I	1818 Verdugo Blvd Ste	Glendale	CA	6	91208	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$65.00	$50.52	$33.36	$31.28
1043210628	Pribula	Pavel		M.D.	M	I	751 E 16th Suite 300	Berwick	PA	42	18603	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	17	17	$75.00	$46.14	$33.76	$35.01
1053301671	Hartman	David	M	M.D.	M	I	335 Oxford Suite A	Dover	OH	39	44622	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	17	17	$105.00	$45.12	$29.48	$30.48
1053302471	Vandehey	Tricia	W	M.D.	F	I	1400 E 2nd St	Defiance	OH	39	43512	4	Micropolita	US	Family Prac	Y	69210	Removal of N	F	16	17	17	$53.00	$31.83	$21.79	$22.01
1053303461	Vaughan	Mark	A	M.D.	M	I	3256 Professional Dr	Auburn	CA	6	95602	3	Metropolita	US	General Pra	Y	69210	Removal of N	O	15	17	17	$110.00	$50.03	$39.97	$37.91
1053372847	Hingst	Mark	D	M.D.	M	I	6994 Mexico Rd	Saint Peter	MO	29	63376	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$37.00	$32.72	$15.42	$15.87
1053491704	Fox	Elisabeth	A	MD	F	I	19455 Deer Suite 301	Leesburg	VA	51	20176	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$193.59	$47.31	$35.45	$35.77
1063491025	Gearhart	Eric	D	PA	M	I	10a Marshellen Dr	Beaufort	SC	45	29902	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	15	17	17	$157.71	$35.96	$26.92	$31.02
1063494193	Harrison	Terry	O	M.D.	M	I	305 Tyson Ave	Paris	TN	47	38242	5	Micropolita	US	General Pra	Y	69210	Removal of N	O	16	17	17	$60.00	$44.42	$22.06	$25.03
1063523207	Boyle	Timothy	R	MD	M	I	1000 N Oak Ave	Marshfield	WI	55	54449	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	17	17	$327.40	$45.08	$35.21	$37.09
1063637270	Coffey	Kellie	D	APRN, BC	F	I	110 Weakley Creek Rd	Lawrenceb	TN	47	38464	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$85.00	$37.24	$22.64	$25.52
1073517900	Dudenhoef	Michael	P	DO	M	I	606 E High St	Jefferson C	MO	29	65101	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$75.00	$44.42	$24.37	$27.26
1073604534	Olofsson	Brian	P	MD	M	I	400 N Wall Suite 510	Kankakee	IL	17	60901	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$75.00	$45.06	$33.75	$34.72
1073724381	Hearst	Matthew	J	MD	M	I	43 Baxter Blvd	Portland	ME	23	4101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	17	17	$137.00	$32.16	$21.64	$22.32
1073866406	Gann	Thomas	J	N.P.	M	I	3625 Crossings Dr	Prescott	AZ	4	86305	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	17	17	$58.98	$38.20	$26.56	$27.53
1083901268	Kostov	Steli	P	FNP	F	I	4530 E Mui #105	Phoenix	AZ	4	85048	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$65.00	$39.39	$25.81	$26.82
1083970172	Albrecht	Michael	A	M.D.	M	I	2000 Olathe Blvd	Kansas Cit	KS	20	66160	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	17	17	17	$47.06	$30.76	$24.56	$26.32
1093721185	Dobslaw	Jodi	L	CRNP	F	I	500 University Dr	Hershey	PA	42	17033	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	17	17	$105.00	$39.37	$29.57	$30.47
1093755977	Han	David	S	M.D.	M	I	1901 Broadview Dr	Glendale	CA	6	91208	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$116.00	$52.54	$36.97	$33.51
1093778821	Hopkins	Frank	S	MD	M	I	751 W 9th St	Jasper	IN	18	47546	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$67.00	$44.43	$33.47	$34.87
1093813156	Oo	Saw	M	MD	F	I	370 Larry P Suite 2	Bourbonna	IL	17	60914	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$100.00	$46.42	$28.21	$29.41
1093883142	Sullivan	Michael	E	M.D.	M	I	127 Hospital Dr	Watertown	WI	55	53098	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$143.24	$41.73	$31.17	$33.72
1104805902	Shang	Charles		MD	M	I	136 Glasson Way	Grass Valle	CA	6	95945	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$62.00	$49.47	$37.47	$35.90
1104844398	Villena	Tony		MD	M	I	900 Beach Credentiali	Jacksonvill	FL	12	32250	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$102.65	$48.35	$31.86	$31.30
1104901180	Morrison	Stephen	C	D.O.	M	I	11355 S Parker Rd	Parker	CO	8	80134	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$113.00	$48.45	$28.23	$27.83
1104922285	Fabrizius	Diane	D	MD	F	I	172 E Schiller St	Elmhurst	IL	17	60126	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$131.00	$50.34	$39.10	$35.75
1114199148	Mahadevar	Arvind		M.D.	M	I	20340 N La Suite 109	Peoria	AZ	4	85382	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$82.10	$42.83	$34.19	$36.86
1114378916	Kapsch	Taylor		M.D.	F	I	2822 Jackson Blvd Ste	Rapid City	SD	46	57702	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$108.59	$45.97	$27.96	$29.51
1114919784	Resneck-Sa	Larry	D	MD	M	I	5403 Scott Suite A	Scotts Vall	CA	6	95066	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	17	17	$150.00	$52.41	$36.79	$33.51
1114920824	Asimacopo	Voula		MD	F	I	205 S Northwest Hwy	Park Ridge	IL	17	60068	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$133.00	$52.11	$31.75	$29.04
1114955572	Justice	Alan	D	M.D.	M	I	446 Poplar Suite B	Macon	GA	13	31201	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$118.00	$44.73	$33.42	$35.80
1114980463	Dusseau	Joseph	P	MD	M	I	3578 Fishinger Blvd	Hilliard	OH	39	43026	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$92.76	$44.77	$31.33	$32.60
1124051669	Fuchs	Hans	J	M.D.	M	I	1155 Merchant St	Ambridge	PA	42	15003	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$78.00	$46.26	$31.82	$33.00
1124067285	Harken	Brigitte		CRNP	F	I	1101 S Broad St	Lansdale	PA	42	19446	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$71.00	$43.32	$34.56	$30.39
1124068945	Kedar	Sudesh	H	MD	M	I	1133-B Highway 9 Byp	Lancaster	SC	45	29720	5	Micropolita	US	Emergency	Y	69210	Removal of N	O	15	17	17	$97.02	$44.68	$31.40	$33.89
1124177712	Gochee	Peter	A	MD	M	I	4880 Ne Goodview Cir	Lees Sumn	MO	29	64064	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	17	17	$90.88	$31.34	$23.52	$24.88

1134128028	Johnson	Ronald	W	M.D.	M	I	15 Skyland Inn Dr	Arden	NC	37	28704	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$144.53	$32.23	$15.12	$15.97
1134163819	Fraley	Mark	S	D.O.	M	I	2141 Academy Circle	Colorado S	CO	8	80909	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$75.00	$45.96	$27.93	$29.51
1134203920	Murray	Chadd	S	MD	M	I	816 22nd A Suite 100	Kearney	NE	31	68845	4	Micropolita	US	Family Prac	Y	69210	Removal of N	F	17	17	17	$103.00	$27.71	$17.18	$21.74
1134398746	Fowler	Nicole	M	MD	F	I	11100 Euclid Ave	Cleveland	OH	39	44106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	17	17	$317.88	$43.91	$27.92	$28.75
1144511601	Ballestas	Helen	C	PHD, RN, A	F	I	201 Oakbrook Ln Ste 2	Summervil	SC	45	29485	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	17	17	$130.41	$37.88	$28.39	$30.54
1144796798	Sumner	Jessica			F	I	7355 N Palm Ave Ste 1	Fresno	CA	6	93711	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	17	17	$148.00	$41.84	$23.70	$22.87
1154377554	Donchev	Yuliyan		MD	M	I	3600 Sandy Plains Rd	Marietta	GA	13	30066	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$109.82	$48.21	$38.59	$36.86
1154399756	Krempl	Greg	A	MD	M	I	825 Ne 10t	Oupb4200	Oklahoma	OK	40	73104	1	Metropolita	US	Surgical Or	Y	69210	Removal of N	O	15	17	17	$157.18	$31.71	$25.33	$26.48
1154405926	Rodgers	Bradley	D	MD	M	I	211 West 33rd Street	Kearney	NE	31	68845	4	Micropolita	US	General Pra	Y	69210	Removal of N	O	15	17	17	$115.00	$42.57	$31.99	$34.90
1154494755	Shaarawy	Rami	M	M.D.	M	I	21822 Sherman Way S	Canoga Pa	CA	6	91303	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$80.00	$52.32	$39.24	$35.75
1154761898	Kowalski	Christophe	E	M.D.	M	I	3841 Piper Suite T-230	Anchorage	AK	2	99508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	17	17	$100.00	$60.15	$36.60	$29.04
1164413035	Becker	John	W	MD	M	I	11080 Hall Ste A	Sterling He	MI	26	48314	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$46.41	$32.95	$26.27	$27.56
1164473179	Brown	Jennifer	B	M.D.	F	I	13332 Midlothian Tpke	Midlothian	VA	51	23113	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$93.00	$45.25	$29.88	$29.55
1164489613	Fraker	Lesa	D	MD PHD	F	I	707 Paseo De Peralta	Santa Fe	NM	35	87501	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	17	17	17	$111.00	$45.99	$30.15	$31.62
1164491213	Wright	Rosilin	K	MD	F	I	2859 Highway 45 Byp	Jackson	TN	47	38305	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$115.00	$44.35	$31.34	$34.00
1164498366	Miller	Terry	L	MD	M	I	3001 Highland View Dr	Freeport	IL	17	61032	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$118.18	$46.79	$22.40	$23.38
1164623872	Sperry	Bobbie	J	M.D.	F	I	9 Manhatta Suite A	Hampton	VA	51	23666	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$90.00	$45.65	$24.76	$25.56
1164931630	Gade	Sheetal	J	CRNP	F	I	1001 Cornerstone Dr S	Mount Joy	PA	42	17552	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$105.00	$39.20	$24.82	$26.01
1174513030	Dunn	Kevin	J	MD	M	I	6128 S Tamiami Trl	Sarasota	FL	12	34231	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$101.00	$47.81	$33.59	$33.53
1174560916	Rasmusser	Niel	C	MD	M	I	204 Holman Dr	Headland	AL	1	36345	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$75.00	$45.48	$36.38	$37.98
1174797088	Shively	Laura	L	M.D.	F	I	4315 Diplo	Anmc Otol	Anchorage	AK	2	99508	1	Metropolita	US	Neurology	Y	69210	Removal of N	F	16	17	17	$223.59	$40.30	$32.28	$24.00
1174829220	Smutny	Angela	F	APRN	F	I	2600 W Norfolk Ave	Norfolk	NE	31	68701	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	17	17	$126.00	$35.87	$23.38	$26.32
1184044802	Rohman	Victoria			F	I	3800 Park Nicollet Blvc	St Louis Pa	MN	27	55416	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	17	17	$191.00	$42.25	$33.86	$36.18
1184135071	Shiley	Suzanne	E	CRNP	F	I	2140 Fisher Rd	Mechanics	PA	42	17055	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	17	17	$192.65	$39.77	$25.96	$26.57
1184615734	Rose	Roger	P	DO	M	I	10440 E Riggs Rd Ste 2	Sun Lakes	AZ	4	85248	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	17	17	$75.00	$46.47	$28.29	$29.42
1184719874	Hammad	Ghayth	M	MD	M	I	234 West Porter St	Morgantow	KY	21	42261	10.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$63.00	$41.23	$28.86	$33.38
1184856460	Husain	Munira		M.D.	F	I	620 E Janss	Thousand C	Thousand C	CA	6	91360	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$73.24	$51.99	$35.00	$32.00
1184858458	Young	Paul	R	M.D.	M	I	4955 N Bail	Suite 202	Amherst	NY	36	14226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$157.53	$32.68	$25.83	$27.93
1194711028	Depaola	Anthony	A	DO	M	I	202 Route 2	Suite A	Branchville	NJ	34	7826	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$89.00	$53.72	$33.94	$30.01
1194953844	Bauman	Kimberley	P	MD	F	I	6200 Aurora Ave	Urbandale	IA	19	50322	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	17	17	$113.00	$44.02	$33.05	$35.98
1205812963	Robinson	Curtis	F	M.D.	M	I	619 E Blith	Ste A	Mill Valley	CA	6	94941	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$84.00	$56.13	$36.85	$31.28
1205814753	Branch	C.	R	D.O.	F	I	1910 Roseland Blvd	Tyler	TX	48	75701	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$95.00	$45.74	$31.32	$32.89
1205823390	Facemyer	Gregory	J	MD	M	I	5121 Mahoning Ave	Youngstow	OH	39	44515	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	17	17	$70.00	$46.23	$29.30	$30.60
1205837077	Knapp	George	S	D.O.	M	I	520 Maple Ave	Saratoga S	NY	36	12866	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$58.59	$46.25	$31.71	$32.91
1205879467	Kellogg	Michael	S	DO	M	I	1531 Hunt Club Blvd S	Gallatin	TN	47	37066	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$202.64	$44.17	$30.55	$33.35
1205905478	Reddy	Gautham	G	M.D.	M	I	2540 W Horizon Ridge	Henderson	NV	32	89052	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$100.00	$49.46	$28.02	$26.92
1205964426	Ciccone	Lori	L	PA	F	I	350 Goose Ln Ste 203b	Guilford	CT	9	6437	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	17	17	$150.00	$44.21	$35.41	$32.29
1215907357	Zaruba	Dale	A	MD	M	I	4214 38th St	Columbus	NE	31	68601	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$117.53	$43.43	$29.15	$32.69
1215918271	Considine	Kevin	C	D.O.	M	I	230 Prospe	Suite 350	Coronado	CA	6	92118	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	17	17	$103.00	$49.89	$31.68	$29.21
1215997127	Lerman	Craig	C	MD	M	I	270 Park Ave	Huntington	NY	36	11743	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	17	17	17	$140.00	$59.78	$45.23	$35.75
1225069404	Scarbrough	Marcus	L	M.D.	M	I	1112 W 6th St Ste 214	Lawrence	KS	20	66044	1	Metropolita	US	Hospitalist	Y	69210	Removal of N	O	17	17	17	$80.00	$40.67	$29.40	$31.62
1225097298	Pontz	Bradford	S	M.D.	M	I	8316 Arling Suite 310	Fairfax	VA	51	22031	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$142.00	$55.74	$34.54	$29.29
1225157886	Powell	Benjamin	D	M.D.	M	I	201 Whitesport Dr Sw	Huntsville	AL	1	35801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	17	17	$88.24	$42.39	$31.68	$33.68
1225189251	Vaysberg	Yevgeniy		M.D.	M	I	615 Hope Rd Ste 5	Eatontown	NJ	34	7724	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$52.72	$50.58	$33.21	$30.21
1225423015	Lorgunpai	Songprod		M.D.	M	I	300 Mount Auburn St S	Cambridge	MA	25	2138	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	12	17	17	$100.00	$53.30	$40.02	$35.52
1235166133	Hanley	Thomas		MD	M	I	409 Route 7	Penn Famil	Cherry Hill	NJ	34	8034	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$145.76	$50.57	$32.96	$30.16
1245284686	Fatemi	Shahram		M.D.	M	I	1700 N Ros	Suite 210	Oxnard	CA	6	93030	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$165.00	$52.78	$40.62	$35.24
1245529684	Nieman	Carrie			F	I	601 N Caroline St Fl 6	Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	17	17	$177.00	$35.92	$28.71	$26.31
1245622646	Fergen	Eric		PA	M	I	1355 Ramar Rd Ste 11	Bullhead C	AZ	4	86442	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	17	17	17	$50.00	$39.85	$27.54	$28.05
1255341046	Friedli	Patrick		M.D.	M	I	906 Business Park Dr	Traverse Ci	MI	26	49686	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$75.00	$45.82	$23.51	$25.34
1255342267	Yao	Mike		M.D.	M	I	19 Bradhurst Ave Ste 3	Hawthorne	NY	36	10532	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	17	17	$194.00	$55.46	$43.04	$34.40
1255525820	Powell	Joseph	W	M.D.	M	I	701 Medic	Suite 305	Hartsville	SC	45	29550	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	17	17	$90.00	$45.24	$32.76	$34.63
1255566816	Dykema	Matthew	S	D.O.	M	I	1248 Kinoo Suite 101	Hilo	HI	15	96720	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$106.54	$51.21	$38.59	$35.75
1255659835	Pandya	Manan	K	DO	M	I	2 Research Way	Monroe	NJ	34	8831	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$77.00	$52.29	$36.85	$33.51
1255912788	Lytle	Christina	M	FNP	F	I	320 E Fontanero St Ste	Colorado S	CO	8	80907	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$97.82	$41.10	$24.97	$24.68
1265088926	Gordon	Sarah	K	PA-C	F	I	1818 N Ogden St Ste 3	Denver	CO	8	80218	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	17	17	$75.00	$40.30	$32.06	$31.16
1265483135	Doran	Janet	E	MD	F	I	1 Blackburn Dr	Gloucester	MA	25	1930	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$150.00	$50.13	$37.63	$35.60
1265979876	Green	Cavetta	G	NP	F	I	7440 Spring Village Dr	Springfield	VA	51	22150	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	17	17	$56.22	$47.92	$28.58	$22.67
1265993307	Gehret	Ashleigh	G	FNP-C	F	I	1903 Morgantown Rd	Reading	PA	42	19607	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$80.00	$39.28	$23.89	$25.04
1275156598	Green	Lynda	M	FNP-C	F	I	700 1st St Ste 746	Alamogord	NM	35	88310	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$106.00	$39.43	$18.19	$19.35
1275565939	Strohmyer	Jeffry	L	M.D.	M	I	249 Olson I Suite 111	Papillion	NE	31	68046	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$116.00	$42.20	$27.50	$30.96
1275588717	Joses	Jennifer	L	P.A.	F	I	1113 Hwy 49	San Andrea	CA	6	95249	10	Rural areas	US	Physician A	Y	69210	Removal of N	O	15	17	17	$80.00	$41.68	$17.71	$17.25
1275590077	Peikari	Darius		MD	M	I	4001 W 15t Suite 435	Plano	TX	48	75093	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$95.29	$45.65	$23.43	$25.40
1275707572	Yorgason	Joshua		M.D.	M	I	4530 E Shea Blvd Ste 1	Phoenix	AZ	4	85028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	17	17	$168.23	$42.16	$25.94	$27.15
1275971483	Griswold	Jennifer	N	APRN	F	I	835 E 4800 S #230	Murray	UT	49	84107	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	17	17	$45.86	$39.28	$27.82	$28.74
1285644450	Rabin	Susan	H	MD	F	I	586 Oak Hi Thomas Ch	Williston	VT	50	5495	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	17	17	$90.46	$46.75	$30.67	$31.51
1285761882	Leftwich	Darlene	M	PA	F	I	1355 Ramar Rd	Bullhead C	AZ	4	86442	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	17	17	17	$50.00	$39.63	$22.31	$23.18
1285797563	Galbut	Alan	S	MD	M	I	400 8th St N	Naples	FL	12	34102	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$102.30	$50.50	$40.27	$36.86
1295700326	Nguyen	Bac	X	MD	M	I	1120 Delsea Dr N	Glassboro	NJ	34	8028	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$105.00	$52.58	$27.34	$24.58
1295728764	Naples	Sandy	P	DO	M	I	6615 Cling	Suite C	Poland	OH	39	44514	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$65.00	$43.58	$32.61	$33.62
1295736742	Smith	Eric	D	DO	M	I	409 N Main Ave	Scranton	PA	42	18504	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$112.65	$46.20	$27.14	$28.52
1295860732	Mirebrahim	Ali		M.D	M	I	2108 Arrowleaf Dr	Vienna	VA	51	22182	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$134.12	$55.85	$39.32	$33.51
1306051289	Quesnel	Alicia	M	M.D.	F	I	243 Charles St	Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$132.00	$53.38	$38.75	$34.46
1306811955	Lee	Benjamin	Y	M.D.	M	I	669 Revolution St	Havre De G	MD	24	21078	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$158.00	$51.75	$34.59	$31.79
1306827142	Stringer	Jon	C	M.D.	M	I	4500 Pewter Ln Bldg 2	Manlius	NY	36	13104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$75.00	$44.86	$31.43	$32.61
1306834700	Patel	Utpal	P	M.D.	M	I	1272 Garrison Drive	Murfreesbc	TN	47	37129	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$95.00	$44.31	$29.21	$32.00
1306847215	Khetarpal	Umang		M.D.	M	I	1800 W 26th St Ste 100	Houston	TX	48	77008	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$199.06	$35.91	$26.77	$27.19

1306868617	Lee	Andrew		M.D.	M	I	612 W Dua	Suite 302	Arcadia	CA	6	91007	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$60.00	$52.44	$38.14	$34.55
1306899380	Nabi	Sayeed		M.D.	M	I	6645 Main	Street Suite	Williamsvil	NY	36	14221	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	15	17	17	$145.00	$44.67	$33.43	$34.74
1306917661	Estrada	Jaime	E	MD	M	I	1001 E. Bir	Suite 1	Calexico	CA	6	92231	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$90.00	$48.78	$38.90	$37.98
1316035355	Banjanin	Milan		MD	M	I	3130 Ellis St		Bellingham	WA	53	98225	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$131.25	$47.63	$33.52	$33.56
1316090640	Morshedi	Mojgan		MD	F	I	14981 Nati	onal Ave Ste	Los Gatos	CA	6	95032	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	17	17	$122.82	$57.38	$42.38	$35.07
1316551526	Williams	Tylar	A	APRN	F	I	279 N Hubbards Ln		Louisville	KY	21	40207	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$99.00	$37.64	$27.68	$30.01
1316978687	Peterson	Brian	R	M.D.	M	I	3584 W 90(	Suite 311	West Jorda	UT	49	84088	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$165.18	$44.09	$30.85	$31.46
1326339045	Martin	James	R	MD	M	I	607 S New Ballas Rd St		Saint Louis	MO	29	63141	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	14	17	17	$114.00	$46.31	$34.86	$34.68
1336143999	Aguiar	Susan	W	M.D.	F	I	1162 Cypress Glen Cir		Kissimmee	FL	12	34741	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	15	17	17	$118.68	$47.83	$33.61	$33.53
1336148121	Eisenberg	Maureen		D.O.	F	I	111 Penn St		Hanover	PA	42	17331	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	17	17	$149.88	$45.16	$29.54	$30.48
1336207364	Hazarian	Arthur		M.D.	M	I	4338 44th St		Long Island	NY	36	11104	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	17	17	$80.00	$59.96	$47.90	$37.98
1336323609	Omoro	Sophia	A	MD, PHD	F	I	1005 Bellefontaine Ave		Lima	OH	39	45804	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$129.00	$29.70	$23.67	$25.55
1336402197	Pellegrin	Benjamin		FNP	M	I	510 Carolir	Ste 110	Wilmington	NC	37	28403	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$120.00	$39.33	$24.11	$25.14
1346200888	Burkett	Chester	R	MD	M	I	40 W Fletchall St		Poseyville	IN	18	47633	2	Metropolit	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$100.00	$40.52	$27.21	$29.63
1346221785	Kraft	Jeffrey	A	DO	M	I	21647 Ryan Rd		Warren	MI	26	48091	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	17	17	$69.00	$49.95	$27.74	$26.50
1346227725	Laura	Bryan	G	MD	M	I	801 Saint Marys Dr Ste		Evansville	IN	18	47714	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$157.06	$43.19	$28.74	$31.23
1346336195	Wang	Daniel	Y		M	I	920 Sunnyslope Rd		Hollister	CA	6	95023	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	17	17	$95.00	$58.00	$43.55	$35.75
1356304810	Ulstad	Richard	D	PAC	M	I	1905 Glen Meade Rd		Wilmington	NC	37	28403	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	17	17	17	$97.22	$36.38	$25.54	$28.24
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	81003	Automated N	O	13	17	17	$20.00	$2.20	$2.20	$2.21
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	87426	Detection t	N	O	15	17	17	$100.00	$34.62	$34.62	$34.62
1356451439	Nahrstedt	Dawn	G	APRN	F	I	337 N Main St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	90662	Influenza v	Y	O	17	17	17	$90.00	$68.54	$68.54	$68.54
1356460737	Lavianlivi	Michael			M	I	138 Division Ave		Brooklyn	NY	36	11211	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	14	17	17	$100.00	$50.70	$39.07	$30.90
1356607584	Fitzcharles	Nikita		MD	F	I	180 George Washingto		Hull	MA	25	2045	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	17	17	$207.24	$49.51	$32.45	$31.28
1366429904	Browning	Arthur	W	MD	M	I	1300 Riverplace Blvd S		Jacksonvill	FL	12	32207	1	Metropolit	US	General Pra	Y	69210	Removal of N	O	16	17	17	$97.00	$48.50	$34.28	$33.53
1366688699	Thomas	Jessica	M	M.D.	F	I	943 S Bene	Suite 204	Sarasota	FL	12	34232	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$107.00	$48.08	$29.31	$29.07
1376295147	Krout	Emily	E	PA-C	F	I	12547 Ocean Gtwy		Ocean City	MD	24	21842	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	15	17	17	$90.00	$41.77	$33.30	$32.28
1376636084	Badgett	Blake	A	M.D.	M	I	211 N Illinois St		Weatherfor	OK	40	73096	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$64.00	$42.29	$30.00	$32.03
1376639583	Tadlock	Deon	L	M.D.	M	I	605 New York Ranch R		Jackson	CA	6	95642	7	Small town	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$85.00	$48.78	$29.63	$29.04
1376819151	Mackinney	Mikael	J	M.D	M	I	36500 Emerald Coast F		Destin	FL	12	32541	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$90.64	$40.09	$23.63	$22.89
1376913210	Venable	Brittany		FNP	F	I	15846 Manchester Rd		Ellisville	MO	29	63011	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$89.00	$39.82	$31.74	$32.28
1386094761	Howard	Anthony	L	D.O.	M	I	739 E Beltline Ave Ne		Grand Rapi	MI	26	49525	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$105.00	$43.14	$30.09	$31.53
1386118354	Hall	Meredyth	B		F	I	1918 Randolph Rd Ste		Charlotte	NC	37	28207	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$95.00	$39.46	$13.44	$14.68
1386675502	Kretzschma	Shaun	H	DO	M	I	317 N Fm Road 1187		Aledo	TX	48	76008	2	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$105.82	$46.25	$30.54	$31.69
1396711776	Callahan	Eileen	H	MD	F	I	1440 Madison Ave		New York	NY	36	10029	1	Metropolit	US	Geriatric M	Y	69210	Removal of N	F	16	17	17	$200.00	$40.06	$28.98	$23.56
1396737805	Doroshow	Larry	P	DO	M	I	7131 Ridge Ave		Phila	PA	42	19128	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$80.00	$50.96	$38.23	$35.75
1396739363	Pandya	Dhimantku	A	MD	M	I	37 Moore Ave		Mount Kisc	NY	36	10549	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$60.19	$59.58	$47.56	$37.98
1396771846	Hutchinsor	Myriam	D	M.D.	F	I	104 N Hospital Dr		Abbeville	LA	22	70510	2	Metropolit	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$97.62	$43.81	$24.63	$28.09
1396789574	Lin	Charlotte		MD	F	I	1501 Ne Medical Cente		Bend	OR	41	97701	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$165.00	$45.70	$30.11	$31.75
1396793600	Netteland-S	Erin		DO	F	I	1601 Nw 114th St		Clive	IA	19	50325	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$112.59	$42.82	$23.76	$26.86
1407000714	Hakes	Joseph	D	M.D.	M	I	622 W Maple St Ste B		Farmington	NM	35	87401	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$169.00	$45.91	$36.62	$37.98
1407878473	Renke	Carol		MD	F	I	72760 El Paseo Ste 1		Palm Deser	CA	6	92260	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$75.00	$50.00	$37.53	$35.75
1407895261	Thomas	Gary	D	M.D.	M	I	644 Tahoe Rd		Winfield	AL	1	35594	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$69.00	$43.44	$30.34	$33.74
1407998461	Mcbroom	William	M	M.D.	M	I	1253 N Von Minden St		La Grange	TX	48	78945	7	Small town	US	Family Prac	Y	69210	Removal of N	O	14	17	17	$100.00	$45.68	$24.74	$26.62
1417905399	Nechtman	Carl	M	M.D.	M	I	11 Hospita	Ste A	Blairsville	GA	13	30512	10	Rural areas	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$102.18	$42.24	$27.50	$29.69
1427071166	Costin	Arthur	B	D.O.	M	I	130 N Detroit St		Bellefontai	OH	39	43311	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	17	17	$65.00	$46.83	$34.40	$34.96
1427200245	Giangrante	Matthew	E	MD	M	I	570 South Ave E Bldg G		Cranford	NJ	34	7016	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$85.12	$51.96	$36.88	$32.65
1427370816	Jones	Paul		MD	M	I	4945 Williams Dr		Georgetow	TX	48	78633	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$153.00	$31.46	$25.09	$26.32
1427408038	Thomas	Reed	M	M.D.	M	I	4208 N Rodney Parhan		Little Rock	AR	5	72212	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$123.12	$40.86	$30.72	$36.61
1437181336	Macisaac	David	B	DO	M	I	2000 Corpo	Suite 100	Wexford	PA	42	15090	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	17	17	$75.00	$46.78	$35.27	$35.85
1437187101	Fischer	Thomas		M.D.	M	I	519 W Jericho Tpke		Smithtown	NY	36	11787	1	Metropolit	US	Emergency	Y	69210	Removal of N	O	15	17	17	$140.00	$59.88	$47.86	$37.98
1437211794	O'brien	Barbara	A	DO	F	I	225 Clarkson Rd		Ellisville	MO	29	63011	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$99.00	$47.63	$29.19	$29.26
1437266780	Revelis	John		MD	M	I	2414 Kohler Memorial I		Sheboygan	WI	55	53081	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	13	17	17	$300.00	$40.92	$22.20	$23.35
1437506078	White	Emily	S	M.D.	F	I	4509 Integris Pkwy Ste		Edmond	OK	40	73034	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$93.00	$43.32	$32.01	$34.36
1447250972	Harkins	James	P	MD	M	I	3217 W Ch	Suite B	Newtown S	PA	42	19073	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$76.00	$51.03	$35.87	$32.39
1447506092	Reynolds	Erin	E	ARNP-BC	F	I	707 Del Prado Blvd S		Cape Coral	FL	12	33990	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$102.30	$43.07	$30.46	$28.55
1447638101	Sreenath	Satyan	B	M.D.	M	I	8820 S Meridian St Ste		Indianapoli	IN	18	46217	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	13	17	17	$109.00	$44.27	$35.40	$37.98
1447762018	Truong	Melissa	M		F	I	5841 S Maryland Ave		Chicago	IL	17	60637	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	16	17	17	$351.94	$42.22	$31.09	$27.86
1457341463	Joshi	Rupen		M.D.	M	I	333 Whitesport Dr Sw S		Huntsville	AL	1	35801	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	13	17	17	$75.00	$45.68	$32.30	$33.85
1457509259	Zakariaei	Robin		M.D.	M	I	18055 Ventura Blvd		Encino	CA	6	91316	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$200.00	$52.47	$40.42	$36.55
1457647901	Davis	Lauren	K	D.O.	F	I	25500 Rancho Niguel F		Laguna Nig	CA	6	92677	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$100.00	$52.47	$34.40	$31.28
1457977548	Yao	Victoria	M	FNP-C, APF	F	I	98-1079 Moanalua Rd		Aiea	HI	15	96701	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$93.71	$42.99	$32.25	$30.38
1467427708	Ryan	Jennifer		D.O.	F	I	57 City Hall Ave		Gardner	MA	25	1440	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$143.14	$47.64	$29.20	$29.27
1467466409	Dejong	Clayton	B	MD	M	I	300 Redondo Ave		Long Beach	CA	6	90814	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$80.00	$53.09	$40.09	$35.66
1467676676	Youngbloo	Jess	H	M.D.	M	I	2017 Obrig Ave		Guntersvill	AL	1	35976	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$78.82	$42.93	$27.94	$32.35
1467925594	Belcourt	Kelsey		FNP	F	I	445 S Main St		Angels Can	CA	6	95222	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$143.24	$28.51	$15.65	$15.36
1477089233	Mcmanus	Brian	S	M.D.	M	I	2050 Gause Blvd E Ste		Slidell	LA	22	70461	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$109.00	$42.88	$34.16	$35.75
1477532828	Marji	Luay	S	MD	M	I	131 Park Ave		Yonkers	NY	36	10703	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	13	17	17	$100.00	$59.50	$44.65	$35.75
1477540045	Valentine	Darryl	K	PA	M	I	235 Singleton Ridge Rd		Conway	SC	45	29526	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	16	17	17	$68.00	$38.15	$28.66	$30.54
1477578656	Krishnan	Rakhi			F	I	26840 Point Lookout R		Leonardtov	MD	24	20650	2	Metropolit	US	Infectious I	Y	69210	Removal of N	O	14	17	17	$134.00	$47.48	$38.11	$38.54
1477596039	Billet	Steven		M.D.	M	I	1137 Liberty Rd		Eldersburg	MD	24	21784	2	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$65.00	$51.90	$36.50	$33.51
1477706042	Banuchi Cr	Victoria	E	M.D., M.P.H	F	I	2315 Broadway Frnt 3		New York	NY	36	10024	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	15	17	17	$275.00	$55.57	$38.93	$32.39
1487634531	Alocci	Michael		MD	M	I	1140 Quincy Ave		Dunmore	PA	42	18510	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$181.91	$46.09	$30.78	$32.16
1487645032	Bobon	Benigno	B	M.D.	M	I	3505 Dulut	Building 4,	Duluth	GA	13	30096	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$105.00	$47.84	$35.95	$35.77
1487668398	Venuti	John	D	DO	M	I	188 Fries M	N-3	Turnersville	NJ	34	8012	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$94.65	$52.10	$29.24	$26.81
1487675872	Brodsky	James	H	M.D.	M	I	4701 Willar	Suite 224	Chevy Cha	MD	24	20815	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$56.00	$52.92	$31.46	$28.11
1487806600	Truscello	Erica	E	NP	F	I	907 Sumne	Suite M201	Stoughton	MA	25	2072	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$120.00	$42.15	$31.62	$30.38
1487817375	Liston	Brad	A	D.O.	M	I	1908 N 14th St	Ste 204	Ponca City	OK	40	74601	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	17	17	$128.00	$44.90	$22.07	$24.65

1497373286	Gahgan	Michelle	T	APRN	F	I	1106 N Main St	Algonquin	IL	17	60102	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	17	17	$90.00	$39.49	$27.77	$28.64
1497735609	Walsh	Benjamin	J	M.D.	M	I	909 Unity Rd	Crossett	AR	5	71635	7	Small town	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$75.06	$42.65	$25.30	$29.68
1508833708	Bonema	John	D	MD	M	I	4600 Invest	Suite 300	Troy	MI	26	48098	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$70.00	$49.71	$35.36	$33.77
1508858705	Gamerman	Larisa	L	MD	F	I	8254 Mayfield Rd	Chesterlan	OH	39	44026	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$271.94	$32.66	$24.50	$24.80
1508880626	Qureshi	Saqib	N	M.D.	M	I	112 Main S	Suite 115	Northboro	MA	25	1532	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$150.00	$49.53	$34.53	$33.22
1518149756	Huffman	William	J	M.D.	M	I	2509 S Main St		Moultrie	GA	13	31768	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$97.41	$45.39	$34.23	$35.93
1518213503	Hall	Kelly	V	ADVANCED	F	I	44604 Sterling Hwy	Ste	Soldotna	AK	2	99669	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$234.51	$51.13	$33.13	$26.19
1518242650	Maze	Karen	R		F	I	186 Hospit	Suite 300	Winchester	TN	47	37398	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$152.28	$33.89	$23.71	$29.85
1518962521	Stuart	Dennis	O	M.D.	M	I	725 Oakridge Blvd	Ste I	Lumberton	NC	37	28358	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$135.65	$44.77	$35.81	$36.86
1528009990	Ierokomos	Alexander	P	M.D.	M	I	500 W Hospital Rd		French Can	CA	6	95231	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	17	17	17	$146.00	$33.28	$23.85	$23.64
1528023439	Mancuso	Robert	F	M.D.	M	I	1920 E Cambridge	Ave	Phoenix	AZ	4	85006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$52.97	$52.09	$41.50	$37.98
1528031325	Cahill	Matthew	P	MD	M	I	825 Old Lar	Suite 320	Bryn Mawr	PA	42	19010	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	17	17	$70.00	$51.27	$38.54	$35.75
1528068442	Gromis	Michael	W	MD	M	I	6061 N 1st St	Ste 102	Fresno	CA	6	93710	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$72.00	$49.04	$34.10	$33.09
1528082930	Hargest	Thomas	E	M.D.	M	I	1030 Plymouth Rd		York	PA	42	17402	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$65.29	$43.11	$33.52	$36.36
1528268703	Hoy	Jade	M	D.O.	M	I	1111 Olive Street		Montgomer	AL	1	36106	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$85.00	$29.06	$23.17	$23.99
1528445426	Yount	Natalie		FNP	F	I	75 Emerson Bay Rd	Ste	Carolina Sh	NC	37	28467	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$120.00	$38.19	$28.73	$29.55
1528593431	Uyesugi	Arthur			M	I	44605 Avenida De Miss		Temecula	CA	6	92592	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$150.00	$49.64	$39.55	$37.98
1538116355	Canalizo	John	B	MD	M	I	1055 Saxon Blvd		Orange City	FL	12	32763	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$115.00	$47.97	$31.47	$31.30
1538126461	Kowalewsk	Marion	C	M.D.	M	I	7602 Belair Rd		Baltimore	MD	24	21236	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$105.00	$51.90	$36.50	$33.51
1538162789	Alinea	Christophe	M	MD	M	I	1729 Burrstone Rd		New Hartfo	NY	36	13413	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$123.65	$45.97	$34.46	$35.85
1538219530	Sheppard	Kevin	N	M.D.	M	I	3135 W Broadway		Council Blu	IA	19	51501	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	17	17	$100.00	$44.00	$28.85	$31.98
1538245626	Lerner	Gary	N	MD	M	I	6915 Yellowstone Blvd		Forest Hills	NY	36	11375	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$200.00	$60.49	$39.90	$31.28
1548247869	Hardy	Philip	T	M.D.	M	I	11602 Lake	Suite 119	Orlando	FL	12	32825	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	17	17	$64.71	$47.83	$35.89	$35.75
1548371727	Pejic	Branko	D	MD	M	I	6305 Pleasant Ave		Cocoa	FL	12	32927	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	17	17	$60.00	$47.78	$36.50	$36.40
1548695885	May	Cattleya	B	NP	F	I	800 Washir	Box 850	Boston	MA	25	2111	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$196.41	$42.63	$25.92	$25.64
1548811425	Bock	Claire	E	MPAS, PA-C	F	I	2450 Ne Mary Rose Pl	S	Bend	OR	41	97701	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	15	17	17	$135.00	$28.28	$20.71	$20.47
1558342097	Patel	Bharatkum	R	MD	M	I	111 Center Suite 1		Clarksville	TN	47	37040	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	17	17	$90.00	$44.42	$35.57	$37.98
1558724468	Duhamel	Cynthia	M	PA-C	F	I	48 Elm St		Worcester	MA	25	1609	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	17	17	$130.00	$41.36	$23.11	$21.84
1558801068	Cornforth	Janelle	M	NP	F	I	5515 Cleveland Ave		Stevensvill	MI	26	49127	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	17	17	$147.18	$39.32	$23.86	$24.89
1568424919	Liu	Yong	Q	M.D.	F	I	181 Andrie	Suite 202	Sonoma	CA	6	95476	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$96.00	$51.93	$36.50	$33.51
1568450948	Kemper	James	V	M.D.	M	I	5750 Balco	Suite 200	Austin	TX	48	78731	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	17	17	$161.53	$46.60	$32.64	$32.40
1568458966	Bartell	Linda	D	MD	F	I	1221 E Spruce Ave		Fresno	CA	6	93720	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$88.29	$49.24	$20.80	$20.11
1568682474	Lacour	Jeffrey		M.D.	M	I	15813 Paul	Suite 301	Hammond	LA	22	70403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	17	17	$211.07	$36.86	$29.51	$30.16
1568689628	Lococo	Jill		NP	F	I	100 Brooksby Village D		Peabody	MA	25	1960	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	17	17	$49.98	$41.88	$31.38	$29.43
1568873818	Ko-Keeney	Ellen		D.O.	F	I	1615 Hospital Pkwy	Ste	Bedford	TX	48	76022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$47.23	$45.10	$35.93	$36.86
1578862447	Pineno	James	M	M.D.	M	I	5123 4th Avenue Cir E		Bradenton	FL	12	34208	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$70.35	$48.38	$32.65	$32.04
1578921169	Kang	Christiana		NP	F	I	922 Highland Ave		Needham	MA	25	2494	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$120.00	$45.50	$29.87	$26.59
1588041586	Young	David		M.D.	M	I	550 Peachtree St Ne	St	Atlanta	GA	13	30308	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	17	17	$125.00	$43.08	$29.85	$29.60
1588619910	Doubek	Debra	L	M.D.	F	I	4101 Anderson Ave		Manhattan	KS	20	66503	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	17	17	$100.59	$44.19	$24.81	$27.94
1588649529	Rubino	Nino	C	MD	M	I	6615 Cling	Suite C	Poland	OH	39	44514	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$65.00	$46.43	$30.52	$31.59
1588699482	Chalian	Ara		MD	M	I	3400 Spruc	5 Silverstei	Philadelphi	PA	42	19104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	17	17	17	$95.00	$33.25	$26.58	$24.76
1588977243	Estopinan	Lisani	P	M.D.	F	I	520 Medical Dr	Ste 300	Bountiful	UT	49	84010	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$80.00	$45.51	$29.43	$31.26
1598735250	Heller	Judith	A		F	I	3306 Lake Ariel Highwa		Honesdale	PA	42	18431	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	14	17	17	$186.38	$39.32	$25.08	$26.14
1598743973	Jones	Alan	C	D.O.	M	I	576 E Highway 138	Suit	Stansbury I	UT	49	84074	4.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	12	17	17	$120.72	$45.34	$34.02	$35.90
1598764524	Bedingfield	William		MD	M	I	101 Chapman Hill Rd	S	Clemson	SC	45	29631	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$118.00	$44.76	$29.77	$31.09
1598774846	Allen	Shawn	A	M.D.	F	I	79430 High	Suite 101	La Quinta	CA	6	92253	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$60.00	$49.99	$37.97	$36.08
1598815425	Zander	Melanie	M	N.P.	F	I	705 6th Avenue East		Kalispell	MT	30	59901	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$36.00	$28.26	$18.54	$18.43
1598873465	Chun	Jeremy	R	M.D.	M	I	550 S Beretania St	Ste	Honolulu	HI	15	96813	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	16	17	17	$125.00	$51.18	$40.96	$37.98
1598894172	Safer	Terra	R	MD	F	I	510 Superior Ave	Ste 2	Newport Be	CA	6	92663	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	17	17	$158.00	$53.11	$32.56	$29.04
1598962458	Patel	Nimish	A	MD	M	I	300 University Blvd		Round Roc	TX	48	78665	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	17	17	$137.00	$44.16	$33.05	$34.77
1609196617	Stracuzzi	Vincent	J	M.D.	M	I	585 Merrick Rd		Lynbrook	NY	36	11563	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	17	17	17	$140.00	$59.75	$42.07	$33.51
1609812346	Kuhel	William		MD	M	I	520 E 70th	Starr Pavili	New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	17	17	$245.59	$42.12	$30.60	$25.39
1609815950	Bowen	William	G	MD	M	I	1110 Highl	Ste 375	Saint Louis	MO	29	63110	1	Metropolita	US	Cardiology	Y	69210	Removal of N	O	16	17	16	$145.00	$46.14	$24.86	$25.01
1609850569	Kickliter	David	J	MD	M	I	407 4th St		Newport	TN	47	37821	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	17	17	$84.71	$44.29	$27.11	$30.01
1609853118	Schiff	Evan	L	MD	M	I	36 E Main St		Avon	CT	9	6001	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$150.00	$51.99	$36.26	$33.02
1609875467	Greer	Jack	E	M.D.	M	I	901 Riverfr	Suite 300	Chattanoo	TN	47	37402	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$211.24	$38.57	$28.67	$31.52
1609961812	Scolaro	Philip	A	M.D.	M	I	3802 22nd	Suite 200	Lubbock	TX	48	79410	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$124.12	$40.34	$25.71	$27.22
1619068715	Lambert	Gary	W	DO	M	I	620 E Okmulgee		Muskogee	OK	40	74403	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$60.00	$41.80	$31.24	$36.51
1619191731	Barker	Bradley	D	MD	M	I	1120 E Broad St		Elyria	OH	39	44035	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$122.35	$46.73	$35.21	$35.85
1619915295	D'souza	Godwin	H	M.D.	M	I	5600 W Ad	Suite LL001	Chicago	IL	17	60634	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$87.00	$52.51	$33.50	$28.89
1619918836	Kaplan	Marc	A	DO	M	I	2585 E Wilc	#c	Sierra Vista	AZ	4	85635	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$81.00	$46.43	$26.70	$27.89
1629021902	Schroeder	David	J	MD	M	I	372 Washington St		Wellesley	MA	25	2481	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$100.00	$53.43	$42.65	$37.98
1629036215	Zaki	Maggie	K	MD	F	I	6901 W Edgerton	Ave	Milwaukee	WI	55	53220	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	17	17	$300.00	$44.95	$27.54	$29.87
1629124243	Ponnappar	Anand		MD	M	I	3340 S. Oa	Suite 204	Berwyn	IL	17	60402	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$163.94	$52.47	$37.04	$33.51
1639141492	Lobitz	Mark	J	D.O., CMD	M	I	400 W 23rd St		Hazleton	PA	42	18202	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$70.00	$46.22	$28.13	$29.46
1639173008	Mayer	Mitchell	F	D.O.	M	I	400 Gill Ln		Iselin	NJ	34	8830	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$222.35	$52.10	$28.83	$25.69
1639374572	Pleas	Adam	M	M.D.	M	I	17030 Lake	Suite 204	Omaha	NE	31	68130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	17	17	$100.00	$39.62	$28.45	$31.51
1639623168	Rush	Teresa		FNP-C	F	I	1120 Shackelford Rd		Florissant	MO	29	63031	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$99.00	$40.48	$22.66	$22.78
1649322686	Donka	Abel	A	MD	M	I	22 W Main St		Niantic	CT	9	6357	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$55.00	$51.93	$29.18	$25.34
1659301109	Lucas	Edward	J	MD	M	I	6160 Sw Hi	Unit 119	Ocala	FL	12	34476	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	17	17	17	$70.00	$47.56	$37.89	$37.98
1659311850	Richardson	John	W	MD	M	I	2301 S Fm	Suite 500	Decatur	TX	48	76234	7	Small town	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$93.00	$46.17	$28.29	$29.59
1659353027	Cunningha	David	J	M.D.	M	I	3 Irongate Center		Glens Falls	NY	36	12801	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$80.00	$43.98	$27.17	$27.94
1659399566	Aquino	Luann		MD	F	I	14 Okatie C	Suite 101	Okatie	SC	45	29909	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$126.94	$45.15	$25.66	$27.88
1659430429	Hwang	David	S	MD	M	I	1000 Centr	Suite 640	Evanston	IL	17	60201	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	17	17	17	$89.71	$36.97	$27.85	$24.77
1659474658	Vandergriff	Joseph	V	MD	M	I	185 Fresh Dr	Ste A	Myrtle Bea	SC	45	29579	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$181.00	$44.90	$25.24	$27.76
1659542777	Manzini	Lydia	J	CRNP	F	I	1 Mellon Way		Latrobe	PA	42	15650	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$87.00	$39.24	$25.72	$26.85
1659989820	York	Karen		MSN, APRN	F	I	1999 Bayfront Dr		Windsor	CO	8	80550	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$99.00	$41.09	$25.82	$25.51

1669450219	Wang	Robert	C	M.D., F.A.C	M	I	3150 N Ten #112	Las Vegas	NV	32	89128	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$102.00	$40.81	$31.46	$30.16
1669462305	Connely	Thomas	V	MD	M	I	615 West 39th Street	Kearney	NE	31	68845	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	17	17	17	$125.00	$28.35	$19.79	$22.04
1669968673	Cyr	Troy	P	PAC	M	I	118 Northport Ave	Belfast	ME	23	4915	7	Small town	US	Physician A	Y	69210	Removal of N	O	17	17	17	$243.41	$26.80	$7.57	$9.00
1679557805	Weaver	William	R	M.D.	M	I	835 Austin Dr	Demorest	GA	13	30535	4.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$125.00	$43.93	$24.52	$26.63
1679560973	Kodama	Curtis	K	D.O.	M	I	865 Patriot Dr Ste 101	Moorpark	CA	6	93021	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$136.00	$52.03	$29.18	$26.81
1689057010	Kott-Harrin	Lisa		FNP-C	F	I	1308 S State Highway 1	Fredericksk	TX	48	78624	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	17	17	$100.00	$38.03	$28.59	$29.55
1689769523	Cullen	Collin	D	MD	M	I	5410 Connecticut Ave I	Washingto	DC	11	20015	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$142.00	$55.66	$38.62	$33.01
1689794711	Tran	Jennifer	T	D.O.	F	I	445 Marine View Ave St	Del Mar	CA	6	92014	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$103.84	$51.40	$41.12	$33.51
1689856619	Lindberg	Viktoria	T	APRN-BC, F	F	I	10900 W 44th Ave Unit	Wheat Ridg	CO	8	80033	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$53.20	$41.24	$29.02	$28.48
1699200063	John	Vivek	M	MD	M	I	2600 Greenbush St	Lafayette	IN	18	47904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$95.00	$42.41	$31.71	$34.86
1699201194	Campbell	Rocio			F	I	13880 Shel Suite 110	Fort Myers	FL	12	33908	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$51.15	$42.92	$28.09	$26.58
1699702290	Raizin	Mark	D	M.D.	M	I	2 Essex Ce	Internal Me	Peabody	MA	25	1960	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$132.00	$46.51	$29.32	$28.33
1699718056	Souza	John	W	MD	M	I	1006 Hillcrest Pkwy Ste	Dublin	GA	13	31021	4	Micropolita	US	General Pra	Y	69210	Removal of N	O	17	17	17	$200.00	$45.02	$18.97	$21.61
1699743377	Hope	Joseph	D	DO	M	I	1048 W Baltimore Pike	Media	PA	42	19063	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	17	17	$75.00	$51.13	$34.15	$31.73
1699760975	Nayduch	John	R	MD	M	I	114 Missio	Ste 10	Chico	CA	6	95926	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$77.00	$49.29	$28.08	$27.03
1699954156	Vasquez	Homero		PA-C	M	I	675 N Saint Clair St Ste	Chicago	IL	17	60611	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	17	17	$166.00	$36.79	$29.45	$26.58
1700102449	Calligas	Jason	P	M.D.	M	I	1541 Kings Hwy	Shreveport	LA	22	71103	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	15	17	17	$92.00	$31.32	$25.05	$24.76
1700143906	Cox	Daniel	R	MD	M	I	5169 S Cottonwood St	Murray	UT	49	84107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	17	17	$101.72	$42.80	$21.27	$23.26
1700836442	Choi	Jinhee		M.D.	F	I	3450 W Wh	Pav Ii Ste#4	Dallas	TX	48	75237	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$120.00	$42.68	$31.91	$31.29
1710971783	Swanson	Gregory	J	MD	M	I	1501 S Madison St	Appleton	WI	55	54915	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	17	17	$262.29	$41.79	$29.12	$31.69
1720001209	Maxwell	Marvin	D	MD	M	I	4020 Us Highway 27 N	Sebring	FL	12	33870	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$72.63	$47.97	$26.93	$26.84
1720045867	Harvey	Steven	A	MD	M	I	9200 W Wi	Otolaryngo	Milwaukee	WI	55	53226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	17	17	$269.88	$42.99	$28.22	$32.46
1720127715	Mcrae	Brenden		MD	M	I	888 S Greenfield Rd Ste	Gilbert	AZ	4	85296	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	17	17	$79.00	$46.42	$30.93	$30.89
1720178601	Kamboj	Pradeep	K	M.D.	M	I	1070 N Cherry St	Tulare	CA	6	93274	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$75.00	$47.51	$24.00	$23.46
1720207509	Lewis	Andrea		MD	F	I	2500 N Sta	Departmen	Jackson	MS	28	39216	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$139.00	$40.61	$28.30	$31.84
1720210008	Akashdeep	Kumar		M.D.	M	I	1910 Alabama St	Sturgeon B	WI	55	54235	7	Small town	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$300.00	$44.87	$35.90	$37.98
1730197724	Zelenak	Laura	E	DO	F	I	6672 Newark Rd	Imlay City	MI	26	48444	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$71.00	$43.05	$27.82	$32.22
1740228824	Fliegelman	Lawrence	J	M.D.	M	I	1305 Post F	Suite 302	Fairfield	CT	9	6824	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$150.00	$44.50	$35.66	$33.79
1740489707	Cheema	Tasneem		MD	F	I	1950 Laure	Bldg 150	The Villages	FL	12	32162	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$75.00	$47.04	$32.99	$33.53
1740651215	Swanson	Leann	L	FNP-BC	F	I	5 Industrial	Suite 100	Mashpee	MA	25	2649	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$119.06	$42.17	$23.70	$22.79
1740718931	Hanly	Elyse	K	MD, PHD	F	I	2615 Northgate Dr	Iowa City	IA	19	52245	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	17	17	$125.00	$43.69	$34.81	$36.86
1750323721	Jones	Jeffrey	J	DO	M	I	72 Washington St	Topton	PA	42	19562	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$65.00	$46.22	$30.32	$31.59
1750324117	Natovich	Natalia		MD	F	I	3049 Ocean Pkwy	Brooklyn	NY	36	11235	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$120.42	$59.64	$47.62	$37.98
1750393260	Derocher	Erick	C	D.O.	M	I	411 N Randall Ave	Elk City	OK	40	73644	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$45.00	$44.76	$31.55	$33.92
1750443289	Kaplan	Michael	A	M.D.	M	I	4101 Greenbriar St Ste	Houston	TX	48	77098	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	17	17	$150.00	$44.82	$33.47	$32.40
1750460614	Aizooky	Khattar		M.D.	M	I	1 Forsythe Rd Ste 2	Presto	PA	42	15142	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$78.00	$46.07	$32.16	$33.52
1750499158	Nitti	David	J	MD	M	I	179 Lafayette Avenue	Hawthorne	NJ	34	7506	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$155.53	$54.34	$42.38	$36.89
1760496004	Jamal	Saira		M.D	F	I	4320 Wind	Suite 300	Flower Mou	TX	48	75028	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$75.00	$43.79	$31.57	$34.66
1760657381	Weinreich	Heather	M	MD	F	I	1855 W Taylor St Dept (	Chicago	IL	17	60612	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	17	17	$186.00	$36.59	$27.32	$24.62
1770511180	Simmons	Marcus	L	MD	M	I	5569 Houston Rd	Macon	GA	13	31216	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$95.00	$44.64	$35.60	$37.98
1770545691	Klein	Tracy	R	M.D.	M	I	1709 S Rock Rd	Wichita	KS	20	67207	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$70.00	$44.37	$29.17	$31.96
1770547259	Daboul	Nizar	Y	M.D	M	I	6450 Wheatstone Ct	Maumee	OH	39	43537	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	17	17	$116.00	$46.21	$30.33	$31.60
1770595498	Ericksen	Thomas	W	M.D.	M	I	1835 E High St	Springfield	OH	39	45505	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$65.44	$44.82	$29.18	$30.48
1780197111	Perkins	Lisa	M	FNP-BC	F	I	28149 Hwy 27	Dundee	FL	12	33838	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$119.12	$38.12	$21.52	$23.61
1780664979	Oberman	James	P	M.D.	M	I	501 W 7th St	Frederick	MD	24	21701	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$177.45	$35.10	$28.07	$25.70
1780679001	Lang	Paul	B	MD	M	I	1 Hollow Lr Suite 110	New Hyde I	NY	36	11042	1	Metropolita	US	Allergy/ Im	Y	69210	Removal of N	O	16	17	17	$110.00	$59.70	$41.39	$32.89
1780686584	Garvis	William	J	M.D.	M	I	2211 Park Ave	Minneapoli	MN	27	55404	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$161.00	$45.02	$29.35	$30.45
1790742062	Beck	Luna	B	M.D.	F	I	17820 Se 1 Suite 107	Summerfie	FL	12	34491	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	13	17	17	$80.00	$47.70	$38.03	$37.98
1790762706	Vaz	Richard		D.O.	M	I	123 Newton Sparta Rd	Newton	NJ	34	7860	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$89.00	$53.73	$31.41	$26.66
1790783389	Cappleman	John	M	M.D.	M	I	436 N Dillard St	Winter Gar	FL	12	34787	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$58.00	$45.51	$34.13	$36.31
1790974079	Powers	Kyna		FNP	F	I	300 E. Dim	Suite 12	Anchorage	AK	2	99515	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$248.82	$50.95	$35.79	$28.49
1801091236	Guan	Yu		M.D.	F	I	307 Cook Rd	Yorktown	VA	51	23690	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$121.00	$48.21	$31.24	$30.78
1801827175	Akra	Louis	A	M.D.	M	I	1551 Atlan	Suite 101	Jacksonvill	FL	12	32207	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$74.82	$45.12	$29.20	$31.86
1801888318	Patrowicz	Jonathan	C	DO	M	I	1820 Swee	Suite 101	Salisbury	MD	24	21804	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	17	17	$150.00	$49.88	$37.57	$35.75
1801980917	Auty	Scott	E	P.A.-C.	M	I	73 N Maple Ave Ste B	Marlton	NJ	34	8053	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	17	17	$170.00	$44.22	$28.99	$26.58
1811900657	Ganta	Shylesh	R	M.D.	M	I	3401 Greenbriar Ste 10	Midland	TX	48	79707	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$150.00	$45.71	$25.66	$27.50
1811955214	Hamid	Shazia		M.D.	F	I	700 E Warn #100	Las Vegas	NV	32	89119	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	17	17	$75.00	$31.78	$24.18	$23.46
1821186560	Palomata	Maria	T	M.D.	F	I	2091 Klockner Rd	Hamilton	NJ	34	8690	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	17	17	$95.00	$52.00	$36.56	$33.51
1821376435	Cremer	Javier		DO	M	I	8901 W 74th St Ste 145	Merriam	KS	20	66204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$131.00	$28.37	$18.44	$19.13
1821442666	Powell	Kelly		DO	M	I	900 E Main St Ste 106	Grass Valle	CA	6	95945	4	Micropolita	US	General Pra	Y	69210	Removal of N	O	15	17	17	$55.00	$50.11	$39.99	$37.98
1831112051	Vargas	Roger	S	M.D.	M	I	1310 Prenti	Suite E	Healdsburg	CA	6	95448	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	17	17	$60.00	$47.31	$34.05	$31.28
1831181981	David	Jose	M	M.D.	M	I	1 Alton Rd		Albany	NY	36	12203	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$65.00	$43.99	$22.64	$26.02
1831439108	Alexander	Nicole	N	PA-C	F	I	2710 Harney St Ste 100		Laramie	WY	56	82072	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	11	17	17	$145.88	$40.61	$24.79	$24.79
1831618776	Granchelli	Morgan	E	PA	F	I	200 1st St Sw		Rochester	MN	27	55905	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	17	17	$209.65	$39.99	$14.79	$14.56
1841206703	Nguyen	Thuan	K	M.D.	M	I	12609 Louetta Rd		Cypress	TX	48	77429	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$67.47	$48.98	$36.75	$35.75
1841496338	Garcia	Joseph	A	M.D.	M	I	700 W 800 N Ste 400		Orem	UT	49	84057	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$107.00	$44.66	$29.29	$30.61
1841594801	Prawer	Adam	J	MD	M	I	5101 Brittany Dr S		St Petersbu	FL	12	33715	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$75.00	$48.06	$33.84	$33.53
1851357917	Oba	Cameron	I	M.D.	M	I	2410 Sama	Suite 201	San Jose	CA	6	95124	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$185.00	$57.41	$39.51	$32.67
1851388912	Juneja	Vijay	K	MD	M	I	103 Baines Ste 200		Cary	NC	37	27511	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$94.00	$45.73	$34.33	$35.88
1851394209	Wells	Phillip	R	MD	M	I	26726 Cro	Head & Ne	Mission Vie	CA	6	92691	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$121.76	$39.97	$31.87	$37.42
1851885701	Hollars	Alicia	L	FNP	F	I	121 E High St		Montpelier	IN	18	47359	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$95.00	$37.36	$20.94	$23.79
1861006066	Southall	Abigail	H	NURSE PR/	F	I	312 W High St		Lebanon	KY	21	40033	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	15	17	17	$69.00	$36.61	$20.28	$22.75
1861441388	Sellon	Monty	R	M.D.	M	I	350 W 23rd	Suite C	Fremont	NE	31	68025	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$136.59	$43.40	$32.81	$36.21
1861476277	Hale	Michelle	M	RN, MSN, C	F	I	220 Wilson St Ste 109		Carlisle	PA	42	17013	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$67.00	$39.74	$27.35	$27.95
1861486854	Velasco	Choi Ken	A	MD	M	I	675 S Babcock St		Melbourne	FL	12	32901	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	17	17	$80.00	$48.01	$33.79	$33.53
1861541898	Karisny	Thomas	K	M.D.	M	I	202 Hospital Rd		Blairsville	GA	13	30512	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$94.35	$44.83	$35.79	$37.98
1861594285	Tong	Cathy	C	M.D.	F	I	643 5th Ave W		Henderson	NC	37	28739	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	17	17	$65.00	$32.04	$24.05	$24.83

1861685034	Becker	Garth	G	M.D.	M	I	8200 World Center Dri	Orlando	FL	12	32821	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$108.24	$48.08	$30.15	$29.89
1861887853	Amezcua	Denise		PA-C	F	I	2740 S Elm Ave	Fresno	CA	6	93706	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	17	17	$148.00	$41.50	$33.11	$32.28
1871029462	Xunan	Kevin		DO, MPH, C	M	I	421 Nut Tree Rd	Vacaville	CA	6	95687	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$111.18	$53.29	$36.38	$32.26
1871524009	Meigs	Matthew	M	MD	M	I	6811 Austin Center Blv	Austin	TX	48	78731	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$96.00	$42.81	$31.97	$33.65
1871834788	Caldentey	Jinny	J	M.D.	F	I	27005 76th Ave	New Hyde I	NY	36	11040	1	Metropolita	US	Hospice an	Y	69210	Removal of N	O	17	17	17	$275.00	$60.28	$42.60	$33.51
1881686822	Weinstein	Sheri	L	M.D.	F	I	2650 Bahia Suite 102	Sarasota	FL	12	34239	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$85.12	$42.38	$28.16	$27.95
1881734614	Bien	Alexander	G	MD	M	I	825 Ne 10th St	Oklahoma	OK	40	73104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	17	17	$156.24	$44.73	$35.75	$37.98
1881836419	Pham	Trieu	H	M.D.	M	I	2545 W Hammer Ln	Stockton	CA	6	95209	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$161.00	$49.18	$34.66	$33.51
1881950699	Saeks	Jeffrey	M	M.D.	M	I	1301 2nd Ave Sw	Largo	FL	12	33770	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	17	17	$105.00	$43.65	$32.56	$35.20
1891010666	Lagalle	Crystal	D	D.O.	F	I	2700 Clay I Ste 400	North Kans	MO	29	64116	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$84.82	$46.21	$34.76	$34.71
1891174785	Entwistle	William	M	MD	M	I	3385 G St Ste A	Merced	CA	6	95340	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$88.24	$48.80	$35.48	$34.63
1891782009	Basi	Upinder	K	MD	F	I	1425 W H S Ste 380	Oakdale	CA	6	95361	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$72.00	$47.45	$31.18	$30.39
1891804654	Chouake	Benjamin		MD	M	I	663 Palisac Suite 101	Cliffside Pa	NJ	34	7010	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$150.00	$53.87	$43.03	$37.98
1891985800	Lewis	Mark	P	MD	M	I	2204 Grant Rd Ste 105	Mountain V	CA	6	94040	1	Metropolita	US	Internal Me	N	69210	Removal of N	O	13	17	17	$63.28	$54.39	$37.00	$32.33
1902247281	Tavs	Stephanie	L	APNP	F	I	342 N Water St Ste 600	Milwaukee	WI	55	53202	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	17	17	$58.30	$37.95	$30.33	$32.29
1902806128	Curtis	Dwight	T	M.D.	M	I	717 Curtis Dr	Rayne	LA	22	70578	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$70.00	$46.04	$14.99	$16.88
1902826035	Shah	Manish	N	MD	M	I	2038 Ashle Suite 102	Wesley Cha	FL	12	33543	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$100.00	$47.83	$31.34	$30.18
1902882814	Doshi	Seema	K	M.D.	F	I	333 Gordon Drive	Yale	MI	26	48097	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$75.00	$44.90	$31.01	$32.11
1902890981	Kim	Richard	Y	MD	M	I	19450 Deerfield Avenu	Leesburg	VA	51	20176	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$162.00	$47.80	$31.42	$31.35
1902899016	Halverson	James	M	DO	M	I	11835 Fish Suite 104	Newport Ne	VA	51	23606	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$75.00	$46.83	$33.00	$32.45
1902916117	Tumminia	Louis	G	D.O.	M	I	5130 Lintor Suite E2	Delray Bea	FL	12	33484	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$77.00	$50.62	$37.98	$35.75
1902942220	Conner	F.	G	MD	M	I	1608 Meadows Ln Ste 1	Vidalia	GA	13	30474	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	17	17	17	$75.00	$45.32	$35.13	$36.85
1912134693	Cope	Andrew	L	DO	M	I	300 N 4th Ave E Ste 20(	Newton	IA	19	50208	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$125.00	$44.29	$27.50	$30.37
1912161324	El-Khal	Jamaal	D	M.D.	M	I	2800 Lincoln Blvd	Oroville	CA	6	95966	4	Micropolita	US	General Pra	Y	69210	Removal of N	O	17	17	17	$66.00	$48.74	$34.22	$33.51
1912202938	Hernandez	Jose	L	M.D	M	I	4418 Vineland Ave Ste	Toluca Lak	CA	6	91602	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$70.00	$52.24	$34.18	$31.28
1912901471	Ruiz	Ruben		M.D.	M	I	436 S Riverside Ave	Rialto	CA	6	92376	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$98.00	$47.84	$29.17	$29.16
1912934571	Yusuf	Issa		MD	M	I	12164 Cen Suite #223	Mitchellvill	MD	24	20721	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$167.71	$50.62	$38.06	$36.86
1922004712	Donawa	Robert	M	M.D.	M	I	702 Comm Ste 160	Perrysburg	OH	39	43551	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	17	17	$122.17	$46.45	$26.15	$27.33
1922260280	Harrison	Jamie	D	M.D.	F	I	817 S Mour Suite 100	Cape Girar	MO	29	63703	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$119.82	$33.65	$21.65	$24.06
1922368935	Daro	Robert	A	M.D.	M	I	336 S 9th St	David City	NE	31	68632	7	Small town	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$106.21	$39.68	$17.94	$21.48
1932279007	Winter	Robert	D	M.D.	M	I	1 Centuriar Suite 105	Newark	DE	10	19713	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$104.88	$48.47	$34.10	$33.51
1932384955	Patel	Amish	V	MD	M	I	3521 Haworth Dr	Raleigh	NC	37	27609	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	15	17	17	$142.00	$45.40	$36.17	$37.98
1932683927	Almardeen	Diala		MD	F	I	736 Cambridge St	Brighton	MA	25	2135	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$185.00	$41.90	$33.39	$34.63
1942382577	Light	Eliot	S	MD	M	I	621 Forest Ave	Pacific Gro	CA	6	93950	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$116.00	$51.21	$38.42	$35.75
1942396023	Smith	Kenneth	R	D.O.	M	I	6040 N 43rd Ave Ste 1	Glendale	AZ	4	85301	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$97.50	$45.55	$29.86	$30.44
1942487673	Blake	Kelly	A	PA-C	F	I	410 N Krocks Rd	Allentown	PA	42	18106	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	17	17	$57.94	$39.20	$27.54	$28.66
1952302804	Zaveri	Vijaykumar	D	M.D.	M	I	3661 S Mia # 409	Miami	FL	12	33133	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	17	17	17	$116.00	$35.73	$26.81	$24.38
1962438317	Pak	Min	S	MD	M	I	300 N 4th A Suite 200	Newton	IA	19	50208	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	17	17	$125.00	$42.98	$26.01	$28.86
1962446898	Davis	Anthony	D	M.D.	M	I	1379 Brad Circle Ste A	Lindale	TX	48	75771	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$95.00	$45.69	$32.14	$33.79
1962451773	Stockman	Lynne	W	M.D.	F	I	3235 Bridg Ste 15	Suffolk	VA	51	23435	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$90.00	$43.39	$30.12	$31.61
1962498709	Lee	Marc	L	MD	M	I	1010 E Mcdowell Rd St	Phoenix	AZ	4	85006	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$71.00	$46.40	$32.64	$32.57
1962629576	Scrima	Sylvia	M	CNP	F	I	550 Warrenville Road	Lisle	IL	17	60532	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	17	17	$133.00	$44.25	$31.14	$28.48
1962889485	Orzell	Susannah	C	MD	F	I	1400 E Boulder St	Colorado S	CO	8	80909	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	17	17	17	$189.00	$44.52	$35.48	$36.86
1972062719	Mcmurphy	Denise	L	NP-C	F	I	2078 Willow Creek Rd	Prescott	AZ	4	86301	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	17	17	$123.00	$39.48	$25.04	$25.98
1972119667	Holubar	Ashley	M	PA	F	I	518 W Locust St	Davenport	IA	19	52803	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	17	17	17	$158.18	$36.48	$27.31	$30.58
1972529840	Alpert	David	H	M.D.	M	I	7547 Medical Dr Ste 22	Gloucester	VA	51	23061	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$96.12	$48.15	$31.77	$31.35
1972545119	Velez	Rachel	G	D.O.	F	I	606 W Screven St	Quitman	GA	13	31643	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	17	17	$125.00	$43.59	$22.05	$24.58
1972583995	Majernick	Thomas	G	DO	M	I	221 River St	Olyphant	PA	42	18447	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	17	17	$189.74	$46.20	$31.63	$32.88
1972690741	Spires	Allen	L	M.D.	M	I	301 Davenport Avenue	Mer Rouge	LA	22	71261	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	12	17	17	$64.12	$45.82	$34.38	$35.87
1972694628	Mills	Timothy	C	M.D.	M	I	3418 Casey St	Loris	SC	45	29569	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$112.00	$43.50	$35.00	$38.54
1982607099	Hess	Eleanor		FNP	F	I	391 Falls Dr Nw	Abingdon	VA	51	24210	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	17	17	17	$97.53	$39.67	$29.82	$29.46
1982616090	Cheloha	Kenneth	J	MD	M	I	3901 Pine L Suite 220	Lincoln	NE	31	68516	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	17	17	$108.00	$43.69	$29.46	$31.62
1982685459	Clark	Michael	H	M.D.	M	I	80 River Road	New Castle	ME	23	4553	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	16	17	17	$94.00	$43.62	$30.64	$32.76
1982757548	Babcock	Jill		NP	F	I	268 Trapelo Rd	Belmont	MA	25	2478	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	17	17	$100.00	$45.35	$34.03	$30.39
1982796439	Luster	John	B	MD	M	I	2617 E Cha #306	Orange	CA	6	92869	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	15	17	17	$100.00	$52.92	$37.34	$33.51
1982903589	Miguel	Tiago		M.D.	M	I	880 Nw 13th St Ste 120	Boca Rator	FL	12	33486	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	16	17	17	$155.00	$35.80	$28.55	$26.32
1992120356	Ozeri	Nachum	S	D.O.	M	I	7301 W Palmetto Park	Boca Rator	FL	12	33433	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	17	17	17	$163.00	$50.78	$32.45	$30.41
1992144851	Wheeler	Glenda	M	APRN	F	I	501 Garfield St	Quinter	KS	20	67752	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	15	17	17	$75.00	$36.33	$28.99	$31.33
1992766224	Sehgal	Sangeeta	D	MD	F	I	1231 Cumberland Xing	Valparaiso	IN	18	46383	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	17	17	$126.00	$43.80	$31.64	$34.80
1003307778	Sakdipone	Bram		MS, DO	M	I	2830 Easton Ave	Bethlehem	PA	42	18017	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$121.50	$46.04	$36.72	$37.98
1003409756	Clark	Jocelyn			F	I	375 N Main St Ste 103	Kaysville	UT	49	84037	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	16	16	$52.00	$38.71	$29.28	$30.69
1003814989	Kirk	Laura	A	PA-C	F	I	2380 Sutte 3rd Floor	San Francis	CA	6	94115	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	16	16	$168.00	$40.48	$30.25	$30.28
1003825506	Dudrick	Daniel	J	M.D.	M	I	239 S Mour Suite 100	Mountain T	PA	42	18707	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$130.00	$46.71	$32.81	$33.52
1003842824	Parmar	Harbhajan	S	M.D.	M	I	36100 Eucl Ste 350	Willoughby	OH	39	44094	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$56.00	$46.23	$25.25	$26.67
1003955170	Edminsten	Jamie	T	PA-C	F	I	3650 W Rock Creek Rd	Norman	OK	40	73072	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	14	16	16	$155.50	$26.86	$20.11	$20.28
1013097906	Horowitz	Kim		M.D.	M	I	20797 Santa Lucia St	Tehachapi	CA	6	93561	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$104.00	$49.58	$32.10	$30.86
1023027182	Alder	Lawrence	A	M.D.	M	I	144 Fairway Dr Ste A	Kerrville	TX	48	78028	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$181.00	$45.76	$29.64	$31.30
1023075348	Afato	Faafouina	S	M.D.	M	I	1429 Colusa Hwy	Yuba City	CA	6	95993	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$60.00	$48.80	$33.99	$33.23
1023094141	Porter	Thomas	P	M.D.	M	I	1950 S Country Club D	Mesa	AZ	4	85210	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$123.00	$46.35	$34.65	$35.71
1023107208	Siddiqui	Farrah	N	MD	F	I	10121 Emmett F Lowry	Texas City	TX	48	77591	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	16	16	$143.44	$31.18	$21.47	$23.18
1023113453	Kurtz	Seth	D	M.D.	M	I	1 Main St	Monsey	NY	36	10952	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	13	16	16	$97.50	$59.46	$36.23	$28.49
1033147772	Weir	Norman		MD	M	I	826 Washington St	Watertown	NY	36	13601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	16	16	$93.00	$46.66	$32.69	$33.46
1033185814	Clamme	Jennifer	L	MD	F	I	124 N Jefferson St	Hartford Ci	IN	18	47348	7	Small town	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$98.00	$42.44	$32.84	$35.80
1033617758	Carter	Tina	M	ARNP	F	I	10150 Highland Manor	Tampa	FL	12	33610	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$62.84	$40.50	$32.28	$32.28
1043292618	Hawkey	Thomas	E	D.O.	M	I	12 Barnette Dr	Sumter	SC	45	29150	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$79.00	$45.27	$27.21	$29.29
1043340011	Albey	Mark	E	M.D.	M	I	3 Medical F Suite 100	Benton	AR	5	72015	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$87.00	$41.83	$31.33	$34.75
1043571458	Himes	Mark		DO	M	I	622 W Map Ste B	Farmington	NM	35	87401	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$169.00	$46.08	$25.18	$26.72

1043645690	Smith	Carly	N	PA-C	F	I	5435 Feltl Rd	Minnetonk	MN	27	55343	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	15	16	16	$204.40	$39.54	$31.59	$32.28
1043782444	Chu	Erica			F	I	2950 Cleveland Clinic I	Weston	FL	12	33331	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	14	16	16	$249.00	$42.92	$27.15	$25.68
1053353953	Quintana	Rubencio		M.D.	M	I	8500 Wilsh Suite 605	Beverly Hill	CA	6	90211	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$150.00	$50.70	$40.44	$36.79
1053359182	Rivers	Robert	R	M.D.	M	I	302 Randal Suite 202	Geneva	IL	17	60134	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$111.00	$51.21	$30.55	$27.30
1053361915	Cruz	Abelardo	C	MD	M	I	8901 W Dodge Rd	Omaha	NE	31	68114	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$129.00	$42.06	$27.12	$30.59
1053377937	Watkins	Steven	K	DO	M	I	908 N Rock Suite G	Ardmore	OK	40	73401	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$93.00	$44.42	$28.70	$31.51
1053421172	Harvey	Mark	R	MD	M	I	203 Medic	Suite 3	Sandersvill	GA	13	31082	7	Small town	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$85.00	$44.81	$28.99	$31.46
1053467902	Jackson	Michael	R	M.D.	M	I	103 N First St	Rockwall	TX	48	75087	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$125.00	$45.85	$36.64	$37.98
1053875328	Cavella	Steven	G	PA-C	M	I	801 Welch Rd	Palo Alto	CA	6	94304	1	Metropolit	US	Physician A	Y	69210	Removal of N	F	16	16	16	$97.00	$31.54	$25.19	$21.67
1063677599	Gibber	Marc			M	I	3400 Bainbridge Ave	Bronx	NY	36	10467	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$250.00	$42.04	$33.66	$26.32
1063809002	Hidaya	Luna		M.D.	F	I	1 W Boylston St	Worcester	MA	25	1605	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$221.00	$49.33	$36.83	$35.61
1063856888	Ceesay	Naffie		M.D	F	I	907 Georgiana St	Port Angele	WA	53	98362	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$69.00	$33.03	$23.16	$23.11
1063883601	Savell	Amber	M	APRN, FNP	F	I	103 W University Pkwy	Leesville	LA	22	71446	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$120.00	$37.76	$22.26	$23.65
1073503082	Lowry	Timothy	C	MD	M	I	230 S. 6th St.	Nevada	IA	19	50201	2	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$104.13	$38.91	$26.70	$28.98
1073514378	Hinrichs	Catherine	A	O.D.	F	I	305 N Main St	Ainsworth	NE	31	69210	10	Rural areas	US	Optometry	Y	92133	Imaging of N	O	15	16	16	$75.00	$34.36	$22.19	$24.29
1073711453	Sharobiem	Andro		M.D.	M	I	3634 Elizabeth St	Riverside	CA	6	92506	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	13	16	16	$150.00	$50.60	$32.94	$30.86
1083118350	Mitchell	Jacqueline	M	ARNP	F	I	2114 Creighton Road	Pensacola	FL	12	32504	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$106.00	$40.73	$28.40	$28.26
1083134076	Williams	Jennifer	L	DNP, FNP-(	F	I	845 State Road 44	New Smyrn	FL	12	32168	2	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	13	16	16	$85.00	$40.59	$32.37	$32.28
1083659452	Ayyad	George	J	M.D.	M	I	1800 Clove Rd	Staten Isla	NY	36	10304	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$85.00	$59.94	$44.91	$35.61
1083748727	Chai	Michael		M.D.	M	I	490 N Mountain Ave # E	Upland	CA	6	91786	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$75.00	$50.50	$32.84	$29.67
1083825467	Evans	Seth	H	MD	M	I	1180 Seton Suite 330	Kyle	TX	48	78640	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	15	16	16	$103.00	$29.88	$23.83	$24.92
1093736613	Gurudutt	Vivek	V	MD	M	I	1360 Uppe Suite 201b	Roswell	GA	13	30076	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$200.00	$47.84	$35.81	$35.63
1093738031	Righthand	Richard	N	M.D.	M	I	691 Palisade Ave	Cliffside Pa	NJ	34	7010	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$160.00	$53.67	$42.83	$37.98
1093762338	Carducci	Matthew	S	M.D.	M	I	1888 Bay Scott Cir	Naperville	IL	17	60540	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$112.00	$50.14	$29.81	$27.30
1093767972	Gamboa	Gloria	D	M.D.	F	I	103 Mckinney St	Farmersvill	TX	48	75442	2	Metropolit	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$204.95	$45.78	$27.36	$29.07
1093773665	Mullen	Kevin		PA-C	M	I	1210 Boston Providenc	Norwood	MA	25	2062	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	15	16	16	$50.00	$45.48	$31.73	$28.25
1093822538	Johnson	Patricia	A	D.O.	F	I	100 Bramb Suite 3	Cambridge	MD	24	21613	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$115.00	$47.52	$34.61	$35.13
1104820570	Matthews	Roger	J	D.O.	M	I	26659 Pleasant Park R	Conifer	CO	8	80433	2	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$80.00	$45.39	$30.16	$29.70
1104836402	Hopner	Dan	D	MD	M	I	340 Dardar Suite 24	Los Gatos	CA	6	95032	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	16	16	$57.93	$53.22	$39.81	$34.42
1104853845	Cummings	De Lora		M.D.	F	I	75 Emerson Bay Rd Ste	Carolina Sh	NC	37	28467	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$123.19	$44.83	$32.43	$32.26
1104889641	Drake	William	N	M.D.	M	I	1050 E Stat Ste 100	Southlake	TX	48	76092	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$114.06	$46.80	$33.64	$34.36
1114405537	Lee	Baekcheol		NP	M	I	15200 Shady Grove Rd	Rockville	MD	24	20850	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$80.00	$47.41	$37.85	$32.28
1114535937	Rosso	Ashley	E	NP	F	I	1162 Montgomery Dr S	Santa Rosa	CA	6	95405	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$129.00	$40.91	$31.72	$29.52
1114913621	Floyd	John	F	MD	M	I	546 N Jefferson Ln	Spokane	WA	53	99201	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$127.00	$46.63	$34.93	$34.45
1124133020	Uppal	Neena	K	MD	F	I	14674 W Mountain Vie	Surprise	AZ	4	85374	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$91.00	$46.65	$33.96	$34.74
1124426754	Brown	Jennifer	M	M.D.	F	I	2741 Debarr Rd Ste C4	Anchorage	AK	2	99508	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$266.00	$55.96	$41.93	$35.01
1124538657	Gazia	Roseanne	L	FNP	F	I	480 Route 9 S	Little Egg H	NJ	34	8087	2	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$110.00	$44.09	$33.73	$30.88
1124548631	Jazwick	Lauren	M	DO	F	I	4508 38th St Ste 152	Columbus	NE	31	68601	4	Micropolit	US	Otolaryngo	Y	69210	Removal of N	O	14	16	16	$114.50	$41.79	$33.30	$36.79
1134156185	Stein	Steven	H	M.D.	M	I	230 Washington St	South Attle	MA	25	2703	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$150.00	$49.48	$31.82	$30.70
1134190150	Payne	Stephen	L	M.D.	M	I	227 Adams Road	Williamsto	MA	25	1267	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$90.00	$49.88	$26.54	$25.28
1134198864	Mccarren	Vicki	R	MD	F	I	8592 Potter Park Dr	Sarasota	FL	12	34238	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$107.00	$47.90	$30.98	$30.88
1134270549	Vesey	Maria	D	M.D.	F	I	1869 Brentwood Rd	Brentwood	NY	36	11717	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$140.00	$55.79	$44.52	$38.57
1134616584	Arader	Shannon		PA-C	F	I	2680 S Cleveland Ave	Saint Josep	MI	26	49085	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	16	16	16	$144.50	$38.04	$27.02	$27.96
1144225277	Elward	Kurtis	S	M.D., M.P.H	M	I	540 Belvedere Blvd Ste	Charlottes	VA	51	22901	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$96.00	$46.50	$30.05	$29.80
1144286584	Sullivan	Karen	A	MD	F	I	8200 Flourtown Avenue	Wyndmoor	PA	42	19038	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$147.00	$51.44	$33.40	$30.86
1144321233	Houts	Barbara	G	MD	F	I	111 Hunde Two Twelve	Chaska	MN	27	55318	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$204.40	$42.45	$24.62	$25.34
1144337510	King	Austin	I	M.D.	M	I	2217 S Danville Dr	Abilene	TX	48	79605	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	11	16	16	$115.00	$44.16	$30.63	$31.15
1144470048	Khavkin	Jeannie		M.D.	F	I	653 N Town Center Dr S	Las Vegas	NV	32	89144	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	12	16	16	$675.13	$49.28	$29.46	$28.49
1144585837	Lepp	Jonathan	M	PA-C	M	I	1194 N Hope Ave	Reedley	CA	6	93654	4	Micropolit	US	Physician A	Y	69210	Removal of N	O	16	16	16	$85.00	$39.37	$24.78	$24.21
1144839069	James	Anna	M	NP	F	I	1106 N Cave St	Tuscumbia	AL	1	35674	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$60.00	$38.17	$30.44	$32.29
1154336212	Dhruva	Achal	R	MD	M	I	1401 Medical Pkwy Ste	Cedar Park	TX	48	78613	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	14	16	16	$96.00	$40.43	$22.28	$24.95
1154339703	Perry	Linda	M	M.D.	F	I	725 North S Berkshire M	Pittsfield	MA	25	1201	1	Metropolit	US	Emergency	Y	69210	Removal of N	O	16	16	16	$138.75	$49.51	$32.20	$30.97
1154359982	Niemi	Sacha	Z	MD	F	I	1580 Valen Suite 201	San Francis	CA	6	94110	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	16	16	$87.63	$53.78	$29.36	$26.65
1154382513	Brady	John		DO	M	I	1801 Us Highway 18 E	Clear Lake	IA	19	50428	7.2	Secondary	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$149.00	$43.96	$28.42	$31.60
1154423994	Chock	Edward		M.D.	M	I	1390 W H St Ste B	Oakdale	CA	6	95361	1	Metropolit	US	General Su	Y	69210	Removal of N	O	15	16	16	$50.25	$48.78	$29.16	$28.49
1164575536	Hrach	Barbara	A	M.D.	F	I	1824 State St	Santa Barb	CA	6	93101	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$150.00	$51.75	$36.06	$33.23
1164949434	Mcdaniel	Ashley		NP	F	I	5544 Promenade Pkwy	Castle Roc	CO	8	80108	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$99.00	$41.10	$30.71	$30.26
1174545651	Arslanian	Zaven	M	M.D.	M	I	908 S Central Ave	Glendale	CA	6	91204	1	Metropolit	US	General Pra	Y	69210	Removal of N	O	16	16	16	$90.63	$51.37	$41.13	$37.98
1174578843	Gupta	Mohina		MD	F	I	1870 W Winchester Rd	Libertyville	IL	17	60048	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$103.22	$51.00	$40.67	$36.79
1174580724	Aune	Carter	A	M.D.	M	I	110 Lone Oak Ln	Hartford	WI	55	53027	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$267.75	$44.72	$24.53	$27.21
1174593446	Burch	Mary	J	M.D.	F	I	601 W Mckennon St	Clarksville	AR	5	72830	7	Small town	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$112.67	$42.64	$26.08	$30.39
1174695530	Roberts	Clayton	K	D.O.	M	I	150 River North Blvd	Stephenvill	TX	48	76401	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$174.56	$43.41	$30.17	$31.15
1174898373	Gray	Thomas	C		M	I	4660 Ne Be Suite 119	Hillsboro	OR	41	97124	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$74.42	$48.60	$27.21	$25.52
1184034035	Hilldrup	Kelley	M	D.O.	F	I	3510 Anderson Hwy St	Powhatan	VA	51	23139	2	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$93.00	$47.48	$32.46	$32.68
1184657090	Fancher Ga	Erin	E	MD	F	I	411 E Broadway	Trenton	IL	17	62293	2	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	16	16	$90.00	$47.17	$29.77	$30.65
1184658494	Soble	Toby	K	MD	F	I	805 Coope Suite 3	Voorhees	NJ	34	8043	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$90.00	$51.94	$37.14	$33.96
1184672404	Mefford	Ivan	N	MD	M	I	1505 Liberty St	Richmond	TX	48	77469	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$75.00	$45.79	$29.35	$30.98
1184712895	Sterling	Richard	E	MD	M	I	1608 Walnut St Fl 9	Philadelphi	PA	42	19103	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$172.44	$46.76	$34.65	$32.05
1194085365	Alamo	Ines	G	MD	F	I	8109 Tis W	Suite 511	Alexandria	VA	51	22306	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$147.38	$55.74	$36.07	$30.86
1194085985	Cochenour	Natalie	J	MD	F	I	1205 Healt Suite 100	Yukon	OK	40	73099	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$93.00	$44.95	$31.48	$33.67
1194173492	Meck	Elizabeth	A	M.D.	F	I	1120 Cocoa Ave	Hershey	PA	42	17033	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$105.00	$46.76	$32.78	$33.46
1194257089	Foss	Thomas	F	M.D.	M	I	1300 S Country Club D	Mesa	AZ	4	85210	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$123.00	$46.79	$32.74	$33.43
1194746560	Schweitzer	Richard	J	M.D.	M	I	100 Us Hig	Building B,	Mountain L	NJ	34	7046	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$125.00	$54.03	$40.48	$35.61
1194798496	Mendoza	Leonardo	C	MD	M	I	2001 W Ora	Ste 312	Tucson	AZ	4	85704	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$61.75	$39.22	$26.64	$26.32
1194921205	Tward	Aaron	D	M.D. PH.D.	M	I	2233 Post St	San Francis	CA	6	94115	1	Metropolit	US	Ophthalmc	Y	69210	Removal of N	O	16	16	16	$279.00	$36.58	$19.20	$17.19
1205189032	Wong	Patricia	A	FNP-BC, RI	F	I	1200 Centre St	Roslindale	MA	25	2131	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	F	13	16	16	$77.00	$30.40	$18.15	$16.79
1205191871	Pathmanat	Suba		MD	F	I	120 Mcmillen Dr	Newark	OH	39	43055	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$85.00	$46.41	$34.75	$35.72

1205320991	Nagao	Scott	M	DO	M	I	984 Medical Dr Ste 1	Brigham Ci	UT	49	84302	1	Metropolita	US	Osteopathi	Y	69210	Removal of N	O	16	16	16	$60.36	$45.38	$33.92	$35.77
1205804911	Sanchez	Mario	A	D.O.	M	I	525 S 10th St	Raymondvi	TX	48	78580	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$100.00	$45.92	$34.41	$35.75
1205854486	Harrington	Brian	C	M.D.	M	I	940 Centra Suite #100	Steamboat	CO	8	80487	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$138.00	$45.48	$34.17	$35.01
1205876497	Gill	Lisa		CRNP	F	I	230 W Was 3rd Fl	Philadelphi	PA	42	19106	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	16	16	$85.00	$42.20	$32.06	$29.66
1215070545	Zbarsky	Vadim		MD	M	I	535 Ocean Suite La	Brooklyn	NY	36	11218	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	16	16	$79.38	$56.99	$45.49	$36.79
1215191887	Rahmati	Rahmatullah		MBBS	M	I	243 Charles St	Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	16	16	$132.38	$35.89	$23.28	$21.39
1215900519	Schleich	Jeffrey	P	MD	M	I	1010 Fairway Dr	Freeport	IL	17	61032	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	16	16	$101.06	$46.84	$29.19	$29.94
1215912332	Leonardi	Cheryl	D	M.D.	F	I	4801 Dorse Suite 205	Ellicott City	MD	24	21042	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$190.00	$52.31	$36.61	$33.23
1215918446	Rasor	Travis	E	D.O.	M	I	5705 Monclova Rd	Maumee	OH	39	43537	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$112.75	$46.26	$29.92	$31.16
1215962956	Rice	Dale		M.D.	M	I	1450 San Pablo St Ste 9	Los Angele	CA	6	90033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	16	16	$167.19	$31.97	$23.10	$21.55
1215990635	Wolf	Steven	L	MD	M	I	3883 Airway Dr Ste 202	Santa Rosa	CA	6	95403	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$179.00	$52.48	$36.74	$33.23
1225024896	Nathan	Manjunath		M.D	M	I	2095 W 24t Suite A	Yuma	AZ	4	85364	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$100.00	$46.45	$25.38	$26.61
1225080336	Bonner	Courtney	A	D.O.	F	I	716 Adair Ave	Zanesville	OH	39	43701	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$142.75	$54.21	$40.68	$35.61
1225106420	Jones	Myron	B	MD	M	I	1050 Eagle Ste 202	Stockbridg	GA	13	30281	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	16	16	$143.83	$45.62	$34.19	$34.52
1225250640	James	Terry	M	M.D.	M	I	16356 County Road 41	Addison	AL	1	35540	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$60.00	$39.91	$31.87	$36.79
1225267222	Tapia	Angela	M	M.D.	F	I	5172 Mason Corbin Ct	Fort Myers	FL	12	33907	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$102.30	$50.51	$37.34	$35.23
1235102591	Winters	Jennifer	B	D.O.	F	I	855 Eaton Ave	Hamilton	OH	39	45013	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$70.19	$45.36	$33.02	$33.58
1235152638	Stratford	Donna	M	N.P.	F	I	115 Mill St	Belmont	MA	25	2478	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$77.00	$30.34	$22.69	$20.98
1235158528	Lao	Ernesto		M.D.	M	I	30795 23 M	Suite 205	Chesterfiel	MI	26	48047	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$79.69	$49.91	$32.30	$30.86
1235191495	Salisbury	Steven	S	MD	M	I	1300 N 500	Suite 370	Logan	UT	49	84341	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$80.00	$45.41	$28.44	$30.43
1235406828	Hussaini	Syed	K	M.D	M	I	25500 Point Lookout R	Leonardtov	MD	24	20650	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$134.00	$49.43	$36.98	$35.61
1235453093	Terry	Justin	W	MD	M	I	2450 W Horizon Ridge I	Henderson	NV	32	89052	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	16	16	$100.00	$49.24	$36.27	$35.06
1235727645	Daily	Kami	M	CNP	F	I	250 1st St	Alamogord	NM	35	88310	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	16	16	$100.00	$37.64	$29.98	$31.27
1245207224	Boornazian	Michele	L	DO	F	I	1098 W Bal Suite 3101	Media	PA	42	19063	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$152.00	$51.08	$38.19	$35.61
1245232008	Glanzer	Kristi	K	CNP	F	I	111 4th St Se	Huron	SD	46	57350	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$108.00	$39.60	$21.84	$22.72
1245235654	Jarad	John	I	M.D.	M	I	2540 16th St	Port Huron	MI	26	48060	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$60.00	$46.32	$34.76	$35.74
1245236363	Schubert	Robert	W	M.D.	M	I	301 Madisc Suite 260	Joliet	IL	17	60435	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$133.00	$51.13	$30.47	$28.49
1245264720	Huizenga	Robert	J	M.D.	M	I	150 N Robe	Suite 115	Beverly Hill	CA	6	90211	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$59.38	$49.84	$37.62	$35.86
1245280098	Morris	J.	D	M.D.	M	I	3200 N Windsong Dr	Prescott Va	AZ	4	86314	1	Metropolita	US	Geriatric M	N	69210	Removal of N	O	14	16	16	$45.19	$44.32	$28.75	$31.59
1245280239	Del Rio-Gil	Maria		M.D	F	I	1735 Sw Health Pkwy S	Naples	FL	12	34109	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$102.30	$50.79	$30.33	$26.11
1245289784	Spratford	Eric		MD	M	I	2434 Wolf Rd	Westchest	IL	17	60154	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$153.63	$51.80	$38.69	$35.61
1245333848	Horrigan	Timothy	J	MD	M	I	43201 Commons Drive	Clinton Tov	MI	26	48038	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$90.00	$49.73	$37.15	$35.61
1245466960	Carr	Kristen	B	M.D.	F	I	4591 Socastee Blvd	Myrtle Bea	SC	45	29588	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$102.00	$45.21	$29.41	$31.46
1245590314	Foxen	Jessica	M	MD	F	I	1401 Sw 34th St Ste 20	Moore	OK	40	73160	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$93.00	$42.20	$20.81	$23.12
1245690650	Ross	Justin	C	DO	M	I	595 Chapel Hills Dr Ste	Colorado S	CO	8	80920	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	16	16	$123.00	$30.06	$23.95	$23.74
1255373866	Nowobilska	Anna		MD	F	I	5257 S Cicero Ave	Chicago	IL	17	60632	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$80.00	$50.35	$34.94	$32.05
1255397824	Boothe	Julia	L	M.D.	F	I	108 4th Ave Sw	Reform	AL	1	35481	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$80.00	$44.16	$27.39	$29.12
1255531653	Stefan	Mario		M.D.	M	I	17914 Lake Azure Way	Boca Rator	FL	12	33496	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$163.00	$50.66	$30.20	$28.49
1255873899	Roberts	Lyndsy		NP-C	F	I	1045 Hill Rd N	Pickeringto	OH	39	43147	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$99.00	$39.21	$31.28	$32.28
1265405856	Hudson	Douglas	E	PA	M	I	3000 S Mccall Rd	Englewood	FL	12	34224	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	16	16	$102.30	$40.72	$24.67	$24.61
1265411052	Macadam	Heather	M	MD	F	I	18 Wells Road	Aurora	NY	36	13026	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$85.00	$46.78	$30.47	$31.20
1265516504	Mcguire	Jeffrey	W	MD	M	I	2312 Concord Road	Lafayette	IN	18	47909	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$50.00	$42.53	$29.50	$32.55
1275519043	Dawson	Douglas		M.D.	M	I	214 14th Ave Sw	Sidney	MT	30	59270	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	13	16	16	$150.88	$43.97	$35.07	$36.79
1275576779	Tigges	Gary	A	MD	M	I	6300 W Pa	#220	Plano	TX	48	75093	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$120.00	$45.55	$34.04	$35.75
1275620999	Fabregas	Troy	P	M.D.	M	I	848 Hicksville Rd	N Massape	NY	36	11758	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$150.00	$53.93	$34.02	$30.27
1275630162	Vradenburg	Jennifer		M.D.	F	I	550 W Cypress Ave	Reedley	CA	6	93654	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$148.00	$46.77	$37.51	$38.57
1275772766	Stanton	Elizabeth			F	I	675 N Sain	Galter Suit	Chicago	IL	17	60611	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	16	16	$166.00	$43.36	$23.58	$21.18
1285168609	Benito	Daniel	A	M.D.	M	I	3801 S Kanner Hwy Ste	Stuart	FL	12	34994	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$176.00	$48.76	$38.85	$36.79
1285174847	Rafetto	Gianna		PA-C	F	I	2112 Providence Ave	Chester	PA	42	19013	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	16	16	$125.00	$42.61	$31.93	$29.26
1285712638	Kilbarger	Brian		PA	M	I	1990 Haggerty Road	Livonia	MI	26	48152	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	16	16	16	$81.00	$29.76	$20.71	$19.58
1295173508	Mcalpin	Lindsay	J	PA	F	I	1850 Chad	North Towe	Jackson	MS	28	39204	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	16	16	$147.69	$36.80	$23.24	$26.41
1295764744	Kelley	Richard	T	M.D.	M	I	750 E Adams St	Syracuse	NY	36	13210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$115.00	$32.06	$25.65	$26.12
1295943462	Smith	Rebecca	A	APN,C	F	I	42 E Laurel Rd Ste 180	Stratford	NJ	34	8084	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$120.00	$44.20	$30.80	$28.25
1295992121	Fast	Gerhard	A	MD	M	I	110 E Smith St	Hesston	KS	20	67062	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$71.00	$40.43	$25.68	$28.02
1306073051	Pinckney	Steven	B	DO	M	I	1205 River .	2nd Floor	Williamspo	PA	42	17701	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$127.50	$46.29	$29.98	$31.19
1306078076	Cuhran	Jennifer	L	M.D.	F	I	116 Defens	Suite 400	Annapolis	MD	24	21401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$140.00	$52.03	$28.47	$24.92
1306254461	Gaugler	Heather		APRN	F	I	7701 E Kellogg Dr		Wichita	KS	20	67207	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	16	16	$80.00	$37.91	$23.88	$26.08
1306255948	Durkin	Megan	N	ARNP	F	I	1608 S J St Fl 3		Tacoma	WA	53	98405	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$135.69	$33.99	$25.07	$25.24
1306398375	Zurcher	Andrea	J	APRN	F	I	6001 Village Dr		Lincoln	NE	31	68516	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	16	16	$70.00	$36.94	$26.76	$29.66
1306842711	Nissen	Rick	L	M.D.	M	I	8714 Lyndale Ave S		Minneapoli	MN	27	55420	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	16	16	$262.00	$46.80	$37.45	$37.98
1306852827	Loh	John			M	I	1124 Mace Ave		Baltimore	MD	24	21221	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$80.00	$49.91	$40.09	$38.57
1306867494	Herman	Amir		D.O.	M	I	554 Larkfie	Suite 101	East North	NY	36	11731	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$105.00	$60.21	$48.19	$37.98
1306894894	Goodchild	Ginger	S	D.O.	F	I	2200 James Rd		Granbury	TX	48	76049	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	16	16	$95.63	$44.91	$28.39	$30.79
1306947452	Kendrick	Mark	D	M.D.	M	I	790 Dunlav	Suite E	Port Orang	FL	12	32127	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$56.39	$48.41	$33.20	$32.56
1316005952	Mcbreen	Brian	P	MD	M	I	5215 Loug	Suite 530	Washingto	DC	11	20016	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$328.26	$56.22	$42.17	$35.61
1316327661	Ellenburg	Michelle	L	NP	F	I	9100 N May Ave		Oklahoma	OK	40	73120	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$128.00	$36.83	$29.44	$31.28
1326043241	Ullom-Minn	Paul	D	M.D.	M	I	200 East Pack		Moundridg	KS	20	67107	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$71.00	$41.97	$25.22	$26.34
1326045048	Butler	Allen	P	M.D.	M	I	2406 Lighthouse Mano		Gainesville	GA	13	30501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$95.00	$45.10	$22.81	$25.20
1326061110	Schroer	Rachel			F	I	343 E Roy Furman Hwy		Waynesbur	PA	42	15370	7	Small town	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$145.00	$46.13	$29.82	$31.19
1326092438	Blasi	Steven	R	DO	M	I	41 Community Dr		Easton	PA	42	18045	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$122.00	$46.70	$37.38	$37.98
1326435249	Nielsen	Tyson		MD	M	I	900 N Liberty St Ste 40		Boise	ID	16	83704	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	16	16	$244.31	$39.21	$28.61	$31.84
1336102169	Lucarelli	Melissa	E	MD	F	I	504 S High Street		Randolph	WI	55	53956	6	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$236.00	$44.88	$24.69	$27.21
1336255900	Schmalz	William	J	MD	M	I	3209 W Ful	Suite E	Bloomingto	IN	18	47403	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$77.31	$44.03	$25.01	$28.24
1336692680	Mongeau	Donna		CRNP	F	I	2112 Harris	Suite 312	Lancaster	PA	42	17601	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$105.00	$39.21	$29.30	$30.36
1346265766	Adlard	Mark	E	M.D.	M	I	22342 Aver Suite 195		Rancho Sa	CA	6	92688	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$60.00	$52.44	$33.91	$30.86
1346274834	Bamberger	Mark		M.D.	M	I	8920 Wilshire Blvd Ste		Beverly Hill	CA	6	90211	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	16	16	$100.94	$52.44	$41.85	$37.98
1346719291	Heaton	Brandy	D	FNP-C APR	F	I	4101 Barbara Loop Se		Rio Rancho	NM	35	87124	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$141.00	$39.26	$19.52	$20.80

1356314355	Melcher	Steven	M	M.D.	M	I	891 Eureka St	Weatherfor	TX	48	76086	4.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$151.00	$46.29	$33.83	$34.82
1356350615	Chhabra	Rashmi		MD	F	I	120 W Calle De Las Tie	Green Valle	AZ	4	85614	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$75.00	$46.69	$32.65	$33.43
1356403778	Haloskie	Jessica	L	MD	F	I	3870 W River Rd Ste 12	Tucson	AZ	4	85741	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$197.91	$46.86	$32.82	$33.43
1356427140	Studebaker	Jeffrey	B	M.D.	M	I	98 Mosier Pkwy	Brookville	OH	39	45309	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$108.00	$46.58	$30.25	$31.19
1356446520	Denheijer	Laurel	L	APNP	F	I	923 Eliza St	Green Bay	WI	55	54301	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$175.00	$37.95	$17.17	$18.62
1356574867	Kasun	Regina	J	ANP	F	I	2729 King St	Alexandria	VA	51	22302	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	16	16	$204.69	$47.69	$30.96	$26.23
1356638860	Bartell	Pamela	J	D.O.	F	I	13332 Midlothian Tpke	Midlothian	VA	51	23113	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$93.00	$48.02	$36.07	$35.68
1356793624	Staudinger	Erica	L	ARNP	F	I	11181 Health Park Blvc	Naples	FL	12	34110	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$101.00	$41.99	$31.39	$29.25
1366435257	North	James	L	MD	M	I	5700 Monroe St Unit 2(	Sylvania	OH	39	43560	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$96.00	$46.71	$28.06	$28.93
1376502898	Dalton	Laura		M. D.	F	I	1440 Milita Suite 101	Benicia	CA	6	94510	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$102.00	$51.43	$41.13	$36.79
1376564542	Jakob	Cara	L	MD	F	I	3115 Citrus Suite A	Clermont	FL	12	34711	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	16	16	$73.00	$47.73	$35.64	$35.61
1376597823	Dagenhart	Timothy	L	MD	M	I	1904 Jake A Ste 301	Salisbury	NC	37	28147	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$97.00	$44.32	$32.07	$33.58
1376598334	Lowney	Timothy		D.O.	M	I	709 Washington St	Canton	MA	25	2021	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$105.00	$52.05	$41.51	$37.98
1376656447	Rodriguez	David	F	M.D.	M	I	775 Johnson Fy Rd Ne	Atlanta	GA	13	30342	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	16	16	$75.00	$42.58	$23.85	$25.78
1376729954	Moyer	Jennifer	M	CNP	F	I	2819 Aaronwood Ave N	Massillon	OH	39	44646	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$76.80	$39.55	$30.73	$31.41
1376887950	Browne	Sherine	A	NURSE PR/	F	I	4 W Red Oak Ln Ste 10-	White Plain	NY	36	10604	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	16	16	$120.00	$51.11	$40.91	$32.28
1386236248	Albert	Austin	T	PA	M	I	590 Newark Granville F	Granville	OH	39	43023	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	16	16	$166.25	$39.32	$27.43	$28.43
1396275517	Painter	Amy	R	NP	F	I	4950 E Blue Grass Rd	Mt Pleasan	MI	26	48858	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$66.88	$39.05	$23.05	$24.39
1396369138	Roberts	Tracy	A	DNP, NP-C	F	I	4740 N Penngrove Way	Meridian	ID	16	83646	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	16	16	$100.00	$36.71	$25.58	$28.75
1407827660	Darwin	Amy	L	MD	F	I	277 Cohasset Rd	Chico	CA	6	95926	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$129.00	$49.45	$35.00	$33.49
1407886492	Ruidera	Grace		M.D.	F	I	111 N Post Suite C	Midwest Ci	OK	40	73130	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$128.00	$44.96	$31.76	$33.88
1417044231	Heaton	Kenneth	J	D.O.	M	I	2517 N Glebe Rd	Arlington	VA	51	22207	1	Metropolita	US	Family Prac	N	69210	Removal of N	O	13	16	16	$61.42	$51.12	$32.76	$29.67
1417062357	Fales	Robert	E	MD	M	I	85 Church St	Middletowr	CT	9	6457	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$94.00	$51.32	$35.55	$33.01
1417951039	Cain	Brian	R	M.D.	M	I	754 S Cleveland Ave St	Mogadore	OH	39	44260	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$63.00	$46.40	$30.07	$31.19
1427094788	Gersten	Kevin		MD	M	I	39650 Liberty St	Fremont	CA	6	94538	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	16	16	$173.41	$54.83	$43.92	$36.79
1437100500	Benavage	Michael	F	MD	M	I	1400 Main St	Catasauqu	PA	42	18032	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$100.00	$46.74	$36.51	$37.08
1437127230	Myers	Tina	M	DO	F	I	2793 Geryville Pike	Pennsburg	PA	42	18073	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$120.50	$51.73	$31.77	$28.98
1437156262	Breytenbac	Hendrik	F	M.D.	M	I	292 Posad: Suite D	Templeton	CA	6	93465	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$100.00	$49.52	$27.73	$26.62
1437257706	Vyas	Dhruv	B	M.D.	M	I	405 Thompson St	Eden	NC	37	27288	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	13	16	16	$85.00	$45.75	$29.48	$31.17
1437263845	Adatto	Isaac	J	M.D.	M	I	16030 Vent Suite 680	Encino	CA	6	91436	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$245.75	$52.90	$32.73	$29.25
1437585601	Graves	Leah	D	APRN	F	I	211 High Point Ct Ste 7	Mount Was	KY	21	40047	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	16	16	$102.13	$37.62	$23.88	$26.39
1437703923	Broyles	Janice	A		F	I	9100 Park St Ste 100	Lenexa	KS	20	66215	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$100.00	$37.30	$29.73	$31.27
1447214150	Minton	Stephen	M	M.D.	M	I	4660 Kenm Suite 710	Alexandria	VA	51	22304	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$110.00	$55.55	$41.49	$35.61
1447261623	Sizemore	Valerie	M	NP-C	F	I	215 E Cald Suite A	Visalia	CA	6	93277	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$91.00	$39.91	$27.32	$28.25
1457351397	Schermer	Alexander	W		M	I	1010 Three Springs Blv	Durango	CO	8	81301	4	Micropolita	US	Emergency	Y	69210	Removal of N	O	15	16	16	$128.00	$51.22	$35.89	$33.23
1457388985	Thomas	James	H	M.D.	M	I	145 Pickwick St	Savannah	TN	47	38372	7	Small town	US	General Pra	Y	69210	Removal of N	O	14	16	16	$135.00	$43.96	$32.90	$35.86
1457544629	Dhariwal	Manoj	K	MD	M	I	2300 E County Road 54	Lakeland	FL	12	33813	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$129.13	$48.94	$36.66	$35.61
1457874786	Robbs	Cynthia		NURSE PR/	F	I	7229 Forest Ave Ste 11	Richmond	VA	51	23226	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	16	16	$75.00	$40.38	$26.50	$26.70
1467086371	Marshall	Kimberly			F	I	3593 S Arlington Rd	Akron	OH	39	44312	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$125.00	$39.21	$28.65	$29.72
1467436972	Mcdonnell	Michael		M.D.	M	I	5525 S Pula 2nd Flr	Chicago	IL	17	60629	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$245.00	$51.86	$41.29	$37.91
1467465450	Blacklock	Curt	D	DO	M	I	2600 Glasg Ste 218	Newark	DE	10	19702	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$65.00	$46.77	$37.31	$36.79
1467475616	Arora	Pratheep		M.D.	M	I	1380 E Fillr #100	Colorado S	CO	8	80907	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	16	16	$60.00	$48.54	$33.87	$33.23
1467689109	Peterson	Luke	N	M.D.	M	I	1836 South Ave	La Crosse	WI	55	54601	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	15	16	16	$182.88	$27.02	$19.28	$20.76
1477743482	Stevenson	Andrew	N	DO	M	I	5950 Unive Ste 265	West Des M	IA	19	50266	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	16	16	$135.31	$41.78	$25.27	$27.73
1487218764	Black	Chelsea	G	PA-C	F	I	405 Owen Dr	Fayettevill	NC	37	28304	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	16	16	$156.00	$38.67	$30.83	$32.29
1487609772	Benig	Vincent	R	M.D.	M	I	1144 W Jeff Ste 200	Shorewood	IL	17	60404	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$133.00	$51.13	$35.62	$33.22
1487613840	Okwara	Benedict	O	M.D.	M	I	404 South Sutherland A	Monroe	NC	37	28112	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$95.00	$46.08	$34.54	$35.75
1487646410	Leibensper	Stephen	N	M.D.	M	I	27 Heckel F Suite 107	Mc Kees Rc	PA	42	15136	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$65.00	$46.64	$32.00	$32.82
1487650271	Wirebaugh	Jeffrey	F	M.D.	M	I	702 Comm Ste 160	Perrysburg	OH	39	43551	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$102.88	$46.35	$27.70	$28.93
1487659272	Hufford	Kent	A	M.D.	M	I	150 Vera Ave	Ripon	CA	6	95366	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$139.50	$46.74	$32.95	$32.57
1487693636	Patel	Jignesh	R	MD	M	I	244 Southpark Cir E	St Augustin	FL	12	32086	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$75.00	$48.71	$36.48	$35.47
1487693743	Lucas	Avis	J	P.A.	F	I	950 N Porter Ave Ste 2(	Norman	OK	40	73071	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	15	16	16	$128.00	$38.25	$24.90	$26.79
1487710810	Wilson	Robert	M	DO	M	I	901 Lakeview Ave	Milford	DE	10	19963	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$100.00	$48.47	$36.26	$35.61
1487748745	Seaton	David	L	MD	M	I	16532 Us Highway 64	Somerville	TN	47	38068	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$66.47	$43.85	$28.36	$31.63
1497233340	Lakhani	Anisa	R	FNP-C	F	I	2100 Hedgcoxe Rd Ste	Plano	TX	48	75025	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$177.75	$38.76	$29.01	$30.40
1497726608	Johnson	Seth	T	DO	M	I	411 Maitlar Suite 1002	Altamonte :	FL	12	32701	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	16	16	$65.00	$47.94	$34.88	$34.66
1497727192	Laloudakis	Despina		NP	F	I	4530 E Mui Suite 105	Phoenix	AZ	4	85048	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$65.00	$39.44	$31.48	$32.28
1497745665	Martinez	Francisco	J	M.D.	M	I	Ave El Buer Suite 101 Ju	Guaynabo	PR	72	966	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$48.60	$48.09	$31.08	$30.86
1497816995	Frantz	Mildred		M.D.	F	I	1 Industrial Way W Bldg	Eatontown	NJ	34	7724	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$78.75	$51.92	$36.16	$33.23
1497852966	Platzman	Robert		D.O.	M	I	601 Ewing S Suite C-7	Princeton	NJ	34	8540	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	13	16	16	$125.00	$52.96	$39.81	$35.61
1497875975	Santos	Anthony Jo:	R	PA-C	M	I	430 Lakeville Rd	New Hyde I	NY	36	11042	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	16	16	$357.00	$50.01	$39.99	$32.28
1508440264	Kittka	Julia	P		F	I	3801 Filbert St Bldg Sui	Philadelphi	PA	42	19104	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$147.75	$43.33	$25.81	$24.22
1508835471	Rue	Bradley	C	MD	M	I	600 E Taylo Ste 305	Sherman	TX	48	75090	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$75.00	$42.99	$24.75	$26.28
1508871153	Clerc	Daniel	T	MD	M	I	3021 Griffin Ave	Enumclaw	WA	53	98022	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$135.38	$52.78	$34.16	$30.86
1518063205	Villegas	Joel	P	MD	M	I	370 Larry P Suite 2	Bourbonna	IL	17	60914	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	16	16	$100.00	$46.53	$23.09	$24.32
1518219401	Eichelberg	Kyle	S	P.A.-C	M	I	611 W. Parl Ent	Urbana	IL	17	61801	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	16	16	$299.06	$28.47	$21.40	$21.00
1518235431	Ghebregzia	Solomon	T	M.D	M	I	3609 Cape Center Dr	Fayettevill	NC	37	28304	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$76.36	$45.61	$36.38	$37.98
1518398437	Sayed	Ramy			M	I	300 Stonecrest Blvd St	Smyrna	TN	47	37167	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$143.00	$42.71	$30.82	$33.62
1518960525	Bhagat	Dicky	G	M.D	M	I	2240 Karis: Suite 1	Goshen	IN	18	46526	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$125.00	$43.94	$32.85	$34.67
1528009743	Jenkins	Scott	E	M.D	M	I	1501 Superior Ave Ste 2	Newport Be	CA	6	92663	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$136.50	$50.77	$32.57	$29.67
1528021417	Wilson	Richard	R	D.O.	M	I	9250 Corkscrew Rd Ste	Estero	FL	12	33928	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$68.00	$51.27	$33.34	$30.83
1528024874	Topf	Paul		MD	M	I	1295 Portla Suite 7	Rochester	NY	36	14621	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$79.20	$43.95	$30.91	$32.88
1528058781	Gilson	Meredith	P	M.D.	F	I	2 Technolo Suite A	Bourne	MA	25	2532	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$132.00	$47.94	$33.79	$32.49
1528218971	De Jesus Ka	Clara	L	M.D.	F	I	7860 Sw 103rd St. Rd.	Ocala	FL	12	34476	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$92.00	$48.04	$31.12	$30.88
1528356284	Rodriguez	Michael		D.O.	M	I	20325 N 51st Ave Ste 1	Glendale	AZ	4	85308	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	16	16	$94.36	$46.24	$36.88	$37.98
1528438140	Grange	Jamie	C	PA-C	F	I	2245 N 400 Ste 301	Logan	UT	49	84341	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	16	16	$137.58	$38.58	$24.52	$26.23
1528683794	Schmitt	Daniel	A	PA-C	M	I	2850 Willow Street Pik	Willow Stre	PA	42	17584	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	16	16	$80.00	$39.33	$25.46	$26.51

1538145602	Neerukond	Suhas	P	MD	M	I	1301 Plant:	Suite 203	St Augustin	FL	12	32080	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$86.00	$48.51	$36.43	$35.61
1538199443	Wyatt	Willie	G	M.D.	M	I	5720 W Memorial Rd		Oklahoma (	OK	40	73142	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$93.00	$45.08	$36.10	$37.98
1538363106	Laviolette	Amanda	K	MD	F	I	1004 W 32nd St Ste 40		Austin	TX	48	78705	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$100.00	$46.41	$34.61	$34.42
1548211444	Lovato	Frank		PA	M	I	461 Western Blvd Ste 1		Jacksonvill	NC	37	28546	1	Metropolit:	US	Physician A	Y	69210	Removal of N	O	13	16	16	$55.00	$38.93	$29.13	$30.39
1548219959	Balch	Bill	M	MD	M	I	5012 S Us H	Suite 300	Denison	TX	48	75020	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$107.00	$46.14	$30.02	$31.30
1548283617	Gibbs	Philip		MD	M	I	611 North F St		Aberdeen	WA	53	98520	4	Micropolit:	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$95.00	$47.54	$33.14	$33.29
1548873433	Clelland	Olivia	M	PA	F	I	301 E Wendover Ave St		Greensbor	NC	37	27401	1	Metropolit:	US	Physician A	Y	69210	Removal of N	O	15	16	16	$103.00	$38.79	$25.06	$26.60
1558339606	Glick	Leslie	H	MD	F	I	606 Wilson Creek Rd		Lawrenceb	IN	18	47025	4.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$103.00	$42.23	$29.35	$34.20
1558349514	Chelich	C.	M	D.O.	M	I	16240 Prince Dr		South Holl:	IL	17	60473	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$100.00	$52.53	$31.55	$28.49
1558487496	Reiss	Kenneth	S	D.O.	M	I	2525 Harbo	Suite 104	Port Charlo	FL	12	33952	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$102.31	$47.90	$38.23	$37.98
1568133072	Carellas	Demetrios		PA-C	M	I	1090 N Church St Ste A		Hazle Town	PA	42	18202	1	Metropolit:	US	Physician A	Y	69210	Removal of N	O	16	16	16	$75.00	$39.22	$26.06	$27.20
1568400554	Romeo	Martha	S	MD	F	I	50 Barracuda Ln		Key Largo	FL	12	33037	4	Micropolit:	US	Internal Me	Y	69210	Removal of N	O	11	16	16	$101.00	$54.21	$35.94	$31.22
1568400653	Cunniff	Kristine	A	DO	F	I	100 Kenyon Ave		Wakefield	RI	44	2879	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$120.00	$49.65	$32.15	$30.86
1568468494	Barruw	Owen	A	M.D.	M	I	Associated 9910 Sand:		Boca Rator	FL	12	33428	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$111.00	$51.10	$40.87	$37.98
1568495323	Stepkovitch	Khatuna		MD	F	I	1/2 Orange Dr.Stepkov		Marcellus	NY	36	13108	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$115.00	$46.15	$34.50	$35.72
1568816221	Dees	Ashley	S	NP	F	I	2500 N State St		Jackson	MS	28	39216	1	Metropolit:	US	Nurse Prac	Y	69210	Removal of N	F	14	16	16	$80.25	$28.35	$21.26	$20.98
1578054169	Moody	Alexandra		MD	F	I	1001 S George St		York	PA	42	17403	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$105.00	$46.01	$34.36	$35.72
1578549010	Buckberg	Miriam	S	MD	F	I	701 Enfield Street		Enfield	CT	9	6082	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$115.00	$51.30	$35.76	$33.23
1578651709	Piszcz-Con	Malgorzata		M.D.	F	I	1700 N 10th St		Millville	NJ	34	8332	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$55.00	$51.95	$39.54	$36.10
1578724795	Newbrough	Bryan	S	M.D.	M	I	2401 S 31st St		Temple	TX	48	76508	1	Metropolit:	US	Otolaryngo	Y	69210	Removal of N	F	16	16	16	$153.00	$31.63	$18.89	$20.16
1588021083	Hilger	Ashley	N	N.P	F	I	17820 Se 109th Ave Ste		Summerfie	FL	12	34491	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$60.00	$40.56	$30.29	$29.26
1588119135	Anderson	Kelly	E	PA	F	I	4600 W Loomis Rd Ste		Greenfield	WI	55	53220	1	Metropolit:	US	Physician A	Y	69210	Removal of N	O	15	16	16	$300.00	$38.23	$26.80	$28.63
1588247571	Williams	Jessica			F	I	180 S Main St		Canton	IL	17	61520	4.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$255.00	$38.03	$28.31	$29.34
1588677629	Tancer	Richard	B		M	I	18 Redneck Ave		Little Ferry	NJ	34	7643	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$112.19	$53.64	$37.38	$33.23
1588740443	Varano	Catherine		M.D.	F	I	470a Us Highway 202 2		Bedminste	NJ	34	7921	1	Metropolit:	US	Emergency	Y	69210	Removal of N	O	16	16	16	$59.67	$53.91	$42.63	$37.55
1588985378	Mazhar	Kashif		M.D	M	I	10010 Falls Of Neuse F		Raleigh	NC	37	27614	1	Metropolit:	US	Otolaryngo	Y	69210	Removal of N	O	12	16	16	$95.00	$41.91	$30.13	$31.10
1598315236	Unikewicz I	Kristina	M		F	I	12 Church St		Swanton	VT	50	5488	8	Small town	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$100.00	$39.78	$23.76	$24.49
1598746570	Barimo	Michael	J	D.O.	M	I	483 N Semoran Blvd St		Winter Park	FL	12	32792	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$80.00	$47.80	$33.30	$33.25
1598750648	Dhaliwal	Gunwant	S	M.D.	M	I	6329 State Road 54		New Port Ri	FL	12	34653	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$153.00	$46.37	$37.01	$36.79
1598920357	Talati	Ravin	B	M.D	M	I	101 Adams Dr		Demorest	GA	13	30535	4.1	Secondary	US	General Pra	Y	69210	Removal of N	O	15	16	16	$125.00	$45.03	$20.18	$22.76
1609001759	Parker	Ryon	E	MD	M	I	5380 S Rainbow Blvd S		Las Vegas	NV	32	89118	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	13	16	16	$99.18	$49.21	$31.83	$30.86
1609122175	Devine	Elizabeth	A	APRN	F	I	843 E 4th St Ste A		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	87426	Detection t	N	O	13	16	16	$88.26	$35.02	$35.02	$34.62
1609282219	Phillip-Jour	Danielle	S	MD	F	I	100 Reserve Rd Ste A4		Danbury	CT	9	6810	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$123.44	$51.86	$38.91	$35.61
1609804418	Levine	Marc	M	MD	M	I	1 Diamond Hill Rd		Berkeley H	NJ	34	7922	1	Metropolit:	US	Emergency	Y	69210	Removal of N	O	16	16	16	$140.00	$52.80	$39.49	$35.42
1609805035	Cronin	Kerry	A	M.D.	F	I	4724 Nesconset Hwy		Port Jeffers	NY	36	11776	1	Metropolit:	US	Emergency	Y	69210	Removal of N	O	16	16	16	$140.00	$57.95	$43.30	$33.23
1609809458	Pepe	Salvatore		DO	M	I	99 Route 37 W		Toms River	NJ	34	8755	1	Metropolit:	US	Emergency	Y	69210	Removal of N	O	16	16	16	$140.00	$52.42	$33.53	$30.36
1619048204	Lowry	Slater	B	M.D.	M	I	362 Park Creek Drive		Columbus	MS	28	39705	7.2	Secondary	US	Internal Me	Y	69210	Removal of N	O	13	16	16	$140.00	$43.21	$32.31	$35.90
1619264488	Karres	Lisa	M	D.O.	F	I	1930 Tamarack Rd		Newark	OH	39	43055	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$70.00	$46.30	$22.98	$24.41
1619316585	Tarap	Brandyn	A	MD	F	I	1369 Montgomery St		Custer	SD	46	57730	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$140.00	$42.03	$33.91	$36.20
1619962453	Milligan	Donna	K	PA	F	I	3100 Independence Sq		West Plains	MO	29	65775	4	Micropolit:	US	Physician A	Y	69210	Removal of N	O	15	16	16	$118.50	$36.80	$25.40	$26.42
1619993102	Bevill	Carl	T	MD	M	I	12 Medical Dr Ne		Cartersville	GA	13	30121	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$86.00	$45.32	$31.17	$33.06
1629034343	Roca	Alejandro	O	M.D.	M	I	6701 Sunse	Suite 212	South Mian	FL	12	33143	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$106.00	$51.89	$41.41	$36.79
1629049226	Gluth	Michael			M	I	5841 S Maryland Ave		Chicago	IL	17	60637	1	Metropolit:	US	Otolaryngo	Y	69210	Removal of N	F	13	16	16	$259.00	$37.03	$24.15	$21.39
1629062393	Lingamallu	Ratnamani		M.D.	F	I	515 E Garden St		Lakeland	FL	12	33805	1	Metropolit:	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$82.50	$46.64	$37.27	$36.79
1629072236	Heeter	David	W	DO	M	I	1251 E Main St		Annville	PA	42	17003	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$163.75	$46.69	$32.70	$33.46
1629085907	Todd	Rodney	E	M.D.	M	I	2282 Nw Troost St Ste :		Roseburg	OR	41	97471	4	Micropolit:	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$105.00	$45.42	$31.71	$33.57
1629338231	Rose	Victoria	S	M.D.	F	I	1613 Route 47 Unit G		Rio Grande	NJ	34	8242	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$106.00	$52.00	$34.55	$31.57
1629500137	Garrahy	Kelly		D.O.	F	I	420 S 5th Ave		West Readi	PA	42	19611	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$150.00	$46.75	$28.10	$28.93
1629509443	Yoo	Elsia		D.O.	F	I	7640 Highway 70 S Ste		Nashville	TN	47	37221	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$130.50	$43.79	$28.30	$31.63
1629683966	Felten	Kasey		PA-C	F	I	17168 Timber View Dr		Grand Hav	MI	26	49417	1	Metropolit:	US	Physician A	Y	69210	Removal of N	O	14	16	16	$105.00	$39.09	$27.30	$28.48
1639162290	Lord	Gregory	D	MD	M	I	301 W Fertitta Blvd Ste		Leesville	LA	22	71446	7	Small town	US	General Pra	Y	69210	Removal of N	O	16	16	16	$226.00	$45.94	$36.05	$37.36
1639169162	Croglio	Victor	J	M.D.	M	I	5000 Britto	Suite A100	East Syracu	NY	36	13057	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$94.00	$46.76	$30.76	$31.48
1639177413	Clary	Cathy	J	MD	F	I	520 N Spring St		Harrison	AR	5	72601	5	Micropolit:	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$95.00	$42.61	$29.68	$33.89
1639396914	Goodman	Kelly	A	NP	F	I	4701 Sang:	Suite 5207	Bethesda	MD	24	20816	1	Metropolit:	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$60.00	$47.29	$30.56	$26.23
1639583990	Bober	Craig			M	I	660 Woodbury Glassbo		Sewell	NJ	34	8080	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$105.00	$51.03	$35.61	$32.05
1649213786	West	Steven	A	MD	M	I	2157 Pine Ridge Rd		Naples	FL	12	34109	1	Metropolit:	US	Emergency	Y	69210	Removal of N	O	16	16	16	$90.00	$50.79	$30.33	$28.49
1649280827	Azimi-Zava	Minoudokht		MD	F	I	1350 S Sunny Slope Rd		Brookfield	WI	55	53005	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$300.00	$44.54	$26.60	$29.37
1649376849	Patsimas	John	D	MD	M	I	100 William Northern E		Tullahoma	TN	47	37388	4	Micropolit:	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$85.00	$43.81	$30.53	$32.56
1659307593	Velky	John	R	M.D.	M	I	309 West Ave		North Augu	SC	45	29841	1	Metropolit:	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$134.50	$45.02	$29.21	$31.46
1659358745	Feliciano	Elpidio	M	M.D.	M	I	1910 W Royale Dr		Muncie	IN	18	47304	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$70.00	$44.49	$28.96	$31.61
1659723567	Edelmayer	Luke William		M.D.	M	I	410 Celebration Pl		Kissimmee	FL	12	34747	2.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$151.88	$44.43	$33.42	$33.59
1669473898	Lucanie	Richard		MD	M	I	470 N Franklin Tpke Ste		Ramsey	NJ	34	7446	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	13	16	16	$65.00	$54.29	$38.03	$33.23
1669545638	Bruni	Oreste	J	MD	M	I	397 Woodbury Rd		Woodbury	NY	36	11797	1	Metropolit:	US	Emergency	Y	69210	Removal of N	O	15	16	16	$140.00	$59.75	$47.73	$37.98
1669707295	Stieber	Christina	C	PA-C	F	I	38021 Market Sq		Zephyrhills	FL	12	33542	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	15	16	16	$121.00	$40.67	$26.29	$25.24
1669769907	Tofts	Kristine	M	DO	F	I	285 Guthrie Dr		Troy	PA	42	16947	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$189.00	$43.89	$25.83	$26.56
1669800355	Smith	Alissa	A	N.P	F	I	11227 Lakeview Ave		Lenexa	KS	20	66219	1	Metropolit:	US	Nurse Prac	Y	69210	Removal of N	O	13	16	16	$100.00	$37.36	$29.79	$32.28
1669814950	Hott	Chad	T	FNP-BC	M	I	1 S Marsham St		Romney	WV	54	26757	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$55.00	$36.70	$21.67	$25.30
1679105266	Borst	Christine		CNP	F	I	4130 Dry Ridge Rd		Cincinnati	OH	39	45252	1	Metropolit:	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$86.00	$39.32	$23.47	$23.58
1679551071	Doherty Ful	Eileen		MD	F	I	1330 Exchange St Ste 2		Middlebury	VT	50	5753	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$89.00	$46.54	$29.32	$30.40
1679573786	Henry	Bradley	D	M.D.	M	I	600 Morris	Suite 102	Charleston	WV	54	25301	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$65.00	$45.59	$31.01	$32.71
1689124554	Eury	Kyle		ARNP	M	I	38051 Market Sq		Zephyrhills	FL	12	33542	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$121.00	$40.87	$16.22	$16.19
1689204232	Edgar	Daniel	M		M	I	1 Heidelberg Dr		Wernersvill	PA	42	19565	1	Metropolit:	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$70.00	$39.49	$26.49	$27.35
1689676876	Grady	Ann	E	M.D.	F	I	1565 N Mai Ste 306		Fall River	MA	25	2720	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$209.00	$46.31	$29.44	$31.45
1689689341	Fasciana	Guy	M	M.D.	M	I	605 Main St		Duryea	PA	42	18642	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$85.00	$43.29	$27.55	$28.82
1699298802	Durfee	Jeannie-Mae		MSFNP-BC	F	I	1620 President Ave		Fall River	MA	25	2720	1	Metropolit:	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$225.63	$42.16	$30.66	$29.41
1699980417	Sharma	Bina		M.D.	F	I	722 S Denton Tap Rd St		Coppell	TX	48	75019	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$161.00	$45.33	$33.89	$35.77
1700140266	Roxas	Michael Oli	Z	MD	M	I	1608 S J St Fl 3		Tacoma	WA	53	98405	1	Metropolit:	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$135.50	$44.60	$27.48	$27.66

1700194958	Mckenney	Diana	M	PA	F	I	3700 Route	Suite 101	Neptune	NJ	34	7753	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	16	16	$100.00	$44.50	$35.57	$32.28
1700800885	Hanson	Tyler	L	M.D.	M	I	1104 W 8th St		Yankton	SD	46	57078	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$137.00	$46.04	$27.48	$28.99
1700830098	Hernandez	Michael		M.D.	M	I	6 Horizon Rd		Fort Lee	NJ	34	7024	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$126.25	$53.55	$36.23	$32.19
1700835006	Krueger	Cory	S	M.D.	M	I	305 S Willard St		Cottonwoo	AZ	4	86326	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$57.00	$46.40	$34.70	$35.71
1700846946	Fisher	Edmund		M.D.	M	I	5301 Truxtu	Suite 200	Bakersfield	CA	6	93309	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$120.00	$47.75	$37.36	$36.10
1700956331	Azar	Naser	W	M.D.	M	I	1820 Fullerton Ave	Ste	Corona	CA	6	92881	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	15	16	16	$72.00	$47.76	$31.13	$30.06
1700970977	Stegmoyer	Robert	J	M.D.	M	I	2500 Metrohealth Dr		Cleveland	OH	39	44109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	16	16	$181.13	$31.55	$25.14	$25.50
1710274642	Roos	Elicia	D	D.O.	F	I	520 A1a N	Ste 101	Ponte Vedr	FL	12	32082	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$111.28	$46.86	$27.83	$27.33
1710407218	Clark	Shana	M		F	I	6101 Terry Rd		Louisville	KY	21	40258	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$99.00	$37.61	$30.00	$32.28
1710905542	Prince	Douglas	H	MD	M	I	13515 Woll	Suite C	New Freed	PA	42	17349	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$89.00	$46.59	$28.58	$29.53
1720021660	Smith	Timothy	D	M.D.	M	I	950 Baker H	Ste. 4	Huntsville	TN	47	37756	10.1	Secondary	US	General Pra	Y	69210	Removal of N	O	16	16	16	$110.00	$42.87	$29.33	$32.03
1720036981	Delwood	Donald	M	M.D.	M	I	401 Keene St		Columbia	MO	29	65201	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$89.00	$43.69	$34.82	$37.98
1720076987	Gaughan	Robert	K	M.D.	M	I	12399 Gra	Suite 120	Saint Louis	MO	29	63127	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$106.92	$47.14	$35.26	$35.66
1720136138	Tanson	Elvis	A	D.O.	M	I	4873 West Ln	Ste A	Stockton	CA	6	95210	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$100.00	$49.38	$27.56	$26.45
1720193691	Sutton	Ira		MD	M	I	2 Overhill R	Suite 225	Scarsdale	NY	36	10583	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$85.00	$57.30	$40.17	$33.23
1720304967	Burnett	Kimberly	O	FNP	F	I	114 Desmond St		Sayre	PA	42	18840	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$121.00	$40.82	$30.62	$30.29
1720496227	Heisey	Ashley	L	PA	F	I	640 S State St		Dover	DE	10	19901	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	16	16	$62.00	$41.06	$29.49	$29.10
1730128091	Corcoran	James	P	DP	M	I	4400 N 32n	Ste 110	Phoenix	AZ	4	85018	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	16	16	$62.00	$46.33	$32.29	$33.43
1730131160	Mulholland	Kimberly	K	ARNP	F	I	1705 16th Ave		Fulton	IL	17	61252	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$168.00	$37.71	$22.15	$24.60
1730185513	Lerrick	Andrew	J	M.D.	M	I	191 Bedford St		Fall River	MA	25	2720	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$204.25	$50.07	$40.07	$37.98
1730185745	Venkatesar	Emmanuel	A	MD	M	I	114 N Taylor Ave		Saint Louis	MO	29	63108	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$160.00	$47.70	$30.34	$30.32
1730186883	Thomas	Dennis		MD	M	I	1850 Pocahontas Trl		Quinton	VA	51	23141	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$118.00	$48.20	$33.80	$33.29
1730273814	Dannhauer	Ann	C	MD	F	I	202 North Main St		Coupeville	WA	53	98239	5	Micropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$201.00	$47.44	$35.44	$35.63
1730299926	Racanelli	Vincent	J	DO	M	I	101 E. Miller Road		Sterling	IL	17	61081	4	Micropolita	US	Internal Me	Y	69210	Removal of N	F	14	16	16	$115.25	$33.36	$21.71	$21.43
1730773763	Karches	Hannah	M	APRN	F	I	9080 Taylorsville Rd		Louisville	KY	21	40299	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$99.00	$37.67	$28.16	$30.46
1730853581	Winter	Mariah			F	I	403 Summit Blvd	Unit 2	Broomfield	CO	8	80021	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	16	16	$75.00	$38.34	$30.37	$30.09
1740260140	Logan	James		MD	M	I	402 S Bolivar St		Marshall	TX	48	75670	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$85.00	$46.12	$30.70	$31.92
1740346550	Gerace	Kathleen		DO	F	I	6401 E Tho	Ste 103	Scottsdale	AZ	4	85251	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$95.00	$46.42	$29.17	$29.13
1740367713	Yang	See Young	C	M.D.	M	I	311 S 72nd Ave		Yakima	WA	53	98908	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	16	16	$142.00	$49.93	$37.09	$31.85
1740560762	Gentile	Ellen	R	APRN	F	I	3101 Cypress St		West Monr	LA	22	71291	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$106.25	$38.97	$27.16	$28.48
1740792506	Springstea	Regina		NP	F	I	300 N Main St	Ste D	Crown Poin	IN	18	46307	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$70.76	$36.67	$23.94	$27.38
1750328688	Yatskar	Anna		M.D	F	I	1711 Sheep	2 Fl	Brooklyn	NY	36	11235	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$100.00	$59.43	$47.41	$37.98
1750382230	Timen	Sanford	M	M.D.	M	I	5400 Trans	Suite 11	Garfield Ht	OH	39	44125	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	16	16	$351.75	$29.66	$20.37	$20.63
1750387494	Allegar	Nancy	E	M.D.	F	I	390 Amwel	Bldg 5	Hillsboroug	NJ	34	8844	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$261.63	$53.83	$37.57	$33.23
1750470282	Lagman-Be	Mary	G	MD	F	I	315 Martin Luther King		Tacoma	WA	53	98405	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	16	16	$117.00	$47.58	$37.98	$37.98
1750713145	Minot	Mark	M	MD, PH.D., I	M	I	78120 Wildcat Dr		Palm Dese	CA	6	92211	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$46.01	$34.58	$19.33	$17.54
1750729018	Papagianne	Peter		M.D.	M	I	2011 York Rd		Oak Brook	IL	17	60523	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	15	16	16	$162.00	$27.74	$22.20	$19.75
1750745782	Stephan	Zachary			M	I	660 Beaver Creek Cir	S	Maumee	OH	39	43537	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$96.00	$46.22	$27.01	$28.39
1750924445	Leibovitz	Aviva			F	I	260 Avenue X		Brooklyn	NY	36	11223	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	16	16	$120.95	$47.14	$37.56	$30.26
1760468490	Lupu	Viorel	C	M.D.	M	I	23300 Ecorse Rd		Taylor	MI	26	48180	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$85.00	$49.81	$36.90	$35.28
1760474092	Martinez Ri	Guillermo	E	MD	M	I	Edificio Me	16 Calle B	Bayamon	PR	72	959	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	16	16	$40.38	$38.01	$24.28	$29.97
1760570774	Swaim	John	F	MD	M	I	503 Anderson St		Rockville	IN	18	47872	7	Small town	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$65.00	$42.53	$28.38	$31.45
1760622617	Horrigan	Letitia	A	D.O.	F	I	481 Kingstown Rd		Wakefield	RI	44	2879	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$75.00	$49.45	$39.45	$36.79
1760877542	Formeister	Eric	J	M.D., M.S.	M	I	2233 Post S	Room 03-3	San Francis	CA	6	94115	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	16	16	$128.75	$45.40	$36.17	$37.98
1760966774	Moore	Molly	M	MSN, RN, F	F	I	51 W 3rd St	Ste 500	Tempe	AZ	4	85281	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$76.52	$39.42	$29.47	$30.35
1770597387	Chatterjee	Ratul		M.D.	M	I	19582 Beac	Ste 102	Huntington	CA	6	92648	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	16	16	$95.00	$52.36	$39.12	$35.61
1770744302	Stensby	Jessica	B	M.D.	F	I	186 Hospit	Suite 500	Winchester	TN	47	37398	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$65.30	$43.79	$30.51	$33.75
1770964488	Agnew	Andrew	W	D.O.	M	I	27406 Cashford Cir		Wesley Cha	FL	12	33544	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	16	16	$174.31	$47.88	$35.79	$35.61
1780080416	Gollapalli	Ravikumari		M.D	F	I	500 Plaza Ct		East Strouc	PA	42	18301	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$150.00	$46.41	$37.09	$37.98
1780637363	Warren	Frank	M	M.D.	M	I	9155 Sw Barnes Rd	Ste	Portland	OR	41	97225	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	16	16	$147.00	$48.60	$29.72	$29.13
1780656223	Reece	Lorinda		M.D.	F	I	1401 E H St		Mc Cook	NE	31	69001	7	Small town	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$86.31	$43.38	$34.61	$37.98
1780668640	Mrowiec	Andrew		MD	M	I	9 Aberdeen Shopping P		Aberdeen	MD	24	21001	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$75.00	$47.47	$33.07	$34.42
1780743039	Yarbrough	Jason	T	PA	M	I	2001 4th Ave		San Diego	CA	6	92101	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	16	16	$156.38	$43.93	$30.04	$27.47
1780975565	Branch	Billy	G	MD	M	I	1107 Glenwood Dr		West Monr	LA	22	71291	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$175.00	$44.54	$29.96	$31.35
1790108959	Gralian	Monica	L		F	I	405 South St	Ste F	Redding	CA	6	96001	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	16	16	$74.00	$41.60	$29.15	$28.33
1790189660	Banks	Shelby	S	FNP	F	I	10900 W 44th Ave	Unit	Wheat Ridg	CO	8	80033	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	16	16	$100.00	$41.12	$30.73	$30.26
1790332377	Richard	Kate	T	APRN	F	I	850 Kempsville Rd	Ste	Norfolk	VA	51	23502	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	15	16	16	$75.00	$28.22	$15.53	$15.48
1790705432	Maloney	Robert	E	M.D.	M	I	118 W Main St		Spencer	MA	25	1562	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$221.00	$48.53	$25.05	$23.65
1790739878	Tafflin	Dennis	H	D.O.	M	I	252 W Swa	Ste 41	Doylestow	PA	42	18901	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$79.38	$50.85	$35.38	$33.23
1790771244	Ladd	James	D	M.D.	M	I	147 Asheland Avenue		Asheville	NC	37	28801	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$46.17	$43.80	$32.83	$35.89
1790787752	Callen	Dennis	R	M.D.	M	I	831 Main Rd		Westport	MA	25	2790	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$171.00	$49.51	$29.51	$28.49
1790824605	Estrem	Scott	A	MD	M	I	960 E Walnut Lawn St	S	Springfield	MO	29	65807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	16	16	$144.00	$42.82	$23.15	$26.19
1790893857	Anabi	Samir		M.D.	M	I	160 E Artesia St	Ste 22	Pomona	CA	6	91767	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	16	16	$100.00	$52.85	$36.96	$33.23
1801240395	Wells	Claude	W	APRN, FNP	M	I	218 Church St		Stamps	AR	5	71860	3	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	16	16	$100.00	$34.68	$21.89	$27.16
1801316963	Lindburg	Miranda	R	MD	F	I	11125 Dun	Ste 201	Saint Louis	MO	29	63136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$155.00	$42.38	$33.77	$34.42
1801830757	Mckenzie	Keith	C	M.D.	M	I	15501 Met	Ste 110	Clinton Twp	MI	26	48036	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$77.00	$49.88	$33.43	$31.90
1801869409	Wold	Christian	J	M.D.	M	I	221 Windermere Blvd		Alexandria	LA	22	71303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$144.00	$46.49	$31.27	$32.19
1801880570	Lubin-Bask	Alicia	S	D.O.	F	I	400 Gill Ln		Iselin	NJ	34	8830	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$196.88	$53.66	$34.70	$30.86
1801888607	Stephens	Michael	A	MD	M	I	440 Kingsley Ave		Orange Par	FL	12	32073	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$108.28	$48.37	$33.87	$33.25
1801972096	Meissner	Paul	H	MD	M	I	8720 Frede	Ste 100	Omaha	NE	31	68124	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$120.00	$42.63	$29.75	$32.61
1811945355	Gauby	Van	A	MD	M	I	93 N Main St		Hilton Hea	SC	45	29926	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$95.00	$44.86	$30.03	$32.38
1811952427	Harvey	John	C	MD	M	I	120 E Beauregard Ave		San Angelo	TX	48	76903	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$120.00	$46.09	$29.92	$31.25
1811991219	Zinicola	Daniel	F	M.D.	M	I	27 Commerce Dr		Rocky Poin	NC	37	28457	2	Metropolita	US	General Pra	Y	69210	Removal of N	O	13	16	16	$65.00	$44.19	$30.12	$31.83
1821014085	Bogikian	Azat		M.D.	M	I	247 W Glenoaks Blvd		Glendale	CA	6	91202	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$95.00	$52.49	$37.70	$34.09
1821188483	Birlew	Nicholas	R	D.O.	M	I	1148 W Hammer Ln		Stockton	CA	6	95209	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$100.00	$49.41	$36.62	$35.16
1821292046	Funkhouse	John	C	N.P.	M	I	286 Calhoun Station P		Madison	MS	28	39110	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$114.00	$37.15	$24.18	$26.99
1821346636	Santa Mari	Peter	L	MD PHD	M	I	801 Welch Rd		Stanford	CA	6	94035	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	16	16	$97.00	$36.17	$27.07	$23.85

1831860105	Patel	Kinjel	D	FNP-C	F	I	75 Veronica Ave Ste 20	Somerset	NJ	34	8873	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$147.19	$45.45	$36.24	$32.28
1841210747	O'leary	Edward	T	MD	M	I	3501 N Sco #334	Scottsdale	AZ	4	85251	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$70.00	$46.98	$34.18	$34.63
1841248325	Thompson	Nancy	K	M.D.	F	I	205 W Win	Suite 310	Frederickst	TX	48	78624	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$139.00	$44.69	$31.16	$32.34
1841290962	Wasserma	Adam	I	MD	M	I	524 S Washington St	Gettysburg	PA	42	17325	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$62.00	$46.49	$25.52	$26.67
1841411758	Vanhouten	Peter	D	M.D.	M	I	15301 Tyler Foote Rd.	Nevada Cit	CA	6	95959	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$49.35	$49.45	$14.85	$14.19
1841541505	Roberts	Adam		PA-C	M	I	3108 Clearwater Dr	Prescott	AZ	4	86305	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	16	16	16	$140.00	$39.56	$23.64	$24.53
1841584489	Euashacha	Marena		DO	F	I	13 Palmer / Evergreen I	Corinth	NY	36	12822	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$96.00	$32.41	$21.07	$21.59
1841603792	Ren	Yin		MD, PHD	M	I	915 Olentangy River Rc	Columbus	OH	39	43212	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$165.00	$46.21	$34.55	$35.72
1851333009	Shelby	Christophe	L	M.D.	M	I	15012 Lemoyne Blvd	Biloxi	MS	28	39532	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$115.00	$43.05	$34.33	$36.79
1851396758	Albors Mor	Melanie	M	M D	F	I	9398 Juniper Moss Cir	Orlando	FL	12	32832	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$62.86	$48.37	$36.67	$34.80
1851399463	Moss	Jesse		M.D.	M	I	12602 Toep Suite 211	Live Oak	TX	48	78233	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	16	16	$103.06	$45.65	$26.74	$28.60
1851775399	Mccolley	Dana	M	CNP	F	I	5800 Park Center Ct	Toledo	OH	39	43615	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$116.00	$35.87	$27.05	$28.66
1851827935	Schmale	Trenton	K	DO	M	I	611 E 10th St	Sheridan	IN	18	46069	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	16	16	$118.00	$42.71	$25.24	$28.30
1851858948	Keaton	Robyn	L	APRN	F	I	389 Waller Ave	Lexington	KY	21	40504	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	16	16	$53.19	$39.11	$31.18	$32.28
1861418857	Bopp	James	T	MD	M	I	5600 Sunrise Hwy	Sayville	NY	36	11782	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	15	16	16	$140.00	$58.04	$46.32	$36.72
1861452633	Brownell	John		MD	M	I	75 Short St Nw	Cedar Rapi	IA	19	52405	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$106.00	$43.84	$32.74	$35.85
1861460495	Booth	Jason		MD	M	I	3933 Mount Vernon Rd	Cedar Rapi	IA	19	52403	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$106.00	$43.99	$27.06	$30.24
1861472474	Chiu	Priscilla	P	MD	F	I	600 Haverford Rd	Haverford	PA	42	19041	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$70.00	$50.98	$40.67	$37.98
1861499253	Burns	Jack	N	D.O.	M	I	901 Medical Center Pk	Selma	AL	1	36701	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$60.00	$44.11	$26.01	$27.84
1861878753	Bunker	Ann	B	CRNP	F	I	728 Norristown Rd	Lower Gwy	PA	42	19002	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	16	16	$51.54	$43.61	$29.94	$27.73
1861924623	Smithee	Ryan	B	M.D.	F	I	1301 S Coulter St Ste 1	Amarillo	TX	48	79106	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	16	16	$73.68	$45.67	$26.30	$28.14
1871811570	Wilcox	Christine	E	PA-C	F	I	436 S. Mustang Road	Mustang	OK	40	73099	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	16	16	$75.00	$37.92	$21.45	$23.78
1871844183	Poston	Catherine	E	PA-C	F	I	4591 Socastee Blvd	Myrtle Bea	SC	45	29588	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	16	16	$102.00	$38.44	$25.03	$26.74
1871855650	Sloneker	Del	R	M.D.	M	I	4018 W Capitol Ave	Little Rock	AR	5	72205	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$43.08	$42.43	$31.66	$35.94
1871948620	Koci	Klementina		PA-C	F	I	3400 Bainbridge Ave Fl	Bronx	NY	36	10467	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	14	16	16	$250.00	$34.67	$25.98	$20.27
1881613610	Mccutcheo	Karen	E	MD	F	I	912 Inlet Square Dr	Murrells Inl	SC	45	29576	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$130.41	$44.59	$31.04	$33.64
1891084943	Gibson	Brandon	G	DO	M	I	3202 Mcint Suite 201	Joplin	MO	29	64804	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	15	16	16	$93.44	$30.34	$19.46	$20.92
1902059504	Mcdonald	Timothy	J	M.D.	M	I	577 Michigan Ave Ste 1	Holland	MI	26	49423	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	16	16	$84.00	$45.86	$29.68	$31.27
1902192370	Kaundal	Rishika		M.D.	F	I	13911 St Francis Blvd S	Midlothian	VA	51	23114	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$70.00	$48.24	$29.04	$28.59
1902365216	Coburn	Kendell	P	DO	M	I	425 E 5350 S Ste 103	Ogden	UT	49	84405	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$80.00	$43.77	$32.59	$34.58
1902809437	Miller	Mitchell	B	MD	M	I	2109 Mcco Ste 102	Virginia Bea	VA	51	23456	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$79.69	$47.49	$36.50	$36.62
1902809791	Fleischer	Leroy		M.D.	M	I	301 W Chester Pike Ste	Havertown	PA	42	19083	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$148.88	$50.87	$35.41	$33.23
1902825102	Sherwood	Allen	T	M.D.	M	I	6401 Moun Suite 109	Ooltewah	TN	47	37363	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$170.63	$43.90	$29.14	$32.29
1902850332	Judkins	Jennifer	H	M.D.	F	I	106 Hanover St	Lebanon	NH	33	3766	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	16	16	16	$129.00	$29.30	$20.23	$20.72
1902858491	Martins	Lynda		DO	F	I	6500 Jericho Tpke Ste 2	Commack	NY	36	11725	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	16	16	16	$140.00	$59.91	$44.88	$35.61
1902863798	Williams	Martin	H	MD	M	I	100 Reserve Rd Ste A4	Danbury	CT	9	6810	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$123.44	$51.91	$36.37	$33.23
1902898174	Lobianco	Michael	A	D.O.	M	I	7257 Revere St	Philadelphi	PA	42	19149	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	16	16	$75.00	$51.10	$35.64	$33.23
1902959224	Attmore	Jennifer	O	MD	F	I	2100 Hedgcoxe Rd Ste	Plano	TX	48	75025	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$167.88	$45.44	$36.23	$37.98
1912261447	Kennel	Courtney	M	D.O.	F	I	5920 100th Suite 31	Lakewood	WA	53	98499	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$118.00	$47.58	$33.18	$33.29
1912417221	Russell	Allison	A	RN, FNP-C	F	I	1108 Lavaca St Ste 11(	Austin	TX	48	78701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	16	16	$71.00	$41.46	$29.11	$28.26
1922061910	Ambalavan	Surianarayanan		MD	M	I	801 Pro Dr : Vanan Ent 2	Celina	OH	39	45822	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$115.50	$36.42	$20.97	$21.76
1932172467	Dean	Jacob	T	M.D.	M	I	7790 Daytc Suite B	Fairborn	OH	39	45324	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	16	16	$68.00	$46.12	$29.79	$31.19
1942246988	Morse	James	A	MD	M	I	9303 Park \ Suite 100	Knoxville	TN	47	37923	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$102.00	$43.96	$24.73	$28.01
1942254859	Albernaz	Marcus	S	MD	M	I	850 Johns Hopkins Dr	Greenville	NC	37	27834	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	15	16	16	$131.25	$32.20	$17.65	$18.47
1942314547	Potter	Sterling	G	M.D.	M	I	945 W Hos Suite # 2	Price	UT	49	84501	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$45.00	$44.53	$33.17	$35.71
1942341458	Kaufman	Irving	H	MD	M	I	1303 State Route 27	Somerset	NJ	34	8873	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$145.00	$53.56	$42.72	$37.98
1942381785	Obana	Kathryn		MD	F	I	701 E El Camino Real	Mountain V	CA	6	94040	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	16	16	16	$179.00	$58.47	$38.19	$29.67
1942383187	Ward	Jeffrey	E	PAC	M	I	134 Phillips Drive	Wickliffe	KY	21	42087	5	Micropolita	US	Physician A	Y	69210	Removal of N	O	12	16	16	$70.00	$37.69	$19.23	$21.85
1942654405	Tittman	Sarah	M	MD	F	I	923 Eliza St	Green Bay	WI	55	54301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	16	16	$175.00	$41.67	$26.53	$29.15
1952335846	Burke	Thomas	M	M.D.	M	I	6600 E 2nd St	Casper	WY	56	82609	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$112.95	$47.79	$34.63	$34.48
1952426421	Delorefice	Guy		M.D.	M	I	370 Perkins St	Sonoma	CA	6	95476	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$75.00	$51.88	$38.77	$35.61
1952505125	Paruyryan	Hrachya		M.D.	M	I	1332 S. Glendale Ave	Glendale	CA	6	91205	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	16	16	$105.00	$52.28	$39.04	$35.61
1952855587	Arment	Shelby	E	PA-C	F	I	660 Bannock St	Denver	CO	8	80204	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	15	16	16	$116.22	$28.43	$15.60	$15.37
1962409151	Patel	Ashvinkum	J	MD	M	I	102 Paul M Ste 102	Waldorf	MD	24	20602	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	16	16	$108.00	$49.87	$37.42	$35.61
1962444877	Riden	Alice	E	MD	F	I	6 W Newport Rd	Lititz	PA	42	17543	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$105.00	$45.38	$27.03	$27.75
1962484501	Ponzio	Geralyn	M	MD	F	I	127 Pine St	Montclair	NJ	34	7042	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$89.00	$46.25	$31.35	$32.56
1962816512	Monson	Benjamin		M.D.	M	I	5950 University Ave Ste	West Des M	IA	19	50266	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	16	16	16	$138.44	$44.41	$30.51	$33.12
1972145803	Radatz	Amy	M		F	I	737 E Crawford St	Salina	KS	20	67401	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	16	16	16	$97.00	$37.71	$24.47	$26.84
1982636841	Bush	William	B	M.D.	M	I	5100 Lancaster St	Harrisburg	PA	42	17111	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	16	16	$60.00	$46.08	$34.43	$35.72
1982664751	Fasolino	Edward		M.D.	M	I	1001 Arbor Park	Belton	TX	48	76513	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	16	16	16	$153.00	$29.64	$13.13	$14.48
1982666137	Boston	John	C	D.O.	M	I	950 E Boga Suite 228	Wasilla	AK	2	99654	4.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	15	16	16	$122.11	$60.30	$45.13	$34.42
1982715256	Song	Min		MD	M	I	199 Reedsdale Rd	Milton	MA	25	2186	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	15	16	16	$153.00	$53.48	$37.71	$33.36
1982839197	Cousart-Hu	Tabitha	H	NURSE PR/	F	I	305 E Lee Ave	Yadkinville	NC	37	27055	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	16	16	$100.00	$36.55	$20.23	$21.55
1992781256	Heffernan	Jennifer	D	MD	F	I	712 N Washington Ave	Dallas	TX	48	75246	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	16	16	$140.43	$46.89	$37.42	$37.98
1003854878	Grose	Craig	M	M.D.	M	I	716 S Highway 99	Fillmore	UT	49	84631	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$107.00	$42.47	$29.02	$30.72
1003897778	Jones	Derek	A	MD	M	I	8333 N Da Medical Ce	Pensacola	FL	12	32514	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	15	15	$98.00	$48.31	$33.49	$31.67
1013081611	Kujok	Hussam		MD	M	I	3609 Missi Suite A	Carmichae	CA	6	95608	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	15	15	$105.00	$46.90	$37.57	$35.45
1013154400	Zadeh	Alidad	M	D.O.	M	I	1600 S. Im Ste #3	El Centro	CA	6	92243	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$90.00	$48.83	$38.95	$37.98
1013249903	Coton	Angela			F	I	3 St Catherine Street	Augusta	ME	23	4330	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	13	15	15	$88.00	$24.84	$19.83	$20.88
1013285386	Kelley	Michael	J	PA-C	M	I	1 Trowbrid Suite 100	Bourne	MA	25	2532	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	15	15	$127.40	$42.19	$30.00	$28.74
1013916345	Rogers	Derrick	T	MD	M	I	2525 W Un Suite 501	Muncie	IN	18	47303	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	15	15	$94.00	$43.96	$27.99	$31.19
1013973460	Lee	Loretta	L	M.D.	F	I	4001 Dale S Suite 210	Anchorage	AK	2	99508	1	Metropolita	US	Interventio	Y	69210	Removal of N	O	13	15	15	$250.00	$60.05	$34.77	$27.65
1023008752	Pinta	Gary	B	M.D.	M	I	3239 State Rd	Cuyahoga F	OH	39	44223	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$125.00	$46.21	$30.87	$32.14
1023030855	White	Sarah	R	CRNP	F	I	2250 E Market St	York	PA	42	17402	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$105.00	$39.63	$23.25	$24.08
1023037165	Ogburn	Christophe	W	MD	M	I	4700 Pudd Suite 300	Prince Geo	VA	51	23875	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$85.00	$48.12	$33.40	$32.97
1023336039	Russell	Michael	A	D.O.	M	I	8517 Fm 1826 Bldg 2	Austin	TX	48	78737	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$71.00	$47.92	$33.06	$32.92
1023338233	Taylor	Mark	R	ANRP, FNP	M	I	22180 Olyr Suite 102	Poulsbo	WA	53	98370	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$135.67	$40.35	$27.70	$27.89

1023549870	Peter	Tony		MD	M	I	8380 Warren Pkwy Ste	Frisco	TX	48	75034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$90.00	$43.81	$34.91	$36.71
1023585858	Olshevskyy	Mykola		PA-C	M	I	3400 Bainbridge Ave Fl	Bronx	NY	36	10467	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	15	15	$250.00	$35.72	$28.59	$22.37
1033101001	Doris	James	F	MD	M	I	4400 N 32nd St Ste 11(	Phoenix	AZ	4	85018	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	15	15	$62.00	$46.40	$34.54	$35.55
1033111448	Witman	John	A		M	I	1751 Erickson Ave	Harrisonbu	VA	51	22801	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$96.00	$45.00	$36.04	$35.45
1033178025	Forman	Todd	A	M.D.	M	I	3333 W Co. Suite 500	Newport Be	CA	6	92663	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$80.00	$52.43	$35.59	$32.09
1033208087	Brank	Adam	S	M.D.	M	I	9100 Andermatt Dr Ste	Lincoln	NE	31	68526	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$94.00	$43.93	$29.01	$32.07
1033320049	Steck	Ann	M	M.D.	F	I	6696 Us Highway 20a	Delta	OH	39	43515	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$185.00	$44.55	$30.56	$31.89
1033889621	Cinelli	Suzanne	B	FNP-BC	F	I	229 Andover St	Peabody	MA	25	1960	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$120.00	$41.85	$33.35	$32.28
1043246507	Pitts	Ingrid	M	PA C	F	I	1600 Sw Archer Road	Gainesville	FL	12	32610	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	15	15	$170.00	$28.84	$23.00	$22.37
1043283674	Suter	Michael	D	MD	M	I	8109 Harfo Ste E	Parkville	MD	24	21234	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$110.00	$51.75	$35.70	$31.65
1053313452	Knowles	Patrick	M	MD	M	I	5040 N 15t Suite 202	Phoenix	AZ	4	85015	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$94.00	$46.52	$34.66	$35.55
1053375246	Rex	Scott	L	MD	M	I	6 Bernard St	Port Washi	NY	36	11050	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$120.17	$59.48	$45.33	$35.89
1053398040	Wood	Nicole	A	MD	F	I	28 Riverside Dr	Pembroke	MA	25	2359	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$197.87	$49.39	$34.32	$33.10
1053508846	Plate	Beth	A	MD	F	I	2550 E Broadway St	Helena	MT	30	59601	4	Micropolita	US	Family Prac	Y	69210	Removal of N	F	14	15	15	$81.09	$33.16	$22.88	$22.82
1053568592	Miller	Garry	T	D.O.	M	I	555 W Sr 164 North	Salem	UT	49	84653	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$107.00	$43.87	$30.11	$31.99
1053696344	Nelson	Anthony	D	PA-C	M	I	16390 N 5S Suite 200	Glendale	AZ	4	85306	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	15	15	$89.53	$39.47	$28.41	$29.26
1063622322	Hinshaw	Walter	D	D.O.	M	I	2201 Forest Ln	Garland	TX	48	75042	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$48.19	$47.81	$27.91	$27.93
1073135240	Duong	Analy		PHYSICIAN	F	I	444 Montgomery St	Chicopee	MA	25	1020	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	15	15	$130.13	$42.07	$33.34	$32.05
1073562070	Kim	Edsel	U	M.D.	M	I	9155 Sw Barnes Rd Ste	Portland	OR	41	97225	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$147.00	$35.68	$23.27	$22.79
1073623252	Anhalt	Joel	E	D.O.	M	I	3618 Glovers Lake Rd	Arcadia	MI	26	49613	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$65.00	$45.66	$31.48	$33.21
1083061568	Wilkins	Thomas		D.O.	M	I	3432 169th St	Hammond	IN	18	46323	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$100.00	$44.12	$25.93	$27.74
1083855514	Taylor	George	T	MD	M	I	250 W Lancaster Ave S	Paoli	PA	42	19301	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$64.00	$50.91	$37.85	$35.45
1083904874	Lee	Kyung Min		NP-C	F	I	230 W Park #10	Pompton P	NJ	34	7444	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$279.07	$45.70	$23.14	$20.47
1093056046	Ivan	Radu		ARNP	M	I	4545 Cord: Suite 2a & 2	Bellingham	WA	53	98226	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$128.00	$40.89	$32.05	$31.61
1093158909	Doan	Phi	C	MD	F	I	1021 Bandana Blvd E S	Saint Paul	MN	27	55108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$204.40	$45.18	$36.14	$36.71
1093278038	Boswell	Rachael	C		F	I	12547 Ocean Gtwy	Ocean City	MD	24	21842	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	15	15	15	$86.95	$42.22	$29.30	$27.98
1093701617	Muller	Susan		M.D.	F	I	119 Lawrence St	Saratoga S	NY	36	12866	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$103.93	$32.49	$17.37	$17.05
1093731341	Beyer	Hallie	J	M.D.	F	I	330 Enterprise Dr Ste B	Philipsburg	PA	42	16866	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$110.00	$46.27	$31.98	$33.15
1093756108	Castellano	Paul	F	MD	M	I	619 19th Street South	Birminghan	AL	1	35233	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$86.00	$43.64	$27.47	$28.21
1093788051	Neibaur	Russell	N	MD	M	I	2450 W Horizon Ridge I	Henderson	NV	32	89052	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$100.00	$49.50	$28.97	$27.85
1093803710	Church	Adam	L	MD	M	I	10201 66th Rd	Forest Hills	NY	36	11375	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	15	15	15	$140.00	$59.90	$44.67	$35.45
1093921066	Sanders	William	P	MD	M	I	1200 S Farmerville St	Ruston	LA	22	71270	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$96.00	$46.60	$29.93	$30.81
1093923005	Mcelroy	Kenneth	W	P.A.-C	M	I	11 Schouweiler Rd	Elma	WA	53	98541	7	Small town	US	Physician A	Y	69210	Removal of N	O	13	15	15	$95.00	$40.55	$21.51	$21.65
1104180504	Garibay	Rey Anthon	G	MD	M	I	101 School Creek Trl	Luxemburg	WI	55	54217	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$135.33	$47.68	$23.17	$23.40
1104213743	Klopsch	Steven		M.D.	M	I	212 E Central Ave Ste 4	Spokane	WA	53	99208	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$127.00	$46.59	$32.19	$31.71
1114299245	Lies	Joshua	S	PA-C	M	I	2610 Marsh Unit 102	Naples	FL	12	34119	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	15	15	$94.00	$43.36	$27.48	$25.60
1114937190	Shukla	Pankaj		MD	M	I	9900 Stockdale Hwy St	Bakersfield	CA	6	93311	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$100.00	$49.72	$39.60	$37.85
1124020193	Lee	Michael	A	D.O.	M	I	1708 Delivery Lane	Durant	OK	40	74701	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$70.00	$44.97	$21.63	$24.18
1124091459	Masters	Emma	L	MD	F	I	3009 Ocea Fl 1	Brooklyn	NY	36	11235	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	15	15	15	$65.00	$55.46	$44.24	$35.45
1124096136	Ivey	Jessica		MD	F	I	9333 Park West Blvd St	Knoxville	TN	47	37923	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$84.00	$41.12	$19.67	$25.96
1124142054	Chan	Edwin		MD	M	I	6619 N Wickham Rd	Melbourne	FL	12	32940	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$95.00	$48.49	$33.67	$32.93
1124394234	Phillips	David			M	I	1305 York Ave Fl 5	New York	NY	36	10021	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	15	15	$275.00	$57.12	$42.49	$35.45
1124419619	Fillingham	Alice		APRN-NP	F	I	4021 Avenue B	Scottsbluff	NE	31	69361	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$128.93	$36.97	$23.56	$26.60
1134163694	Bryant	Grady	L	M.D.	M	I	3901 Centr Suite 351	Hermitage	TN	47	37076	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$201.33	$43.80	$32.59	$35.72
1134298995	Calhoun Ha	Becky	J	RNC MSN F	F	I	100 Hospital Dr Ste 1	Petersburg	WV	54	26847	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$97.07	$37.97	$30.36	$32.28
1134521784	Choudhury	Zareen		M.D.	F	I	1000 W Carson St # 3	Torrance	CA	6	90502	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$78.00	$52.49	$33.43	$30.38
1134640717	Im	Michelle	J	DO	F	I	176 N Main St	Shavertow	PA	42	18708	1	Metropolita	US	Endocrinol	Y	69210	Removal of N	O	15	15	15	$130.00	$46.50	$20.28	$21.55
1144224700	Wildern	Steven	G	M.D.	M	I	1005 W Gre Rm 301	Hastings	MI	26	49058	7	Small town	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$60.10	$38.08	$27.91	$34.01
1144684036	Feng	Angela			F	I	1950 S Country Club D	Mesa	AZ	4	85210	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$123.00	$46.37	$34.51	$35.55
1144731985	Massey	Crystal	N	FNP-BC	F	I	208 N 1st St	Booneville	MS	28	38829	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$100.00	$36.65	$25.28	$28.52
1154346542	Le	Nguyet	B	M.D.	F	I	1771 W Ro Ste E1	Anaheim	CA	6	92801	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	15	15	$65.00	$52.49	$36.25	$32.92
1154349702	Dekrey	Daniel	P	MD	M	I	1233 34th St Nw	Bemidji	MN	27	56601	4	Micropolita	US	Internal Me	Y	69210	Removal of N	F	15	15	15	$41.00	$31.86	$25.53	$26.32
1154386852	Kort	Dawne	D	M.D.	F	I	656 N Wellwood Avenu	Lindenhurs	NY	36	11757	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	15	15	15	$140.00	$59.83	$44.61	$35.45
1154418424	Moritz	Gerald	W	MD	M	I	11125 Dun Ste 201	Saint Louis	MO	29	63136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$155.00	$47.33	$21.76	$22.31
1154520757	Box	Nathan	S	D.O.	M	I	1331 W 32nd St	Joplin	MO	29	64804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	13	15	15	$151.33	$30.36	$19.18	$20.55
1154602324	Pennisi	John	A	D.O.	M	I	1845 Veterans Park Dr	Naples	FL	12	34109	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$101.00	$51.29	$35.61	$32.92
1164404893	Tribbett	Charles	R	M.D.	M	I	301 W Harrison Street	Monticello	IN	18	47960	7	Small town	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$66.00	$40.88	$27.01	$30.04
1164491221	Huber	Daniel	C	M.D.	M	I	10 North St	Vergennes	VT	50	5491	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$89.00	$46.63	$29.66	$30.64
1164492831	Samuel	Dhinesh	J	MD	M	I	131 E Cunningham St	Butler	PA	42	16001	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$89.60	$46.17	$31.88	$33.15
1164666277	Borus	Zachary	A	MD	M	I	2700 23rd St	Spirit Lake	IA	19	51360	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$44.54	$44.02	$25.67	$28.91
1164765814	Maxwell	Anne	K	M.D.	F	I	4014 Leave Ent Clinic A	Omaha	NE	31	68105	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	15	15	$116.00	$34.30	$24.25	$23.29
1174154843	Davis	Weston	A		M	I	22101 Moross Rd	Detroit	MI	26	48236	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	15	15	15	$150.00	$30.08	$19.22	$17.90
1174283576	Honsey	Hannah	L		F	I	6400 Hickman Rd	Windsor He	IA	19	50324	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$111.00	$36.03	$26.72	$29.28
1174556880	Moeller	Arthur		D.O.	M	I	27351 Dequindre Rd	Madison He	MI	26	48071	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	15	15	$46.41	$45.33	$29.95	$31.95
1174636351	Helman	Edward	A	M.D.	M	I	1017 Royal Ave	Medford	OR	41	97504	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$148.50	$43.77	$25.18	$27.30
1174637946	Richards	Randolph	M	M.D.	M	I	787 Weath Suite 200	Clarksville	TN	47	37043	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$234.67	$43.99	$19.82	$23.30
1174675268	Hanson	Kristopher	M	M.D.	M	I	5070 Bradenton Ave	Dublin	OH	39	43017	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$88.53	$46.07	$29.93	$31.35
1174881395	Switzer	Amanda	R	F.N.P.	F	I	1500 S Main St Fl 2	Fort Worth	TX	48	76104	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	13	15	15	$64.98	$26.73	$19.93	$20.20
1174887616	Drori	Jonathan	D	M.D.	M	I	1110 W Peachtree St N	Atlanta	GA	13	30309	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$85.00	$47.98	$38.36	$36.71
1174913594	Young	Allen		MD	M	I	1901 Floyd St	Sarasota	FL	12	34239	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	15	15	$101.00	$47.56	$37.89	$37.98
1184232894	Peterson	Jennifer		FNP	F	I	255 Lafayette Ave	Suffern	NY	36	10901	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$106.00	$44.12	$32.81	$30.13
1184604167	Campolo	Michael	E	DO	M	I	1930 Tamarack Rd	Newark	OH	39	43055	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$70.00	$46.10	$30.64	$32.02
1184607533	Cornish	Victoria		A.R.N.P.	F	I	515 E Garden St	Lakeland	FL	12	33805	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$81.00	$41.04	$28.44	$27.99
1184712432	Peterman	Jeffrey		M.D.	M	I	333 Magazi Suite 102	Sault Saint	MI	26	49783	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$93.60	$45.88	$20.75	$22.59
1184736548	Weisenber	John	E	M.D.	M	I	912 N Dout D	Hanford	CA	6	93230	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$52.00	$46.44	$29.57	$30.69
1184850612	George	Jaya		NP	F	I	935 Patrick Cir	Folsom	CA	6	95630	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$92.00	$28.83	$20.00	$19.39
1194255125	Huncovsky	Summer	D	APRN	F	I	1325 Research Park Dr	Manhattan	KS	20	66502	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$106.25	$37.83	$26.22	$27.33

1194350983	Motter	Trevor		PA	M	I	100 N Green Valley Pkv	Henderson	NV	32	89074	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	15	15	$120.00	$41.66	$30.97	$30.13
1194732982	Cascarina	Michael		MD	M	I	1899 Route 88	Brick	NJ	34	8724	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$90.00	$51.85	$41.35	$37.98
1205395985	Meester	Kelsey	R		F	I	701 10th St Se	Cedar Rapi	IA	19	52403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	12	15	15	$110.07	$26.35	$16.90	$18.35
1205488087	Powell	Wendy		NP	F	I	1407 Union Ave Ste 40	Memphis	TN	47	38104	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$115.00	$37.31	$29.79	$32.29
1205801966	Ridenour	Lee	H	MD	M	I	520 E Douglas Blvd	Tyler	TX	48	75702	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	15	15	15	$159.20	$31.72	$20.26	$21.39
1205808151	Chakrabart	Alakananda		MD	F	I	101 Hakes St	Coal Towns	PA	42	17866	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	11	15	15	$63.00	$46.18	$27.59	$28.97
1215355748	Tang	Dennis	M	M.D.	M	I	8631 W 3rd St # 915e	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$251.33	$47.31	$33.54	$30.39
1215441118	Gaudet	Jennifer		APRN	F	I	225 E Cloud Ave	Andover	KS	20	67002	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$98.33	$37.44	$23.82	$26.48
1215513536	Harvey	Sarah		PA-C	F	I	100 N Green Valley Pkv	Henderson	NV	32	89074	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	15	15	$120.00	$39.67	$29.54	$30.67
1215920699	Urban	George	W	M.D.	M	I	170 North Lakewood R	Lake In The	IL	17	60156	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$98.00	$46.97	$35.09	$35.55
1215997655	Stevenson	Nancy	J	PA-C	F	I	4000 S 700 Ste 10	Slc	UT	49	84107	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	15	15	$123.18	$38.63	$24.59	$26.26
1225027550	Grill	Howard	E	MD	M	I	121 S Ocean Ave	Freeport	NY	36	11520	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	15	15	$100.00	$57.75	$43.25	$35.55
1225098908	Smith	Patricia	A	M.D.	F	I	340 S Willard St	Cottonwoo	AZ	4	86326	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$91.00	$46.37	$29.52	$30.70
1225187743	Denno	Matthew	L	M.D.	M	I	26 North Front Street	New Paltz	NY	36	12561	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$80.11	$53.00	$37.68	$33.73
1225564883	Hornberger	Caroline	V	PA-C	F	I	6701 Fannin St	Houston	TX	48	77030	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	15	15	$190.80	$41.17	$28.63	$26.94
1225672785	Escalera	Roberta	L		F	I	9328 E Raintree Dr	Scottsdale	AZ	4	85260	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$100.00	$39.46	$23.01	$24.03
1235121658	Pumpelly	Robert	A	MD	M	I	124 Memorial Dr	Jesup	GA	13	31545	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$47.22	$44.93	$33.48	$35.66
1235226176	West	Francis	T	MD	M	I	6506 Main Street	Gloucester	VA	51	23061	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$87.00	$47.45	$35.29	$35.48
1235277054	Jafry	Yasmeen		MD	F	I	363 Hwy 36	Port Monm	NJ	34	7758	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$99.00	$51.85	$38.55	$35.45
1235290024	Zweig	Dana	F	MD	F	I	118c Waterhouse Roac	Bourne	MA	25	2532	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$150.00	$50.09	$32.10	$29.12
1235613449	Mcauley	Lindsay	E	PA	F	I	705 Se Baseline St	Hillsboro	OR	41	97123	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	15	15	$116.00	$40.76	$13.04	$13.16
1235808767	Burgi	Haley		APRN	F	I	9440 Brownsboro Rd	Louisville	KY	21	40241	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$99.00	$37.56	$23.95	$26.47
1245257856	Collins	Savita	P	MD	F	I	2012 S Main St Ste B	Goshen	IN	18	46526	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	15	15	$137.80	$42.65	$19.17	$22.37
1255430864	Vatev	Virginia		MD	F	I	960 Clague Rd Ste 320	Westlake	OH	39	44145	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$96.00	$46.78	$34.96	$35.57
1255443313	Wilson	Bridgett	D	M.D.	F	I	2730 S Val Vista Dr Ste	Gilbert	AZ	4	85295	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$73.00	$46.42	$26.24	$27.36
1255473757	Carandang	Estelita	L	M.D.	F	I	5313 Dent Ave	San Jose	CA	6	95118	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	15	15	$81.00	$53.48	$38.45	$33.92
1255610648	Halawi	Akaber		M.D.	F	I	653 W 8th St	Jacksonvill	FL	12	32209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$139.00	$32.41	$24.43	$23.82
1265174353	Fleming	Leah		FNP-C	F	I	11747 W Ken Caryl Ave	Littleton	CO	8	80127	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$99.00	$40.93	$30.41	$30.13
1265485049	Williams	Cynthia		M.D.	F	I	23560 Mad Suite 103	Torrance	CA	6	90505	1	Metropolita	US	Endocrinol	Y	69210	Removal of N	O	13	15	15	$86.00	$49.94	$39.88	$37.98
1265515159	Mannel	Lindsey	M	PA	F	I	109 North 2 Suite 1	Norfolk	NE	31	68701	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	11	15	15	$176.00	$25.55	$16.26	$18.44
1265538441	Sexton	Tonya	A	D.O.	F	I	202 W Highland Rd	Howell	MI	26	48843	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$122.00	$45.86	$26.75	$28.43
1275557878	Honeycutt	Jamie	S	MD	F	I	420 Wollard Blvd	Richmond	MO	29	64085	7	Small town	US	General Pra	Y	69210	Removal of N	O	15	15	15	$90.00	$43.95	$27.99	$31.19
1275643306	Lough	Jeremy	D	MD	M	I	900 Ryland St	Reno	NV	32	89502	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$136.54	$47.40	$34.85	$33.89
1275739070	Cleary	Thomas	L	MD	M	I	618 Hospital Rd	Tappahann	VA	51	22560	2	Metropolita	US	Emergency	Y	69210	Removal of N	O	15	15	15	$221.00	$48.22	$32.45	$31.94
1285224881	Michaux	Emily	D	PA-C	F	I	25710 Kelly Rd Ste 1	Roseville	MI	26	48066	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	15	15	$48.73	$29.68	$23.65	$22.38
1285609685	Blad	Kenneth	L	M.D.	M	I	2727 S 144 #280	Omaha	NE	31	68144	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$95.00	$43.42	$23.93	$27.71
1285614735	Atkinson	Steven		PA-C, MS	M	I	1415 Lilac Dr N Ste 190	Golden Val	MN	27	55422	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	15	15	$70.12	$39.40	$31.45	$32.28
1285617381	Jacobowitz	Ofer		M. D.,PHD	M	I	18 E 48th St Fl 2	New York	NY	36	10017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	15	15	$221.47	$58.16	$40.45	$32.92
1285657213	Petry	Craig	J	M.D.	M	I	102 Archway Ct	Lynchburg	VA	51	24502	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$150.00	$47.12	$35.35	$35.86
1285738278	Desmangle	Gilbert		MD	M	I	16 Degrandpre Way	Plattsburgh	NY	36	12901	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$45.00	$44.32	$21.31	$24.43
1285839878	Dunham	Miranda	L	NP	F	I	433 River St Ste 3000	Troy	NY	36	12180	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	15	15	$102.60	$39.71	$31.79	$32.28
1295713667	Adkins	Benjamin	J	MD	M	I	915 Ne Valley Rd	Pullman	WA	53	99163	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$113.00	$48.16	$26.96	$26.64
1295727089	Plusquellec	Paul	L	M.D.	M	I	950 N Porte Suite 300	Norman	OK	40	73071	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$128.00	$45.14	$31.37	$33.38
1295739845	Reina	Robert	I	M.D.	M	I	13975 Mono Way Ste G	Sonora	CA	6	95370	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$80.00	$46.51	$30.86	$31.88
1295814408	Garrison	Ric	S	M.D.	M	I	41210 11th Ste C	Palmdale	CA	6	93551	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$80.00	$52.46	$39.05	$35.45
1295881787	Jensen	Reini			F	I	10115 W River St	Truckee	CA	6	96161	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$254.33	$49.37	$29.17	$28.03
1306021753	Johnson	Craig		PA-C	M	I	10344 Old (Suite B	Berlin	MD	24	21811	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	12	15	15	$144.33	$41.97	$31.24	$30.13
1306106836	Mack	Timothy	B	D.O.	M	I	255 W Lancaster Ave S	Paoli	PA	42	19301	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$158.33	$51.01	$35.91	$33.45
1306485792	Rackley	Elizabeth	C	PA	F	I	9 Hawthorne Park Ct	Greenville	SC	45	29615	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	15	15	$101.80	$38.00	$27.12	$29.18
1306817341	Albuerne	Marcelino	D	M.D.	M	I	516 N Rolli Suite 106	Catonsville	MD	24	21228	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$165.33	$51.92	$38.66	$35.45
1306834247	Tam	Henry	W	MD	M	I	216 Edgefield Ave Nw	Aiken	SC	45	29801	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$89.00	$45.15	$29.73	$31.80
1316039175	Melicharek	Mariann		M.D.,	F	I	888 Old Country Rd	Plainview	NY	36	11803	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	13	15	15	$140.00	$59.93	$42.12	$32.92
1316187057	Wilkinson	Kimberly	M	PA-C	F	I	8101 Clear Suite 200	Indianapoli	IN	18	46256	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	15	15	$118.00	$37.35	$25.79	$28.44
1316239593	Waller	Margarite	I	CRNP	F	I	1655 Crooked Oak Dr	Lancaster	PA	42	17601	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$105.00	$39.29	$29.25	$30.23
1316598709	Benjamin	Lawrence	S	PA-C	M	I	875 Enfield St	Enfield	CT	9	6082	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	15	15	$120.60	$40.88	$28.14	$26.90
1316906142	Hassan	Ali		MD	M	I	23455 Michigan Ave	Dearborn	MI	26	48124	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	14	15	15	$90.00	$43.84	$28.61	$29.89
1326005711	Mathews	Erin	L	MD	F	I	70 Weller Dr.	Tipp City	OH	39	45371	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$84.00	$46.26	$34.44	$35.57
1326163098	Burrough	Brenda	A	MD	F	I	1215 Duff Ave	Ames	IA	19	50010	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$119.73	$44.50	$23.78	$26.64
1326427543	Bender	Kathryn		DO	F	I	601 Michigan Ave	Jeannette	PA	42	15644	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$87.00	$46.25	$26.98	$28.33
1336182781	Mershon	Charles	R	MD	M	I	6 W Newport Rd	Lititz	PA	42	17543	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$105.00	$45.13	$33.63	$34.30
1336397785	Faches	Allison	L	MD	F	I	1 Ethel Rd Suite 107b	Edison	NJ	34	8817	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$75.00	$53.57	$39.84	$35.45
1346204203	Margolis	Michael	I	DO	M	I	4510 Sheridan St	Hollywood	FL	12	33021	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$135.00	$46.55	$34.57	$34.18
1346205788	Bales	Mitzi	M	MD	F	I	3009 N Cypress Dr	Wichita	KS	20	67226	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$100.00	$44.12	$29.14	$32.13
1346208865	Levinson	Benjamin	J	MD	M	I	7182 Woodrow St Ste 2	Irmo	SC	45	29063	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	########	$43.65	$34.92	$36.71
1346259835	Harris	Thomas	D	M.D.	M	I	5900 Turkey Lake Road	Orlando	FL	12	32819	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$109.50	$47.97	$30.57	$30.41
1346275286	Belles	William	J	MD	M	I	2545 Sheridan Dr	Tonawanda	NY	36	14150	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	14	15	15	$89.55	$31.34	$25.08	$25.43
1346464617	Archer	Tonya	K	FNP	F	I	111 E Main St	Conway	NC	37	27820	9	Small town	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$160.00	$37.78	$26.83	$27.94
1346528833	Wallace	Christophe	G	PA	M	I	12770 Cim Suite 132	San Antoni	TX	48	78249	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	15	15	$50.41	$38.94	$18.02	$19.59
1346620093	Hamilton	Chitra	K	M.D.	F	I	937 Canyon Creek Dr	Temple	TX	48	76502	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	F	14	15	15	$153.03	$30.35	$24.19	$24.57
1346637543	Hutchinsor	Tanisha		MD	F	I	766 Walther Rd Ste 30(	Lawrencevi	GA	13	30046	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$200.00	$46.07	$29.08	$29.19
1356014070	Peterson	Kayla		NP	F	I	3620 Austin Bluffs Pkw	Colorado S	CO	8	80918	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$99.00	$40.89	$32.58	$32.28
1356317267	Chilson	Terrance	S	M.D.	M	I	1 Kim Ave Suite 4	Tunkhanno	PA	42	18657	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$85.00	$46.77	$29.99	$30.74
1356339063	Bookout	Mark	W	M.D.	M	I	4151 Ringgold Rd	East Ridge	TN	47	37412	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$75.00	$43.92	$35.07	$37.98
1356340269	Sharp	Kenneth	R	DO	M	I	363 N 1st St	Lehighton	PA	42	18235	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$100.00	$46.85	$32.55	$33.15
1356340368	Turner	Samuel	K	D.O.	M	I	702 E 34th #101	Joplin	MO	29	64804	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$75.00	$44.29	$35.42	$37.98
1356703367	Ford	Shawnta		CNP	F	I	3420 Towne Blvd	Middletow	OH	39	45005	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	15	15	$99.00	$39.34	$25.86	$26.88
1366403479	Anderson	Scott	D	D.O.	M	I	128 Harmo Ste 100	Hot Springs	AR	5	71913	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$112.67	$41.51	$32.50	$36.06

1366465023	Crowley	Timothy	J	M.D.	M	I	7100 W Center Rd	Omaha	NE	31	68106	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$48.00	$43.42	$32.31	$35.75
1366547531	Bauer	George	P	MD	M	I	311 Hallmark Ct	Fairfield	OH	39	45014	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$90.00	$37.44	$29.98	$31.65
1366580581	Shetty	Vinod	J	MD	M	I	3522 Us Highway 9	Howell	NJ	34	7731	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$85.00	$52.05	$35.60	$32.58
1366751935	Woznica	Donald		M.D.	M	I	6084 S Archer Ave	Chicago	IL	17	60638	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	15	15	$181.40	$45.10	$31.91	$32.28
1366779977	Haggerty	Jennifer	D	M.D.	F	I	15251 National Ave Un	Los Gatos	CA	6	95032	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$94.47	$57.05	$44.34	$36.88
1366929788	Czajka	Stephanie	K	FNP-C	F	I	301 Prospect Ave	Syracuse	NY	36	13203	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	15	15	$125.00	$38.10	$17.35	$18.49
1376827121	Hamblin	Jennifer	M	APRN	F	I	200 Public Sq Ste 2300	Cleveland	OH	39	44114	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$99.00	$39.37	$17.90	$19.13
1386286912	Mullican	Sheree	D	FNP-C	F	I	1272 Garrison Dr	Murfreesbo	TN	47	37129	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$95.00	$37.80	$19.79	$22.24
1386391951	Bochtler	Nicole	J	FNP	F	I	4790 Executive Centre	Saint Peter	MO	29	63376	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$80.00	$39.74	$31.66	$32.28
1386852952	Uthamaraj	Saigeetha		MD	F	I	41100 Fox Run	Novi	MI	26	48377	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	15	15	15	$50.31	$50.56	$27.09	$25.32
1386900835	Berry	Adam	K	M.D.	M	I	11903 Southern Blvd S	Royal Palm	FL	12	33411	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$163.00	$50.77	$35.08	$32.92
1396071163	Musni	Sheralei	R	CNP	F	I	30575 Bainbridge Rd S	Solon	OH	39	44139	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	15	15	$96.27	$39.34	$31.41	$32.28
1396236873	Chow	Karissa		MD	F	I	19582 Beach Blvd Ste 3	Huntington	CA	6	92648	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$158.00	$52.15	$41.56	$37.98
1396779641	Christy	Gilbert	K	MD	M	I	2449 Hospital Dr Ste 4	Bossier Cit	LA	22	71111	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$105.00	$43.06	$29.48	$30.67
1396787412	Berman	Dean		DO	M	I	680 Broadway	Massapequ	NY	36	11758	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	14	15	15	$126.00	$41.91	$33.53	$26.32
1396849691	Harris	Michael	B	M.D.	M	I	12234 Panama City Be	Panama Ci	FL	12	32407	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$60.00	$44.64	$30.46	$33.57
1407409857	Lawson	Laura	E	PA	F	I	110 Plaza Ln	Wellsboro	PA	42	16901	10	Rural areas	US	Physician A	Y	69210	Removal of N	O	15	15	15	$189.00	$39.71	$24.58	$25.29
1407839277	Raffin	Jennifer	L	MD	F	I	1701 South Ste 240	Rochester I	MI	26	48307	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$70.00	$49.61	$36.87	$35.45
1407870975	Peterson	Jon	T	M.D.	M	I	2871 Greensboro Rd	Martinsville	VA	51	24112	4	Micropolita	US	Preventive	Y	69210	Removal of N	O	14	15	15	$85.00	$47.73	$32.35	$32.32
1407957129	Mcgarrah	Pamela	D	MD	F	I	1100 S Jackson Hwy St	Sheffield	AL	1	35660	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	15	15	$61.00	$44.86	$33.33	$35.64
1417018789	Benns	Erika	M	MD	F	I	1221 Mercantile Lane	Largo	MD	24	20774	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$52.34	$51.87	$35.44	$32.54
1417041781	Levin	Michael	S	MD	M	I	2000 Wash Ste 445	Newton	MA	25	2462	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$170.00	$53.88	$34.48	$30.38
1417124744	Vanlanding	Cody	A	M.D.	M	I	1511 Surge Suite C	Tallahasse	FL	12	32308	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$86.00	$47.87	$36.52	$36.34
1417367145	Dennington	J.	A	DO	M	I	5701 W Slaughter Ln Bl	Austin	TX	48	78749	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$151.00	$48.46	$25.86	$24.06
1417525072	Poole	Matthew	S	PA-C	M	I	1608 Morning Quail Dr	Austin	TX	48	78758	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	15	15	$121.10	$40.86	$26.04	$25.83
1417917725	Bodjanac	Stephen	M	D.O.	M	I	4125 Medir Suite 215	Akron	OH	39	44333	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$104.27	$46.21	$31.90	$33.15
1417927153	Rich	Jason	T	MD	M	I	4921 Parkv Dept Otola	Saint Louis	MO	29	63110	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$155.00	$44.50	$33.10	$32.98
1417968512	Lozanov	Nikola	Y	MD	M	I	108 Lynch (Suite 4	Petaluma	CA	6	94954	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$82.00	$52.62	$42.13	$37.98
1427021872	Mcdonald	John	Z	D.O.	M	I	523 Bustleton Pike	Feasterville	PA	42	19053	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$100.00	$49.33	$32.64	$30.46
1427034792	Holden	John	W	M.D.	M	I	427 Fairview Ave	Ponca City	OK	40	74601	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$82.50	$44.41	$30.64	$33.38
1427148667	Aldridge	Edward	F	M.D.	M	I	3091 Bienville Blvd.	Ocean Spri	MS	28	39564	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$96.00	$43.20	$31.50	$33.86
1437129293	Laieta	Daniel	J	D:O., F.A.C	M	I	900 Main St.	Holbrook	NY	36	11741	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$60.12	$59.58	$34.73	$27.85
1437133055	Lynn-Macr	Alastair	G	MD	M	I	2101 S Cynthia St	Mcallen	TX	48	78503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$193.00	$46.16	$34.49	$35.60
1437165370	Borsook	Brian	D	M.D.	M	I	2900 Lomita Blvd	Torrance	CA	6	90505	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$98.80	$51.62	$35.20	$32.73
1437165743	Uplinger	Deborah	L	F.N.P. M.S.	F	I	220 S Woodbine Rd	Saint Josep	MO	29	64506	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$112.00	$35.35	$22.29	$27.05
1437264645	Kopel	Mark	J	D.O.	M	I	11150 Highland Rd	Hartland	MI	26	48353	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$90.00	$44.67	$28.34	$29.55
1437688868	Kopplin	Echo	L	DMSC, PA-(	F	I	135 Ponderosa Ave	Hill City	SD	46	57745	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	15	15	$110.00	$37.02	$22.41	$25.42
1437715703	Scelza	Sharon	M	FNP	F	I	229 W Stewart Ave	Medford	OR	41	97501	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$47.73	$37.25	$24.85	$26.47
1437773702	Rosscup	April	J	MSN, APRN	F	I	350 W Thomas Rd	Phoenix	AZ	4	85013	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$90.00	$39.39	$29.31	$30.22
1447252754	Heidrick	John	T	D.O	M	I	5925-A Truxtun Extensi	Bakersfield	CA	6	93309	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	15	15	$65.00	$49.57	$35.62	$34.17
1447266408	Bean	Michael	J	MD	M	I	600 Worces	Suite 504	Framingha	MA	25	1702	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$150.00	$53.25	$39.60	$35.45
1447309067	Griffith	Richard	D	M.D.	M	I	6855 Kathryn Dr	Cambria	CA	6	93428	7	Small town	US	General Pra	Y	69210	Removal of N	O	13	15	15	$75.73	$49.44	$31.47	$30.38
1447440342	Syed	Muhamma	K	M.D.	M	I	510 N Parrott Ave	Okeechobe	FL	12	34972	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$65.77	$47.84	$30.44	$30.41
1447572136	Davis	Jennifer	E	FNPC	F	I	1202 Cleveland Ave St	Cheyenne	WY	56	82001	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$91.33	$40.54	$28.04	$28.04
1457331985	Webster	Karen	L	PA-C	F	I	2424 E. 21	Suite 320	Tulsa	OK	40	74114	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	15	15	$130.20	$37.99	$28.32	$30.33
1457365363	Candow	David		MD	M	I	1050 Main	Suite 18	East Green	RI	44	2818	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$167.33	$51.35	$40.99	$37.98
1457369464	Steiner	James	W	MD	M	I	2445 North Hayden Ro	Scottsdale	AZ	4	85257	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$80.00	$46.38	$29.52	$30.70
1457731358	Tan	Susan	L	MD	F	I	1319 Punahou St Ste 1	Honolulu	HI	15	96826	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$128.00	$46.87	$29.50	$29.75
1457805475	Mabkhouti	Saloua		APRN	F	I	40 Main St N	Woodbury	CT	9	6798	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	15	15	$208.33	$43.67	$32.52	$30.14
1457959785	Manning	Tamara	S	CNP	F	I	119 E Main St	Norman	OK	40	73069	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$74.00	$37.67	$28.01	$30.33
1467440180	Slater	Patrick	W	M.D.	M	I	12319 N M	Bldg. C, Su	Austin	TX	48	78758	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$100.00	$44.99	$28.41	$28.06
1467446401	Bell	Ann	F	MD	F	I	2710 St Francis Dr Ste 4	Waterloo	IA	19	50702	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	13	15	15	$168.85	$27.81	$22.24	$23.69
1467463513	Bond	Toby	M	MD	M	I	1181 Langford Dr Ste 1	Watkinsvill	GA	13	30677	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$107.00	$44.88	$27.92	$30.30
1467468447	Jeansonne	Richard	M	M.D.	M	I	521 Asbury Drive	Mandeville	LA	22	70471	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$56.00	$45.86	$31.66	$33.20
1467493734	Sharma	Om	P	M.D.	M	I	2100 Lehigh St	Easton	PA	42	18042	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$85.00	$46.17	$34.36	$35.57
1477015378	Cotter	Laura	T	NP-C	F	I	335 Sw 13th St	Ontario	OR	41	97914	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$110.00	$38.72	$18.51	$20.28
1477567071	Kluzinski	James		MD	M	I	6910 Hillsdale Ct	Indianapoli	IN	18	46250	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$118.00	$43.96	$24.26	$27.59
1477574945	Lasin	Steven	M	MD	M	I	101 Wauke Suite 1200	Lake Bluff	IL	17	60044	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$55.00	$51.10	$35.26	$32.92
1477599702	Raphael	Stephen	D	M.D.	M	I	2301 E Evesham Rd Ste	Voorhees	NJ	34	8043	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$79.00	$52.07	$33.17	$30.38
1477628675	Bledsoe	Karen	L	MD	F	I	7404 Execu	#501	Lanham	MD	24	20706	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$121.00	$55.71	$35.47	$30.38
1487638706	Burt	Melody	H	DO	F	I	315 E Olympia Ave Unit	Punta Gord	FL	12	33950	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$102.30	$48.07	$30.67	$30.41
1487947164	Convey	Stephanie	P	RN/NP	F	I	269 Union St	Lynn	MA	25	1901	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$130.53	$42.58	$27.28	$25.82
1497063135	Henry	Kathleen	A	APN/CNP	F	I	16513 106th Ct	Orland Par	IL	17	60467	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	15	15	$100.00	$44.78	$31.54	$28.22
1497066526	Marzec	Alisa	J	MD	F	I	100 Progressive Dr	Columbus	OH	39	45830	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$86.00	$46.28	$27.00	$28.33
1497717441	Michaels	John	W	MD	M	I	8100 Oswe Suite 220	Liverpool	NY	36	13090	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$100.00	$43.05	$26.90	$28.22
1497768105	Breen	Howard	S	MD	M	I	One Hospit	Saints Mem	Lowell	MA	25	1854	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	13	15	15	$120.00	$53.37	$42.59	$37.98
1497774061	Tunell	Eric	W	DO	M	I	3136 W Main St	Thatcher	AZ	4	85552	4	Micropolita	US	Emergency	Y	69210	Removal of N	O	15	15	15	$71.18	$46.37	$37.01	$36.71
1497818736	Paduano	Julia	S	NP	F	I	408 Se Mai	Stoneview I	Simpsonvil	SC	45	29681	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$111.00	$35.42	$28.26	$30.13
1497827612	Freitas	Daniel	F	M.D.	M	I	24 Lyman S	Suite 300	Westborou	MA	25	1581	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$151.00	$49.53	$36.86	$35.45
1508015397	Shah	Maulik	B	M.D.	M	I	2151 E Pecos Rd Ste 1	Chandler	AZ	4	85225	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	15	15	$141.00	$43.43	$33.44	$34.24
1508027855	Hatzidimitr	Aristidis		MD	M	I	2007 95th S	Ste 112	Naperville	IL	17	60564	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$181.40	$48.38	$24.95	$25.94
1508415217	Curtis	Joshua	D	NP	M	I	101 Riverstone Vis Ste		Blue Ridge	GA	13	30513	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$128.00	$38.03	$28.31	$30.32
1508809971	Roby	Robert	K	M.D.	M	I	2435 W Bel Suite 22		Baltimore	MD	24	21215	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	15	14	$190.00	$52.25	$29.17	$24.96
1508815606	Miller	Alan	B	M.D.	M	I	3850 Holcomb Bridge F		Peachtree (	GA	13	30092	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$75.00	$47.67	$32.25	$32.31
1518115864	Dunlap	Candace		NP	F	I	2500 N State St		Jackson	MS	28	39216	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$50.00	$37.10	$27.13	$29.84
1518901511	Lynd	Sean		MD	M	I	796 Old State Route 74		Cincinnati	OH	39	45245	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	15	15	$71.00	$46.19	$29.10	$30.45
1518961879	Shukairy	Khaled	M	M.D.	M	I	1501 S Cen	Bldg B	Burton	MI	26	48509	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$86.00	$42.74	$33.36	$34.72

1528008927	Bren	Deborah	A	DO	F	I	5074 Kernsville Rd	Orefield	PA	42	18069	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$100.00	$45.17	$30.21	$30.93
1528097847	Johnston	Timothy	S	M.D.	M	I	3349 G St Ste F	Merced	CA	6	95340	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$100.00	$48.87	$36.37	$35.45
1528301090	Storm	Curtis	L	M.D.	M	I	1747 Bapti	Suite 340	Fleming Isl	FL	12	32003	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$104.23	$48.40	$32.09	$31.48
1528455508	Freiser	Monika	E		F	I	1 Medical Center Dr	Morgantow	WV	54	26506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	14	15	15	$94.00	$31.48	$19.00	$19.46
1538124631	Kaplan	Harry	W	MD	M	I	2700 Quarr	Ste 350	Baltimore	MD	24	21209	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$125.00	$52.69	$42.22	$37.98
1538142310	Scheidler	Peter	A	D.O.	M	I	3515 Siaron Way	Hamilton	OH	39	45011	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$85.00	$46.66	$34.85	$35.57
1538196761	Butler	Melinda	E	MD	F	I	136 Lednur	Suite 5	Preston	MD	24	21655	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$83.83	$49.29	$34.02	$32.92
1538370309	Nason	Robert		M.D.	M	I	720 W 34th	Suite 110	Austin	TX	48	78705	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$153.97	$46.25	$36.89	$36.71
1538540778	Holden	Jean	M	MSN APN F	F	I	8 W 4th St		Barnegat Li	NJ	34	8006	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$140.00	$44.57	$26.12	$23.67
1548254188	Defreitas	Junior		M.D.	M	I	3324 Color	Ste 103	Denton	TX	48	76210	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	13	15	15	$189.33	$43.37	$27.40	$31.49
1548258098	Barr	Eric	A	D.O.	M	I	54 S Forrest St		York	PA	42	17404	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$67.53	$45.59	$31.30	$33.15
1548362486	Jeyakumar	Anita		MD	F	I	8423 Market St	Ste 205	Boardman	OH	39	44512	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	15	15	$86.00	$46.01	$36.68	$37.98
1548745177	Coleman	Timothy	J	FNP-C	M	I	402 N Bryant	Blvd	San Angelo	TX	48	76903	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$120.00	$37.72	$25.97	$27.17
1558319822	Gunter	Michael	J	MD	M	I	7455 W Wa	Suite 445	Las Vegas	NV	32	89128	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$130.00	$49.25	$26.28	$25.45
1558328344	Metzger	Jeffrey	S	MD	M	I	100 Reserve	Rd Ste A4	Danbury	CT	9	6810	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$123.33	$51.81	$38.69	$35.45
1558392746	Ruggiero	Robert	F		M	I	126 E Main St		East Islip	NY	36	11730	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$95.00	$59.45	$44.22	$35.45
1558749226	Rikardsen	Lars		M.D.	M	I	640 S Washington St	St	Naperville	IL	17	60540	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$116.00	$51.24	$27.13	$25.32
1558979062	Bare	Shelby	J	CRNP	F	I	111 Penn St	Ste 1	Hanover	PA	42	17331	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$104.53	$39.10	$29.06	$30.23
1568454254	Zampani	Ratna	K	MD	F	I	20206 Farmington	Rd	Livonia	MI	26	48152	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$122.00	$49.71	$34.57	$33.10
1568480218	Yacoob	Marlene	N	MD	F	I	22 Odyssey	Suite 115	Irvine	CA	6	92618	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$148.73	$52.59	$39.17	$35.45
1568492577	Seitsinger	David	W	D.O.	M	I	2603 Sw 119th	St	Oklahoma	OK	40	73170	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$128.00	$42.98	$27.41	$31.72
1568993236	Valynets	Uladzislau		M.D.	M	I	120 Main St		Danbury	CT	9	6810	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$181.00	$51.96	$36.91	$33.56
1578024741	Marks	Leslie	T	FNP	F	I	7910 E Washington St	St	Indianapoli	IN	18	46219	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$67.00	$37.49	$24.84	$27.37
1578123915	Brownlee	Brianna		DO	F	I	345 W Steamboat Dr	St	Dakota Dur	SD	46	57049	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$130.00	$45.69	$35.55	$37.14
1578292710	Avans	Jennifer	L	CRNP, FNP	F	I	1963 Memorial Pkwy	St	Huntsville	AL	1	35801	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$73.00	$38.05	$30.32	$31.21
1578524435	Merrick	Jason	A	MD	M	I	2037 West Main		Cabot	AR	5	72023	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	15	15	$93.00	$38.61	$22.81	$29.71
1578569406	Tranchina	Stephen	A	M.D.	M	I	1615 Northern	Blvd	Manhasset	NY	36	11030	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$200.00	$60.29	$33.88	$26.32
1578595997	Polk	Aaron	C	MD	M	I	212 Russell	Blvd	Nacogdoch	TX	48	75965	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$151.00	$42.09	$28.96	$32.26
1578661609	Rowady	Daniel	L	M.D.	M	I	630 S Rayn	Suite 320	Pasadena	CA	6	91105	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$105.33	$52.32	$41.73	$37.98
1588042220	Khan	Ghulam		MD	M	I	4010 S Mulberry St		Pine Bluff	AR	5	71603	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$181.00	$52.03	$41.67	$37.98
1588612337	Hafeez	Javed		M.D.	M	I	3909 Galer	Suite #102	Sun City Ce	FL	12	33573	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$65.00	$48.63	$37.31	$35.09
1588635940	Mun	Joseph	H	MD	M	I	1445 N Hunt Club Rd	S	Gurnee	IL	17	60031	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$101.00	$51.21	$33.19	$30.78
1588673180	Porter	David	F	D.O.	M	I	208 Boulevard		Hasbrouck	NJ	34	7604	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$71.00	$53.79	$36.58	$32.34
1588693105	Backus	Mark	A	M.D.	M	I	2239 Ne Doctors Dr	Ste	Bend	OR	41	97701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$120.44	$45.94	$31.92	$33.27
1588924104	Darling	Robert	A	M.D.	M	I	600 N Kobayashi	Ste 1	Webster	TX	48	77598	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	13	15	15	$135.00	$33.00	$22.86	$22.87
1598016636	Le	Uyen	T	M.D.	F	I	1301 Shoreway Rd	Ste	Belmont	CA	6	94002	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$182.00	$55.73	$36.45	$29.69
1598218992	Phillips	Lauren	M	PA-C	F	I	444 Montgomery St		Chicopee	MA	25	1020	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	15	15	$122.00	$42.19	$23.36	$22.44
1598722712	Sobol	Steven	M	M.D.	M	I	101 W Mck Enta	Allerg	Decatur	IL	17	62526	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	15	15	$134.67	$27.46	$21.91	$21.06
1598753667	Soliman	Ahmed	M	MD	M	I	3509 N Broad St		Philadelphi	PA	42	19140	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$160.00	$43.12	$34.53	$31.65
1598872616	Shah	Mayank	P	MD	M	I	200 Ronald Reagan	Blv	Warwick	NY	36	10990	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$75.00	$54.02	$24.59	$21.24
1598960999	Streepey	Janet	L	M.D. MPH	F	I	691 Main St	Ne	Palmyra	IN	18	47164	2	Metropolita	US	General Pra	Y	69210	Removal of N	O	15	15	15	$102.73	$44.53	$33.61	$35.97
1609160019	Crouch	Derek	W	D.O.	M	I	8985 S Pecos Rd	Ste 4	Henderson	NV	32	89074	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$80.00	$49.28	$34.05	$32.92
1609369586	Wilbanks	Victoria	H	FNP	F	I	107 Eureka St	Ste A	Batesville	MS	28	38606	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$124.00	$36.63	$27.24	$30.41
1609375575	Hansroth	Jessica	C	PA-C	F	I	527 Medical Park Dr	St	Bridgeport	WV	54	26330	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	15	15	15	$94.00	$28.04	$6.12	$6.44
1609852839	Hutchinson	Carolyn	A	M.D.	F	I	2750 Aster St		Lake Charl	LA	22	70601	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$155.00	$46.25	$11.20	$12.96
1609955137	Melancon	Eric	J	M.D.	M	I	1151 Marg	Suite 200a	Morgan Cit	LA	22	70380	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$108.00	$45.88	$29.21	$30.81
1609965540	Earl	Anna	M	M.D.	F	I	1400 29th St	S	Great Falls	MT	30	59405	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$149.00	$46.23	$33.94	$33.84
1619074929	Rodriguez	Octavio	J	M.D.	M	I	1021 Senator Carlos	Tr	Kingsville	TX	48	78363	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$47.79	$45.54	$36.33	$37.98
1619241007	Beaver	Stacie	M	CRNP	F	I	1000 Norland	Ave	Chambersb	PA	42	17201	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$130.00	$39.46	$27.31	$28.18
1619974235	Herscher	Fred	L	DO	M	I	781 W Central	Ave	Sutherlin	OR	41	97479	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$124.00	$45.31	$26.41	$28.56
1629016803	Tess	James	J	M.D.	M	I	16511 106th	Ct	Orland Par	IL	17	60467	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	13	15	15	$100.00	$52.68	$36.59	$32.92
1629069323	Emmick	Jason	G	MD	M	I	15 Freetown	Rd	Raymond	NH	33	3077	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$112.00	$33.37	$17.97	$17.84
1629074299	Trivedi	Nimisha	J	MD	F	I	3778 Highway	42	Locust Gro	GA	13	30248	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	15	15	$125.00	$48.27	$35.43	$34.84
1629174321	Burleson	James	E	D.O.	M	I	10506 S Memorial	Dr	Tulsa	OK	40	74133	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$114.00	$44.82	$32.11	$34.37
1629316740	Sypniewski	Michele	P	ARNP	F	I	8561 Commerce	Centr	Port Saint L	FL	12	34986	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$84.00	$43.06	$29.73	$27.98
1629441282	Rothwell	Callie	E	APRN	F	I	1111 Medical Center	B	Marrero	LA	22	70072	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$84.27	$36.64	$24.88	$24.77
1639138795	Elliott	Jeffrey	M	MD	M	I	1901 Melba	Dr	Dothan	AL	1	36301	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$75.00	$45.49	$36.39	$36.71
1639159825	Chang	Mona	P	MD	F	I	1205 River Ave	Fl 2	Williamspo	PA	42	17701	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$130.33	$46.15	$36.83	$37.98
1639170293	Castro	Michael		MD	M	I	18275 N 55	Ste 138	Glendale	AZ	4	85308	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$74.67	$46.42	$34.56	$35.55
1639170731	Chauhan	Jay	K	D.O.	M	I	207 Landmark	Dr	Normal	IL	17	61761	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$261.00	$52.40	$36.32	$31.65
1639173420	Meredith	James	T	M.D.	M	I	921 Holiday	Dr	Forrest City	AR	5	72335	4	Micropolita	US	General Pra	Y	69210	Removal of N	O	14	15	15	$69.00	$41.72	$24.95	$28.58
1639218571	Gold	Kara	W	ANP-C	F	I	1140 Hamr	Ste G7105	Atlanta	GA	13	30328	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	15	15	$38.86	$38.53	$28.69	$30.29
1639557531	Harding	Mary	L	APRN	F	I	3600 Sea M	Main Street	Little River	SC	45	29566	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$54.18	$38.11	$19.31	$21.53
1649229519	Biondo	Thomas	A	M.D.	M	I	251 Lewis L	Suite 201	Havre De G	MD	24	21078	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$60.00	$51.75	$38.49	$35.45
1649243775	Dylla	Mary	J	MD	F	I	1120 Pope	St	Saint Helen	CA	6	94574	7	Small town	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$80.00	$49.93	$37.14	$35.45
1649265109	Lorch	Jason	R	DO	M	I	3131 Parisa	Dr	Paducah	KY	21	42003	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$114.00	$44.38	$33.04	$35.69
1649632274	Kinna	Bryanna	E	PA-C	F	I	131 Jpm Rd	Ste A	Lewisburg	PA	42	17837	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	15	15	15	$113.33	$39.17	$27.01	$28.18
1659367829	Weidner	Joseph	K	M.D.	M	I	101 Coloni	Suite A	Rising Sun	MD	24	21911	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$125.00	$49.29	$29.23	$28.23
1659663805	Brundrett	Sue	R	NP-C	F	I	3144 Executive	Dr	San Angelo	TX	48	76904	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$70.00	$38.93	$29.01	$30.26
1659735348	Anderson	Zachary	V	M.D.	M	I	1055 N 300 W	Ste 401	Provo	UT	49	84604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$88.00	$45.47	$33.85	$35.62
1669447272	Rizzo	Nicholas		M.D.	M	I	7270 W Co	Suite 102	Palos Heig	IL	17	60463	1	Metropolita	US	Hospitalist	Y	69210	Removal of N	O	15	15	15	$78.00	$51.84	$41.35	$37.98
1669447918	Mills	Steven	E	MD	M	I	505 N 4th St		Youngwoo	PA	42	15697	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$87.00	$46.17	$31.88	$33.15
1669459434	Brown	Julia	K	MD	F	I	219 W Main St		Springfield	KY	21	40069	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$56.67	$44.81	$30.17	$32.50
1669474060	Godshall	Stephen	E		M	I	1751 Erickson	Ave	Harrisonbu	VA	51	22801	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$96.00	$48.25	$30.97	$30.47
1669638425	Cosgrove	John	P	D.O.	M	I	559 State St		Hammond	IN	18	46320	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$153.00	$49.54	$36.79	$35.45
1669834057	Skotnicki	Meghan	A	D.O.	F	I	1132 N Church St	Ste 2	Greensbor	NC	37	27401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$203.50	$42.61	$30.98	$32.53
1679504872	Ladinsky	Michael		D.O.	M	I	126 E Main	Ste1	East Islip	NY	36	11730	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$95.00	$59.67	$34.83	$27.85

1679509871	Rashti	Manouchehr		M.D.	M	I	12340 Santa Monica Bl	Los Angele	CA	6	90025	1	Metropolit	US	General Pr	Y	69210	Removal of N	O	15	15	15	$40.00	$39.63	$29.98	$36.36
1679554109	Lewis	David		MD	M	I	760 Carpenter Ln	Philadelphi	PA	42	19119	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$93.00	$50.83	$37.77	$35.45
1679561310	Adkins	Edward	E	M.D.	M	I	715 Richland Mall	Ontario	OH	39	44906	1	Metropolit	US	Family Prac	Y	69210	Removal of N	F	13	15	15	$63.50	$32.96	$19.30	$19.44
1679979439	Motta	Maria	T		F	I	3009 N Ballas Rd Ste 2	Saint Louis	MO	29	63131	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$156.00	$40.13	$27.74	$28.08
1689023889	Nawrot	Agnes	G	FNP-BC	F	I	348 Golfview Court	Bloomingd	IL	17	60108	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	12	15	15	$133.00	$44.03	$25.68	$23.67
1689261778	Polce	Stephanie	R	PA-C	F	I	12547 Ocean Gtwy	Ocean City	MD	24	21842	4	Micropolit	US	Physician A	Y	69210	Removal of N	O	15	15	15	$90.00	$41.88	$28.73	$26.74
1689281057	Bolerjack	Tara	L	APRN	F	I	2405 Stonebridge Dr	Norman	OK	40	73071	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$128.00	$37.76	$27.48	$29.73
1689629933	Ries	Andrea	L	M.D.	F	I	1500 Associates Dr	Dubuque	IA	19	52002	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$126.40	$44.13	$24.44	$27.60
1689739278	Carroll	Sharla	B	PA-C	F	I	500 W Plummer St	Eastland	TX	48	76448	7	Small town	US	Physician A	Y	69210	Removal of N	O	13	15	15	$75.00	$38.79	$25.63	$27.11
1689778235	Velasco	Oscar	L	MD	M	I	560 W Putn #5	Porterville	CA	6	93257	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$120.00	$49.55	$31.55	$30.15
1689783763	Schram	David	J	MD	M	I	1021 W 14th St	Hastings	NE	31	68901	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$100.00	$36.16	$24.18	$27.19
1689840514	Henderson	James	A	MD	M	I	2750 Laure Suite 103	Columbia	SC	45	29204	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$65.00	$44.55	$35.52	$37.98
1699141515	Kropf	Kelsey	M	ARNP	F	I	301 N 4th Ave	Eldridge	IA	19	52748	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$157.00	$36.10	$22.77	$25.42
1700122306	Bradbury	Julia	C	APRN	F	I	501 Assembly Ln	Paola	KS	20	66071	2	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	11	15	15	$152.53	$37.86	$28.27	$30.35
1700230554	Haskin	Theodore (Ted)		D.O.	M	I	332 2nd Ave N	Wahpeton	ND	38	58075	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$138.00	$46.16	$29.35	$30.73
1700845716	Dasch	Lawrence		MD	M	I	331 W Main St	Hudson	MI	26	49247	5	Micropolit	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$96.00	$46.32	$29.30	$30.45
1700951167	Calvanese	Alphonse	F	MD	M	I	299 Carew Suite 426	Springfield	MA	25	1104	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$80.00	$49.61	$28.95	$27.85
1710173554	Paone	Dawn		RN, APN-C	F	I	6410 New Jersey Ave	Wildwood	NJ	34	8260	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$80.00	$44.78	$31.09	$26.90
1710304282	Casciola	Alan	T	D.O.	M	I	451 Murtha Dr	Waynesbur	PA	42	15370	7	Small town	US	Internal Me	Y	69210	Removal of N	O	12	15	15	$138.00	$46.78	$25.48	$26.34
1710980743	Allen	Evan	C	MD	M	I	1701n Green Valley Pk	Henderson	NV	32	89074	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$136.95	$49.15	$33.92	$32.92
1710984687	Echavarria	Fabio	L	M.D	M	I	1715 E Hwy Building 3,	Clermont	FL	12	34711	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$95.13	$47.89	$35.64	$35.46
1720044365	Vandivort	Monica	R	M.D.	F	I	2800 E Ajo Way	Tucson	AZ	4	85713	1	Metropolit	US	Geriatric M	Y	69210	Removal of N	O	14	15	15	$120.60	$46.46	$34.61	$35.55
1720059298	Mauer	Mark	W	M.D.	M	I	123 Conhocton St Ste 1	Corning	NY	36	14830	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$144.00	$45.06	$36.05	$36.71
1720067234	Rife	Susan	B	DO	F	I	10755 163rd Pl	Orland Par	IL	17	60467	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$173.00	$52.12	$36.04	$32.92
1720077290	Graham	Charles	R	M.D.	M	I	1001 Pine H Suite 300	Baltimore	MD	24	21229	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$53.58	$52.00	$38.74	$35.45
1720085756	Koriwchak	Michael	J	M.D.	M	I	5673 Peacl Ste 150	Atlanta	GA	13	30342	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$155.00	$47.56	$37.94	$36.71
1720157688	Priest	Mark	A	DO	M	I	945 E 8th St Ste B	Traverse Ci	MI	26	49686	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$77.00	$45.93	$24.36	$24.78
1730737248	Ringena	Tonya	J	ARNP	F	I	702 E 4th St	Wellsburg	IA	19	50680	2	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	12	15	15	$119.00	$37.52	$13.87	$16.86
1740214873	Edwards	Patrick	J	MD	M	I	300 N 4th A Suite 200	Newton	IA	19	50208	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$125.00	$42.82	$29.43	$32.12
1740224880	Matty	Marie	E	M.D.	F	I	19980 10th Ave Ne Ste	Poulsbo	WA	53	98370	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$110.25	$47.61	$35.45	$35.48
1740252089	Amini-Orou	Ladan		M.D.	F	I	15450 Nort Ste 101	Southgate	MI	26	48195	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	15	15	$75.00	$50.52	$35.10	$32.92
1740286947	Noto	Rocco		MD	M	I	2000 Maple Hill St	Yorktown H	NY	36	10598	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$150.20	$57.65	$44.64	$35.35
1740750660	Albright	Bridget	K	PA-C	F	I	8752 E Via De Commer	Scottsdale	AZ	4	85258	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	15	15	15	$94.00	$39.74	$25.41	$26.09
1740833888	Hincks	Matthew			M	I	108 Centre St	Bath	ME	23	4530	4	Micropolit	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$110.40	$27.56	$19.10	$19.51
1750322533	Gadre	Arun	K	MD	M	I	100 N Academy Ave	Danville	PA	42	17822	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	15	15	15	$116.60	$31.17	$23.12	$23.75
1750351086	Boyts	Edward	W	MD	M	I	68370 Clin Post Office	New Paris	IN	18	46553	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$164.67	$38.18	$16.46	$19.43
1750399986	Vansumere	Kenneth		PA	M	I	301 W Wackerly St	Midland	MI	26	48640	1	Metropolit	US	Physician A	Y	69210	Removal of N	F	15	15	15	$67.00	$26.56	$17.74	$18.27
1750516613	Koltz	Christophe	R	MD	M	I	7505 Osler Dr Ste 406	Towson	MD	24	21204	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$158.00	$52.37	$34.32	$30.96
1750716692	Overstreet	Rebekah	H	FNP	F	I	1301 Veterans Memori	Eupora	MS	28	39744	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$95.00	$35.30	$21.36	$26.11
1750810099	Gutovitz	Cory			M	I	2650 Shawnee Mission	Westwood	KS	20	66205	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$85.07	$30.21	$20.70	$23.14
1760456214	Renzi	Stephen	J	D.O.	M	I	160 S Railr Station Sq	Troy	PA	42	16947	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$191.00	$44.70	$30.72	$31.89
1760906838	Barger	Heather	J	APRN, FNP	F	I	65 Hospital Dr Ste 102	Petersburg	WV	54	26847	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$60.00	$38.42	$30.66	$32.28
1770565897	Gill	Rupinder		MD	F	I	1428 N Gardner St	Scottsburg	IN	18	47170	4	Micropolit	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$175.00	$42.39	$29.08	$32.18
1770568164	Petry	Henry	D	DO	M	I	931 E 32nd St	Joplin	MO	29	64804	1	Metropolit	US	Geriatric M	Y	69210	Removal of N	O	13	15	15	$92.67	$29.42	$18.46	$19.66
1770569311	Mccarthy	Sandra	Q	PA C	F	I	3509 N Broad St	Philadelphi	PA	42	19140	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	13	15	15	$134.00	$42.26	$33.79	$30.14
1770604282	Dwyer	Lori		CRNP	F	I	2630 Holme Ave Ste 10	Philadelphi	PA	42	19152	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$105.00	$43.53	$25.42	$23.68
1770635187	Jantac	Katherine	D	GNP-BC	F	I	6334 Ceda Suite 103	Columbia	MD	24	21044	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$55.00	$43.31	$32.15	$30.13
1770671646	Sharfaei	Soraya		MD	F	I	16519 S Route 59 Ste D	Plainfield	IL	17	60586	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$116.00	$51.15	$35.31	$32.92
1770679706	Schaupp	James	F	DO	M	I	7111 S Virginia St	Reno	NV	32	89511	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$65.00	$49.25	$28.73	$27.85
1770683641	Johnson	Allison	M	M.D.	F	I	688 E Mills Suite 100	Fayettevill	AR	5	72703	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$111.00	$43.19	$29.34	$33.00
1770717423	Brickner	Shawn	E	M.D.,	F	I	259 E Erie S Suite 2350	Chicago	IL	17	60611	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$166.00	$52.69	$31.01	$27.85
1770879546	Keesling	Rachel	J	DO	F	I	720 W Us Highway 24	Woodland	CO	8	80863	2	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$123.00	$48.68	$31.08	$30.38
1780044263	Krasnopols	levgeniia		NP	F	I	1200 Centr Second Flo	Wilmette	IL	17	60091	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	F	15	15	15	$87.40	$31.34	$25.06	$22.37
1780620278	Kilpatrick	Paul	M	P.A.C	M	I	10250 Se 167th Place F	Summerfie	FL	12	34491	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	13	15	15	$75.00	$40.75	$25.96	$25.84
1780682716	Corrigan-M	Margaret	M	M.S.N., R.N	F	I	2600 Glasg Suite 124	Newark	DE	10	19702	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$57.00	$41.09	$30.57	$30.13
1780701003	Wilson	Kevin	F	MD	M	I	50 North M Som 3c120	Salt Lake C	UT	49	84132	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$123.18	$45.45	$31.81	$33.64
1790278653	Healy	Kaitlin	E	MD	F	I	1613 Route 47 S Unit F	Rio Grande	NJ	34	8242	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$106.00	$52.16	$41.66	$37.98
1790700987	Suri	Rajesh	S	MD	M	I	3155 Kearney St Ste 10	Fremont	CA	6	94538	1	Metropolit	US	Cardiology	Y	69210	Removal of N	O	15	15	15	$85.00	$55.70	$44.43	$37.98
1790704310	Saba	Mark	G	M.D.	M	I	7505 Osler Dr	Towson	MD	24	21204	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$158.00	$52.50	$40.03	$36.03
1790822427	Furey	William	J	D.O.	M	I	705 White I Suite D-10	Voorhees	NJ	34	8043	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$170.00	$51.96	$41.46	$37.98
1790832111	Drell	Steven	A	MD	M	I	13320 Rive Suite 100	Sherman O	CA	6	91423	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$95.00	$52.71	$33.65	$30.38
1790864593	Metz	Donald	R	D.O.	M	I	2910 Center St	Deer Park	TX	48	77536	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$65.00	$49.04	$31.22	$30.38
1801369921	Ayres	Ruby	L		F	I	510 E Amende Dr	Odessa	WA	53	99159	10.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$136.00	$38.98	$22.73	$23.03
1801485842	Malone	Gina	L	APRN	F	I	5533 New Cut Rd	Louisville	KY	21	40214	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$99.00	$37.66	$28.03	$30.33
1801850672	Moran	Glenn	K	DO,FACOF	M	I	201 Nw 82nd Ave	Plantation	FL	12	33324	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$141.15	$50.69	$34.25	$32.04
1801861059	Robeson	James	A	M.D.	M	I	1118 Ross Suite 303	Dothan	AL	1	36301	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$69.00	$45.48	$31.53	$33.30
1801903836	Mian	Muhamma	Z	MD	M	I	205 Valley Ave	West Bend	WI	55	53095	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$300.00	$44.51	$22.38	$25.32
1801953518	Ogden	Jeffrey	G	M.D	M	I	421 N Orem Blvd	Orem	UT	49	84057	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$65.00	$43.97	$32.75	$35.62
1811245178	Celmer	Jacqueline	J	FNP	F	I	6438 Joliet Rd	Countrysid	IL	17	60525	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$159.00	$43.73	$32.32	$29.91
1821076688	Herwig	Theodor	T	MD	M	I	1 Independence Way	Brewster	MA	25	2631	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$94.00	$49.53	$34.20	$32.92
1821096421	Johnson	Thomas	D	MD	M	I	1417 N Main St	Jamestown	KY	21	42629	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$61.67	$44.24	$32.90	$35.69
1831130509	Mcgovern	John	J	MD	M	I	3263 Proffi Suite 201	Charlottes	VA	51	22911	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$96.00	$48.01	$32.62	$32.32
1831157882	Inglefield	Joseph	T	MD	M	I	220 18th Street Cir Se	Hickory	NC	37	28602	1	Metropolit	US	Allergy/ Imi	Y	69210	Removal of N	O	14	15	15	$43.39	$43.39	$30.08	$33.58
1831162460	Maragiri	Revan		M.D.	M	I	3720 Katalin Ct	Bay City	MI	26	48706	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	15	15	$74.00	$45.86	$29.21	$30.82
1831206887	Webber	Paul	R	MD	M	I	248 Mchenry St	Burlington	WI	55	53105	4	Micropolit	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$300.00	$41.92	$26.37	$28.56
1831280668	Amedee	Ronald	G	MD	M	I	1514 Jefferson Highwa	New Orlear	LA	22	70121	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	13	15	15	$105.00	$34.24	$21.80	$21.05
1831283332	Taylor	Lisa	M	M.D.	F	I	107 Comm Community	Mashpee	MA	25	2649	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$153.00	$49.53	$26.20	$25.32

1831739200	Dory	Brittany			F	I	1030 Falmouth Rd	Hyannis	MA	25	2601	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$127.40	$42.19	$30.51	$29.23
1831786953	Werrlein	Christina		PA-C	F	I	12547 Ocean Gtwy	Ocean City	MD	24	21842	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	14	15	15	$90.00	$40.58	$27.88	$26.90
1841206919	Kohl	Traci	M	MD	F	I	446 N Reac Suite 301	Ephrata	PA	42	17522	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	15	15	$89.00	$46.58	$31.32	$32.20
1841299567	Galloway	Edgar	B	M.D.	M	I	3030 N Circ Ste 300	Colorado S	CO	8	80909	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$124.00	$42.42	$33.95	$32.92
1841299906	Squires	Nancy		MD	F	I	32335 Dupont Blvd	Dagsboro	DE	10	19939	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$100.00	$48.94	$28.75	$27.85
1841535762	Knape	Ryan			M	I	901 Kimole Suite A-4	Adrian	MI	26	49221	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	14	15	15	$96.00	$39.33	$27.28	$28.22
1841703139	Howell	Eleanor	S	PA	F	I	619 19th St S	Birminghan	AL	1	35249	99	Unknown	US	Physician A	Y	69210	Removal of N	O	15	15	15	$150.00	$38.16	$30.12	$31.99
1851305809	Norcross	James	W	DO	M	I	5865 E Naples Plz	Long Beach	CA	6	90803	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$80.00	$51.28	$33.98	$30.38
1851329973	Juhala	Robert	J	MD	M	I	4674 Snow Suite 100	Fort Collins	CO	8	80528	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$123.00	$48.60	$30.57	$29.97
1851342026	Killian	Michael	E	M.D.	M	I	900 E 30th St	Austin	TX	48	78705	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$89.00	$46.33	$29.21	$29.12
1851374755	Halasz	Steven	P	MD	M	I	4369 Tamia Ste. A	Port Charlo	FL	12	33980	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$97.00	$48.53	$33.71	$32.93
1851385447	Kaveh	Sassan		M.D.	M	I	3150 North Suite 400	Las Vegas	NV	32	89128	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	15	15	$134.06	$49.12	$36.54	$35.45
1851397186	Boyce	Stephen	E	MD	M	I	3010 Anderson Dr	Raleigh	NC	37	27609	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$103.00	$46.14	$21.23	$22.80
1851511737	Woods	Brenda	K	MD	F	I	1391 N Baldwin Avenue	Marion	IN	18	46952	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$72.00	$44.03	$25.61	$28.83
1861402695	Stovall	Raymond	L	M.D.	M	I	600 Profes: Suite 150	Lawrencevi	GA	13	30046	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$53.31	$47.66	$35.48	$34.21
1861425878	Hightower	Robert	B	DO	M	I	1025 E 2nd St	Cushing	OK	40	74023	7	Small town	US	Internal Me	Y	69210	Removal of N	O	12	15	15	$130.20	$43.30	$33.28	$35.40
1861462426	Correll	Geoffrey	G	M.D.	M	I	109 Meado Suite 3	Bristol	TN	47	37620	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$96.00	$44.43	$26.31	$29.07
1861497596	Park	Gregory		M.D.	M	I	30 N Church St	Wailuku	HI	15	96793	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$64.67	$46.62	$26.88	$26.59
1861583320	Zaeder	Lisa		APRN	F	I	Lahey Clini 41 Mall Roa	Burlington	MA	25	1805	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$130.80	$42.58	$25.02	$23.67
1861620072	Shah	Sheetal	A	D.O.	F	I	4165 Blackhawk Plaza	Danville	CA	6	94506	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$175.00	$56.04	$38.76	$32.92
1861671208	Yohann	Aaron	D	PA-C	M	I	111 E Wisc Suite 2000	Milwaukee	WI	55	53202	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	15	15	15	$160.00	$36.55	$24.96	$27.35
1861721573	Seidl	Elizabeth		AU.D., CCC	F	I	9250 N 3rd Suite 3025	Phoenix	AZ	4	85020	1	Metropolita	US	Audiologist	Y	69210	Removal of N	O	14	15	15	$75.00	$46.22	$36.86	$37.98
1871108233	Brockington	Ricky			M	I	102 Fairview Dr Ste B	Franklin	VA	51	23851	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$139.00	$40.35	$28.56	$28.74
1871154211	Vollmer	Chelsea		FNP-C	F	I	4535 Northern Sky Dr S	Bismarck	ND	38	58503	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$65.00	$39.34	$31.40	$32.28
1871563197	Whitten	Penniann		MD	F	I	13838 S 46 Ste 125	Phoenix	AZ	4	85044	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$102.67	$46.90	$27.55	$28.28
1871564831	Lesnik	David	J	MD	M	I	1 Montvale Suite 203	Stoneham	MA	25	2180	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	15	15	15	$142.18	$34.61	$20.03	$18.42
1871805275	Cottrill	Terra	D	APN	F	I	241 W Springfield Rd	Arcola	IL	17	61910	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$107.80	$39.77	$25.58	$26.22
1871820852	Carmichae	Matthew		M.D.	M	I	766 Walther Rd Ste 300	Lawrencevi	GA	13	30046	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	15	15	$200.00	$48.39	$33.64	$32.96
1881601409	Loper	William	E	MD	M	I	323 Hwy 51	Ridgeland	MS	28	39157	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$114.00	$43.59	$34.87	$37.98
1881623569	Ogren	Frederic	P	MD	M	I	17030 Lake Suite 204	Omaha	NE	31	68130	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$100.00	$33.29	$26.57	$29.12
1881652618	Mikael	Nagy	N	M.D.	M	I	747 Main S Suite 201	Concord	MA	25	1742	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	14	15	15	$144.00	$53.34	$39.68	$35.45
1881663615	Bansal	Archana		M.D.	F	I	157 N Coro #c	Sierra Vista	AZ	4	85635	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$79.00	$46.67	$33.89	$34.65
1881959864	Rizk	Habib		M.D	M	I	171 Ashley Ave	Charleston	SC	45	29425	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	15	15	15	$140.80	$31.37	$21.65	$23.05
1891058962	Tomkins	David	L	M.D.	M	I	635 Anders Suite 10	Davis	CA	6	95616	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$179.00	$53.26	$37.09	$32.92
1891173753	Garber	David		M.D.	M	I	1055 Saw Mill River Rd	Ardsley	NY	36	10502	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	15	15	$194.00	$47.76	$38.18	$31.65
1891284790	Stahl Pirain	Amanda		DO	F	I	1088 W Baltimore Pike	Media	PA	42	19063	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$166.67	$51.02	$32.46	$30.38
1891770301	Fibel	Debbie	G	MD	F	I	2101 Nichc Suite 400	Lexington	KY	21	40503	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	15	15	$60.00	$42.77	$31.73	$34.42
1902268725	Del Castillo	Estevan	J	MD	M	I	315 E Olympia Ave Unit	Punta Gord	FL	12	33950	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$102.30	$47.76	$38.09	$37.98
1902371925	Burk	Kandice		APRN, FNP	F	I	1000 Hospital Cir	Kingfisher	OK	40	73750	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$128.00	$38.40	$26.70	$28.38
1902801988	Wright	James	T	MD	M	I	2101 S Cynthia St	Mcallen	TX	48	78503	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$193.00	$45.97	$26.94	$28.48
1902824162	Bray	Shelly	C	M.D.	F	I	303 Professional Park I	Arkadelphi	AR	5	71923	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	15	15	$108.00	$42.69	$27.57	$31.75
1902831696	Chiang	Paul	P	MD	M	I	1800 N Mai Second Flo	Wheaton	IL	17	60187	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	12	15	15	$149.00	$50.36	$40.33	$36.71
1902930068	Mcalpin	Christina	M	M.D.	F	I	1127 Wilsh Ste 809	Los Angele	CA	6	90017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$79.11	$52.43	$39.67	$35.85
1902950223	Bakanausk	Egle	A	M.D.	F	I	1455 Main : Suite 100	Windsor	CO	8	80550	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$123.00	$46.85	$32.18	$31.65
1912089251	Carter	Rossana	Y	MD	F	I	330 Hospit Suite 304	Macon	GA	13	31217	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$112.00	$44.65	$34.26	$36.66
1912117805	Rufener	Justin	B	M.D.	M	I	5050 Ne Hc Suite 655	Portland	OR	41	97213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	15	15	$147.00	$46.89	$30.88	$30.38
1912256512	Haley	Katelin	M	D.O	F	I	34435 King Street Row	Lewes	DE	10	19958	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	15	15	$150.00	$48.63	$23.22	$22.79
1912261868	Castleman	Danna	S	P.A.-C	F	I	20719 Main St E	Huntingdor	TN	47	38344	10	Rural areas	US	Physician A	Y	69210	Removal of N	O	14	15	15	$122.67	$36.41	$29.39	$32.83
1912266230	Duckett	Jennifer	N	PA-C	F	I	1114 Professional Blvd	Dalton	GA	13	30720	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	15	15	$97.75	$38.17	$25.49	$27.47
1912965542	Bedford	John	D	M.D.	M	I	Rs Cardiology & Interna	Springfield	MA	25	1104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$132.33	$49.55	$34.22	$32.92
1912975251	Gumbel	Francis	M	MD PA	M	I	26 S Coria S Ste B	Brownsville	TX	48	78520	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	15	15	$86.00	$45.70	$29.12	$30.85
1922005255	Dowling	Sally	H	MD	F	I	15 N Williams St	Selbyville	DE	10	19975	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$136.50	$47.15	$27.88	$28.63
1922097666	Rayasam	Ramakuma	V	M.D.,	M	I	207 S 2nd S Morris Park	Phillipsbur	NJ	34	8865	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	15	15	15	$113.42	$54.63	$42.50	$36.72
1922363845	Laughlin	Gina	C	APRN	F	I	9616 Dixie Hwy	Louisville	KY	21	40272	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$116.00	$37.69	$28.05	$30.33
1922415264	Barrows	Roberta			F	I	7000 E Broad St	Columbus	OH	39	43213	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$104.92	$39.68	$27.53	$28.18
1922441328	Bjore	Emma	M	M.D.	F	I	3116 Willett Dr	Laramie	WY	56	82072	4	Micropolita	US	Geriatric M	Y	69210	Removal of N	O	15	15	15	$111.33	$47.85	$35.52	$35.30
1922523836	Mertzig	Freddie	J	APNP	M	I	3237 S 16th St	Milwaukee	WI	55	53215	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	15	15	15	$164.00	$38.34	$24.62	$26.43
1922768860	White	Kyle			M	I	5565 Grossmont Cente	La Mesa	CA	6	91942	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	15	15	$95.00	$41.97	$33.44	$31.20
1932155819	Saltzman	Leonard	D	MD	M	I	1420 Us 52 N	Albemarle	NC	37	28001	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$89.00	$45.78	$33.17	$34.69
1932186558	Olenek	Christophe	D	DO	M	I	960 37th Pl Suite 102	Vero Beach	FL	12	32960	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$233.59	$49.06	$33.72	$31.65
1932203171	Patel	Jayesh		M.D.	M	I	227 E Somerdale Rd	Somerdale	NJ	34	8083	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$67.48	$51.96	$41.46	$37.98
1932344181	Byrd	Hillary		ARNP	F	I	1113 Ne County Road 4	Mayo	FL	12	32066	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$100.00	$40.55	$30.14	$30.13
1932410024	Hourizadeh	Joshua	B	D.O.	M	I	8712 4th Ave	Brooklyn	NY	36	11209	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$140.00	$59.93	$39.32	$30.79
1932630027	Zheng	Melissa		MD	F	I	13400 E Shea Blvd	Scottsdale	AZ	4	85259	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	13	15	15	$113.25	$34.91	$25.93	$24.56
1932764529	Sapaugh	Shawna	L	NP-C	F	I	1712 S Lafayette Ave	Sedalia	MO	29	65301	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$129.07	$37.67	$26.60	$28.87
1932768355	Biglin	Anna	E	NP	F	I	3000 Arlington Ave	Toledo	OH	39	43614	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$99.00	$39.16	$27.00	$28.18
1942206958	Jarvis	Bennie	L	M.D.	F	I	250 Nash N Suite D	Rocky Mou	NC	37	27804	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	15	15	$148.27	$44.50	$33.12	$34.33
1942273909	Bush	James	A	MD	M	I	815 W Poythress St	Hopewell	VA	51	23860	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	15	15	$85.00	$48.33	$32.94	$32.32
1942799838	Campbell	Mary Elizabeth		MD, MPH	F	I	6913 N Main St Ste 300	Granger	IN	18	46530	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$163.60	$42.92	$29.10	$33.06
1952325094	Bailey	Thomas	P	MD	M	I	421 7th Street	Tell City	IN	18	47586	7	Small town	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$118.00	$40.98	$27.26	$33.39
1952531758	Kyle	David	J	D.O.	M	I	2208 W 7th Attn: Yvette	Los Angele	CA	6	90057	1	Metropolita	US	Osteopathi	Y	69210	Removal of N	O	13	15	15	$86.08	$49.00	$33.86	$32.92
1962400895	Schaffner	Randall	L	M.D.	M	I	4301 Colle Suite # 300	Vernon	TX	48	76384	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$80.00	$45.69	$26.65	$28.48
1962499657	Davis	Alon		MD	M	I	100 Power St	Salisbury	MD	24	21804	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	15	15	$89.00	$49.28	$37.43	$36.13
1962949289	Kanarr	Vanessa		DNP	F	I	9 Hawthorne Park Ct	Greenville	SC	45	29615	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$101.40	$38.55	$23.90	$25.56
1962989020	Wozniak	Alexandra			F	I	6334 Cedar Ln Ste 103	Columbia	MD	24	21044	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	15	15	$55.00	$43.87	$32.60	$30.13
1972506053	Kulp	Jeffrey	T	MD	M	I	2350 International Cir	Colorado S	CO	8	80910	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	15	15	$75.00	$48.88	$36.17	$35.13
1972533602	Bruno	Sandra	D	M.D.	F	I	217 Sam Houston Jone	Lake Charl	LA	22	70611	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	15	15	$76.00	$45.81	$31.61	$33.20

1972537884	Schubert	Robert	S	M.D.	M	I	2100 Glenwood Ave	Joliet	IL	17	60435	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	15	15	15	$116.00	$51.18	$32.57	$30.37
1972595692	Percival	Paul	J	MD	M	I	591 Mccray Ste 221	Hollister	CA	6	95023	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$80.00	$56.68	$39.13	$31.65
1972647311	Jamaleddir	Wael	A	M.D.	M	I	33044 Hwy 27	Haines City	FL	12	33844	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$75.00	$47.94	$27.96	$27.88
1972672897	Scribner	John		M.D.	M	I	115 Turner Ln	Salem	AR	5	72576	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$115.00	$42.71	$30.11	$34.15
1982673976	Zandi	Dariush		MD	M	I	13851 E 14 Ste 205	San Leandr	CA	6	94578	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	15	15	$80.00	$55.73	$41.45	$35.45
1982698965	Ford	Barry	G	MD	M	I	4208 N Rodney Parhan	Little Rock	AR	5	72212	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	15	15	15	$127.40	$42.62	$31.70	$35.80
1982795001	Seddon	Jennifer	L		F	I	700 Tilghman Dr Ste 73	Dunn	NC	37	28334	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	15	15	$65.00	$44.04	$32.33	$34.01
1982971115	Kammer	Jennifer	M	ARNP	F	I	350 John Deere Rd	Moline	IL	17	61265	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	15	15	$157.00	$37.54	$15.90	$18.79
1992703417	Burke	Alan	J	MD	M	I	161 Wadsworth Dr	Richmond	VA	51	23236	1	Metropolita	US	Plastic and	Y	69210	Removal of N	O	15	15	15	$90.00	$46.33	$31.83	$31.61
1003302936	Rateliff	Alexandra	L	PA-C	F	I	1600 Highway 17 N	Surfside Be	SC	45	29575	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$47.29	$37.94	$21.49	$23.84
1003837964	Nalubega	Rita		MD	F	I	503 3rd St Ne	Devils Lake	ND	38	58301	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$146.25	$46.06	$31.39	$32.80
1003881558	Fontenot	Ray		M.D.	M	I	101 3rd Ave Sw	Minot	ND	38	58701	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	14	14	14	$177.00	$30.36	$24.23	$25.38
1003892522	Seifert	Brent	W	M.D.	M	I	611 Mocksville Ave	Salisbury	NC	37	28144	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$92.00	$46.37	$29.56	$30.62
1003893215	Holthaus	Kevin		MD	M	I	1361 13th / Ste 150	Jacksonvill	FL	12	32250	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$85.00	$47.93	$33.85	$33.66
1003929787	Leonard	Nicholas	M	M.D.	M	I	10180 Se Sunnyside Rc	Clackamas	OR	41	97015	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	14	14	14	$128.00	$51.27	$26.44	$24.42
1013025998	Chow	Clement		M.D.	M	I	14833 Southwest Fwy	Sugar Land	TX	48	77478	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$50.00	$43.49	$29.73	$33.21
1013076058	Gomez-Vaz	Eduardo		M.D.	M	I	7210 Mcph Suite #115	Laredo	TX	48	78041	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$96.00	$45.51	$33.66	$35.43
1013446244	Kahlon	Ramneek	K	NURSE PR/	F	I	1275 Tharp Rd	Yuba City	CA	6	95993	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$75.00	$41.96	$32.21	$31.06
1013959287	Kuppersmi	Ronald	B	M.D.	M	I	1730 Birmingham Dr	College Sta	TX	48	77845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	14	14	$139.29	$45.56	$33.72	$35.43
1013979533	Nguyen	Hoang	Q	MD	M	I	3202 Se 82nd Ave	Portland	OR	41	97266	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	14	14	$120.00	$46.90	$31.85	$31.20
1013989409	Salamatin	Maria	D	MD	F	I	3003 Highv Suite 101	Bullhead C	AZ	4	86442	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$75.00	$46.42	$37.06	$37.98
1023045788	Chhabra	Bhupinder	K	M.D.	F	I	800 Biester Suite 3007	Elk Grove V	IL	17	60007	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	13	14	14	$90.00	$52.04	$32.56	$29.84
1023419405	Namin	Arya	W	MD	M	I	607 S New Ballas Rd St	Saint Louis	MO	29	63141	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$109.00	$40.84	$32.75	$38.66
1033140876	Lane	Edward	M	MD	M	I	4675 Main Street	Bridgeport	CT	9	6606	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$285.00	$51.95	$14.95	$13.56
1033151014	Thurmond	John	I	MD.	M	I	1011 Matlock Rd	Mansfield	TX	48	76063	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$168.00	$47.34	$37.89	$37.98
1033183983	Shoenberg	Douglas	C	M.D.	M	I	101 S Main Suite 101	Coopersbu	PA	42	18036	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$110.00	$46.39	$37.07	$37.98
1033430624	Alvarado	Joan	V	MD	F	I	116 W Buchanan Ave	Charleston	IL	17	61920	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$89.50	$46.89	$32.16	$32.77
1033470018	Bomer	James	J	MD	M	I	5700 Monroe St Unit 2(	Sylvania	OH	39	43560	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$96.00	$45.08	$36.08	$36.62
1033706247	Ojeda	Jessica		ACNPC-AG	F	I	1100 Carson Ave Suite	La Junta	CO	8	81050	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	11	14	14	$97.66	$41.31	$19.43	$19.09
1043213366	Nagel	Shirley	A	M.D.	F	I	3619 Lake Center Dr	Mount Dora	FL	12	32757	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$96.00	$48.05	$32.86	$32.57
1043223431	Patel	Vijaykumar	B	M.D.	M	I	1230 Jefferson St	Delano	CA	6	93215	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$80.00	$46.97	$37.69	$38.66
1043272099	Jaworski	Gerald	A	M.D.	M	I	2282 Nw Tr Ste. 101	Roseburg	OR	41	97471	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$107.00	$43.98	$30.27	$33.61
1043316490	Berman	Jonathan	R	M.D.	M	I	670 Glades 240	Boca Rator	FL	12	33431	1	Metropolita	US	Plastic and	Y	69210	Removal of N	O	12	14	14	$150.00	$47.06	$35.90	$33.65
1043598477	Brown	Bradly	K	PA-C	M	I	2730 Channing Way	Idaho Falls	ID	16	83404	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$150.00	$36.14	$27.95	$29.04
1043666233	Alonso	Nicolas		DO	M	I	605 S Conroe Medical I	Conroe	TX	48	77304	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$91.00	$41.19	$28.03	$30.85
1043843634	Morishita	Sayuri		FNP-BC	F	I	2810 Quebec St	Denver	CO	8	80207	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$98.29	$40.89	$32.58	$32.28
1053324970	Ban	Susan	L	M.D.	F	I	17400 Irvin Suite F	Tustin	CA	6	92780	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	14	14	$110.00	$52.39	$38.78	$35.27
1053358382	Aung	Ma	T	M.D.	F	I	10250 Se 1 Suite 5-1	Summerfie	FL	12	34491	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$75.00	$47.86	$32.23	$32.14
1053407304	Rana	Sunil		MD	M	I	49 Lake Ave Ste 2	Greenwich	CT	9	6830	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$95.00	$51.90	$36.52	$33.25
1053425934	Davis	Bryan	C	M.D.	M	I	1305 E 19th Ave	Winfield	KS	20	67156	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$90.00	$44.15	$35.24	$37.98
1053875328	Cavella	Steven	G	PA-C	M	I	801 Welch Rd	Palo Alto	CA	6	94304	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$97.00	$31.59	$23.43	$20.77
1063425031	Morgan	Nicole	Q	PA-C	F	I	3705 Tamp Atlantis Cli	Oldsmar	FL	12	34677	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$163.07	$29.11	$19.93	$19.17
1063474153	Sakr	James	A	MD	M	I	40 Red Jacket St	Dansville	NY	36	14437	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$70.00	$29.60	$20.94	$21.84
1063561413	Preschel	Samuel	A	MD	M	I	809 River Avenue	Lakewood	NJ	34	8701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$160.00	$52.63	$37.21	$33.39
1073090130	Whiteman	Jessie	M	FNP-C	F	I	6326 Constitution Dr	Fort Wayne	IN	18	46804	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	12	14	14	$60.00	$26.01	$20.75	$21.58
1073563821	Walker	Jacqueline		MD	F	I	2434 Wolf Rd	Westchest	IL	17	60154	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$137.71	$51.92	$37.52	$34.36
1073586335	Kay	David	C	M.D.	M	I	2024 Dorcl Suite 2	Goshen	IN	18	46526	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$181.07	$43.83	$32.42	$35.55
1073616934	Carfagno	Jeffrey	J	MD	M	I	1900 Club Manor Dr St	Maumelle	AR	5	72113	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$96.43	$41.15	$25.45	$29.61
1073671756	Ledford	Ladonna	M	NP	F	I	215 S Anderson St	Tullahoma	TN	47	37388	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$155.00	$35.94	$28.69	$31.14
1073786521	Gailushas	Shane	A	MD	M	I	Mercy Ear M 901 8th Ave	Cedar Rapi	IA	19	52401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$110.71	$28.43	$22.72	$24.42
1073852463	Beckmann	Megan		FNP-C	F	I	1900 16th St	Greeley	CO	8	80631	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$123.00	$41.38	$25.95	$25.36
1073971024	Garcia Rod	Johan		ARNP	M	I	1350 Sw 57 Suite 210	West Miam	FL	12	33144	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$116.00	$45.84	$22.32	$19.59
1083602254	Luedeke	James	D	MD	M	I	4463 State Route 66	Minster	OH	39	45865	7	Small town	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$110.29	$44.82	$33.16	$34.04
1083603575	Kimball	Diane	M	NP	F	I	920 Countr Suite 200a	Eugene	OR	41	97401	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$142.00	$38.44	$26.72	$28.45
1083657084	Kellogg	Jeffrey	L	DO	M	I	4545 Sergeant Rd	Sioux City	IA	19	51106	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$130.00	$42.35	$29.81	$32.79
1083682611	Tanabe	Don		MD	M	I	13001 State Road 80	Loxahatche	FL	12	33470	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	14	14	14	$163.00	$50.59	$40.36	$37.98
1083686273	Raybould	Michael	W	MD	M	I	2700 Clay I Suite 400	North Kans	MO	29	64116	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$89.57	$43.65	$34.92	$35.27
1083753339	Leahy	Kevin	P	M.D.	M	I	800 Spruce St	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	14	14	$95.00	$21.44	$14.10	$13.17
1083931208	Maheshwa	Anamika		MD	F	I	4600 Panal Suite 102b	Bakersfield	CA	6	93313	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$104.00	$48.07	$30.48	$29.00
1093049819	Burke	Dawn	M	ANP-BC	F	I	13914 Southeastern Pk	Fishers	IN	18	46037	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$115.00	$35.05	$19.69	$21.93
1093079881	Steffen	Natalie	R	PA-C	F	I	21 Geisinger Ln	Lewistown	PA	42	17044	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$158.29	$39.34	$22.35	$23.49
1093280935	Mccallister	Patricia		NP	F	I	3231 S National Ave St	Springfield	MO	29	65807	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$127.00	$37.72	$29.37	$31.49
1093760423	Hoshiwara	Steven	T	M.D.	M	I	10595 N Tatum Blvd St	Paradise V	AZ	4	85253	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$84.00	$46.69	$21.28	$22.39
1104047893	Deboer	Matthew	R	DO	M	I	1310 County Road 210	Saint Johns	FL	12	32259	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$103.86	$48.33	$22.09	$21.75
1104836345	Goldberg	Aaron	D	MD	M	I	2835 Smith Suite 207	Baltimore	MD	24	21209	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$170.00	$51.77	$39.44	$36.16
1104838655	Gibson	James	A	M.D.	M	I	5784 Highland Rd	Waterford	MI	26	48327	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$110.00	$49.82	$36.89	$35.27
1104908268	Prowse	Alicia		MD	F	I	1 Degraw Ave	Teaneck	NJ	34	7666	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	11	14	14	$138.71	$54.61	$41.54	$35.79
1104920859	Penalo	Pedro	J	MD	M	I	906 S Bridge Ave	Weslaco	TX	48	78596	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$65.00	$45.58	$25.85	$27.80
1114025376	Kitay	Kaleen		M.D.	F	I	6862 Elm S Suite 700	Mc Lean	VA	51	22101	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$75.00	$56.31	$35.69	$29.66
1114125101	Slawinski	Janet	K	CNP	F	I	7562 W Gulf To Lake Hi	Crystal Riv	FL	12	34429	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$96.80	$40.73	$30.16	$29.98
1114338019	Ferzli	George	S	M.D.	M	I	450 Clarks Box 1262	Brooklyn	NY	36	11203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	14	14	$149.00	$60.31	$48.24	$37.98
1114917499	Smith	Vaughn	J	M.D.	M	I	2721 Olive Suite 8	Oroville	CA	6	95966	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$107.25	$47.01	$31.59	$30.94
1114966751	Hanson	Susan	J	PA-C	F	I	1707 Gold Dr	Fargo	ND	38	58103	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$100.00	$38.31	$22.72	$23.43
1124005426	Plattner	Mary	A	N.P.	F	I	1201 N Hwy 83	Zapata	TX	48	78076	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$200.00	$38.84	$26.53	$27.95
1124054713	Kholodenk	Yana		MD	F	I	7825 Laurel Ave	Cincinnati	OH	39	45243	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$102.00	$46.75	$26.76	$27.64
1124073911	Spahn	Judith	K	APNP	F	I	2162 W Kimberly Rd	Davenport	IA	19	52806	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$105.00	$37.33	$25.47	$28.15
1124226907	Lenko	Jodi	W	MD	F	I	1000 Alliance Dr	Hazleton	PA	42	18202	1	Metropolita	US	Hospitalist	Y	69210	Removal of N	O	14	14	14	$100.00	$46.70	$29.83	$30.63

1124292594	Devine	Christina	T	M.D.	F	I	795 El Camino Real	Palo Alto	CA	6	94301	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$172.61	$55.16	$37.31	$31.14
1124384789	Shanker-Pa	Kavita		M.D.	F	I	3614 Providence Rd S S	Waxhaw	NC	37	28173	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$150.57	$48.75	$31.00	$30.95
1124534235	Fichter	Caroline		FNP	F	I	Blackfeet C 760 Hospit	Browning	MT	30	59417	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$100.00	$41.08	$23.50	$23.13
1134125024	Hackl	Pamela	J	DO	F	I	7443 Jackman Rd	Temperanc	MI	26	48182	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$82.00	$45.85	$26.58	$28.25
1134167562	Rubick	Vernon		D.O.	M	I	8540 Scarb Ste 100	Colorado S	CO	8	80920	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$123.00	$48.79	$30.63	$29.84
1134195449	Bailey	Colin	R	MD	M	I	2100 Lake Shore Dr	Waco	TX	48	76708	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$185.94	$45.80	$33.89	$35.38
1134199961	Hall	William	M	M.D.	M	I	2011 Nw Myhre Pl	Silverdale	WA	53	98383	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	14	14	$80.36	$47.52	$32.44	$32.62
1134206352	Fraser	Robert	J	DO	M	I	84 Margina Suite 800	Portland	ME	23	4101	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$237.43	$44.87	$31.77	$34.45
1134574221	Krueger	Hiromi		FNP	F	I	4951 Long Prairie Rd St	Flower Mou	TX	48	75028	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$147.00	$39.14	$22.36	$23.63
1144388794	Ramin	Nasir		M.D.	M	I	5715 Centre Square Dr	Centreville	VA	51	20120	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$169.79	$55.77	$28.47	$24.42
1144583584	Karimnejac	Kaveh		M.D.	M	I	1025 Marsh St	Mankato	MN	27	56001	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	14	14	$104.98	$30.46	$24.36	$25.38
1144702168	Theodorou	Sophia		PA-C	F	I	7600 Camino Real	Boca Rator	FL	12	33433	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$163.00	$43.06	$26.90	$25.36
1144707837	Avery	Andrea	M	PA-C	F	I	701 Washington Ave St	Iowa Falls	IA	19	50126	7	Small town	US	Physician A	Y	69210	Removal of N	O	12	14	14	$119.00	$37.80	$23.78	$26.09
1154325660	Macasieb	Anthony	W	D.O	M	I	930 W Wilson Ave	Mooresville	NC	37	28117	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$135.00	$45.80	$33.93	$35.43
1154325876	Gujrathi	Deven	S	MD	M	I	9250 N 3rd St Ste 2025	Phoenix	AZ	4	85020	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$150.00	$46.55	$30.87	$31.81
1154329423	Oostendorp	Michaele	C	DO	F	I	14700 King Ste A	Riverview	MI	26	48193	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$75.36	$47.97	$34.70	$33.23
1154344919	Jain	Ashit		M.D.	M	I	2333 Mowr Suite 300	Fremont	CA	6	94538	1	Metropolita	US	Cardiology	Y	69210	Removal of N	O	11	14	14	$110.00	$55.85	$44.58	$37.98
1154381887	Wu	Zhenqing	B	M.D.	M	I	3808 Union St Ste 6f	Flushing	NY	36	11354	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$91.00	$47.01	$32.46	$25.55
1154644227	Schroyer	Meredyth	D	P.A.	F	I	13303 Tess Suite 150	Saint Louis	MO	29	63128	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$109.00	$39.14	$22.42	$22.41
1154717569	Hornaday	Kristin		PA-C	F	I	15 S Mchenry Rd	Buffalo Gro	IL	17	60089	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	14	14	$136.00	$44.75	$27.42	$24.61
1154790384	Bauerle	Mathew	J	ARNP	M	I	16420 Hea Ste. 100	Fort Myers	FL	12	33908	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$102.30	$40.59	$32.37	$32.28
1164415519	Kraske	Gerhard	K	MD	M	I	7780 Elmw Suite 201	Middleton	WI	55	53562	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$106.01	$30.50	$19.04	$21.25
1164453601	Oswald	Laura	A	DO	F	I	7 Blanchar Suite 200	Wheaton	IL	17	60187	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$149.00	$51.68	$35.45	$32.55
1164534244	Pouw	Tiong	H	MD	M	I	403 F Black Hills Ln Sw	Olympia	WA	53	98502	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$95.00	$47.44	$37.25	$37.40
1164781373	Thompson	Charles	J	M.D.	M	I	1120 S Jack Suite 300	Sheffield	AL	1	35660	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$60.00	$43.41	$32.04	$34.12
1164815148	Gorokhov	Inga		PA-C	F	I	6041 Sw 54th St Ste 20	Ocala	FL	12	34474	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	14	14	$95.74	$40.89	$27.98	$27.68
1164909164	Teats-Garri	Kimberly	V	PA-C	F	I	1130 17th St Ste B	Fulton	IL	17	61252	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	13	14	14	$114.50	$26.36	$17.87	$17.62
1164956934	Balentine	Corinna	L	FNP-C	F	I	815 Business Park Dr S	Traverse Ci	MI	26	49686	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$74.00	$36.98	$27.43	$30.68
1174037147	Scallion	Kathryn	E	CRNP	F	I	6334 Cedar Ln Ste 103	Columbia	MD	24	21044	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$55.00	$43.91	$32.46	$29.97
1174563704	Mathias	Reed	A	MD	M	I	10 Enterprise Blvd. Ste	Greenville	SC	45	29615	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$111.00	$45.02	$15.85	$18.56
1184101115	Haynes	Laurianne		MD	F	I	401 N Carter Rd Ste 20	Smyrna	DE	10	19977	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$87.00	$48.43	$32.63	$32.09
1184619017	Alfonso	Renato	A	M.D.	M	I	84 Pinnacle Suite #200	Palm Coas	FL	12	32164	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$60.41	$47.75	$32.56	$32.57
1184622607	Wieland	Ruth	M	MD	F	I	3361 Highway 9 E	Little River	SC	45	29566	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$109.29	$45.23	$28.46	$30.53
1184717936	Cox	William	T	DO	M	I	9 E 1st Ave Suite 4	Selah	WA	53	98942	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$90.00	$47.66	$32.58	$32.62
1184781742	Glaser	Alan	I	MD	M	I	65 Walnut S Suite 500	Wellesley	MA	25	2481	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	14	14	$100.00	$51.35	$35.18	$33.23
1194764589	Wynstock	Lori	J	M.D.	F	I	950 S Arroy 3rd Floor	Pasadena	CA	6	91105	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$155.00	$52.49	$32.82	$29.84
1194767897	Haws	Karl		D.O.	M	I	4401 S Thompson St	Springdale	AR	5	72764	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$97.00	$43.15	$32.07	$35.64
1194791400	Duenas	Susan	V	MS FNP	F	I	714 Main S Suite 706a,	Yarmouth F	MA	25	2675	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	14	14	$94.00	$42.14	$26.36	$25.36
1194798132	Handelmar	Mark	C	M.D.	M	I	2585 Box C Suite 110	Las Vegas	NV	32	89128	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$65.00	$49.57	$36.80	$35.27
1194802702	Conti	Melissa	M	P.A.	F	I	4801 Dorse Suite 201	Ellicott City	MD	24	21042	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$190.00	$44.43	$30.45	$27.67
1205159290	Palkimas	Christophe	J	RPA-C	M	I	945 Summer St Fl 3	Stamford	CT	9	6905	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	14	14	$248.00	$44.12	$35.32	$31.14
1205254414	Zaki	Peter		MD	M	I	560 E Herndon Ave Ste	Fresno	CA	6	93720	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$148.00	$49.24	$36.56	$35.27
1205272259	Gilmore	Lisa	A	APRN	F	I	2820 Ohio St	Augusta	KS	20	67010	2	Metropolita	US	Certified Cl	Y	69210	Removal of N	O	12	14	14	$75.00	$38.09	$30.52	$32.28
1205865631	Fosnaugh	James	A	M.D.	M	I	7441 O St Ste 400	Lincoln	NE	31	68510	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$108.00	$43.46	$26.63	$30.21
1205925245	Schulze	Helen		MD	F	I	1906 W Us Highway 82	Sherman	TX	48	75092	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$96.00	$46.05	$34.18	$35.41
1205929114	Dubit	Scott	B	M.D.	M	I	650 N. Lee Suite 2	Lexington	VA	51	24450	7	Small town	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$122.57	$47.65	$35.31	$35.30
1215022074	Cuk	Vanja		MD	M	I	303 E Army Suite 100	Bloomingda	IL	17	60108	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$133.00	$51.03	$34.80	$32.55
1215264189	Safi	Akber	M	MD	M	I	15525 Pomerado Rd St	Poway	CA	6	92064	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$69.67	$51.50	$32.22	$29.84
1215923826	Ghouse	Fowzia	S	MD	F	I	1331 W 75th St Ste 202	Naperville	IL	17	60540	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$149.00	$51.94	$41.61	$37.98
1215934633	Rockland	Thomas			M	I	101 N Clematis St Ste 1	West Palm	FL	12	33401	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$763.00	$51.28	$35.20	$32.55
1215952262	Krusemark	Jennifer		DO	F	I	4320 Cleveland Ave. Se	Canton	OH	39	44707	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$95.00	$29.85	$21.19	$36.76
1215972724	Regehr	Randall	S	MD	M	I	1947 Founders St	Wichita	KS	20	67206	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$123.21	$28.40	$18.86	$20.76
1225004302	Webb	Paul	R	MD	M	I	41883 Route 6	Wyalusing	PA	42	18853	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$189.00	$46.79	$32.14	$32.81
1225017239	Brandon	Steven	C	M.D.	M	I	501 Hospital Rd	Starkville	MS	28	39759	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$100.64	$42.16	$28.77	$31.88
1225020506	Ketterer	Amy		APRN	F	I	161 Washir Suite 1400	Conshohoc	PA	42	19428	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$53.00	$39.01	$31.08	$31.13
1225037906	Divari	Katya		M.D.	F	I	336 Union Ave	Framingha	MA	25	1702	1	Metropolita	US	Endocrinol	Y	69210	Removal of N	O	14	14	14	$150.00	$53.60	$31.85	$28.14
1225042195	Maybach	Anita	M	MD	F	I	500 Hospital Dr	Warrenton	VA	51	20186	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	12	14	14	$60.00	$47.46	$37.86	$37.98
1225058407	Peters	Joseph	A	M.D.	M	I	8917 Highway 57	Counce	TN	47	38326	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$75.00	$43.74	$34.16	$37.26
1225103872	Kypuros	Orlando		MD	M	I	7585 Kitty H Suite 201	Converse	TX	48	78109	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$80.00	$45.80	$33.45	$34.94
1225240906	Moradkhan	Noel		MD	M	I	2161 Color Ste A	Turlock	CA	6	95382	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$115.00	$48.88	$32.57	$31.77
1225548225	Johnson	Christine	E	ANP	F	I	114 N Taylor Ave	Saint Louis	MO	29	63108	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$160.00	$40.48	$30.09	$30.03
1235110347	Sagedahl	Joel	A	M.D.	M	I	1495 Hwy 101 N	Plymouth	MN	27	55447	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$121.00	$44.71	$30.35	$31.44
1235144742	Nguyen-Hu	Anh	T	MD	M	I	9500 Euclid Ave # A71	Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	14	14	$258.43	$32.71	$20.43	$20.79
1235163718	Todd	John	W	ARNP	M	I	79 Main St.,	Putney	VT	50	5346	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$50.11	$27.13	$18.52	$19.33
1235182122	Dagan	Benigno W	A	MD	M	I	1420 Main St	Sumner	WA	53	98390	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$107.00	$47.69	$31.94	$31.97
1235236977	Vourlitis	Melissa	B	D.O.	F	I	500 E Valley Pkwy	Escondido	CA	6	92025	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$87.50	$51.18	$40.80	$37.98
1235343286	Elkins-Smit	Melinda	L	MD	F	I	2028 Winchester Ave	Ashland	KY	21	41101	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$146.00	$31.69	$21.69	$22.81
1245269810	Rausch	Daniel	P	M. D.	M	I	106 Ridgewater Dr Ste	Polson	MT	30	59860	7	Small town	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$123.43	$47.86	$32.65	$32.56
1245284074	Tran	Vincent	P	DO	M	I	1070 Hwy 9 Suite C	Matawan	NJ	34	7747	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$103.00	$52.69	$34.27	$30.68
1245673227	Khoury	Loren		D.O.	F	I	39000 Bob Hope Dr	Rancho Mir	CA	6	92270	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	14	14	14	$47.27	$34.68	$25.78	$24.44
1245763614	Perrin	Benjamin	A	M.D.	M	I	810 Franklin St Se	Huntsville	AL	1	35801	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$80.00	$45.26	$23.16	$25.45
1255319042	Shober	David	R	DO	M	I	2520 Wilmington Rd	New Castle	PA	42	16105	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$80.00	$46.17	$31.52	$32.81
1255358032	Werning	John	W	MD	M	I	6005 Monc Suite 320	Maumee	OH	39	43537	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	14	14	$98.00	$46.73	$33.77	$34.45
1255369369	Neveling	Lance	W	D.O.	M	I	600 Atlantic Ave	Collingswo	NJ	34	8108	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$90.00	$52.07	$29.56	$27.13
1255417416	Bailes	Douglas	G	DO	M	I	4344 West # 101	Glendale	AZ	4	85308	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$52.14	$44.67	$30.29	$31.43
1255435483	Wong	David		M.D.	M	I	625 Lincoln Ave	San Jose	CA	6	95126	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$173.00	$58.04	$39.83	$32.55
1255803649	Festa	Christine	A	ARNP	F	I	14060 Us Highway 1	Sebastian	FL	12	32958	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$99.07	$42.91	$31.72	$29.97

1265409189	Hook	Jeffrey	D	MD	M	I	1730 Main St	Columbia	SC	45	29201	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$54.18	$44.79	$33.18	$35.50
1265411573	Nobbee	Vashist		MD	M	I	1802 Electric Rd	Roanoke	VA	51	24018	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$171.00	$47.90	$34.94	$34.70
1265417752	Allen	Ryan		DO	M	I	2342 Profes	Suite 260	Santa Mari	CA	6	93455	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$78.00	$50.17	$24.76	$22.58
1265426480	Tomy	George	K	M.D.	M	I	1729 Burrstone Rd	New Hartfo	NY	36	13413	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$120.93	$46.03	$32.50	$33.88
1265643779	Frankel	Sam	F	MD	M	I	1005 W Ma Ste 8	Athens	AL	1	35611	5	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$136.47	$43.73	$24.24	$26.25
1275500951	Parrillo	Jan	C	MD	M	I	2863 S Delaney Ave	Orlando	FL	12	32806	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$95.00	$47.86	$34.42	$34.29
1275568735	Phillips	Mark	C	MD	M	I	860 N Myrtle Rd	Myrtle Cree	OR	41	97457	5	Micropolita	US	General Pra	Y	69210	Removal of N	O	13	14	14	$112.00	$45.43	$20.61	$22.85
1275597262	Smithson	Joshua	B	M.D.	M	I	2325 Crestmoor Rd	Ste Nashville	TN	47	37215	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$133.71	$43.77	$30.83	$34.03
1275598898	Morrison	Charles	R	M.D.	M	I	2881 Hyde Park St	Sarasota	FL	12	34239	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$107.00	$47.72	$35.29	$35.28
1275604878	Roquet	Warren	P	MD	M	I	3201 Unive	Suite 135	Bryan	TX	48	77802	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$95.00	$45.53	$33.69	$35.43
1275619223	Wyffels	Kirsten	M	RN CNP	F	I	805 Main Ave S	Harmony	MN	27	55939	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$186.29	$39.83	$13.72	$14.64
1275635781	Lee	Maureen	T	D.O.	F	I	57 Barra Rc	Suite #1	Biddeford	ME	23	4005	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$95.00	$46.74	$33.77	$34.56
1275739641	Murray	Ryan	C	MD	M	I	111 South :	Suite 2170	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$180.71	$53.60	$42.76	$36.62
1285079384	Rowan	Drew	E	M.D.	M	I	217 Reece\	Suite A	Coatesville	PA	42	19320	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$93.00	$50.95	$40.64	$37.98
1285154799	Forney	Jordan	M	DO	M	I	1300 Franklin Ave	Ste 1	Normal	IL	17	61761	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$124.00	$46.49	$29.61	$30.67
1285603829	Tolles	Steffan	R	M.D.	M	I	1780 Nw M	Suite 2360	Silverdale	WA	53	98383	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$100.00	$48.20	$27.63	$27.26
1285959130	Sakano	Hitomi		MD, PHD	F	I	2001 Inwood Rd, 6th &		Dallas	TX	48	75390	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$180.00	$46.08	$31.44	$32.81
1295161685	Washingtor	Christiane	C		F	I	13005 Southern Blvd		Loxahatche	FL	12	33470	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$163.00	$43.29	$25.37	$23.50
1295839397	Burleson	Stanley	W	MD	M	I	705 W 16th St		Dewitt	AR	5	72042	7	Small town	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$80.50	$42.73	$31.65	$35.64
1306002084	Smith	Stephanie	S	M.D.	F	I	675 N Sain	Suite 15-20	Chicago	IL	17	60611	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$166.00	$46.98	$37.62	$33.91
1306165972	Khaja	Sobia		M.D.	F	I	516 Delaw	University (	Minneapoli	MN	27	55455	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$262.00	$33.43	$23.46	$23.93
1306463997	Popple	Jordyn			F	I	575 Underhill Blvd	Ste	Syosset	NY	36	11791	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$161.04	$43.34	$31.29	$25.01
1306833116	Phomakay	Von		DO	M	I	5111 Roger	Ste 40m	Fort Smith	AR	5	72903	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$114.79	$41.17	$23.71	$27.88
1306849443	Bechard	Robert	J	M.D.	M	I	119 E Bell St		Neenah	WI	55	54956	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	14	14	$275.00	$44.46	$25.12	$28.01
1306891023	Conn	Christie	D	PA-C	F	I	2300 Ky 801 North		Morehead	KY	21	40351	7	Small town	US	Physician A	Y	69210	Removal of N	O	12	14	14	$92.00	$38.18	$19.70	$21.86
1306891957	Sami	Hani		MD	M	I	147 W Sierra Madre Blv		Sierra Madı	CA	6	91024	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	14	14	14	$80.00	$53.27	$39.66	$35.27
1306939459	Aggarwal	Arpita		MD	F	I	5360 Twin Hickory Rd		Glen Allen	VA	51	23059	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$108.00	$48.24	$30.41	$29.93
1306958798	Sultan	Thomas	R	MD	M	I	2150 Pfings	Suite 2250	Glenview	IL	17	60026	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$78.00	$51.86	$38.37	$33.91
1316021108	Murray	Dawn	M	MD	F	I	816 22nd A	Suite 100	Kearney	NE	31	68845	4	Micropolita	US	Family Prac	Y	69210	Removal of N	F	12	14	14	$103.00	$26.11	$17.44	$23.01
1316937501	Martinez-C	Bayoan	D	MD	M	I	11950 Cou	Ste 206	The Villages	FL	12	32162	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$80.00	$45.47	$36.20	$37.89
1316952898	Canant	Kenneth	E	M.D.	M	I	811 E Parrish Ave		Owensboro	KY	21	42303	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	14	14	14	$135.00	$44.13	$25.14	$28.17
1316959141	Derusso	Gregory	L	M.D.	M	I	7505 Bustleton Ave		Philadelphi	PA	42	19152	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$82.68	$50.95	$40.64	$37.98
1316988561	Wagner	Richard	E	M.D.	M	I	1600 N Rose Ave		Oxnard	CA	6	93030	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	14	14	14	$77.86	$52.12	$30.62	$27.89
1326027301	Raza	Syed	A	MD	M	I	3737 West	#102	Salem	VA	51	24153	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$95.93	$46.45	$37.19	$36.62
1326031733	Hansen	Marlan	R	MD	M	I	200 Hawkins Dr		Iowa City	IA	19	52242	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	14	14	14	$241.00	$28.53	$18.37	$19.27
1326059320	Shah	Pradip	S	M.D.	M	I	459 Passai	Crane's Mil	West Caldv	NJ	34	7006	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$60.00	$53.90	$39.97	$33.91
1326260977	Chow	Jen	Y	MD	M	I	622 W Dua	Suite 103	Arcadia	CA	6	91007	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	14	14	$110.00	$52.42	$37.37	$33.85
1326337437	Bearfield	Jeremy	C	M.D.	M	I	5575 Kietzke Ln		Reno	NV	32	89511	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$94.00	$44.91	$24.69	$26.45
1326403809	Ma	Ying			F	I	170 Governors Ave		Medford	MA	25	2155	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	14	14	14	$161.00	$27.99	$22.30	$20.78
1326579392	Sperling	Michael		M.D.	M	I	3980 Highway 9 E	Ste 1	Little River	SC	45	29566	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$112.00	$45.16	$27.04	$29.22
1336117514	Stich	Mark	A	DO	M	I	810 Lane A	Credentiali	Jacksonvill	FL	12	32205	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$118.54	$44.97	$33.23	$32.56
1336141167	Mahon	Robert	G	MD	M	I	4200 E North St	Ste 5	Greenville	SC	45	29615	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$68.00	$42.79	$19.79	$24.24
1336147040	Soria	Rafael	R	MD	M	I	911 E Tuolumne Rd		Turlock	CA	6	95382	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$53.94	$48.98	$29.84	$29.00
1336147875	Weigley	Mark	E	M.D.	M	I	685 Palm S	Suite 1a	Altamonte :	FL	12	32701	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$70.00	$48.22	$27.51	$27.16
1336195106	Dardeno	Paul	D	MD	M	I	331 Highland Ave		Salem	MA	25	1970	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$198.50	$49.41	$36.55	$35.27
1346242476	Kutler	David		MD	M	I	160 E 34th	9th Fl	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$275.00	$43.02	$34.36	$28.49
1346334075	Conklin	Bryan	R	MD PC	M	I	2011 Fourth Street		La Grande	OR	41	97850	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$121.73	$45.46	$28.48	$30.41
1356335301	Pillai	Geetha		MD	F	I	19450 Deerfield Avenu		Leesburg	VA	51	20176	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$162.00	$47.64	$35.29	$35.30
1356488126	Hamilton	Sanford	T	M.D.	M	I	1175 E 50 S	Ste 211	American F	UT	49	84003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	14	14	$107.00	$43.66	$34.82	$36.62
1356507115	Chaudhry	Ajaz	L	M.D.	M	I	766 Walthe	Suite 300	Lawrencevi	GA	13	30046	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$195.21	$48.28	$27.67	$27.23
1366544405	Lazarevic	Milenko		MD	M	I	2740 W Fos	Suite 205	Chicago	IL	17	60625	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$100.00	$52.63	$39.97	$35.85
1366608465	Traxinger	Stephanie	A	DO	F	I	401 N 9th St.		Bismarck	ND	38	58501	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$115.00	$46.12	$36.47	$37.67
1376524272	Freeman	James	M	M.D.	M	I	265 Benton Dr Ste 106		East Longm	MA	25	1028	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$150.00	$49.32	$39.32	$37.98
1376526442	Thompson	Roger	M	MD	M	I	18 Leonardville Rd		Middletown	NJ	34	7748	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$99.00	$50.14	$29.40	$26.92
1376545509	Bukhari	Faisal		MD SC	M	I	2 W Adams St		Sullivan	IL	17	61951	7	Small town	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$112.01	$46.32	$36.94	$37.98
1376735654	Osorio Figu	Ramon	L	M.D.	M	I	10150 Highland Manor		Tampa	FL	12	33610	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$62.87	$48.38	$38.71	$37.98
1386621936	Clayton	Todd	A	M.D.	M	I	1200 N State St Ste LL-2		Jackson	MS	28	39202	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$123.50	$43.52	$28.88	$32.26
1386651941	Coady	William	E	MD	M	I	1601 N 86th St	Ste 100	Lincoln	NE	31	68505	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$94.00	$43.93	$32.65	$35.59
1386655686	Poulton	Scott	C	M.D.	M	I	405 Frederi	Suite 204	Catonsville	MD	24	21228	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$55.00	$49.99	$33.91	$31.20
1396002606	Hall	Michael			M	I	204 Ark Rd	Ste 102	Mount Laur	NJ	34	8054	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$154.00	$52.26	$38.76	$35.27
1396097747	Woodbridg	George		PA-C	M	I	7710 S Us	Highway 1	Port St Luci	FL	12	34952	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$163.00	$43.18	$22.88	$21.43
1396103842	Mcclain	Stephanie	S	FNP	F	I	315 Greenv	Suite 100	Greenville	NC	37	27858	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$96.00	$38.95	$23.62	$25.03
1396252748	Marciniak	Lisa			F	I	1730 S Reynolds Rd		Toledo	OH	39	43614	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$99.00	$39.14	$28.95	$30.08
1396718326	Magnussor	Judy	L	DO	F	I	10021 S Western Ave		Oklahoma (	OK	40	73139	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$212.00	$44.93	$18.24	$20.93
1396723813	Dirican	Ahmet	F	MD	M	I	726 County St		New Bedfor	MA	25	2740	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$80.00	$49.49	$28.07	$27.13
1396744330	Livingston	Jeffrey	A	M.D.	M	I	1325 36th S	Suite A	Vero Beach	FL	12	32960	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	14	14	$84.00	$36.05	$25.82	$34.59
1396765871	Beus	Kirt	S	MD	M	I	1055 N 300	Suite 401	Provo	UT	49	84604	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$88.00	$39.87	$31.82	$34.40
1396829628	Bonelli	Jose	F	M.D.	M	I	8807 Coles	5th Floor	Silver Sprin	MD	24	20910	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$114.00	$56.33	$38.66	$32.55
1396834701	Herrero	Nicholas	A	M.D.	M	I	2035 Profes	Suite A	Orange Par	FL	12	32073	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$103.00	$48.23	$38.56	$37.98
1396929964	Davis	Paul	L	MD	M	I	1 Doctors Dr		Greenville	SC	45	29605	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$160.00	$41.42	$33.04	$35.27
1407268600	Hanley	Daniel	L	M.D.	M	I	10700 Stringfellow Rd	S	Bokeelia	FL	12	33922	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$97.04	$49.13	$27.58	$25.77
1407374747	Stiles	Zachary	D		M	I	220 E Rowan Ave	Ste 30	Spokane	WA	53	99207	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	14	14	$65.00	$40.96	$28.14	$27.72
1407832058	Frankel	Warren	H	M.D.	M	I	1050 Las Ta	Suite 15	Templeton	CA	6	93465	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$77.00	$49.29	$36.46	$35.27
1407848823	Asuncion	Hector	C	MD	M	I	17600 W Willard Rd		Poolesville	MD	24	20837	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$114.00	$53.13	$33.06	$30.52
1407852940	Prentiss	David	N	M.D.	M	I	47 Route 25a		Rocky Poin	NY	36	11778	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$140.00	$59.84	$47.05	$37.22
1407879026	Chan	Cindy	H	M.D.	F	I	1201 Nott S	Suite 102	Schenecta	NY	36	12308	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$131.00	$46.24	$28.94	$30.23
1417087073	Leish	Brian		M.D.	M	I	24411 Hea	Suite 460	Laguna Hill	CA	6	92653	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$107.00	$50.49	$35.18	$31.88

1417917493	Brenizer	Michelle	L	MD	F	I	46 Red Hill Ct	Newport	PA	42	17074	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$78.00	$46.20	$26.22	$27.64
1427010354	Bodenheim	William	F	M.D.	M	I	9 Saint Paul St	Boonsboro	MD	24	21713	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$110.00	$48.28	$25.12	$25.33
1427040450	Moody	Douglas	C	M.D.	M	I	11029 Montgomery Rd	Cincinnati	OH	39	45249	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$102.00	$41.68	$28.82	$29.50
1427210426	Mohindra	Raghav		M.D.	M	I	8700 E Uni	Suite 200	Crossroads	TX	48	76227	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$76.00	$46.37	$31.65	$32.78
1427239409	Vallejos	Jose	T	MD	M	I	9330 Poppy Dr Ste 403		Dallas	TX	48	75218	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$75.57	$48.36	$24.98	$24.52
1427390160	Rizzi	Christophe	J	MD	M	I	1800 English Rd Ste 6		Rochester	NY	36	14616	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	14	14	$90.51	$46.47	$37.15	$37.98
1427419381	Barchuk	Oleksandr		NP-C	M	I	41 Mall Rd		Burlington	MA	25	1805	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$126.00	$42.04	$31.12	$29.97
1437286853	Potter	James	T	M.D.	M	I	611 Trent St Ne Ste A		Norton	VA	51	24273	4	Micropolita	US	Pediatric M	Y	69210	Removal of N	O	11	14	14	$83.57	$47.46	$35.12	$35.30
1437504925	Barnett	Annmarie	N	PA-C	F	I	125 E Copeland Dr		Orlando	FL	12	32806	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$118.62	$41.12	$32.90	$32.28
1437544152	Bann	Darrin	V	MD, PHD	M	I	6035 Fairview Rd		Charlotte	NC	37	28210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	14	14	$95.00	$42.16	$33.59	$35.27
1437673878	Stoll	Amy	L		F	I	5920 Mcintyre St		Golden	CO	8	80403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	14	14	$101.00	$40.94	$30.25	$29.97
1447217187	Sharp	Jeffrey	A	MD	M	I	3401 W 10th St		Sedalia	MO	29	65301	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$132.00	$44.39	$21.10	$24.14
1447277934	Tackett	Rebecca	L	ARNP	F	I	1955 Dixie	Suite D	Ft Wright	KY	21	41011	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$71.00	$37.60	$27.81	$30.20
1447299912	Newman	Richard	K	M.D.	M	I	215 Harrison Ave		San Antonio	TX	48	78209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$108.14	$44.22	$27.44	$28.99
1447393301	Tillinghast	Jeffrey	P	M.D.	M	I	969 N Mason Rd Ste 24		Saint Louis	MO	29	63141	1	Metropolita	US	Allergy/ Imi	Y	69210	Removal of N	O	13	14	14	$97.14	$47.37	$27.00	$27.39
1447409420	Lee	Jennifer	C	MD	F	I	382 N Main St		Sibley	LA	22	71073	5.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$77.14	$43.28	$32.04	$36.10
1447735030	Clinkscales	Lisa	M	FNP	F	I	1950 W Hillsboro Blvd		Deerfield B	FL	12	33442	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$208.00	$43.01	$34.31	$32.28
1447808985	Bufis	Stephanie		FNP-C	F	I	1720 Oak Village Blvd	S	Arlington	TX	48	76017	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$150.00	$39.51	$31.48	$32.28
1457335713	Alosachie	Iyad	J	M.D.	M	I	23411 John R Rd		Hazel Park	MI	26	48030	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$60.64	$48.05	$35.48	$33.91
1457336026	Jarl	Ronald	W	M.D.	M	I	4980 Alpha Ln		Hixson	TN	47	37343	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$149.00	$44.56	$30.65	$33.14
1457416224	Hernandez	Mark	E	M.D.	M	I	302 S 1st Ave		Sandpoint	ID	16	83864	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$125.00	$43.11	$33.25	$36.87
1457485690	Velie	Jody	S	M.D.	F	I	1025 Keith Dr		Perry	GA	13	31069	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$151.00	$44.86	$22.91	$25.56
1457871063	Klein	Marlena		DO	F	I	2339 Route 70 W		Cherry Hill	NJ	34	8002	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$151.00	$51.92	$41.24	$37.80
1457890618	Townsend	Tamber			F	I	18211 W 12 Mile Rd		Lathrup Vill	MI	26	48076	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$80.00	$42.20	$33.65	$32.29
1467121624	Mitchell	Taylor	E	PA-C	F	I	700 University Blvd		Galveston	TX	48	77555	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$135.00	$27.69	$22.07	$22.38
1467428821	Belden	Terry	A	MD	M	I	2136 Bear Grass Road		Longs	SC	45	29568	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$45.15	$45.23	$28.46	$30.53
1477082337	Brown	Brian	L	NP	M	I	1827 S Court St Ste A		Visalia	CA	6	93277	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$76.13	$41.39	$33.00	$32.28
1477506459	Ambroziak	Jaroslaw	M	MD	M	I	2750 Laure	103	Columbia	SC	45	29204	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$65.00	$44.76	$25.41	$28.05
1477531713	Shaikh	Athar	A	MD	M	I	480 N Morley Ave		Nogales	AZ	4	85621	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$96.00	$46.81	$24.07	$24.99
1477553535	Nallapaner	Sudhir	K	M.D.	M	I	550 Parmal	Suite 400	Youngstow	OH	39	44510	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	14	14	$70.00	$46.20	$36.87	$37.98
1477554244	Agrawal	Narendra		M.D.	M	I	1614 E Main St		Richmond	IN	18	47374	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$78.93	$40.73	$32.49	$35.27
1477560670	Scalia	Joseph	F	DO	M	I	901 Us Hwy 202		Raritan	NJ	34	8869	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$150.00	$51.35	$31.26	$29.81
1477647121	Friedman	Marni	J	M.D.	F	I	901 Sunset Dr Ste 2		Hollister	CA	6	95023	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$85.00	$55.94	$40.55	$33.17
1477652410	Parsa	A Thomas		M.D.	M	I	2864 E Imperial Hwy		Brea	CA	6	92821	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$125.00	$52.46	$38.84	$35.27
1487055133	Khalili	Sam		MD	M	I	2801 W Kinnickinnic Ri		Milwaukee	WI	55	53215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	14	14	$300.00	$42.79	$30.75	$32.84
1487160362	Keene	Richard	S	NP-C	M	I	1101 Ocilla Rd		Douglas	GA	13	31533	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$150.00	$37.84	$30.16	$32.29
1487626834	Abrahamsc	Mary	K	DNP, NP-C	F	I	310 S Williams Blvd Ste		Tucson	AZ	4	85711	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	14	14	$95.30	$39.48	$29.25	$30.07
1487657078	Lipinska	Marzena		MD	F	I	7447 W Talcott Ave Ste		Chicago	IL	17	60631	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$110.00	$51.68	$41.19	$37.98
1487713038	Mantich	Nancy	M	MD	F	I	1435 Waukegan Rd		Glenview	IL	17	60025	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$91.00	$37.03	$23.15	$20.51
1487788550	Cole	Charles	J	M.D.	M	I	10950 Rockfish Valley		Afton	VA	51	22920	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$96.00	$48.04	$29.50	$29.24
1487877569	Boeglin	Joyce	E	FNP	F	I	1739 N 4th St		Terre Haute	IN	18	47804	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$126.00	$37.30	$27.61	$30.23
1497198865	Avila	Jeremy	S	M.D.	M	I	6799 Great Oaks Rd St		Memphis	TN	47	38138	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$150.00	$43.95	$29.31	$32.42
1497360606	Fox	Lindsey	V	APN	F	I	7 Blanchard Cir Ste 10		Wheaton	IL	17	60189	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$115.00	$43.48	$32.19	$29.97
1497751861	Pippin	Richard	L	M.D.	M	I	3681 N Main St		Farmville	NC	37	27828	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$127.00	$46.23	$29.09	$30.33
1497761910	Fletcher	Christophe	R	M.D.	M	I	2015 Galisteo St		Santa Fe	NM	35	87505	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$85.00	$42.73	$27.62	$28.97
1497806608	Preciado	Sylvia		M.D.	F	I	301 S Fair Oaks Ave Ste		Pasadena	CA	6	91105	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$75.00	$52.52	$38.90	$35.27
1497927032	Dembowsk	Kerri	A	D.O.	F	I	2520 Se Federal Hwy		Stuart	FL	12	34994	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$77.02	$50.86	$40.63	$37.98
1508041849	Vorbe	Dhannie		RPA-C	F	I	600 Portion Rd		Ronkonkon	NY	36	11779	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$140.00	$48.99	$33.29	$26.52
1508253295	Hancock	Mary	G	M.D.	F	I	202 N 1st St Ste B		Booneville	MS	28	38829	7	Small town	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$120.00	$43.28	$29.57	$33.23
1508419607	Callahan	Jean		FNP-C	F	I	43 Hight St		Wareham	MA	25	2536	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$120.00	$42.36	$20.37	$19.42
1508860123	Lowe	Terry	R	MD	M	I	110 Millsaps Dr		Hattiesburg	MS	28	39402	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$100.00	$43.24	$31.38	$34.97
1508938507	Pales	Eric	J	M.D.	M	I	1550 N Nor	Suite 211	Park Ridge	IL	17	60068	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$120.00	$52.16	$29.68	$27.13
1508943846	Free	Tyler	C	ARNP	M	I	1600 116 A	102	Bellevue	WA	53	98004	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$78.00	$35.19	$24.21	$21.91
1518092055	Nelson	Yvonne		M.D.	F	I	3 Lincoln H	Suite 101	Edison	NJ	34	8820	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$100.00	$53.72	$30.56	$27.13
1518534916	Burgos-Rot	Christine			F	I	1600 Sw Archer Rd		Gainesville	FL	12	32610	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$266.00	$31.97	$24.69	$24.55
1518937424	Hilton	Suzanne	E	MD	F	I	1665 Westbrook Plaza		Winston Sa	NC	37	27103	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$223.93	$45.66	$33.80	$35.43
1528000643	Fakhoury	Rommie	F	MD	M	I	10601 Church Street St		Rancho Cu	CA	6	91730	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$62.96	$49.19	$33.93	$32.89
1528041894	Mangoba	Luther		M.D.	M	I	9041 Magn	Suite 008	Riverside	CA	6	92503	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$106.82	$52.33	$35.69	$32.55
1528069796	Nguyen	Hong	T	M.D.	F	I	12006 Kilarney Dr		Frederickst	VA	51	22407	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$109.00	$47.69	$26.40	$26.55
1528150455	Levy	Craig	A	MD	M	I	107 H St Ea	550 6th Ave	Poplar	MT	30	59255	7	Small town	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$70.00	$46.64	$34.60	$35.38
1528295961	Vu	Tuyet-Nga	Q	D.O.	F	I	676 East Main Street		New Hollar	PA	42	17557	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$105.00	$44.35	$32.70	$34.04
1528403524	Vu	Ly	T	MD	F	I	4796 Caughlin Pkwy St		Reno	NV	32	89519	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$97.29	$49.50	$28.22	$27.13
1528448958	Puccinelli	Cassandra	L	M.D.	F	I	7710 Mercy Rd Ste 300		Omaha	NE	31	68124	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$228.35	$53.03	$42.40	$36.62
1528578515	Lopez	Bret	L	PA-C	M	I	2940 E Banner Gatewa		Gilbert	AZ	4	85234	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$128.13	$39.44	$28.84	$29.71
1538101282	Geisen	Amy	G	M.D.	F	I	212 State R	Suite 1c	Vernon	NJ	34	7462	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$109.50	$53.78	$28.99	$25.59
1538149042	Petersen	Eric	S	D.O.	M	I	918 W Platt St # 1		Maquoketa	IA	19	52060	7	Small town	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$117.86	$42.36	$31.25	$34.18
1538153861	Ergle	John	M	MD	M	I	1228 Highway 72 W		Greenwooc	SC	45	29649	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$105.00	$44.75	$34.26	$36.55
1538587563	Laporta	Jennifer	A	M.D.	F	I	766 Shrewsbury Ave Bl		Tinton Falls	NJ	34	7724	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$211.00	$52.54	$36.04	$32.55
1548211956	Higgins	Donald		DO	M	I	2434 Wolf Rd		Westchest	IL	17	60154	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$137.71	$51.83	$38.34	$35.27
1548235393	Pedersen	Andrew	D	M.D.	M	I	5050 Ne Hc	Suite 655	Portland	OR	41	97213	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$147.00	$48.45	$32.12	$31.64
1548242977	Kveton	John	F	MD	M	I	46 Prince St		New Haven	CT	9	6519	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	14	14	$285.00	$52.06	$35.78	$32.55
1548245160	Dabney	Lisa	G	MD	F	I	1165 Cedar Point Blvd		Cedar Poin	NC	37	28584	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$85.00	$46.20	$31.69	$32.88
1548254006	Crever	Gregory	M	M.D.	M	I	8600 E Via I	Ste 101	Scottsdale	AZ	4	85258	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$60.00	$44.72	$33.03	$34.02
1548305386	Ford	Alison	M	M.D.	F	I	300 S 8th S	Suite 480 W	Murray	KY	21	42071	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$118.29	$44.30	$32.80	$35.53
1548339070	Frazine	Ryan	C	M.D.	M	I	2605 Kentu	Suite 402	Paducah	KY	21	42003	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$65.00	$44.20	$27.58	$29.26
1548362296	Sultan	Intisab		M.D.	M	I	2256 Dock	Ste # A	Selma	CA	6	93662	4.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$80.00	$48.81	$33.92	$33.11
1548480270	Shahla	Michael	S	M.D.	M	I	10621 Airp	Suite 1	Naples	FL	12	34109	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$107.14	$50.89	$32.52	$30.31

1548585045	Genson	Brandon	M	D.O.	M	I	1501 N. Mil	Suite 200	Milford	MI	26	48381	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	14	14	14	$85.00	$49.99	$34.18	$32.55
1558330332	Kasmikha	Raad	P	MD	M	I	1498 Walton	Blvd	Rochester H	MI	26	48309	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	12	14	14	$75.00	$49.82	$31.13	$29.84
1558344457	Saquib	Afroz	S	M.D.	F	I	26 Julio	Dr	Shrewsbury	MA	25	1545	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	14	14	14	$221.00	$50.25	$37.94	$35.71
1558359588	Godfrey	Janet	S	MD	F	I	20130 Perr	Ste 1000	Cranberry T	PA	42	16066	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	14	14	14	$138.00	$46.74	$26.76	$26.28
1558528745	Andrews	James	D	M.D.	M	I	4315 Diplo	Departmen	Anchorage	AK	2	99508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	12	14	14	$100.00	$56.27	$34.70	$27.13
1558534909	Todd	William	A	D.O.	M	I	8401 Highway	111	Byrdstown	TN	47	38549	10	Rural areas	US	Internal Me	Y	69210	Removal of N		O	14	14	14	$92.00	$43.72	$34.87	$37.98
1558688986	Vare	Christopher		M.D.	M	I	23659 Columbus Rd	St	Columbus	NJ	34	8022	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	13	14	14	$76.86	$51.98	$36.06	$32.90
1568098986	Carpenter	Kloe	S	PA-C	F	I	4069 Lake Dr	Se Ste 31	Grand Rapi	MI	26	49546	1	Metropolita	US	Physician A	Y	69210	Removal of N		O	12	14	14	$132.00	$39.10	$22.26	$23.58
1568414563	Underwooc	Susan	K	MD	F	I	484 Harleysville	Pike	Harleysville	PA	42	19438	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	12	14	14	$71.00	$51.16	$27.16	$25.25
1568465755	Bell	Russell		DO	M	I	3203 S Main	St	Lindale	TX	48	75771	2	Metropolita	US	Family Prac	Y	69210	Removal of N		O	14	14	14	$159.29	$31.72	$19.89	$21.04
1568486819	Ward	Robert	F	MD	M	I	1421 3rd Ave	Apt 4	New York	NY	36	10028	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	11	14	14	$269.64	$49.61	$36.41	$29.84
1568578797	Istas	Joedy	R	M.D.	M	I	7100 W Center	Rd	Omaha	NE	31	68106	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	13	14	14	$48.00	$40.37	$24.46	$27.81
1568738193	Rousher	Joseph	J	D.O.	M	I	9471 Market	St Ste A	North Lima	OH	39	44452	2	Metropolita	US	Family Prac	Y	69210	Removal of N		O	12	14	14	$89.00	$46.04	$31.38	$32.81
1568787778	Meyer	Gabriela		MD	F	I	607 S Generals	Blvd	Lincolnton	NC	37	28092	4	Micropolita	US	Internal Me	Y	69210	Removal of N		O	12	14	14	$69.64	$45.61	$30.01	$31.80
1568927101	Miller	Virginia	E	PA	F	I	301 E Wendover	Ave St	Greensboro	NC	37	27401	1	Metropolita	US	Physician A	Y	69210	Removal of N		O	13	14	14	$103.00	$38.84	$24.15	$24.51
1578503256	Claiborne	Ronnie		M.D.	M	I	1925 17th	Street	Bakersfield	CA	6	93301	1	Metropolita	US	General Pra	Y	69210	Removal of N		O	14	14	14	$70.00	$49.76	$36.92	$35.27
1578557153	Shealy	Keith	D	M.D.	M	I	1025 W Me	Suite 200	Lancaster	SC	45	29720	5	Micropolita	US	Family Prac	Y	69210	Removal of N		O	13	14	14	$48.00	$44.66	$30.47	$33.02
1578560231	Cox	Eric	C	M.D.	M	I	2701 S Georgia	St	Amarillo	TX	48	79109	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	14	14	14	$92.37	$45.45	$35.16	$35.56
1578574695	Mcafee	Lawrence	R	MD	M	I	911 23rd	St	Canyon	TX	48	79015	2	Metropolita	US	Family Prac	Y	69210	Removal of N		O	14	14	14	$140.43	$45.69	$35.18	$36.70
1578663779	Long	Brian			M	I	2211 Loma	2nd Floor	Albuquerqu	NM	35	87106	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	14	14	14	$102.64	$34.41	$27.52	$28.11
1578750808	Dixon	Peter	S	M.D.	M	I	192 Westbrook	Rd	Essex	CT	9	6426	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	13	14	14	$110.00	$51.14	$37.82	$35.27
1578793808	Reza	Mohamma	S	MD	M	I	550 W Ran	Suite #300	Rocklin	CA	6	95765	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	12	14	14	$178.00	$49.91	$37.06	$35.27
1588130835	Cook	Karrie	A	NP	F	I	2331 Hualapai	Mounta	Kingman	AZ	4	86401	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N		O	12	14	14	$80.00	$39.55	$22.90	$23.82
1588624100	Nguyen	Christophe	P	MD	M	I	13930 Seal Beach	Blvd	Seal Beach	CA	6	90740	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	14	14	14	$112.00	$52.36	$41.75	$37.96
1598155830	Cantu	Monica	E	MD	F	I	1890 Lpga I	Primecare /	Daytona Be	FL	12	32117	1	Metropolita	US	Emergency	Y	69210	Removal of N		O	14	14	14	$112.93	$47.97	$30.02	$29.87
1598211823	Sanghera	Triptpal	S	M.D.	M	I	2919 Wilder	Rd Ste 150	Bay City	MI	26	48706	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	12	14	14	$76.00	$45.83	$36.58	$37.98
1598430779	Dillard	Alexis	N	APRN	F	I	7350 Sw	60th Ave Ste 2	Ocala	FL	12	34476	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	14	14	14	$96.66	$40.63	$27.72	$27.68
1598727554	Alley	John	A	MD	M	I	28 1/2 E Main	St	Marcellus	NY	36	13108	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	13	14	14	$75.00	$44.76	$23.83	$25.02
1598736621	Coyle	Sean	P	MD	M	I	19335 Merriman	Rd	Livonia	MI	26	48152	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	12	14	14	$103.50	$50.40	$34.59	$32.55
1598742025	Myers	Lisa	C	DO	F	I	850 Walnut	Suite 305	Carlisle	PA	42	17013	1	Metropolita	US	General Pra	Y	69210	Removal of N		O	14	14	14	$74.00	$46.41	$18.44	$19.89
1598790479	Hernandez	Oscar-Alfo	C	M.D.	M	I	139 E Putnam	Ave	Porterville	CA	6	93257	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	14	14	$86.07	$49.00	$31.00	$30.11
1598809741	Craig	Grant	A	M.D.	M	I	2801 N Loy	Lake Rd	Sherman	TX	48	75090	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	14	14	14	$114.11	$45.63	$31.73	$33.42
1598939472	Melahoures	Konstantinos		M.D.	M	I	27660 Santa Margarita		Mission Vie	CA	6	92691	1.1	Secondary	US	Family Prac	Y	69210	Removal of N		O	13	14	14	$88.00	$52.36	$38.75	$35.27
1598993107	Dawson	Daniel		MD	M	I	1960 S 16th	St Ste 1	Wilmington	NC	37	28401	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	13	14	14	$128.57	$43.05	$30.30	$31.21
1609087543	Shah	Mona	S	MD	F	I	1600 S Gaffey	St	San Pedro	CA	6	90731	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	14	14	14	$102.94	$51.15	$40.93	$36.62
1609108679	Kehres	Douglas	L	MD	M	I	1997 Niles Cortland	Rd	Warren	OH	39	44484	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	13	14	14	$92.00	$45.12	$36.01	$36.62
1609808682	Kurn	Ann	L	A.R.N.P.	F	I	12995 S Cleveland	Ave	Fort Myers	FL	12	33907	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	13	14	14	$102.30	$43.03	$34.33	$32.28
1609825926	Davis	Bruce	C	M.D.	M	I	1803 W Main	St	Stroudsbur	PA	42	18360	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	14	14	$163.79	$46.69	$24.05	$25.06
1609835909	Hayden	Shawn	J	M.D.	M	I	1750 Madison Ave	Ste :	Memphis	TN	47	38104	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	12	14	14	$89.00	$44.43	$33.05	$35.56
1609843663	Spielbauer	Gregory		MD	M	I	17000 W N	Suite 200e	Brookfield	WI	55	53005	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	14	14	14	$153.43	$44.91	$17.21	$19.98
1619008810	Ho	Laurence		MD	M	I	5333 Mcau	Suite 2017	Ypsilanti	MI	26	48197	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	12	14	14	$83.57	$47.66	$35.14	$32.56
1619446572	Williams	Maria	G	FNP	F	I	1400 Macarthur	Blvd	Mahwah	NJ	34	7430	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	14	14	14	$155.29	$46.14	$34.30	$29.97
1619901907	Haeberle	John	G	M.D.	M	I	2710 Harney	St Ste 100	Laramie	WY	56	82072	4	Micropolita	US	Family Prac	Y	69210	Removal of N		O	14	14	14	$147.86	$47.58	$29.77	$29.95
1629032958	Kaczmarek	Gregory	D	MD	M	I	4905 Old O	Lower Leve	Skokie	IL	17	60077	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	14	14	$169.29	$49.85	$34.11	$33.23
1629037171	Markin	Laurie	S	MD	F	I	5645 Stone	Rd	Centreville	VA	51	20120	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	12	14	14	$131.00	$56.61	$39.73	$32.89
1629071550	Youssef	Leila	M	M.D.	F	I	1600 N. Beauregard	St,	Alexandria	VA	51	22311	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	14	14	14	$164.29	$55.61	$37.94	$32.55
1629097613	Lowe	Franklin		MD	M	I	3791 Katell	210	Los Alamito	CA	6	90720	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	13	14	14	$115.24	$49.32	$36.46	$31.20
1629294145	Mcavoy	Michael	J	D. O.	M	I	1520 N Meade	St	Appleton	WI	55	54911	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	14	14	14	$176.31	$44.59	$22.81	$25.68
1629335336	Barrett	Carolyn	M	FNP-C	F	I	5311 Limes	Suite 201	Wilmington	DE	10	19808	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	12	14	14	$60.00	$41.01	$32.70	$32.28
1629517305	Rohrbache	Jennifer	A	NP-C	F	I	368 Milan Ave	Ste D	Norwalk	OH	39	44857	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N		O	11	14	14	$96.00	$39.32	$22.33	$23.49
1639110109	Owens	Jonathan	M	M.D.	M	I	131 S Robertson	St # 8(	New Orlear	LA	22	70112	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	14	14	14	$108.00	$46.37	$30.60	$31.68
1639112501	Basista	Michael	P	M.D.	M	I	1355 Broad	St	Clifton	NJ	34	7013	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	12	14	14	$166.29	$53.99	$36.96	$32.55
1639174675	Boucher	David		MD	M	I	150 River North	Blvd	Stephenvill	TX	48	76401	4	Micropolita	US	Internal Me	Y	69210	Removal of N		O	13	14	14	$178.50	$42.98	$23.90	$23.73
1639442825	Furnari	Carol	A	PA	F	I	57 City Hall	Ave	Gardner	MA	25	1440	1	Metropolita	US	Physician A	Y	69210	Removal of N		O	11	14	14	$143.14	$42.68	$29.33	$27.67
1649274119	Madhav	Gopal		MD	M	I	3900 W 95t	Ste 6	Evergreen F	IL	17	60805	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	13	14	14	$92.50	$51.95	$29.81	$27.25
1649376922	Sookkasikc	Supak		M.D.	F	I	4050 W Ma	Suite 101	Bloomfield	MI	26	48301	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	13	14	14	$75.29	$49.82	$38.14	$36.39
1649377813	Garg	Deepanshu		M.D.	M	I	1325 N Litchfield	Rd St	Goodyear	AZ	4	85395	2	Metropolita	US	Internal Me	Y	69210	Removal of N		O	14	14	14	$95.00	$47.09	$37.73	$37.98
1649637075	Kwon	Neung			F	I	1099 W Army Trail	Rd	Bartlett	IL	17	60103	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	14	14	14	$126.00	$43.59	$25.14	$23.21
1649652389	Lenkart	Kevin	A		M	I	25 N Winfield	Rd	Winfield	IL	17	60190	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	14	14	14	$149.00	$51.79	$36.43	$33.23
1649711870	Sibi	Sabina		MSN, NP-C	F	I	36100 Eucl	#350	Willoughby	OH	39	44094	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	13	14	14	$138.43	$27.77	$20.54	$20.80
1659301943	Lavertu	Pierre		MD	M	I	11100 Euclid	Ave	Cleveland	OH	39	44106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		F	13	14	14	$183.21	$18.83	$11.27	$13.70
1659336543	Kanomata	Thomas	I	MD	M	I	280 Sierra (	Suite 120	Grass Valle	CA	6	95945	4	Micropolita	US	Internal Me	Y	69210	Removal of N		O	14	14	14	$156.00	$49.35	$33.16	$31.84
1659384147	Ruano	Odel		MD	M	I	2343 Aaron	St	Port Charlo	FL	12	33952	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	12	14	14	$102.30	$47.89	$35.46	$35.28
1659449817	Dyals	Pennelope		ARNP	F	I	910 Old Camp Rd	Ste 1	The Villages	FL	12	32162	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N		O	13	14	14	$96.66	$40.42	$32.20	$32.28
1659638625	Walters	Andrew	W	M.D.	M	I	516 Industrial	Park Dr	Trumann	AR	5	72472	2	Metropolita	US	Internal Me	Y	69210	Removal of N		O	14	14	14	$91.00	$42.69	$27.59	$31.78
1669436747	Wyse	Joseph	P	MD	M	I	4905 Old O	Lower Leve	Skokie	IL	17	60077	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	12	14	14	$178.36	$52.48	$31.17	$28.06
1669440822	Campbell	Tommy	J	MD	M	I	6799 Great	250	Memphis	TN	47	38138	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	13	14	14	$150.00	$43.82	$29.91	$33.14
1669479580	Yang	Charlotte	Z	M. D.	F	I	4817 Professional	Ct	Bay City	MI	26	48706	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	14	14	14	$65.00	$44.62	$22.50	$23.84
1669763868	Wilcox	Amanda		M.D.	F	I	1805 Station	Dr	Prattville	AL	1	36066	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	13	14	14	$90.00	$42.19	$25.95	$31.14
1669768164	O'connor	Robert		M.D.	M	I	330 Mount Auburn	St	Cambridge	MA	25	2138	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	14	14	$100.00	$53.51	$33.49	$29.84
1669835724	Potter	Joshua		D.O.	M	I	147 Beach	Rd	Westhamp	NY	36	11978	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	12	14	14	$275.00	$60.32	$48.30	$37.98
1679527527	Watkins	W	M	M.D.	M	I	5012 S Us H	Suite 300	Denison	TX	48	75020	1	Metropolita	US	Nephrolog	Y	69210	Removal of N		O	12	14	14	$107.00	$46.02	$26.28	$27.80
1679566442	Smith	Robert	L	M.D.	M	I	127 Vance Hill	Dr	Mills River	NC	37	28759	2	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	14	14	$147.00	$33.67	$19.80	$23.27
1679766034	Prykhodko	Mykola	O	M.D.	M	I	770 Balgre	Suite 209	Mansfield	OH	39	44906	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	11	14	14	$148.00	$43.16	$31.83	$32.68
1679771281	George-Sai	Erica	A	MD	F	I	1005 Mar Walt	Drive	Fort Walton	FL	12	32547	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	14	14	14	$60.00	$48.07	$38.40	$37.98
1679828313	Rodgers	Whitney	L	PA-C	F	I	18051 River Rd	Ste 200	Noblesville	IN	18	46062	1	Metropolita	US	Physician A	Y	69210	Removal of N		O	14	14	14	$118.00	$37.67	$17.20	$19.91
1679893788	Rubenthale	Kali		DO	F	I	106 Willow	Rd	Goodland	KS	20	67735	7	Small town	US	Family Prac	Y	69210	Removal of N		O	13	14	14	$103.00	$44.15	$27.87	$30.81

1689239915	Jones	Lauren	N	APRN	F	I	809 N Cedar St		Summervil	SC	45	29483	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$130.41	$38.19	$16.77	$19.01
1689632556	Kirby	Craig	R	D.O.	M	I	20 Elm St	Family Prac	Pittsfield	MA	25	1201	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$68.00	$49.85	$25.68	$24.26
1689917486	Ross	Samuel		M.D.	M	I	8920 Wilshire Blvd Ste		Beverly Hill	CA	6	90211	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$92.38	$51.14	$40.92	$36.62
1699015529	Saleh	Andrew		MD, MPH	M	I	1370 Rosecrans St Ste		San Diego	CA	6	92106	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$150.00	$51.51	$29.26	$27.13
1699959841	Loya	Robert	A	PA	M	I	2002 Medic	Suite 430	Annapolis	MD	24	21401	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	14	14	$56.22	$43.96	$35.06	$32.28
1700021805	Monga	Amit		MD	M	I	2530 Renata Ct		Thousand C	CA	6	91362	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$100.00	$52.54	$34.38	$29.57
1700459690	Boelk	Tiffany	M	APNP	F	I	420 E Division St		Fond Du La	WI	55	54935	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$240.00	$37.55	$27.76	$30.20
1700539038	Harper	Denise	M	FNP	F	I	1311 E Bell Rd		Phoenix	AZ	4	85022	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$99.00	$39.41	$26.90	$27.86
1700941788	Clarfield	Joel	D	M.D.	M	I	11550 Indi	#300	Mission Hil	CA	6	91345	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$100.00	$50.72	$40.51	$36.62
1710059530	Ojugbeli	Ifechukwuc	O	MD	M	I	304 Genesee Street		Chittenang	NY	36	13037	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$80.00	$44.13	$30.19	$33.10
1710531645	Vogt	Amber		APRN	F	I	38051 Market Sq		Zephyrhills	FL	12	33542	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$120.00	$40.55	$31.22	$31.19
1710534540	Schiermeye	Jennifer	L	APRN	F	I	945 E Zero St		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99221	Initial hosp	N	F	14	14	14	$194.00	$77.86	$62.11	$67.11
1710942131	Lockett	Cindy		MD	F	I	1633 Medical Center P		Colorado S	CO	8	80907	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$112.86	$47.20	$34.86	$35.27
1720077407	Logan	Mark		M.D.	M	I	1401 Professional Blvd		Evansville	IN	18	47714	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	13	14	14	$100.00	$30.77	$22.23	$24.05
1720086960	Shaw	Charles	T	M.D.	M	I	6187 S Arcl	Suite 103	Chicago	IL	17	60638	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$80.00	$52.07	$26.59	$24.42
1720284656	Silvey	Kirsten	V	M.D.	F	I	465 Saint M	Suite 114	Santa Fe	NM	35	87505	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$104.00	$44.72	$25.15	$26.33
1720538853	Browning	Chelsea	N	APRN	F	I	2219 Holiday Manor Ct		Louisville	KY	21	40222	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$97.57	$37.92	$19.45	$21.86
1730269994	Farnese	Jeffrey	J	MD	M	I	109 Newark Pompton T		Little Falls	NJ	34	7424	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$83.57	$49.82	$36.66	$32.55
1730281924	Ruscetti	Howard		MD	M	I	1300 Bridge Barrier Rd		Carolina Be	NC	37	28428	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$114.00	$44.42	$32.89	$34.07
1730497108	West	Wyatt	J	MD	M	I	166 N State St		Morgan	UT	49	84050	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$92.00	$43.85	$27.56	$29.40
1730524620	Lovelace	Spencer	C	M.D.	M	I	600 N Wheeler Ave		Prosperity	SC	45	29127	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$85.00	$44.79	$25.01	$27.58
1740250158	Carrigan	Catherine	G	MD	F	I	702 Comm	Suite 160	Perrysburg	OH	39	43551	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$95.43	$46.23	$28.91	$30.22
1740298231	Patel	Rashmikan	S	MD	M	I	20 Tower C	Ste D	Gurnee	IL	17	60031	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$85.00	$51.15	$37.87	$35.27
1740372648	Sasaki	Aaron	T	MD	M	I	441 30th St		Astoria	OR	41	97103	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$118.00	$45.75	$26.16	$27.89
1740441021	Harris	Michael	S	M.D.	M	I	9200 W Wisconsin Ave		Milwaukee	WI	55	53226	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	14	14	$513.50	$29.66	$23.71	$24.43
1740528199	Valenzuela	Jorge		MD	M	I	7381 College Pkwy Ste		Fort Myers	FL	12	33907	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$129.93	$49.27	$39.25	$37.98
1750313508	Cho	Michael		MD	M	I	26726 Crov	#200	Mission Vie	CA	6	92691	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$115.00	$37.73	$30.17	$28.83
1750324679	Smith	Corey	R	DO	M	I	2605 Willow Street Pik		Willow Stre	PA	42	17584	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$105.00	$46.81	$32.16	$32.81
1750324836	Gibson	Ray	N	DO	M	I	450 Kenshalo St		Albany	TX	48	76430	10.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$95.00	$46.18	$33.43	$34.55
1750362695	Brener	Dara	G	MD	F	I	267 E Main St Bldg C		Smithtown	NY	36	11787	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$150.00	$60.40	$44.94	$35.27
1750380424	Howe	Jeffrey	S	M.D.	M	I	3301 County Road 6 E		Elkhart	IN	18	46514	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$212.86	$43.78	$32.37	$35.55
1750505020	Zeringue	Aline	C	MSN, CNS	F	I	2301 W North Loop Blv		Austin	TX	48	78756	1	Metropolita	US	Certified Cl	Y	69210	Removal of N	O	12	14	14	$100.00	$40.92	$28.70	$28.38
1750510798	Rachael	Stephen	T	MD	M	I	100 Vermont Ave		Oak Ridge	TN	47	37830	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$142.00	$43.69	$29.79	$33.14
1750549168	Carter	Sarah	M	M.D.	F	I	9 Hawthorne Park Ct.		Greenville	SC	45	29615	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$101.79	$44.85	$30.32	$32.69
1750645321	Beasley	Mitchel	L	D.O.	M	I	997 Us Higl	Suite 201	Venice	FL	12	34285	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$108.21	$47.97	$38.30	$36.62
1750876587	Schmid	Stephanie	A	FNP-BC	F	I	1631 W Ina Rd		Tucson	AZ	4	85704	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$97.00	$39.53	$27.02	$27.86
1760135149	Gray	Alicia	D	APN	F	I	500 Greenwich St		Belvidere	NJ	34	7823	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$108.21	$45.39	$33.55	$29.97
1760408272	Williams	James	M	MD	M	I	12 Medical Dr Ne		Cartersville	GA	13	30121	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$86.00	$45.21	$33.59	$35.50
1760417513	Rice	James	A	D.O.	M	I	232 Walnut St		Mount Vern	IN	18	47620	7.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$65.00	$44.03	$27.56	$30.70
1760456545	Fridley	William	A	M.D.	M	I	9201 Pinecroft Dr Ste 2		Shenandoa	TX	48	77380	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	11	14	14	$122.00	$45.61	$36.40	$37.98
1760472351	Cibulka	Frank	E	M.D.	M	I	4840 E Indi	Suite 100	Phoenix	AZ	4	85018	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$94.00	$44.81	$31.59	$32.53
1760871487	Watt	Anne		APRN	F	I	10977 Granada Ln		Leawood	KS	20	66211	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$115.00	$37.31	$27.57	$30.21
1760957724	Trump	Rachael	D	PA-C	F	I	900 Plaza Dr		Montoursvi	PA	42	17754	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	14	14	$109.00	$39.71	$22.29	$23.06
1770015794	Ndingue	Ginette	F	NP	F	I	10810 Darnestown Rd		Gaithersbu	MD	24	20878	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$78.00	$45.34	$36.14	$32.28
1770529190	Campbell	Melvin	A	MD FACP	M	I	913 E Zero St		Ainsworth	NE	31	69210	10	Rural areas	US	Internal Me	Y	99238	Hospital di	N	F	13	14	14	$140.00	$66.74	$47.57	$50.91
1770538217	Fagan	Christophe	H	M.D.	M	I	41945 Big Bear Blvd St		Big Bear La	CA	6	92315	4	Micropolita	US	Emergency	Y	69210	Removal of N	O	11	14	14	$75.00	$50.08	$37.10	$35.27
1770546418	Mclaughlin	John	D	M.D.	M	I	1421 S Pot	Ste 200	Aurora	CO	8	80012	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$100.00	$48.32	$33.10	$31.32
1770571721	Hardeman	Scott	H	M.D.	M	I	9701 Landr	Suite 201	Saint Louis	MO	29	63127	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$106.92	$41.93	$30.93	$31.45
1770577884	John	Thomas		M.D.	M	I	1729 Burrstone Rd		New Hartfo	NY	36	13413	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$128.50	$46.13	$29.04	$30.42
1770777377	Siddiqui	Rumana	F	MD	F	I	1675 S Arlington Heigh		Arlington H	IL	17	60005	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$100.00	$52.13	$38.64	$35.27
1780081380	Renfro	Jill	S	APRN	F	I	4606 S Garnett Rd Ste		Tulsa	OK	40	74146	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$114.00	$38.22	$26.22	$28.10
1780603852	Chang	Suzanne	E	MD	F	I	39765 Date	Ste 102	Murrieta	CA	6	92563	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$101.00	$49.99	$35.95	$34.23
1780636423	Sutterlin	John	D	MD	M	I	7 S Alliance Dr Ste 211		Goose Cree	SC	45	29445	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$130.41	$44.76	$30.57	$33.02
1780908780	Cefalu	William	A	MD	M	I	912 Marguerite St		Morgan Cit	LA	22	70380	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$85.00	$45.75	$31.19	$31.50
1790135986	Istephan	Steven		M.D.	M	I	1704 S Custer Rd		Monroe	MI	26	48161	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$96.00	$46.27	$21.17	$22.63
1790148187	Aylward	Alana			F	I	1100 9th Ave		Seattle	WA	53	98101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	14	14	$136.00	$33.63	$26.79	$24.43
1790213973	Isaac	Mitchell	J	MD	M	I	620 Singleton Ridge Rd		Conway	SC	45	29526	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$80.08	$30.09	$23.97	$25.38
1790390763	Rank	Jennifer	E	DNP, FNP-I	F	I	113 Wiggington Rd		Lynchburg	VA	51	24502	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$75.00	$38.32	$14.49	$16.96
1790724748	Casey	Franklin	L	M.D.	M	I	8210 Waln	Suite 218	Dallas	TX	48	75231	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$150.00	$47.74	$35.36	$35.29
1790746725	Rajput	Zubeda	I	MD	F	I	258 N New Rd		Pleasantvil	NJ	34	8232	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$121.62	$52.82	$41.74	$37.41
1790784627	Brown	William	J	M.D.	M	I	8940 N Ken	#504e	Miami	FL	12	33176	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	14	14	$116.00	$54.01	$43.19	$37.98
1790791622	Solis	Norma		MD	F	I	1429 N Acacia Ave		Reedley	CA	6	93654	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$148.00	$49.25	$39.38	$37.98
1790861706	Andersen	Teresa	A	MD	F	I	22180 Olyr	Suite 201	Poulsbo	WA	53	98370	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$90.00	$47.47	$26.90	$27.26
1801019880	Mills	Steven	R	DO	M	I	20 E Mcmurtry Ave		Hartford	KY	21	42347	7	Small town	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$33.00	$31.94	$21.95	$22.81
1801056916	Calhoun	Tina	M	D.O.	F	I	798 Hausm	Suite 220	Allentown	PA	42	18104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$100.00	$46.65	$34.66	$35.40
1801097308	Sell	Michelle	L	M.D.	F	I	4214 38th St		Columbus	NE	31	68601	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$111.00	$41.94	$24.14	$27.66
1801187489	Delones	Debra	L	APN	F	I	1618 Highway 51 S Ste		Covington	TN	47	38019	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$80.00	$37.29	$23.32	$26.12
1801253885	Hunt	Christine	F		F	I	3066 Sw Grandstand C		Lees Sumn	MO	29	64081	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$100.00	$39.63	$27.07	$27.85
1801272935	Bronstein	Dennis		FNP-BC	M	I	5920 Mcintyre St		Golden	CO	8	80403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	14	14	$101.00	$41.20	$25.76	$25.36
1811071202	Chandler	Sarah	R	M.D.	F	I	101 S Park	B	Brownwoo	TX	48	76801	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$57.77	$45.64	$31.16	$32.89
1811092752	Clarke	Carol	B	MD	M	I	6001 Webb Rd		Tampa	FL	12	33615	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$163.00	$49.29	$35.68	$34.54
1811957749	Marques	Ricardo			M	I	233 S Federal Hwy Ste		Boca Rator	FL	12	33432	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	12	14	14	$72.00	$50.74	$40.51	$37.98
1811979917	Greer	Shannon	S	D.O.	M	I	12631 World Plaza Ln		Fort Myers	FL	12	33907	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$75.89	$51.15	$38.00	$35.27
1811998115	Tarrant	Denis	F	NP	M	I	52 Meadow St		Pearl River	NY	36	10965	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$64.59	$49.21	$36.47	$29.97
1821022799	Ahmed	Syed	F	MD	M	I	1005 North Washingto		Green Broo	NJ	34	8812	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$154.97	$53.31	$42.30	$37.81
1821320573	Mcarthur	Kim		FNP-C	F	I	1100 Highway 86		Bovina	TX	48	79009	10.2	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$142.86	$39.37	$31.54	$32.28
1821389842	Ryan	Timothy	P		M	I	1365a Clift Suite 2300		Atlanta	GA	13	30322	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	14	14	$108.71	$48.24	$32.63	$32.12

1821435041	Pappas	Kelsey	O	M.D.	F	I	4005 N Fres	Suite 104	Fresno	CA	6	93726	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$105.00	$46.25	$28.93	$30.23
1821476581	Alfonso Fer	Yanis		MD	F	I	1301 Lyons Rd		Coconut Cr	FL	12	33063	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$194.00	$50.46	$31.46	$28.49
1821539271	Ahmed	Iman	M	M.D	F	I	7395 E Tanque Verde R		Tucson	AZ	4	85715	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$97.00	$46.42	$36.07	$37.01
1821549585	Sheehy	Kellie		APRN, NP-C	F	I	9503 Norton Commons		Prospect	KY	21	40059	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$100.00	$37.90	$25.03	$27.17
1831152743	Cutone	Steven		D.O.	M	I	30 W Cole Rd		Biddeford	ME	23	4005	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$128.93	$45.76	$36.64	$36.62
1831163682	Obermeyer	Phaik	M	MD	F	I	400 W Brar Suite 100		Norfolk	VA	51	23510	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$90.00	$47.63	$29.80	$29.93
1831165133	Stringfellov	Paul	B	M.D.	M	I	345 Odd Fellows Rd		Crowley	LA	22	70526	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$70.00	$45.80	$31.25	$32.86
1831191444	Back	Billy		MD	M	I	65 W Main St		Greenwich	OH	39	44837	9	Small town	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$86.00	$46.15	$32.19	$33.46
1831202654	Kuronya	Brian	D	DO	M	I	3833 Linden St		Bethlehem	PA	42	18020	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$100.00	$41.82	$28.17	$28.74
1831722370	Sage	Chi-Ying	D	ARNP	F	I	1753 W Ridgeway Ave	S	Waterloo	IA	19	50701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$148.57	$37.32	$20.72	$22.45
1841202033	Hinrichs	Brad		MD	M	I	795 El Camino Real		Palo Alto	CA	6	94301	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$172.61	$55.25	$37.64	$31.20
1841236080	Salvo	Anthony		M.D.	M	I	120 S White Horse Pike		Hammonto	NJ	34	8037	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$106.00	$51.92	$38.42	$35.27
1841244712	Hewitt	Kimberly	M	M.D.	F	I	12221 N Mopac Expy		Austin	TX	48	78758	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$59.64	$41.05	$30.20	$31.37
1841371572	Rogers	Philo	A		M	I	250 W Chandler Height		Chandler	AZ	4	85248	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$142.07	$46.81	$37.30	$37.84
1841385119	Popa	Carmen		MD	F	I	6975 W 130th St		Parma Heig	OH	39	44130	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$60.00	$46.07	$34.08	$35.39
1841413077	Rickert	Scott		MD	M	I	240 E 38th St		New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	14	14	$763.00	$55.67	$35.49	$28.80
1841455136	Sprycha	Marcin		MD	M	I	1215 Broadway		Raynham	MA	25	2767	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$115.14	$49.67	$31.10	$29.84
1851357578	Johnson	James	S	MD	M	I	4147 Highway 127 N	St	Crossville	TN	47	38571	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$93.00	$43.73	$33.39	$36.52
1851390728	Shada	Victor	A	D.O.	M	I	1264 Dayton Ave		Crossville	TN	47	38555	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$80.00	$44.00	$31.90	$34.86
1851395750	Gutierrez	Amy	J	M.D.	F	I	9355 Bandi	Ste 136	San Antonio	TX	48	78250	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$100.00	$45.58	$32.66	$34.37
1851502686	Rode	Ann Marie		DO	F	I	225 Nassau Blvd # B		West Hemp	NY	36	11552	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$300.00	$59.54	$46.63	$37.11
1851558936	Raithatha	Roheen		M.D.	M	I	261 5th Ave	Ent & Allerg	New York	NY	36	10016	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$248.07	$47.54	$34.75	$28.49
1851632715	Diaz	Ricardo	R	MD	M	I	2007 Palm Beach Lake		West Palm	FL	12	33409	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$163.00	$50.62	$37.47	$35.27
1851765333	Stamm	Sarah	E	P.A.	F	I	20251 John J Williams I		Lewes	DE	10	19958	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	13	14	14	$75.00	$41.18	$31.56	$31.00
1851991145	Kleinman	Kari	L	APRN	F	I	12501 Shelbyville Rd		Middletow	KY	21	40243	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$97.29	$37.64	$23.51	$26.03
1861416190	Hubner	John	E	M.D.	M	I	2000 S Wheeling Ave	St	Tulsa	OK	40	74104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$64.00	$44.55	$25.84	$28.60
1861473837	Arruza Elias	Michael	J	MD	M	I	Segundo Ni	Las Catalin	Caguas	PR	72	725	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	14	14	$48.60	$48.04	$29.99	$29.84
1861492944	Bonnell	Bruce		MD	M	I	8580 Verree Rd		Philadelphi	PA	42	19111	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$109.06	$51.31	$26.27	$24.42
1861698904	Khan	Faiz	U	MD	M	I	900 I St		La Porte	IN	18	46350	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$149.00	$44.03	$25.02	$28.27
1861740268	Buck	Andrew	J	CRNP	M	I	101 W 7th S	Suite 2c	Pennsburg	PA	42	18073	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$71.00	$43.36	$29.59	$27.68
1861781510	Bailey	Christophe	E	M.D., PH.D	M	I	1 Medical C	Box 9200	Morgantow	WV	54	26506	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	14	14	14	$94.00	$32.91	$26.34	$26.32
1871071878	Hayfron	Ishmael	R	DNP, FNP-C	M	I	1818 Davie Ave		Statesville	NC	37	28677	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$119.00	$39.32	$24.82	$25.79
1871755009	Cooper	Matthew	S	D.O.	M	I	354 Old Hook Rd		Westwood	NJ	34	7675	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$65.00	$54.30	$41.31	$35.88
1871904698	Mors	Matthew		D.O.	M	I	6052 W State St		Boise	ID	16	83703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	14	14	$101.00	$41.64	$28.23	$31.87
1881271104	Miller	Katelyn			F	I	5606 S 300 W		Bluffton	IN	18	46714	7	Small town	US	Nurse Prac	Y	69210	Removal of N	F	12	14	14	$60.00	$26.01	$20.75	$22.38
1881613859	Whitaker	Joe	E	MD	M	I	4108 Henderson Blvd		Tampa	FL	12	33629	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$75.00	$48.66	$33.47	$32.57
1881626810	Miller	Wendy	J	M.D.	F	I	2800 Hennepin Ave		Minneapoli	MN	27	55408	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$200.75	$46.77	$28.91	$29.71
1881655728	Williams	Marilyn	A	NP	F	I	101 Riverstone Vis		Blue Ridge	GA	13	30513	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$128.00	$36.80	$27.20	$29.02
1881673606	Weston	Wayne		MD	M	I	1140 Quincy Ave		Dunmore	PA	42	18510	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	14	14	$153.54	$46.17	$28.85	$30.23
1881893303	Bonczak	Boguslaw	S	M.D.	M	I	235 S Rand Rd		Lake Zurich	IL	17	60047	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$184.86	$51.41	$32.23	$29.84
1881986826	Chulyan	Manuk	M	P.A.	M	I	1030 S Glei	Suite 404	Glendale	CA	6	91205	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$98.93	$44.49	$35.49	$32.28
1891094967	Hickman	William	L	P.A.	M	I	300 West 27th Street		Lumberton	NC	37	28358	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	11	14	14	$96.00	$38.91	$26.46	$27.83
1891100376	Niese	James	L	CNP	M	I	100 Progressive Dr		Columbus (	OH	39	45830	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$86.00	$39.31	$23.86	$24.97
1891215281	Kirsch	Marcy	R	FNP-C	F	I	361 Boiler House Rd	Bl	Perry Point	MD	24	21902	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$158.00	$43.93	$32.49	$28.82
1891239026	Ndini	Klajdi		FNP-BC	M	I	38525 8 Mile Rd		Livonia	MI	26	48152	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$90.00	$39.22	$31.28	$29.98
1891732590	Smith	Raleigharnoldiii		M.D.	M	I	1401 W Wh	Suite A	Aransas Pa	TX	48	78336	4.1	Secondary	US	General Su	Y	69210	Removal of N	O	12	14	14	$95.00	$42.45	$26.00	$27.63
1891762852	Johnson	Thomas	A	MD	M	I	17000 W N	Suite 200e	Brookfield	WI	55	53005	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$157.29	$44.75	$25.53	$28.14
1891786208	Tilley	Anne			F	I	400 Oxford	Suite 202	Monroeville	PA	42	15146	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	14	14	$138.00	$46.82	$36.46	$36.96
1891787073	Sobel	Steven	L	M.D.	M	I	3133 Profe	Suite 20	Auburn	CA	6	95603	4.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$172.50	$49.90	$39.82	$37.89
1891806246	Bhandarka	Manohar	S	M.D.	M	I	1460 Mark	Suite 202	Des Plaines	IL	17	60016	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$40.00	$39.66	$29.37	$35.86
1891953469	Kamat	Ameet	R	MD	M	I	1055 Saw M	Suite 101	Ardsley	NY	36	10502	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	14	14	14	$209.55	$40.28	$32.13	$25.78
1891997110	Kelly	Thomas	C	MD	M	I	207 Landm	Suite A	Normal	IL	17	61761	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	14	14	$241.29	$41.44	$33.07	$33.91
1902206071	Baldwin	Gerald		PA-C	M	I	7700 E Florentine Rd		Prescott Va	AZ	4	86314	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$88.00	$39.41	$28.13	$29.05
1902393002	Double	Michelle			F	I	4850 Se 110th St		Belleview	FL	12	34420	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$170.00	$41.07	$18.48	$18.20
1902408685	Head	Ashley	N	PA-C	F	I	18599 Lake Shore Blvd		Euclid	OH	39	44119	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	14	14	$80.00	$39.50	$23.61	$24.54
1902806409	Eden	Robert	S	MD	M	I	2002 Medic	Suite 460	Annapolis	MD	24	21401	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$95.00	$51.80	$32.36	$29.84
1902914179	Boynton	Gerard	W	MD	M	I	3301 S Alar	Suite 212	Corpus Chr	TX	48	78411	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$68.57	$44.10	$27.32	$28.99
1902969074	Wells	Allan	G	MD	M	I	1033 N Parkway Fronta		Lakeland	FL	12	33803	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$125.00	$45.03	$30.53	$33.25
1912366071	Merriman	Amy	L	PA-C	F	I	2007 Palm Beach Lake		West Palm	FL	12	33409	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$163.00	$43.11	$29.44	$27.67
1912463662	Finn	Beth	A	APRN, FNP	F	I	43 Westmont Rd		Avon	CT	9	6001	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$170.00	$42.02	$31.09	$29.97
1912902941	Arriaga	Moises	A	MD	M	I	7777 Henn	Suite 709	Baton Roug	LA	22	70808	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	14	14	$109.00	$32.97	$22.49	$22.58
1912950874	Oxford	Lance	E	MD	M	I	411 N. Washington Ave		Dallas	TX	48	75246	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	14	14	$48.15	$42.48	$31.13	$31.22
1912992595	Lyndaker	Steven	L	MD	M	I	5402 Dayan St Ste 100		Lowville	NY	36	13367	7.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$103.00	$46.73	$37.41	$37.98
1922034388	Murthy	Srinivasa	M	M.D.	M	I	10238 Sw 86th Cir Unit		Ocala	FL	12	34481	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	14	14	$98.29	$47.61	$26.90	$27.16
1922048719	Purser	Constance	B	M.D.	F	I	8936 77th Ter E Unit 10		Lakewood I	FL	12	34202	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	14	14	$96.66	$47.86	$34.29	$34.16
1922329507	Chickris-Bo	Nicole	M	MD	F	I	5401 44th Avenue Dr	St	Moline	IL	17	61265	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$111.00	$46.48	$26.38	$27.57
1932112638	Anselmi	Lanning	A	MD	M	I	176 N Main St		Shavertow	PA	42	18708	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$130.00	$46.66	$26.68	$27.64
1932215274	Hayes	Warren	C	M.D.	M	I	1400 Senat	Suite 105	Red Oak	IA	19	51566	7	Small town	US	Family Prac	Y	69210	Removal of N	O	13	14	14	$129.00	$42.48	$26.31	$29.34
1932218013	Muro	Washingto	S	M.D.	M	I	1741 Ne Douglas St	Ste	Lees Sumr	MO	29	64086	2	Micropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$98.00	$46.67	$29.21	$30.14
1932366945	Plundo	Michael	N	DO	M	I	518 Pellis Rd		Greensburg	PA	42	15601	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$70.00	$46.53	$31.88	$32.81
1932452422	Lange	Kendall		ARNP	F	I	1700 W Townline St		Creston	IA	19	50801	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$126.00	$37.46	$29.91	$32.28
1942240874	Yu	Michael		M.D	M	I	361 Hospit	322	Newport Be	CA	6	92663	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$90.00	$52.46	$35.82	$32.55
1942243704	Fazal	Javed	H	M.D.	M	I	1860 Watson Blvd		Warner Rot	GA	13	31093	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	14	14	$120.00	$42.51	$31.47	$35.65
1942246889	Ugarte	Julio	C	M.D.	M	I	1503 Buen	Bldg. 110	The Villages	FL	12	32159	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$75.00	$47.89	$35.46	$35.28
1942618996	Vedantam	Lalitha		M.D	F	I	950 E Swan Creek Rd		Fort Washi	MD	24	20744	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$134.00	$55.71	$34.83	$29.84
1942647862	Dur	Jillian	J	D.O.	F	I	66 Bramhall St Ste G1		Portland	ME	23	4102	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	11	14	14	$135.93	$36.77	$22.56	$22.97
1952363962	Logan	James	E	MD	M	I	855 N Hillside St		Wichita	KS	20	67214	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	14	14	$93.05	$43.11	$26.88	$29.31

1952426991	Hertzano	Ronna	P	MD, PHD	F	I	16 S Eutaw St Ste 500	Baltimore	MD	24	21201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	14	14	$104.00	$36.22	$29.01	$26.31
1952457343	Kreutzer	Erik	W	M.D.	M	I	255 Union I Suite # 220	Lakewood	CO	8	80228	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	14	14	$59.52	$48.57	$30.42	$29.84
1952765554	Braxton	Bianca	L	APRN	F	I	2000 Ann Branden Blvc	Norman	OK	40	73071	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	14	14	14	$74.00	$38.03	$23.87	$25.97
1962412213	Moreschi	Rafael	M	MD	M	I	105-A Kilmayne Drive	Cary	NC	37	27511	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$216.79	$45.69	$26.66	$28.47
1962428292	Schollaert	Richard	A	M.D.	M	I	1155 Merchant St	Ambridge	PA	42	15003	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$78.00	$46.16	$29.48	$30.80
1962487728	Graham	Charles	E	M.D.	M	I	6037 La Gr	Pmb 1223	Rancho Sa	CA	6	92067	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$54.87	$51.60	$24.43	$22.48
1962498428	Linder	Jean	M	MD	F	I	1221 E Spruce Ave	Fresno	CA	6	93720	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$86.00	$49.06	$33.56	$32.55
1962736074	Colino	Jonathan	D	NP	M	I	101 Herkimer Rd	Utica	NY	36	13502	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	14	14	$99.36	$39.31	$22.34	$23.50
1962928994	Gonzalez	Miguel	A	APRN	M	I	13880 Shel	Suite 110	Fort Myers	FL	12	33908	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	14	14	$51.15	$43.58	$29.91	$27.67
1962929075	Ashton	Melissa	K	PA-C	F	I	524 S Washington St		Gettysburg	PA	42	17325	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	14	14	$62.00	$39.64	$23.05	$23.86
1972814697	White	Tiffany	T	PA-C	F	I	2002 Medic	Suite 230	Annapolis	MD	24	21401	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	14	14	14	$115.00	$44.14	$34.19	$31.25
1982631875	Sheikh	Asrar	A	M.D.	M	I	1217 Us Highway 41		Schererville	IN	18	46375	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$95.71	$49.07	$36.16	$35.27
1982639670	Dragone	James	A	M.D.	M	I	9 Brooksite	Suite 1	Smithtown	NY	36	11787	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$248.00	$60.05	$34.29	$27.13
1982717237	Podval	Marina		MD	F	I	4332 Kisse	La	Flushing	NY	36	11355	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	14	14	$60.00	$59.45	$44.02	$35.27
1982867008	Munt	Katherine	W	M.D.	F	I	999 E Murray Holladay		Salt Lake C	UT	49	84117	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$95.00	$45.55	$27.45	$29.35
1992703045	Shapiro	Nathan	R	M.D	M	I	8525 Rollin	Suite 222	Manassas	VA	51	20110	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$214.29	$55.65	$41.97	$35.58
1992761159	Patricio	Manuel Flo	J	M.D.	M	I	730 W Market St		Lima	OH	39	45801	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	12	14	14	$60.00	$46.31	$28.99	$30.22
1992771935	Bartholome	Anthony	O	MD	M	I	12 Center St Ste 1		Fredonia	NY	36	14063	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	14	14	14	$65.00	$43.40	$26.76	$27.52
1992844435	Taliaferro	Henry	G	M.D.	M	I	2516 Broadmoor Blvd		Monroe	LA	22	71201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	14	14	$103.71	$46.43	$37.17	$37.98
1992881643	Harte	Francis	M	M.D.	M	I	2 1st Ave	Suite 215	Peabody	MA	25	1960	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	14	14	$185.00	$50.00	$40.00	$36.62
1992883557	Grigaux	Claire	N	M.D.	F	I	1000 Gallo	Developme	Union	NJ	34	7083	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	14	14	$182.00	$53.59	$39.65	$35.27
1992898720	Winfield	Barbara	A	DO	F	I	805 Coope	Suite 3	Voorhees	NJ	34	8043	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	14	14	14	$90.00	$52.22	$29.71	$27.13
1003336843	Gilley	David	R	MD	M	I	960 E Walnut Lawn St	S	Springfield	MO	29	65807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$144.00	$42.05	$28.15	$31.32
1003453556	Judge	Sydney	M	PA-C	F	I	20 York St		New Haven	CT	9	6510	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$150.00	$40.39	$32.54	$32.90
1003810896	Price	Richard	B	MD, PA	M	I	5370 College Blvd Ste		Overland P	KS	20	66211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$100.00	$44.53	$9.54	$12.95
1003855560	Freeman	Lucius	B	MD	M	I	645 Mcque	Suite 105	Prattville	AL	1	36066	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$72.31	$44.73	$30.12	$32.58
1003989856	Howe	Clifford	S	MD	M	I	1619 N Greenwood St	S	Pueblo	CO	8	81003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$100.00	$48.37	$35.58	$35.06
1003990300	Sullens	Bruce	F	PA-C	M	I	14700 East Old Us 12		Chelsea	MI	26	48118	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$81.00	$28.74	$20.16	$18.94
1003991761	Kato	B.	M	M.D.	F	I	36867 Coo	Suite 103	Palm Deser	CA	6	92211	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$110.00	$44.63	$26.39	$24.83
1013064831	Wright	Charles		MD	M	I	2004 Hayes St Ste 600		Nashville	TN	47	37203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$105.00	$42.33	$25.65	$28.70
1013176312	Heiks	Samuel	J	MD	M	I	3916 N Intertech Ct		Appleton	WI	55	54913	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$214.00	$44.49	$24.48	$27.38
1013201623	Leestma	Micah	J	D.O.	M	I	3231 Euclid	5th Floor	Berwyn	IL	17	60402	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$92.08	$43.94	$31.37	$34.42
1013580687	Miley	Blondena	U	FNP	F	I	1741 Mesquite Ave	Ste	Lake Havas	AZ	4	86403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$70.00	$39.33	$26.47	$27.52
1013684174	Jones	Donnell	A	MSN, APRN	F	I	1000 Norland Ave		Chambersb	PA	42	17201	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$130.00	$39.05	$28.68	$29.91
1013903210	Nagarkar	Jyoti	D	MD	F	I	80 Erdman	Suite 207	Leominster	MA	25	1453	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$221.00	$50.08	$33.93	$32.14
1013976463	Tinetti	Timothy	J	MD	M	I	4600 Inves	Ste 300	Troy	MI	26	48098	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$70.00	$49.87	$36.72	$35.06
1023002813	Cohen	Mitchell	E	M.D.	M	I	2080 Centu	Suite 1609	Los Angele	CA	6	90067	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$80.00	$52.99	$32.62	$29.22
1023015740	Sarkies	Nadim	W	MD	M	I	2811 H St		Bakersfield	CA	6	93301	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$100.00	$49.47	$33.83	$32.53
1023073699	Thompson	William	C	D.O.	M	I	1201 Main St,		Monroe Cit	IN	18	47557	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$75.00	$42.81	$31.55	$33.91
1023575081	Ofurum-On	Chinyere	M	FNP	F	I	351 Webster St		Rockland	MA	25	2370	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$120.00	$42.09	$30.97	$29.80
1023782661	Minor	Jesse	D	CRNP	M	I	45 Pine Street		Port Allegai	PA	42	16915	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$90.85	$36.16	$27.62	$28.61
1033139076	Ellison	David		M.D.	M	I	1501 Trous	3rd Floor	Burlingame	CA	6	94010	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$172.12	$54.21	$43.37	$36.52
1033190798	Vora	Hujefa	Y	M.D.	M	I	3150 Matlo	Suite 403	Arlington	TX	48	76015	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$120.00	$46.82	$37.37	$37.98
1033191135	Covarrubia	Baldemar		MD	M	I	5718 Spohn	Suite 100	Corpus Chr	TX	48	78414	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$100.00	$45.98	$28.01	$29.50
1033197017	Narra	Ravi		MD	M	I	3105 S State Route 51		Elmore	OH	39	43416	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$96.00	$46.65	$31.58	$32.41
1033204698	Westad	Frank	H	NP-C	M	I	1134 State	Greenwich	Greenwich	NY	36	12834	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$104.62	$27.59	$20.04	$20.39
1033418439	Olive	Timothy	R	ARNP	M	I	2011 N Broadway St		Poteau	OK	40	74953	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$106.00	$38.18	$21.15	$23.27
1033544242	Moy	Shirley		APN	F	I	7447 W Talcott Ave	Ste	Chicago	IL	17	60631	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$110.00	$44.18	$35.26	$32.28
1043203540	Steinmetz	Timothy	F	M.D.	M	I	319 S Main St		River Falls	WI	55	54022	4.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$161.31	$44.92	$27.67	$30.03
1043367204	Liguori	Michael	A	MD	M	I	80 5th Ave	Room 1601	New York	NY	36	10011	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$63.17	$55.11	$40.22	$33.37
1043384555	Pandrangi	Lakshmi	V	M.D.	F	I	Henry Ford	24725 E. Je	St. Clair Sh	MI	26	48080	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$132.69	$35.22	$19.39	$18.21
1043422488	Yenzer	Victoria	L	NP	F	I	901 Patients First Dr		Washingto	MO	29	63090	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$89.00	$37.67	$20.86	$23.40
1043427081	Orr	Danielle	J	MD	F	I	11107 Racetrack Rd		Berlin	MD	24	21811	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$141.92	$48.12	$29.91	$29.85
1043724347	Hollis	Tina	M	FNP	F	I	2840 Summer Oaks Dr		Bartlett	TN	47	38134	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$115.00	$37.18	$27.44	$28.91
1043740418	Jones	Jonathan		MD	M	I	929 Ridge Rd Ste 7		Munster	IN	18	46321	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$90.00	$43.98	$29.65	$32.75
1053363903	Koenigs	Mary	C	MD	F	I	10988 Bartel Blvd		Galena	IL	17	61036	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$127.00	$46.39	$34.12	$35.18
1053369611	Fryling	Brent	A	M.D.	M	I	5 Federal St Ste 1		Danvers	MA	25	1923	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$131.23	$50.04	$27.74	$26.29
1053388058	Dekay	Matthew		M.D.	M	I	2130 Farmington Ave		Farmington	NM	35	87401	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$92.69	$46.08	$28.21	$29.67
1053429829	Vejendla Pl	Umamahes	R		M	I	152 Foote Ave		Jamestown	NY	36	14701	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$62.31	$46.71	$31.66	$32.42
1053463075	Cruikshank	Barbara	L	MD	F	I	2300 Park Ave Ste 200		Orange Par	FL	12	32073	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$103.00	$48.30	$32.69	$32.16
1053485318	Stein	Jeffrey	L	M.D.	M	I	9291 Glade	Suite 306	Boca Rator	FL	12	33434	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$65.00	$48.79	$29.51	$27.75
1053754994	Johnson	Sean			M	I	1310 W 22nd St		Sioux Falls	SD	46	57105	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	13	13	$41.00	$27.98	$18.52	$19.54
1063453827	Wenthe	Martin	T	MD	M	I	4770 W Herndon Ave		Fresno	CA	6	93722	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$148.00	$49.39	$39.04	$37.51
1063491504	Cheves	Harry		M.D.	M	I	2011 Westend Dr		Greensbor	GA	13	30642	7	Small town	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$138.00	$45.35	$36.31	$37.98
1063529196	Chang	Eileen		D.O.	F	I	1455 W Ch	A-4	Chandler	AZ	4	85224	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$62.10	$44.62	$26.71	$27.87
1073122461	Hargis	Christina		DNP, CRNF	F	I	500 Market St Ste 101		Pocomoke	MD	24	21851	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$150.96	$39.80	$29.38	$30.42
1073151338	Ogbuehi	Kristen			F	I	2130 Hollow Brook Dr	S	Colorado S	CO	8	80918	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$98.23	$41.27	$20.90	$20.55
1073506036	Clark	Samuel	T	MD	M	I	4400 N 32n	Ste 110	Phoenix	AZ	4	85018	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$62.00	$42.82	$25.53	$30.32
1073552121	Bates	William	T	DO	M	I	6401 Moun	Suite 109	Ooltewah	TN	47	37363	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$145.38	$43.89	$30.31	$33.40
1073587515	Keller	Thomas	C	D.O.	M	I	250 Fame /	Suite 135	Hanover	PA	42	17331	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$70.00	$46.22	$25.42	$25.38
1073601324	Williams	Allen	D	MD	M	I	3505 N. Bell School Rd		Rockford	IL	17	61114	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$137.00	$47.01	$28.97	$29.57
1073608592	Ettinger	Andre		MD	M	I	675 S Arroy	Suite 110	Pasadena	CA	6	91105	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$95.00	$52.68	$36.33	$32.60
1073714564	Antisdel	Jastin	L	MD	M	I	1225 S Gra	Garden Lev	Saint Louis	MO	29	63104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	13	13	$95.00	$36.67	$23.52	$23.52
1083082838	Dykes	Amber			F	I	119 Boone Ridge Dr	Ste	Johnson Cit	TN	47	37615	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$116.00	$37.61	$9.26	$12.36
1083616502	Jameson	David	B	MD	M	I	1356 - 126th Road		Stromsburg	NE	31	68666	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$85.00	$43.52	$23.96	$27.68
1083624308	Winston	Thomas	S	MD	M	I	2400 Line Ave		Amarillo	TX	48	79106	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$98.00	$45.69	$25.14	$27.01
1083666754	Cross	Philip	H	DO	M	I	5363 Oxford Avenue		Philadelphi	PA	42	19124	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$110.00	$51.18	$32.17	$29.83

1083785976	Rogers	Michael	S	MD	M	I	970 N Coit Rd Ste 3040	Richardson	TX	48	75080	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$158.00	$47.83	$22.50	$22.61
1093075269	Anderson	Alicia	W	FNP	F	I	185 Fresh Dr Ste A	Myrtle Bea	SC	45	29579	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$181.00	$38.00	$30.32	$32.28
1093267635	Mills	Alisha			F	I	805 Farson St Ste 116	Belpre	OH	39	45714	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$104.17	$29.94	$15.47	$15.60
1093712085	Ludwick	James	J	MD	M	I	12606 Old Westheimer	Houston	TX	48	77082	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$100.00	$43.83	$32.14	$33.78
1093719650	Wynn	Wanda	L	PA	F	I	4210 Pione Ste A	Lincoln	NE	31	68506	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$110.00	$36.89	$24.85	$27.91
1093758872	Ostroski	Christine	A	PA-C	F	I	43031 Parkside Ct	Babcock Ra	FL	12	33982	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	13	13	$90.00	$43.32	$26.59	$24.83
1093814063	Coskun	Neil		MD	M	I	7800 Lake Underhill Rd	Orlando	FL	12	32822	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$62.88	$46.13	$33.86	$33.61
1093826497	Wallace	Susan	H	APRN	F	I	16120 W Dodge Rd	Omaha	NE	31	68118	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$129.00	$36.91	$27.17	$30.10
1093883951	Miller	Howard	B	MD	M	I	920 N 1st St	Renton	WA	53	98055	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$46.00	$45.86	$27.79	$29.40
1093889529	Lomas	Jerilee	E	D.O.	F	I	1220 Busin Suite 2	Lehigh Acre	FL	12	33936	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$75.50	$50.61	$40.38	$37.98
1093905994	Clay	John	A	M.D.	M	I	930 South Ave	Colonial He	VA	51	23834	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$171.00	$48.09	$32.58	$32.20
1093943466	Patel	Bhadrik	I	PA	M	I	1120 Sparkleberry Lan	Columbia	SC	45	29223	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$104.00	$38.32	$28.27	$30.01
1104090331	Taylor	Melissa	I	P.A.	F	I	2209 Defer Suite C	Crofton	MD	24	21114	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	13	13	$87.69	$41.65	$33.18	$32.28
1104355882	Holmes	Thomas	W	MD	M	I	540 Hemlock St	Macon	GA	13	31201	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$121.00	$44.52	$33.03	$34.12
1104995414	Murphy	Gerard	H	M.D.	M	I	403 Chilhowie St	Chilhowie	VA	51	24319	9	Small town	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$90.00	$47.69	$38.09	$37.98
1114016615	Sorouri	Bijan		M.D.	M	I	10 Darwin D Suite C	Newark	DE	10	19711	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$60.00	$48.23	$32.45	$32.14
1114028487	Watren	Donald	R	MD	M	I	1500 N Dixi Suite 102	West Palm	FL	12	33401	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$75.00	$50.93	$28.01	$26.20
1114106812	Cordray	Christine		FNP-C	F	I	29745 E Channel Rd	Drummond	MI	26	49726	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$80.00	$38.91	$21.38	$22.91
1114286879	Weisbruch	Michael	A	M.D.	M	I	1001 College Blvd W	Niceville	FL	12	32578	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$60.00	$47.94	$32.02	$31.85
1114407186	Dorr	Kristen	A	A-GNP-C	F	I	23 Main St Ste D1	Holmdel	NJ	34	7733	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$44.97	$44.36	$28.82	$26.22
1114412095	Zhang	Ken	Z	MD	M	I	2830 Easton Ave	Bethlehem	PA	42	18017	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$121.77	$46.16	$26.12	$27.56
1114450483	Izzo	Cheryl	L	ARNP-BC	F	I	6804 Cecelia Drive	New Port Ri	FL	12	34653	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$101.87	$43.22	$34.52	$32.28
1114577293	Trippel	Sheryl	L	APN, NP-C	F	I	602 S Broadway	Camden	NJ	34	8103	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$134.08	$44.23	$29.81	$27.31
1124038815	Zofakis	Argiro		M.D.	F	I	5783 N. Lincoln	Chicago	IL	17	60654	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$180.00	$50.57	$36.82	$33.17
1124062534	Reddy	Neetu	P	MD	F	I	220 J L White Dr Ste 15	Jasper	GA	13	30143	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$163.00	$45.31	$25.15	$27.28
1124086392	Lasala	German	G	MD	M	I	7459 E Tanque Verde R	Tucson	AZ	4	85715	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$49.18	$47.07	$36.98	$37.27
1124188180	Allam	Mahesh	G	M.D.	M	I	1110 Druid Cir	Lake Wales	FL	12	33853	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$80.00	$47.97	$35.33	$35.07
1124384631	Moses	Helen	A	MD	F	I	2783 Brownfield Way	Sumter	SC	45	29150	1	Metropolita	US	Plastic and	Y	69210	Removal of N	O	13	13	13	$128.00	$43.41	$31.95	$33.85
1134115868	O' Connor	Lisa	M	PA-C	F	I	7 Stetson Rd	Tupper Lak	NY	36	12986	7	Small town	US	Physician A	Y	69210	Removal of N	O	11	13	13	$130.52	$27.62	$20.43	$20.73
1134120355	Ton	Ariel	G	M.D.	F	I	104 Morris Cir	Homer	LA	22	71040	7	Small town	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$105.00	$46.21	$25.59	$26.95
1134139082	Bisbing	Richard	G	M.D.	M	I	4570 Valley Rd	Shermans I	PA	42	17090	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$80.00	$46.83	$33.99	$34.53
1134149206	Hostetter	Samuel	A	M.D.	M	I	24 Gloucester Rd	Stuarts Dra	VA	51	24477	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$127.00	$48.22	$35.67	$35.09
1134154065	Nekoba	Jeffrey	K	MD	M	I	7489 Huntsman Blvd	Springfield	VA	51	22153	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$162.00	$51.57	$36.41	$34.50
1134180391	Meade	Ann	W	MD	F	I	9 Hawthorne Park Cou	Greenville	SC	45	29615	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$102.00	$44.65	$34.18	$36.57
1134370901	Mahal	Amber	K	M.D.	F	I	7710 N Fresno St # 102	Fresno	CA	6	93720	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$85.00	$48.92	$32.97	$32.14
1144338039	Haldorson	Erick	A	FNP	M	I	2585 E Wilcox Dr Ste C	Sierra Vista	AZ	4	85635	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$81.00	$39.43	$24.12	$25.14
1144339862	Lanese	Joseph	W	M.D.	M	I	6101 Webb	Suite 107	Tampa	FL	12	33615	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$75.00	$48.03	$29.07	$28.88
1144378837	Burke	Robert	E	M.D.	M	I	100 John R	Suite 301	Horsehead	NY	36	14845	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$51.69	$32.30	$23.82	$24.38
1144560376	Jordan	Lisa	M	PA	F	I	140 Comm Ste 104	Danvers	MA	25	1923	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	13	13	$131.85	$42.44	$28.71	$27.31
1144588401	Khadbai	Adam		M.D.	M	I	933 Hilltop Suite 100	Weatherfor	TX	48	76086	4.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$134.00	$45.95	$19.07	$20.85
1144757998	Medeiros	Fatima			F	I	289 Pleasant St	Fall River	MA	25	2721	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$158.88	$41.98	$30.87	$29.80
1144880881	Kemple	Christina	M		F	I	7775 Angling Rd	Portage	MI	26	49024	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$105.00	$27.58	$20.32	$20.72
1154317790	Lambert	Victor	E	M.D.	M	I	3214 Roosevelt Hwy	Mancheste	GA	13	31816	3	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$68.00	$44.85	$24.83	$27.36
1154326411	Dickey	Joseph	C	M.D.	M	I	4870 E Jackson St	Muncie	IN	18	47303	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$94.00	$43.79	$29.31	$32.61
1154354306	Albright	Susan	M	R.N.P.	F	I	203 S Canc	Suite 1a	Cottonwoo	AZ	4	86326	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$93.88	$39.48	$24.17	$25.14
1154368868	Bliss	Laurel		MD	F	I	317 W. Pue	3rd Floor	Santa Barb	CA	6	93105	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$117.00	$51.78	$41.32	$36.52
1154396745	Brawley	Kelly	J	P.A.	F	I	120 N Northwest Hwy	Barrington	IL	17	60010	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	13	13	$101.00	$41.81	$25.26	$23.59
1154705101	Brotonel	Honeylette	M	M.D.	F	I	901 Medical Center Dr	Dayton	NV	32	89403	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$128.00	$49.17	$38.75	$37.50
1164480372	Saliba	Jehad	E	MD	M	I	744 Kearny Ave	Kearny	NJ	34	7032	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$90.00	$54.11	$33.27	$29.22
1164492419	Lopez-Wari	Yvette	M	M.D.	F	I	1564 Opossumtown Pi	Frederick	MD	24	21702	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$115.31	$47.97	$29.47	$29.40
1164507166	Sturges	John	A	M.D.	M	I	2170 W Ironwood Cent	Coeur D Al	ID	16	83814	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$87.00	$43.65	$22.16	$25.77
1164519443	Reedy	Brad	J	D.O.	M	I	3260 E Wo	Suite 210	Colorado S	CO	8	80920	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$97.65	$48.73	$23.42	$22.89
1164579199	Book	Richard	K	DO	M	I	2317 San Juan Ave	Lajunta	CO	8	81050	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$86.54	$48.31	$35.52	$35.06
1164680500	Sheth	Meetkuma	T	M.D.	M	I	703 Main St	Paterson	NJ	34	7503	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$110.00	$51.97	$41.47	$37.98
1164695029	El Koussair	Idriss		M.D.	M	I	171 Main S Suite 203	Ashland	MA	25	1721	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$150.00	$53.25	$42.16	$37.67
1164957932	Keggi	Benjamin		D.O.	M	I	521 E Mountain View A	Ellensburg	WA	53	98926	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$149.00	$48.11	$31.16	$30.86
1174281372	Garcia	Adriana		NP-C	F	I	11747 W Ken Caryl Ave	Littleton	CO	8	80127	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$99.00	$41.12	$26.34	$25.99
1174516983	Binoy	Susan	A	M.D., P.A.	F	I	3396 N Access Rd	Englewood	FL	12	34224	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$117.69	$48.52	$32.90	$32.16
1174563282	Shah	Anjana	H	MD	F	I	722 N. Fairfield Rd.	Beavercree	OH	39	45434	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$108.00	$46.74	$31.67	$32.41
1174579379	Miles	Mark	L	MD	M	I	3021 Reidville Rd	Spartanbur	SC	45	29301	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$105.00	$45.18	$33.37	$35.31
1174584171	Kreutzmann	Robert	J	MD	M	I	633 S Union Ave	Ozark	AL	1	36360	4.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$50.00	$45.22	$36.12	$37.98
1174637110	Gomendoz	Michael		MD	M	I	2769 Heart Suite 205	Coralville	IA	19	52241	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$106.00	$43.60	$30.52	$33.85
1174800155	Neville	Michael	J	D.O.	M	I	1948 Three Farms Ave	Naperville	IL	17	60540	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$116.00	$51.36	$25.14	$23.37
1174876767	Mizrahi	Christine	M	A.N.P.	F	I	615 Hope Rd	Eatontown	NJ	34	7724	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$44.97	$44.39	$32.69	$29.77
1184600512	O'connor	John	C	M.D.	M	I	2211 Timber Trl	Bellefontai	OH	39	43311	4	Micropolita	US	Emergency	Y	69210	Removal of N	O	13	13	13	$102.00	$46.63	$19.67	$20.86
1184674012	Plowey	Kenneth			M	I	400 Oxford Suite 202	Monroeville	PA	42	15146	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$138.00	$46.86	$31.80	$32.41
1184695710	Johnson	Keith	B	MD	M	I	1370 E Ven Suite 202	Venice	FL	12	34285	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$102.30	$48.51	$38.84	$37.98
1184705741	Bacak	Russell	B	M.D.	M	I	2911 Texas Ave S Ste 2	College Sta	TX	48	77845	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$75.00	$45.71	$27.24	$29.01
1184763633	Finstad	Gary	A	M.D.	M	I	6425 Lynch Canyon Dr	Lake Isabel	CA	6	93240	7	Small town	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$70.00	$49.58	$24.73	$23.77
1184844946	Show	Michelle	R	M.D.	F	I	1518 Main St	Sumner	WA	53	98390	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$117.00	$52.81	$29.38	$26.31
1194022889	Dobbin	Heather			F	I	20 York St (	Northeast M	New Haven	CT	9	6510	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	13	13	13	$66.00	$25.86	$11.06	$13.19
1194056796	Shah	Neel	K	M.D.	M	I	2505 W Hammer Ln	Stockton	CA	6	95209	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$110.00	$48.73	$38.86	$36.52
1194373084	Allen	Vivian		NURSE PR/	F	I	1492 S Erie Hwy	Hamilton	OH	39	45011	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$99.00	$39.32	$26.51	$27.55
1194710079	Byrd	Teresa	L	NURSE PR/	F	I	500 E 6th St	Ocean City	NJ	34	8226	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$80.00	$44.67	$32.99	$29.80
1194725945	Cava	Robert	C	M.D,	M	I	4950 S Le J	Suite H	Coral Gabl	FL	12	33146	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$83.00	$53.58	$36.10	$32.14
1194763623	Morrissey	Douglas	R	MD	M	I	6 W Newport Rd	Lititz	PA	42	17543	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$105.00	$46.73	$33.01	$33.70
1194790923	Sussman	Hal	I	DO	M	I	3 Guthrie Dr	Corning	NY	36	14830	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$167.77	$46.71	$37.39	$37.98

1194845586	Dieter	Robert	D	PA-C	M	I	217 W Cataldo Ave Fl 2	Spokane	WA	53	99201	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$127.00	$40.14	$31.98	$32.28
1205245255	Anderson	Jacqueline			F	I	2057 Northfield Dr	Santa Rosa	CA	6	95403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$129.00	$44.74	$33.09	$29.81
1205838166	Prokos	Craig	P	M.D.	M	I	136 Jupiter Lakes Blvd	Jupiter	FL	12	33458	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$209.00	$46.84	$34.23	$35.06
1205876380	Cohen	Donald	N	M.D.	M	I	16 Orchard Dr	Armonk	NY	36	10504	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$248.00	$60.24	$40.82	$32.14
1205882164	Aguila	Zenobio		MD	M	I	333 Tamiar Suite 102	Venice	FL	12	34285	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$102.30	$48.38	$38.71	$37.98
1205931797	Bromley	William	H	D.O.	M	I	726 S Whit Suite 2	Audubon	NJ	34	8106	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$80.00	$52.04	$35.07	$32.14
1205955432	Keupen	Peter	W	PA-C	M	I	6908 E Reno Ave	Midwest Ci	OK	40	73110	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$128.00	$38.27	$23.59	$25.52
1205981099	Daghir	John	N	MD	M	I	455 Woodview Rd Ste 1	West Grove	PA	42	19390	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$146.77	$51.16	$28.17	$26.29
1215009758	Clark	Cathy	G	FNP	F	I	200 Hospital Ave Ste 3	Jefferson	NC	37	28640	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$81.60	$39.24	$19.70	$20.91
1215045240	Mickish	Alan	B	M.D.	M	I	400 W Plummer	Eastland	TX	48	76448	7	Small town	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$75.00	$45.60	$27.89	$29.76
1215472360	Cheek	Mackenzie		N.P.	F	I	229 Athens St	Hartwell	GA	13	30643	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$138.00	$38.70	$26.29	$27.74
1215563143	Lawrence	Andrea	B	APRN	F	I	505 E Grant St	Macomb	IL	17	61455	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$150.46	$39.75	$17.07	$17.98
1225065048	Slade	Whitney	T	M.D.	M	I	4901 Raleig Suite 200	Memphis	TN	47	38128	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	13	13	13	$124.15	$31.08	$21.07	$22.65
1225084197	Pritchett	Steven	D	M.D.	M	I	739 N Jeffe Suite 200	Mascoutah	IL	17	62258	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$90.00	$49.17	$30.28	$29.22
1225131030	Tolentino	Arminda		M.D.	F	I	591 Mccray #231	Hollister	CA	6	95023	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$103.00	$58.69	$43.39	$35.06
1225212061	Revell	Sally	M	MD	F	I	699 Churcl Ste 340	Marietta	GA	13	30060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$110.69	$42.74	$31.27	$30.70
1225233133	Patel	Pranjalkum	H	M.D.	M	I	1530 Bessi Suite 105	Tracy	CA	6	95376	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$110.00	$46.82	$33.92	$35.06
1225405087	Dilts	Steven		APRN, FNP	M	I	270 Main St N Ste 300	Stillwater	MN	27	55082	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$60.79	$39.62	$31.67	$32.28
1235138744	Scott	Randall	P	MD	M	I	930 N. Swit Suite 202	Flagstaff	AZ	4	86001	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$113.00	$46.27	$31.15	$32.38
1235180043	Shenouda	Mounir		MD	M	I	317 Salem Place Ste 14	Fairview He	IL	17	62208	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$109.00	$48.98	$36.14	$35.06
1235279043	Walker	Nancy	B	M.D.	F	I	1325 Wright Ave Ste A	Crowley	LA	22	70526	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$60.00	$45.91	$26.47	$28.11
1235312752	Anorga	Eduardo	J	MD	M	I	1970 S Pro Suite 3	Redondo B	CA	6	90277	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$390.38	$50.22	$38.41	$35.06
1235399502	Tottenham	Dawn	Y	MD	F	I	2280 N Ocean Ave	Farmingvill	NY	36	11738	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	13	13	13	$140.00	$59.83	$47.81	$36.52
1235794702	Bowdino	Nicole	K	PA-C	F	I	4014 Leavenworth St	Omaha	NE	31	68105	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$120.00	$25.45	$18.70	$20.86
1245206655	Lev-Weiss	Andrey		MD	M	I	1775 Dempster St	Park Ridge	IL	17	60068	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$110.00	$52.71	$42.22	$37.98
1245292192	Stehlik	Edward	A	M.D., F.A.C	M	I	1783 Colvin Blvd	Buffalo	NY	36	14223	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$80.00	$46.13	$31.08	$32.42
1245405158	Hailey	Sean	P	NP	M	I	5290 Military Road Suit	Lewiston	NY	36	14092	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$132.92	$39.21	$26.42	$27.55
1245467224	Pamula	Anne	S	M.D.	F	I	Main Street 412	Athens	PA	42	18810	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$189.00	$46.92	$34.73	$35.20
1245470202	Mallari	Angelina	P	M.D.	F	I	5400 W Hillsdale Ave	Visalia	CA	6	93291	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$49.34	$49.46	$33.51	$32.14
1245672815	Raif Jawid	Abdul	W	M.D	M	I	1401 E 31st St	Oakland	CA	6	94602	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$104.00	$49.42	$30.45	$29.22
1245786722	Lawrimore	Johnnie	F	FNP-BC	F	I	6160 Kempsville Cir St	Norfolk	VA	51	23502	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$85.38	$40.18	$32.02	$32.29
1245822501	Korn	Jeff	T	FNP	M	I	217 Amber Ln	Vernon Hill	IL	17	60061	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$89.23	$43.76	$34.91	$32.28
1255318978	Powell	Tiffany	A	MD	F	I	70 Westwind Rd	Moneta	VA	51	24121	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$70.00	$47.65	$17.44	$17.82
1255380044	Mellish	Todd	D	DO	M	I	4 Elliot Wa Ste 102	Mancheste	NH	33	3103	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$146.92	$48.73	$30.12	$29.45
1255380150	East	Karen		MD	F	I	300 E Jeffer Ste 300	Boise	ID	16	83712	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$66.00	$29.10	$20.39	$22.61
1265400170	Ross	Karen	M	MD	F	I	825 Ne 10t Oupb4300	Oklahoma	OK	40	73104	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	12	13	13	$128.00	$44.99	$31.97	$34.08
1265413256	Oconnor	Pamela	C	MD	F	I	3115 Colle Suite 106	The Woodla	TX	48	77384	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$122.62	$44.17	$31.19	$34.32
1265434583	Deponte	Mark	D	MD	M	I	2 Lee Rd	Lisbon	CT	9	6351	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$125.00	$51.22	$37.67	$35.06
1265453690	Kling	Richard	W	M.D.	M	I	44215 15th Suite 109	Lancaster	CA	6	93534	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$60.00	$52.52	$32.53	$29.32
1265465769	Bahrainwal	Abdul	H	M.D.	M	I	3600 W 13 Mile Rd	Royal Oak	MI	26	48073	1	Metropolita	US	Allergy/ Im	Y	69210	Removal of N	O	11	13	13	$65.00	$49.69	$39.63	$37.98
1265568547	Renter	Jose		P.A.	M	I	1111 Route 110	Farmingdal	NY	36	11735	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$140.00	$50.92	$28.95	$22.57
1265646681	Soose	Ryan			M	I	300 Northp Circle Suite	Seven Field	PA	42	16046	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$138.00	$41.35	$31.16	$31.69
1265743835	Grund	Katie	L	M.D.	F	I	1925 W Ora Suite 101	Tucson	AZ	4	85704	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$97.00	$44.87	$32.99	$32.26
1265799100	Noonan	Kathryn	Y	M.D.	F	I	800 Washington St	Boston	MA	25	2111	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$133.54	$48.36	$26.44	$24.83
1265877666	Ahmed	Jamal		M.D.	M	I	1000 N Oak Ave	Marshfield	WI	55	54449	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	11	13	13	$245.55	$29.27	$21.47	$23.47
1265967087	Kandinov	Aron		M.D.	M	I	101 Broadway Apt 201	Brooklyn	NY	36	11249	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$243.92	$54.61	$43.51	$35.06
1275505257	Ziegelmanr	Robert	T	M.D.	M	I	1711 E Arlington Blvd	Greenville	NC	37	27858	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$127.00	$44.39	$27.00	$28.28
1275513145	Ruggiero	Dominic		DO	M	I	231 Northe Suite 3	South Abin	PA	42	18411	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$154.04	$46.13	$28.20	$29.63
1275539603	Wallace	William	J	D.O.	M	I	5 Sheridan Sq	Kingsport	TN	47	37660	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$250.00	$44.66	$27.64	$30.15
1275724866	Ford	Kimberly	Y	D.O.	F	I	411 Maxine Dr	Morton	IL	17	61550	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$105.00	$44.12	$31.86	$35.18
1275858714	Nichols	Brent	G	MD	M	I	801 Broadway N	Fargo	ND	38	58102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	13	13	13	$48.46	$29.46	$19.73	$19.53
1275983587	Alvarez	Angelic		M.D.	F	I	1050 W Granada Blvd	Ormond Be	FL	12	32174	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$145.00	$48.09	$35.44	$35.07
1285615385	Haney	Charles	D	M.D.	M	I	215 S Cedar Ln	Pulaski	TN	47	38478	8	Small town	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$81.00	$40.36	$29.46	$36.11
1285685966	Whitaker	Mark	E	M.D.	M	I	500 University Dr	Hershey	PA	42	17033	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	13	13	13	$141.31	$32.66	$20.11	$20.45
1295014983	Citta	Amberlace	A	APRN NP-C	F	I	3775 45th Avenue	Columbus	NE	31	68601	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	11	13	13	$110.58	$24.60	$16.46	$18.48
1295249167	Fernandez-	Emily		FNP-C	F	I	7117 Brockton Ave	Riverside	CA	6	92506	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$126.00	$42.51	$31.29	$29.80
1295330405	Vu	Laina		APRN	F	I	10222 W 21st St N	Wichita	KS	20	67205	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$99.00	$37.50	$22.94	$25.58
1295753564	Pierce	Mark	E	M.D.	M	I	1093 Hilltop Dr	Redding	CA	6	96003	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$55.58	$46.86	$34.12	$34.67
1295796423	Flores Carc	Jose	R	MD	M	I	246 Maple St Ste 3	Marlboroug	MA	25	1752	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$150.00	$53.45	$39.35	$35.06
1306020920	Mercer	David	M	ACNP	M	I	680 Preddy Creek Rd	Barboursvil	VA	51	22923	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	13	13	13	$75.00	$28.13	$19.02	$18.98
1306220363	Gonczy	Marcy		CNP	F	I	1 Memory Ln # 200	Garrettsvill	OH	39	44231	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$94.00	$39.23	$26.42	$27.55
1306258116	Cid	Rodrigo	M	A.N.P.	M	I	1225 Hanc Suite C	Bullhead C	AZ	4	86442	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$65.00	$39.46	$26.86	$27.75
1306826854	Peterson	Andrew	J	D.O.	M	I	147 Reynoi Suite 101	Biloxi	MS	28	39530	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$118.46	$43.17	$31.87	$35.45
1306844121	Perry	Douglas	A	M.D.	M	I	89 Interchange Dr	Richmond I	GA	13	31324	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$168.31	$39.86	$26.30	$31.90
1306868336	Phillips	Rodney	T	M.D.	M	I	1093 Hilltop Dr	Redding	CA	6	96003	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$53.96	$46.69	$34.43	$35.18
1306872494	Fitch	James	M	PA-C	M	I	2546 Ward Blvd	Wilson	NC	37	27893	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$97.00	$38.86	$26.19	$27.62
1306913876	Pearson	Edward	W	M.D. , ABIH	M	I	1201 Us Hi Suite 46	N Palm Bea	FL	12	33408	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	13	13	13	$262.00	$50.58	$40.35	$37.98
1316010846	Millman	Jeffrey	D	MD	M	I	1321 N Mcc Suite 103	Sparks	NV	32	89431	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$86.54	$49.37	$36.39	$35.06
1316033574	Moore	Hugh	S	MD	M	I	748 E Fifteenth St	Yazoo City	MS	28	39194	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$100.00	$43.17	$26.40	$30.31
1316034143	Climaco	Gregory	C	MD	M	I	1512 N Gre Suite 108	O'fallon	IL	17	62269	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$172.00	$47.41	$34.95	$32.14
1316045644	Greene	Michael	D	M.D.	M	I	3700 Josep Suite 203	Fairfax	VA	51	22033	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$90.77	$54.34	$37.78	$29.89
1316097223	Alexander	Mark	P	M.D., MBA	M	I	5301 Wellington Ave	Ventnor Cit	NJ	34	8406	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$160.00	$47.93	$35.01	$32.14
1316109895	Steinberg	Amalia	R	MD	F	I	4315 Diplo Alaska Nati	Anchorage	AK	2	99508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	13	13	13	$222.95	$40.85	$30.02	$22.27
1316252588	Castro	Joseph		D.O.	M	I	13332 Midlothian Tpke	Midlothian	VA	51	23113	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$91.62	$47.99	$32.48	$32.20
1316925274	Miller	Donald	B	MD	M	I	272 N Main Suite 101	Cambridge	VT	50	5444	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$90.00	$43.19	$17.08	$18.13
1316928104	Caldwell	Kevin	J	M.D.	M	I	1240 Marshall St	Crescent C	CA	6	95531	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$49.34	$48.76	$36.12	$35.26
1316931934	Fayed	Ali		MD	M	I	2335 E Kashian Ln	Fresno	CA	6	93701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$117.63	$49.35	$27.34	$26.29

1316965387	Strom	Steven	M	DO	M	I	3200 W Kimberly Rd	Davenport	IA	19	52806	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$169.15	$43.96	$32.35	$35.36
1316976764	Hill	Steven	C	MD	M	I	300 N 4th A Suite 200	Newton	IA	19	50208	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$125.00	$44.36	$30.01	$32.75
1326067877	Leming	Joseph	A	MD	M	I	6760 Main St	Gloucester	VA	51	23061	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$175.38	$48.30	$35.05	$34.40
1326142902	Tun	Thaw		MD	M	I	528 Edward St	Henry	IL	17	61537	10.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$101.92	$33.42	$20.61	$20.30
1326176223	Longie	Kevin	B	M.D.	M	I	727 Kirkwood Mall	Bismarck	ND	38	58504	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$115.00	$44.42	$28.73	$30.00
1326243775	Snyder	Jonathan	R	MD	M	I	100 Cummings Ctr Ste	Beverly	MA	25	1915	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$198.15	$49.46	$27.16	$26.29
1326431214	Paslay	Helen	B	FNP-C	F	I	3110 Clearwater Dr Ste	Prescott	AZ	4	86305	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$82.31	$39.21	$28.80	$29.90
1336139153	Martin	Karen	L	FNP	F	I	1995 Highv Suite 101	Covington	TN	47	38019	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$98.00	$37.24	$22.78	$25.65
1336142728	Allaw	Mohamme	A	M.D.	M	I	4015 Gateway Blvd	Newburgh	IN	18	47630	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$135.00	$44.03	$27.58	$30.67
1336179134	Knust	Lisa	M	MD	F	I	13478 Carr Units D & E	Carrollton	VA	51	23314	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$86.00	$48.15	$32.64	$32.20
1336202647	Pierce	Kelly		MD	M	I	4430 Ash Hollow Ct	Lincoln	NE	31	68516	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$94.00	$43.83	$32.36	$35.41
1336462209	Leonard	Joseph	L	D.O.	M	I	855 Route ! Suite 1	Parker	PA	42	16049	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$129.23	$44.30	$31.35	$32.63
1336580406	Records	Luke	G	D.O.	M	I	1410 N Woodlawn Blvc	Derby	KS	20	67037	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$99.78	$29.54	$20.71	$22.56
1346218385	Sicking	Daniel	T	MD	M	I	2109 S Mai Suite 100	Wake Fores	NC	37	27587	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$80.00	$44.02	$23.79	$24.07
1346312477	Kemkar	Abhay	G	MD	M	I	441 Sewell Rd	Sparta	TN	47	38583	7.2	Secondary	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$85.00	$44.47	$32.90	$35.37
1346643087	Carlton	Sheila		NURSE PR/	F	I	36 Pemberton Cv	Jackson	TN	47	38305	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$52.00	$37.33	$25.18	$27.86
1346680758	Robichaux	Andrew	M	M.D.	M	I	17609 Old Jefferson Hv	Prairieville	LA	22	70769	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$109.00	$45.87	$33.76	$35.22
1356311153	Castillejo	Alvaro	A	D.O.	M	I	124 Samaritans Ridge I	Elkin	NC	37	28621	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$75.00	$40.69	$20.64	$22.04
1356332290	Verheul	John	W	MD	M	I	1230 Alverser Dr Ste 1(	Midlothian	VA	51	23113	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$95.00	$46.21	$34.03	$33.63
1356335277	Khanlou	Homayoon		MD	M	I	6360 Wilsh 414	Los Angele	CA	6	90048	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$97.69	$52.46	$31.41	$27.09
1356369508	Duckham	Dewey	J	M.D.	M	I	15251 National Ave. St	Los Gatos	CA	6	95032	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$125.00	$55.73	$41.02	$33.60
1356384507	Welliver	Todd	A	M.D.	M	I	13005 Sout Suite 233	Loxahatche	FL	12	33470	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$163.00	$50.49	$33.96	$32.14
1356428205	Inserra	Michelle	M	MD	F	I	3071 Payne Ave	San Jose	CA	6	95128	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$175.00	$57.18	$45.59	$37.98
1356570923	Hawkins	Tyson	J	M.D.	M	I	4545 Cordata Pkwy	Bellingham	WA	53	98226	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$128.00	$48.09	$22.87	$22.71
1366426611	Post	Barbara	T	M.D.	F	I	2955 Ivy Rc Suite 205	Charlottes	VA	51	22908	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$121.77	$47.79	$35.24	$35.09
1366510083	Bakis	Alexander		M.D.	M	I	Alexander E 2662 Ocea	Brooklyn	NY	36	11229	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$66.21	$59.46	$43.74	$35.06
1366540791	Coates	Louis	P	D.O.	M	I	5915 Murphy Rd	Garland	TX	48	75048	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$165.00	$47.67	$38.04	$37.98
1366601015	Shackelfor	Charlotte	L	PAC	F	I	1401 N 4th Suite 201	Purcell	OK	40	73080	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$109.00	$38.09	$24.08	$26.13
1366672834	Thomas	Reena		M.D.	F	I	211 Saint Francis Dr	Cape Girar	MO	29	63703	1	Metropolita	US	Hospitalist	Y	69210	Removal of N	O	11	13	13	$75.00	$49.49	$36.54	$35.06
1366675811	Young	Rhonda	L	ARNP	F	I	929 N Saint Francis St	Wichita	KS	20	67214	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$99.00	$37.55	$22.99	$25.58
1366720260	Heins	Katie	L	NP-C	F	I	270 Main St N Ste 300	Stillwater	MN	27	55082	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$60.79	$39.60	$29.21	$29.91
1366882201	Osburn	Melinda	F	N.P.	F	I	2700 Citize Suite 100	Victoria	TX	48	77901	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$121.00	$38.74	$26.09	$27.62
1376558775	Ku	Philip	L	M.D.	M	I	10440 E Ri Ste 160	Sun Lakes	AZ	4	85248	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$66.00	$46.50	$22.74	$23.99
1376588558	Monka	Ira	P	D.O.	M	I	11 Saddle Rd	Cedar Knol	NJ	34	7927	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$294.00	$51.59	$33.65	$29.84
1376703454	Benscoter	Brent	J	MD	M	I	1111 Exposition Blvd B	Sacrament	CA	6	95815	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$165.00	$49.69	$33.55	$32.14
1376944009	Martin-Duh	Montrell	L	FNP-C	F	I	4463 Hwy 1 S Ste A	Port Allen	LA	22	70767	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$109.00	$39.05	$21.20	$22.63
1386614931	Broocks	John		M.D.	M	I	1200 S Farmerville St	Ruston	LA	22	71270	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$96.00	$46.59	$31.40	$32.24
1386616886	Maskarinec	Bruce	K	DO	M	I	4151 Henderson Rd	Hickory	PA	42	15340	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$78.00	$46.07	$31.01	$32.41
1386617082	Castiel	Alberto		MD	M	I	1677 Wells Suite C	Orange Par	FL	12	32073	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$65.00	$46.05	$33.78	$33.61
1386638617	Porras	Jose	L	MD	M	I	125 W Hague Rd Ste 55	El Paso	TX	48	79902	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$80.00	$45.86	$25.31	$27.01
1386697878	Goyal	Madhav		M.D.	M	I	421 Nut Tree Rd	Vacaville	CA	6	95687	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$111.18	$53.27	$36.10	$32.14
1386937431	Perry	Benjamin	F	M.D.	M	I	2201 Maca Suite 100	Waco	TX	48	76708	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$93.45	$45.86	$25.31	$27.01
1396068870	Vayani	Radhika		DO	F	I	3800 North Ste 210	Fort Worth	TX	48	76244	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$150.00	$44.43	$32.70	$35.33
1396228870	Baker	Jesica		PA-C	F	I	300 W Hospital Rd	Fort Eisenh	GA	13	30905	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$173.08	$44.20	$24.56	$22.35
1396300026	Szczupak	Caitlin	S	MD	F	I	Altoona Fai Suite F2	Altoona	PA	42	16601	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$65.00	$45.97	$31.60	$33.06
1396729737	Lipson	Peter	A	MD	M	I	16800 W 1 Ste 100	Southfield	MI	26	48076	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$119.00	$48.74	$31.09	$30.55
1396731634	Swisher	Edward	A	MD	M	I	2311 S Ced Suite B	Lansing	MI	26	48910	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$61.54	$46.33	$25.70	$26.96
1396732426	Rich	David		MD	M	I	2959 Canfi Suite 8 & 9	Youngstow	OH	39	44511	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$50.00	$46.26	$28.32	$29.63
1396733101	David	Douglas	M	M.D.	M	I	1815 E Ireland Rd	South Benc	IN	18	46614	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$160.46	$42.52	$24.68	$29.43
1396797841	Chu	Philip		MD	M	I	317 Salem Place Ste 1(	Fairview He	IL	17	62208	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$109.00	$48.97	$35.70	$34.64
1396902490	Shogan	Andrea			F	I	5841 S Maryland Ave	Chicago	IL	17	60637	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$348.08	$52.64	$21.16	$18.63
1407191554	Palmer	Stacey	J	FNP	F	I	6010 Balco Ste 102	Austin	TX	48	78731	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$151.00	$38.59	$29.69	$31.23
1407219454	James	Hannah		MD	F	I	1682 Ne Pine Island Rd	Cape Coral	FL	12	33909	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$203.00	$51.39	$31.72	$29.22
1407387822	Kreicher	Kathryn		MD	F	I	4676 Admiralty Way # (	Marina Del	CA	6	90292	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$74.23	$36.90	$29.40	$27.32
1407400344	Green	Erika		PA	F	I	342 N Water St Ste 600	Milwaukee	WI	55	53202	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	13	13	$58.31	$37.77	$26.92	$29.17
1407807431	Beveridge	Clay	E	MD	M	I	8260 Atlee Rd	Mechanics	VA	51	23116	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$81.92	$48.05	$26.63	$26.43
1407824535	Saunders	James	E	MD	M	I	One Medic Dhmc Divis	Lebanon	NH	33	3756	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	13	13	$152.62	$33.33	$26.60	$26.32
1407869167	Markoff	William	A	M.D.	M	I	3536 Mendocino Ave S	Santa Rosa	CA	6	95403	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$129.00	$52.04	$38.33	$35.06
1407876659	Do	Chistopher	N	M.D.	M	I	1569 Lexan Suite 206	San Jose	CA	6	95121	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$96.92	$55.13	$43.99	$36.52
1407887029	O'donnell	Erica	L	D.O.	F	I	1400 Hand Ave Ste K	Ormond Be	FL	12	32174	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$65.00	$47.82	$37.29	$37.13
1407911555	Hampton B	Kanika		M.D.	F	I	11315 Pem Suite 111	Waldorf	MD	24	20603	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$125.00	$49.25	$38.94	$37.64
1417041377	West	Sally	A	M.D.	F	I	1365 Clifton Rd Ne	Atlanta	GA	13	30322	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$190.38	$48.26	$29.02	$28.56
1417393216	Thomas	William	W	MD	M	I	200 Patewood Dr Ste B	Greenville	SC	45	29615	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$143.16	$43.58	$34.89	$36.52
1417465949	Ruth	Pamela	J	CRNP	F	I	1029 Liberty St	Franklin	PA	42	16323	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$138.00	$39.66	$1.74	$3.15
1417957341	Van Tassell	Vance	J	M.D.	M	I	6805 Five S Ste 100	Rocklin	CA	6	95677	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	13	13	13	$70.00	$50.09	$37.03	$35.06
1417963083	Duplechair	Randall	C	MD	M	I	701 South Pine Street	Deridder	LA	22	70634	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$100.00	$45.96	$25.30	$26.94
1427038033	Fox	Lucy		MD	F	I	610 S Mapl Suite 5400	Oak Park	IL	17	60304	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$162.00	$52.60	$38.14	$34.32
1427047877	Mcnamara	Thomas		MD	M	I	10215 Fern Suite 100	Bethesda	MD	24	20817	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$138.12	$56.08	$41.38	$35.06
1427056225	Gallivan	Kathleen	H	MD,MPH,F/	F	I	100 Tradec Suite 750	Woburn	MA	25	1801	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	13	13	13	$189.58	$30.08	$24.03	$23.29
1427194000	Aviv	Jonathan		M.D.	M	I	18 E 48th St Fl 2	New York	NY	36	10017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$243.92	$47.01	$31.95	$25.63
1427340934	Hanes	Samantha	R	ARNP	F	I	3627 Unive Suite 700	Jacksonvill	FL	12	32216	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$170.00	$35.96	$23.63	$23.60
1437119914	Yousef	Mai		MD	F	I	1145 Bower Hill Rd Ste	Pittsburgh	PA	42	15243	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$78.00	$43.08	$28.74	$33.14
1437129574	Mikulski	Adam	M	D.O.	M	I	1404 Brownsville Rd	Trevose	PA	42	19053	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$128.46	$51.10	$34.45	$32.14
1437130267	Lee	Daniel	J	MD	M	I	243 Charle Departmen	Boston	MA	25	2114	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	13	13	$133.62	$35.65	$26.29	$24.30
1437143971	Wenzel	Michael	T	MD	M	I	117 N Bailey Ln	Purcellville	VA	51	20132	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$162.00	$47.57	$35.01	$35.09
1437156098	Matozzo	Marc	A	DO	M	I	1028 W Oregon Ave	Philadelphi	PA	42	19148	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$70.00	$50.88	$40.57	$37.98
1447232582	Marza	Lizett	A	MD	F	I	175 Patterson Ave	Shrewsbur	NJ	34	7702	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$99.00	$51.98	$37.74	$34.57

1447258124	Taliaferro	John	P	MD	M	I	1327 Eagle Dr	Loveland	CO	8	80537	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$123.00	$48.55	$26.74	$26.29
1447268560	Buckles	Randy	S	D.O.	M	I	220 South Woodbine R	Saint Josep	MO	29	64506	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$112.00	$42.71	$31.45	$33.91
1447339312	Hurley	Mary Marga	D	MD	F	I	7505 Capital Dr	Germantov	TN	47	38138	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$150.00	$42.22	$20.29	$23.62
1447920475	Bacus	David		FNP	M	I	212 Coffee Rd	Bakersfield	CA	6	93309	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$136.00	$40.32	$26.94	$26.07
1457314635	Xu-Cai	Ye Olivia		MD	F	I	6600 S Yale Ave Ste 90	Tulsa	OK	40	74136	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$114.00	$44.47	$24.45	$27.37
1457332330	Borgstadt	Daniel		M.D.	M	I	255 W Herndon Ave # 1	Clovis	CA	6	93612	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$80.15	$47.11	$25.52	$24.83
1457411019	Hakim	James	J	MD	M	I	571 Central Ave Ste 11	New Provid	NJ	34	7974	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$160.15	$53.88	$23.04	$20.45
1457747594	Christianse	Christopher		M.D.	M	I	12005 Meridian E	Puyallup	WA	53	98373	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$49.34	$49.07	$39.20	$37.98
1457791782	Knight	Shannon	M	FNP-C	F	I	221 Windermere Blvd	Alexandria	LA	22	71303	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$144.00	$39.47	$19.78	$20.79
1457880080	Prades	Carlo		MD	M	I	172 E Schiller St	Elmhurst	IL	17	60126	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$131.00	$51.78	$38.27	$35.06
1467450049	Mickler	Andrew	S	M.D.	M	I	3999 Dutch Suburban I	Louisville	KY	21	40207	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$95.00	$41.06	$25.65	$28.17
1467655308	Anderson	Harvey	E	M.D.	M	I	2024 S 6th St	Brainerd	MN	27	56401	4	Micropolita	US	Family Prac	Y	69210	Removal of N	F	13	13	13	$66.00	$31.40	$15.32	$16.91
1467786129	Torquato	Rebecca	A	P.A.	F	I	103 Bradfo Suite 220 S	Wexford	PA	42	15090	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$70.00	$39.54	$24.30	$25.18
1467833871	Martin	Regan			F	I	2613 S Main St Ste D	Joplin	MO	29	64804	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$99.88	$36.51	$25.20	$28.69
1467925594	Belcourt	Kelsey		FNP	F	I	445 S Main St	Angels Can	CA	6	95222	7	Small town	US	Nurse Prac	Y	69210	Removal of N	F	13	13	13	$130.15	$27.15	$21.68	$21.52
1477501518	Hristoskov	Rossitza	E	MD	F	I	1000 Se 13th Court	Bentonville	AR	5	72712	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$106.00	$43.22	$29.50	$33.06
1477514776	Alvarado	Peter	F	D.O.	M	I	3537 W Front St Ste I	Traverse Ci	MI	26	49684	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$75.38	$45.69	$33.59	$35.23
1477526176	Velsmid	Matthew	J	MD	M	I	1625 Straits Tpke	Middlebury	CT	9	6762	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$185.85	$49.87	$36.72	$33.60
1477594752	Schwarz	Adam	J	MD, MS	M	I	45 Lyme Rc Suite 104 -	Hanover	NH	33	3755	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$150.00	$48.56	$36.06	$35.35
1477658060	Wolf	Ralph	R	MD	M	I	159 Kinsley Street	Nashua	NH	33	3060	1	Metropolita	US	Orthopedic	Y	69210	Removal of N	O	13	13	13	$50.90	$48.66	$27.89	$27.38
1477679017	Camarata	Michael	A	MD	M	I	20 Lakeviev #204	Nederland	CO	8	80466	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$86.00	$48.55	$25.86	$25.43
1477714756	Coelho	Daniel	H	MD	M	I	1250 E Mar Otolaryngo	Richmond	VA	51	23298	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	13	13	$221.00	$30.30	$24.17	$24.30
1487600979	Molagavall	Veena		M.D.	F	I	1 Compass Suite 200	East Bridge	MA	25	2333	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$122.00	$49.36	$36.67	$35.34
1487629622	Estill	Matthew	R	MD	M	I	1780 Hanshaw Rd	Ithaca	NY	36	14850	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$189.00	$44.95	$29.51	$30.22
1497242283	Beauprez	Amy	C	MD	F	I	550 W Hwy 50	Salida	CO	8	81201	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$80.77	$48.37	$32.57	$32.14
1497344055	Bigelow	Britney		APRN	F	I	600 Saint Johnsbury Rc	Littleton	NH	33	3561	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$115.46	$39.54	$26.60	$27.49
1497732598	Stawicki	Jesse	J	D.O.	M	I	1235 White Suite 316 B	Mercerville	NJ	34	8619	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$66.00	$51.94	$38.21	$35.06
1497766588	Blackstone	Connie	J	MD	F	I	404 Se Mai Suite 300	Simpsonvil	SC	45	29681	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$111.00	$41.04	$32.70	$35.06
1497883789	Hamblin	Jeffrey	F	P.A.-C.	M	I	1807 W University Blvd	Durant	OK	40	74701	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	11	13	13	$107.00	$38.14	$26.04	$27.96
1497985188	Vadyala	Vikram	R	MD	M	I	2002 N Midland Dr	Midland	TX	48	79707	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$80.00	$45.56	$29.22	$31.06
1508811191	Farrimond	Donald	M	MD	M	I	601 Ralstor Suite 100	Reno	NV	32	89503	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$85.00	$49.04	$36.06	$35.06
1508827700	Parrott	Robert	G	D.O.	M	I	128 Harmony Park Circ	Hot Springs	AR	5	71913	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$112.67	$39.50	$29.64	$33.19
1508847856	Williams	Clinton	S	MD	M	I	420 Lowell Ste 107	Huntsville	AL	1	35801	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$70.00	$45.04	$33.14	$35.28
1508866682	Robles	Rosa	M	M.D.	F	I	10495 Mon Suite 15	Cincinnati	OH	39	45242	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$102.00	$46.76	$30.50	$31.24
1518195221	Wilcox	Aaron	P	D.O.	M	I	415 Fairview Ave Ste 2(	Ponca City	OK	40	74601	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$147.69	$44.93	$30.13	$32.38
1518313469	Strong	Stephen	H	M.D.	M	I	333 Post Rd W	Westport	CT	9	6880	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$181.69	$52.11	$38.57	$35.06
1518351089	Vlasek	Christopher			M	I	412 W John St Ste B	Carson City	NV	32	89703	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$128.00	$49.19	$30.32	$29.36
1518367556	Albian	Allison	N	PA-C	F	I	1855 W Taylor St	Chicago	IL	17	60612	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	13	13	13	$186.00	$31.19	$15.25	$13.77
1518372127	Phillips	Carson			M	I	2822 Jackson Blvd Ste	Rapid City	SD	46	57702	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$108.62	$44.20	$32.24	$33.57
1518523836	Cannon	Kathryn	N		F	I	2300 Park Ave Ste 200	Orange Par	FL	12	32073	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$103.00	$38.73	$26.09	$27.95
1518920552	Gigliotti	David	T	DO	M	I	181 W White Horse Pik	Berlin	NJ	34	8009	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$113.85	$52.26	$38.53	$35.06
1518983246	Sheridan	Katy	M	M.D.	F	I	245 N Binkley St Ste 20	Soldotna	AK	2	99669	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$150.00	$60.01	$37.81	$29.58
1518988419	Lascar	Gabriel		MD	M	I	4003 Creekside Loop	Yakima	WA	53	98908	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$76.85	$32.55	$23.95	$24.35
1518996495	Donelson	Andrew	O	M.D.	M	I	65 Thomas Suite C	Frederick	MD	24	21702	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$105.00	$49.18	$39.22	$37.98
1528023942	Portela	Eugenio	A	MD	M	I	17 Fernandez St	San Juan	PR	72	918	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$49.23	$47.96	$36.61	$36.39
1528084282	Kell	Staci	W	APRN	F	I	83 Wellness Way Ste 1	Benton	KY	21	42025	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$86.00	$37.61	$25.32	$27.79
1528179827	Mitchell	David	S	D.O.	M	I	1151 Church Rd	Toms River	NJ	34	8755	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$81.48	$52.00	$39.39	$35.91
1528342730	Woodard	Theresa	R	NP	F	I	3209 W Fullerton Pike S	Bloomingtc	IN	18	47403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$78.54	$37.29	$22.79	$25.62
1528475498	Salminen	Jennifer			F	I	750 E 34th St	Hibbing	MN	27	55746	5	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$100.85	$25.99	$17.50	$18.32
1538137971	Puri	Sajeev	K	M.D.	M	I	6035 Fairview Rd	Charlotte	NC	37	28210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$102.31	$46.34	$22.92	$24.24
1538292040	Reznik	Jeffrey	M	M.D.	M	I	4062 Peachtree Rd Ne	Brookhaver	GA	13	30319	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$155.00	$45.87	$33.29	$33.26
1538375829	Finston	Erin	B	FNP-C	F	I	455 S Main St	Orange	CA	6	92868	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$65.00	$44.39	$32.62	$28.56
1538520465	Meleca	Joseph	B	MD	M	I	1130 W Michigan St # F	Indianapoli	IN	18	46202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	13	13	$452.69	$45.11	$35.95	$33.60
1538524749	Giannandre	Katelyn		FNP	F	I	460 Greenfield Ave Ste	Hanford	CA	6	93230	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$75.00	$41.89	$30.58	$29.46
1548219876	Bradberry	Reatha	J	FNP	F	I	3838 W Park Ave	Orange	TX	48	77630	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$86.54	$38.67	$25.71	$27.31
1548233455	Jennings	Timothy	W	D.O.	M	I	2024 Dorsett Vlg	Maryland H	MO	29	63043	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$42.46	$31.14	$23.62	$25.43
1548243223	Giannetto	Francine	A	M.D.	F	I	4895 Olent Suite 200	Columbus	OH	39	43214	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$95.77	$46.31	$22.64	$24.06
1548248438	Lipkis	Sheree	B	MD	F	I	2150 Pfings Suite 2200	Glenview	IL	17	60026	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$95.00	$51.91	$41.42	$37.98
1548604291	Holland	Margaret	C	MD, JD	F	I	900 W Magnolia Ave	Fort Worth	TX	48	76104	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$175.63	$44.79	$34.04	$34.89
1558307967	Akhtar	Muhamma	J	MD	M	I	195 Pleasa Suite# 2	Bradford	PA	42	16701	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$103.85	$45.84	$36.52	$37.98
1558327387	Skeoch	Graydon	W	MD	M	I	617 E Alvarado St	Fallbrook	CA	6	92028	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	12	13	13	$80.00	$51.34	$38.36	$35.43
1558335844	Close	David	K	MD	M	I	961 Spring Chattanoo	Chattanoo	TN	47	37412	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$73.00	$44.22	$24.47	$27.56
1558353060	Nguyen	Linh	P	D.O.	M	I	749 Story R Suite 20	San Jose	CA	6	95122	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$85.00	$57.50	$45.91	$37.98
1558355990	Burrell	Andrew	D	D.O.	M	I	1244 N Gre Suite 104	Mesa	AZ	4	85205	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$122.08	$44.65	$32.64	$33.60
1558364398	Mclean	Robert	C	MD	M	I	1200 S Farmerville St	Ruston	LA	22	71270	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$96.31	$46.18	$36.88	$37.98
1558372086	Healey	Gregory		MD	M	I	25 Park St	Canton	NY	36	13617	7	Small town	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$85.00	$42.93	$24.64	$29.30
1558388348	Laphen	Jeffrey	T	M.D.	M	I	252 W Swa Suite 41	Doylestow	PA	42	18901	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$79.23	$50.94	$37.46	$35.06
1558637686	Hardoon	Gary	J	M.D.	M	I	1810 Eldron Blvd Se	Palm Bay	FL	12	32909	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$95.00	$48.68	$36.04	$35.07
1558710608	Carson	Amanda			F	I	614 Northtown	Mountain H	AR	5	72653	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$95.00	$36.21	$24.39	$28.01
1568468007	Locascio	Alexander		DO	M	I	210 W 53rd St	Davenport	IA	19	52806	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$163.04	$40.60	$24.21	$30.86
1568550309	Neef	Thomas	A	M.D.	M	I	1301 Millto Suite 1	Wilmingtor	DE	10	19808	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$95.00	$46.84	$34.43	$33.60
1568581726	Hasan	Farah	S	MD.	F	I	11333 Sepulveda Blvd	Mission Hil	CA	6	91345	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$160.00	$52.24	$32.05	$29.22
1568668440	Steele	Ryan	D	D.O.	M	I	2211 Ne 139th St	Vancouver	WA	53	98686	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	13	13	13	$80.00	$32.98	$22.35	$22.37
1568704146	Baker	Aaron	R	MD	M	I	2500 Metrohealth Dr	Cleveland	OH	39	44109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	11	13	13	$164.77	$32.66	$21.99	$22.35
1568937076	Healey	Sinead		AGACNP -B	F	I	221 Scenic Vis	Cibolo	TX	48	78108	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$104.11	$38.76	$28.52	$29.95
1578523700	Oakley	David	E	MD	M	I	5015 N Royal Drive	Traverse Ci	MI	26	49684	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$95.04	$45.89	$22.42	$24.21
1578556171	Nieman	Cathy		MD	F	I	821 S Walnut St	Stillwater	OK	40	74074	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$128.77	$44.74	$28.68	$31.15

1578604633	Yagodich	Kenneth	E	MD	M	I	14020 Old State Rd Ste	Evansville	IN	18	47725	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$109.54	$44.42	$26.93	$29.66
1578944476	Passini	Ann		D.O.	F	I	2140 53rd Ave	Bettendorf	IA	19	52722	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$187.31	$43.85	$34.97	$37.98
1588633192	Malani	Brijmohan		M.D.	M	I	2335 W Foster Ave	Chicago	IL	17	60625	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$153.00	$50.82	$40.49	$37.98
1588638472	Welden	Joseph	E	M.D.	M	I	833 Saint V Pob Iii	Birminghan	AL	1	35205	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$54.00	$45.24	$24.98	$27.18
1588647937	Enright	Karen	J	M.D., PH.D	F	I	2799 W Gra	Dept. Otola	Detroit	MI	26	48202	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$115.38	$49.63	$39.57	$37.98
1588732366	Edmondson	Henry	L	MD	M	I	103 Doctor The Laird C	Starkville	MS	28	39759	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$100.00	$41.47	$30.40	$33.96
1588800338	Howell	Dawn	W	FNP	F	I	1043 Oaklawn Dr	Culpeper	VA	51	22701	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$127.00	$39.35	$28.16	$27.77
1588895841	Michael	Emily	M	PA-C	F	I	1 Trowbridge Rd Ste 10	Bourne	MA	25	2532	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	13	13	$127.40	$42.11	$26.19	$25.17
1598039679	Lewis	Rebecca	D	D.O.	F	I	3517 W Owen K Garriot	Enid	OK	40	73703	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$94.00	$44.49	$30.62	$33.24
1598056897	Wiles	Mary Elizabeth		DO	F	I	374a Pat H	Mary Elizab	Blairsville	GA	13	30512	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$90.00	$45.43	$28.05	$29.95
1598117160	Bhagat	Aditi		MD	F	I	510 Hicksville Rd	Massapequ	NY	36	11758	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$176.00	$59.75	$40.47	$30.68
1598181968	Junta	Aaron		PHYSICIAN	M	I	803 Figueroa St	Wilmingtor	CA	6	90744	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$99.00	$39.39	$27.80	$28.74
1598257479	Hardesty	Evan	M	MD	M	I	940 Central Park Dr Ste	Steamboat	CO	8	80487	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$138.00	$48.49	$32.69	$32.14
1609527183	Cline	Jessica			F	I	5190 Sunshine Dr	Wildwood	FL	12	34785	1.1	Secondary	US	Physician A	Y	69210	Removal of N	O	13	13	13	$90.38	$40.42	$32.20	$32.28
1609829241	Colinger	Jason	A	DO	M	I	105 Gay St	Erwin	TN	47	37650	7.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$120.00	$43.92	$21.46	$24.95
1609847615	Burns	Timothy	F	MD	M	I	920 W Ironwood Dr	Coeur D Ale	ID	16	83814	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$91.15	$40.41	$26.98	$29.94
1609860626	Sahay	Sangita		MD	F	I	2100 N Wickham Rd	Melbourne	FL	12	32935	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$80.00	$47.94	$29.35	$29.24
1619174240	Ranin-Lay	Maria	T	M.D.	F	I	855 State Route 17m	Monroe	NY	36	10950	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$178.46	$53.54	$36.24	$32.14
1619357092	Zonca	Rachel		D.O	F	I	915 E Stowell Rd Ste C	Santa Mari	CA	6	93454	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$80.00	$49.69	$39.63	$36.52
1619623600	Ott	Cory	J	CNP	M	I	5533 Mahoning Ave Fl 2	Austintown	OH	39	44515	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$86.00	$39.06	$28.69	$29.91
1619647021	Higdon	Hunter		FNP-C	M	I	3000 S Mccall Rd	Englewood	FL	12	34224	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$102.30	$40.72	$29.14	$29.00
1619922705	Hampson	Brett	M	M.D.	M	I	801 N Cass Ave Ste 30(	Westmont	IL	17	60559	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$116.00	$51.11	$31.24	$29.22
1619931276	Prasad	Arakere	B	MD	M	I	4040 Est La	Suite 1	Christianst	VI	78	820	99	Unknown	US	Emergency	Y	69210	Removal of N	O	11	13	13	$49.10	$48.07	$31.73	$31.51
1619937141	Kantor	Ruth	E	MD	F	I	6565 N Cha	Suite 210 P	Baltimore	MD	24	21204	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$70.00	$52.01	$33.59	$30.43
1619942950	Collotta	Christine	M	PA-C	F	I	1 W Boylston St	Worcester	MA	25	1605	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	13	13	$221.00	$42.84	$23.89	$22.35
1619962453	Milligan	Donna	K	PA	F	I	3100 Independence Sq	West Plains	MO	29	65775	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	12	13	13	$116.31	$27.45	$21.69	$22.17
1619977444	Palmore	David	A	M.D.	M	I	1187 E Her	Suite 104	Fresno	CA	6	93720	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$60.00	$48.83	$38.96	$37.98
1629044334	Osborn	John	C	MD	M	I	310 2nd Av	107-B	Miami	OK	40	74354	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$93.00	$43.44	$20.99	$23.25
1629049895	Jones	Scott	C	M.D.	M	I	8787 Bryan Dairy Rd St		Largo	FL	12	33777	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$87.35	$46.42	$33.11	$34.14
1629064266	Sacry	Steven	F	PA-C	M	I	108 First St W		Whitehall	MT	30	59759	10	Rural areas	US	Physician A	Y	69210	Removal of N	O	11	13	13	$86.00	$40.76	$25.84	$25.73
1629066543	Zweig	Julie	L	MD	F	I	2650 Holcomb Bridge F		Alpharetta	GA	13	30022	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$96.20	$37.21	$24.93	$24.44
1629168091	Finch	Jack	W	M.D.	M	I	2888 Eureka Way Ste 2		Redding	CA	6	96001	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$53.52	$46.49	$28.47	$29.57
1629172051	Shah	Amit	N	MD	M	I	3550 Q St	Ste 106	Bakersfield	CA	6	93301	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$84.85	$49.47	$33.33	$32.14
1639109671	Rakhmanin	Irina	E	MD	F	I	10540 Connecticut Ave		Kensington	MD	24	20895	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	13	13	13	$75.00	$55.73	$31.65	$26.81
1639116395	Schaer	Teresa	M	M.D., F.A.C	F	I	12 Stults Rd	Suite 123	Dayton	NJ	34	8810	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	13	13	13	$94.00	$53.88	$43.04	$37.98
1639163546	Murrey	Marshall	C	M.D.	M	I	950 State Farm Rd		Boone	NC	37	28607	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$80.00	$45.67	$29.10	$30.85
1639224264	Benton	Jami	L	M.D.	F	I	915 E Garriott Rd Ste B		Enid	OK	40	73701	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$113.00	$45.26	$23.08	$25.26
1639253735	Ilarde	Aldo		MD	M	I	6633 Telephone Rd Ste		Ventura	CA	6	93003	1	Metropolita	US	Endocrinol	Y	69210	Removal of N	O	13	13	13	$330.00	$51.92	$38.19	$35.06
1639444086	Steitz	Jeffrey		MD	M	I	200 Patewood Dr Ste B		Greenville	SC	45	29615	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$118.00	$44.83	$34.47	$36.67
1639580392	Castillo	Adriana		M.D.	F	I	601 Leah Ave Ste A		San Marcos	TX	48	78666	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$163.69	$45.66	$33.62	$35.24
1639645658	Peek Travill	Lauren	E	FNP-C	F	I	1800 Farm Road 195		Paris	TX	48	75462	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$138.87	$38.52	$30.69	$32.28
1649267808	Shultz	Joanne	C	CRNP	F	I	2134 Sandy Dr Ste 16		State Colle	PA	42	16803	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$75.00	$39.35	$31.39	$32.25
1649357179	Roland	Michelle	E	MD	F	I	100 Mission Blvd Ste 2(		Jackson	CA	6	95642	7	Small town	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$161.00	$49.29	$39.14	$37.71
1649384868	Butz	William		M.D.	M	I	1400 Senat	Suite 105	Red Oak	IA	19	51566	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$148.85	$42.40	$22.94	$26.06
1649554569	Vonglahn	Kaylyn		PA	F	I	26659 Pleasant Park Rd		Conifer	CO	8	80433	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$80.00	$37.92	$27.69	$27.31
1649590837	Marshall	Melanie		MD	F	I	9417 N Council Rd Ste		Oklahoma (	OK	40	73162	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$93.00	$44.98	$30.17	$32.38
1649746249	Pennycook	Teadra		CRNP	F	I	1 Longsdorf Way		Carlisle	PA	42	17015	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$132.69	$36.07	$28.61	$32.29
1649754524	Ferguson B	Jordain	P	DNP	F	I	207 Highway 52 Byp W		Lafayette	TN	47	37083	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$60.00	$37.23	$25.82	$28.53
1659320505	Sim	Hi	S	M.D.	M	I	251 Lewis L Suite 201		Havre De G	MD	24	21078	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$60.00	$51.76	$38.07	$35.06
1659328987	Onwuka	Aloysius	C	M.D.	M	I	1740 Bayshore Road		Villas	NJ	34	8251	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$80.00	$49.89	$39.79	$36.52
1659358273	Fries	Christophe	D	PA-C	M	I	1210 Boston Providenc		Norwood	MA	25	2062	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$50.00	$44.18	$32.66	$29.80
1659362069	Berg	Daniel	R	MD	M	I	1400 1st St Ne		New Pragu	MN	27	56071	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$75.00	$40.99	$29.48	$32.26
1659364214	Oppenhein	John	K	M.D.	M	I	60 Bay St		Sag Harbor	NY	36	11963	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$51.94	$51.33	$32.94	$30.56
1659395556	Castaneda	Barry	A	P.A.	M	I	302 University Blvd		Round Roc	TX	48	78665	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$153.00	$27.07	$10.00	$11.10
1659447787	Ruch	Joanne	E	M.D.	F	I	1805 Kipling St.		Lakewood	CO	8	80215	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$56.79	$48.22	$38.44	$37.98
1659483949	Talbert	Louis	G	M.D.	M	I	7550 Wolf I # 102		Germantov	TN	47	38138	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$140.00	$41.32	$27.70	$33.50
1659528974	Higgins	Peter	S	PA-C	M	I	318 White I Advocare H		Haddon He	NJ	34	8035	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	13	13	$170.00	$42.51	$25.69	$23.59
1659571867	Rangbulla	Aditya	K	M.D	M	I	1501 S Madison St		Appleton	WI	55	54915	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$216.31	$44.67	$30.18	$32.68
1669436432	Munshowe	Thomas	E	D.O.	M	I	Route 209	Harleysvill	Kresgeville	PA	42	18333	3	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$121.46	$46.71	$34.52	$35.20
1669448890	Moring	Andrew	F	P.A.	M	I	250 Hampton St		Auburn	MA	25	1501	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	13	13	$116.00	$42.09	$28.36	$27.31
1669550885	Beaton	Roberto	A	M.D.	M	I	4314 W Victory Blvd		Burbank	CA	6	91505	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$74.23	$52.39	$38.54	$35.06
1669706347	Mangal	Ajay	K	M.D.	M	I	423 Linden Ln		Lake Wales	FL	12	33853	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$170.00	$46.42	$37.12	$36.52
1669887881	Boyne	Roselinde	A	MSN, APRN	F	I	123 Lansing St		Charlotte	MI	26	48813	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$71.00	$39.39	$19.44	$20.57
1669961736	Corridori	Ashley			F	I	385 W Main St		Avon	CT	9	6001	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$190.00	$43.68	$29.46	$27.32
1679547301	Chitsey	Richard	B	M.D.	M	I	724 N Spring St		Harrison	AR	5	72601	5	Micropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$90.30	$43.04	$31.77	$35.46
1679554877	Brobbey	Andrew	K	MD	M	I	27900 Euclid Ave		Euclid	OH	39	44132	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$86.00	$46.71	$25.90	$26.84
1679571723	Collins	Kenneth	P	MD	M	I	520 N Spring St		Harrison	AR	5	72601	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$90.30	$43.02	$24.26	$28.29
1679652408	Linder	Edwin	L	M.D.	M	I	107 Eureka St		Batesville	MS	28	38606	7	Small town	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$37.31	$37.06	$20.06	$29.22
1679936264	Truong	Alan	A	M.D.	M	I	1 California St Ste 230(		San Francis	CA	6	94111	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$197.62	$49.76	$33.62	$32.14
1689653750	Anderson	John	R	M.D.	M	I	12101 Carol Ln		Fredericks	VA	51	22407	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$171.00	$47.45	$34.89	$35.09
1689666737	Wolf	John	J	DO	M	I	25651 Detr Suite 304		Westlake	OH	39	44145	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$80.00	$44.86	$30.15	$30.95
1689699902	Crane	Jennifer	R	MD	F	I	80 Templeton Dr		Oswego	IL	17	60543	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$126.00	$46.36	$33.74	$33.37
1689841900	Maag	Jennifer	R	MD	F	I	102 Putnam Pkwy		Ottawa	OH	39	45875	7	Small town	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$50.00	$32.62	$23.98	$24.33
1699121368	Provo	Jessica		MD	F	I	1333 S Dickinson Dr		Leland	NC	37	28451	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$123.92	$46.27	$28.52	$29.74
1699378869	Francis	Gianna		PA-C	F	I	1410 Columbia Rd Apt		Boston	MA	25	2127	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$120.00	$41.88	$33.38	$32.28
1700808169	Pennington	James	H	M.D.	M	I	5147 N 9th	Suite 325a	Pensacola	FL	12	32504	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	13	13	$129.00	$44.81	$32.91	$32.15
1700814886	Tian	Qing	J	MD	F	I	47-647 Cal Suite 210		La Quinta	CA	6	92253	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	13	13	$165.00	$39.57	$28.39	$26.30

1700875572	Mu	James	C	M.D.	M	I	2410 Sonor	Suite 1	Redding	CA	6	96001	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$75.00	$49.23	$33.64	$32.43
1710208046	Karbasi	Aref		M.D.	M	I	18445 Vanowen St		Reseda	CA	6	91335	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$65.00	$50.98	$40.79	$36.52
1710326715	Smith	Maggie		APRN	F	I	901 Sw Garfield Ave		Topeka	KS	20	66606	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$106.25	$37.83	$29.82	$31.85
1710401575	Greenlee	Robert	K	FNP	M	I	332 Highway 12 W		Kosciusko	MS	28	39090	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$110.00	$34.87	$24.27	$26.21
1710529029	Elmshaeus	Kimberly		FNP-C	F	I	6101 Woodway Dr Ste :		Waco	TX	48	76712	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$270.55	$38.86	$26.63	$28.00
1710928007	Postma	Keith		MD	M	I	4069 Lake I Suite 315		Grand Rapi	MI	26	49546	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	13	13	$132.00	$37.50	$24.98	$25.76
1710993613	Mcgill	Charles	L	MD	M	I	700 Lilly Rd Ne		Olympia	WA	53	98506	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$93.86	$48.10	$23.74	$23.55
1720047079	Degatur	Warren	J	M.D.	M	I	206 Champ	Suite A	Breaux Brid	LA	22	70517	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$75.00	$45.73	$33.62	$35.22
1720078256	Oppman	Robert	S	MD	M	I	52500 Fir Rd		Granger	IN	18	46530	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$129.23	$44.03	$18.78	$22.30
1720102494	Whitfield	Laura		NP	F	I	520 Douglas Blvd		Tyler	TX	48	75702	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	13	13	13	$159.85	$26.87	$17.54	$18.58
1720232127	Sweeney	Alex	D	M.D.	M	I	1977 Butler Blvd Ste E5		Houston	TX	48	77030	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	13	13	$241.00	$49.72	$30.68	$29.15
1730120163	Ridder	Brent		M.D.	M	I	23961 Calle	#115	Laguna Hill	CA	6	92653	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$35.85	$31.44	$25.09	$37.98
1730171018	Walner	David	L	M.D.	M	I	8780 W Go	Suite 200	Niles	IL	17	60714	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$95.00	$51.79	$31.67	$29.22
1730186545	Krawiec	Keith	E	MD	M	I	11600 Main St		Louisville	KY	21	40243	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$102.38	$44.80	$30.35	$32.70
1730199431	Soenen	Ann	K	D.O.	F	I	1201 3rd Ave Se		Cedar Rapi	IA	19	52403	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$106.00	$44.15	$18.88	$22.28
1730250663	Bermudez	Lidia	R	MD	F	I	8805 Nw 179th Ln		Hialeah	FL	12	33018	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$100.00	$52.62	$41.99	$37.98
1730435975	Bagwell	Brianne		M.D.	F	I	2370 Southeast Blvd		Salem	OH	39	44460	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$89.00	$46.71	$33.32	$34.03
1730505546	Carpenter	Patricia		RN, AGPCN	F	I	7900 Oak Point Ct		Pasadena	MD	24	21122	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$56.22	$44.39	$35.44	$32.28
1730543919	Patel	Neal	H	D.O.	M	I	1240 E Chapman Ave		Orange	CA	6	92866	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$60.00	$48.73	$38.54	$36.52
1740216373	Houska	Robert	B	MD	M	I	8255 E Main Street		Marshall	VA	51	20115	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$75.00	$46.23	$28.14	$27.85
1740253434	Ruttinger	Albert	C	D.O.	M	I	13951 W Grand Ave Ste		Surprise	AZ	4	85374	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$100.00	$46.39	$28.38	$29.58
1740287457	Suttle	Sean	A	P.A - C.	M	I	1501 Ne Medical Cente		Bend	OR	41	97701	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$165.00	$38.91	$23.97	$24.12
1740471580	Alcasid	Ninfa	A	M.D.	F	I	459 Jack Martin Blvd		Brick	NJ	34	8724	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$138.46	$52.80	$39.06	$35.06
1740636042	Bray	Grace	Y	FNP-BC	F	I	984b Laskin Rd		Virginia Bea	VA	51	23451	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$96.00	$40.43	$26.81	$25.71
1750332821	Timson	Charles	R	MD	M	I	7 Lawrence Hill Rd		Huntington	NY	36	11743	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$140.77	$59.91	$44.19	$35.06
1750370011	Waller	Roger	R	MD	M	I	206 North Arcade		Maquoketa	IA	19	52060	7	Small town	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$111.00	$40.61	$25.02	$27.93
1750376703	Johns	Ronald	W	M.D.	M	I	608 Gatewa	Suite 100	Marble Fall	TX	48	78654	7	Small town	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$100.25	$46.14	$34.09	$35.24
1750384772	Lopez-Grar	Yvette	M	M.D.	F	I	6300 N Wic	Ste 101	Melbourne	FL	12	32940	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$97.00	$47.71	$35.06	$35.07
1750778833	Bohrman	Jenny			F	I	1426 Oak St		Eugene	OR	41	97401	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$121.73	$45.44	$25.04	$27.12
1750812632	Patel	Vir			M	I	570 Egg Harbor Rd Ste		Sewell	NJ	34	8080	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$173.00	$49.69	$39.60	$36.52
1760037360	James	Maya	E		F	I	15 Exchange Dr		Lugoff	SC	45	29078	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$87.01	$37.85	$27.45	$29.66
1760076574	Vanburen	Jasmina		NP-C	F	I	15 School Rd E Ste 2		Marlboro	NJ	34	7746	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$75.00	$44.09	$33.32	$30.47
1760462964	Wein	Mark	B	D.O	M	I	11368 Allen Rd		Taylor	MI	26	48180	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$70.00	$46.71	$33.77	$33.19
1760509624	Minor	Jacob	S	M.D.	M	I	800 Scott And White Dr		College Sta	TX	48	77845	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	13	13	$153.00	$35.80	$24.67	$26.13
1760658512	Lubinga	Esther		MD	F	I	20 Canalview Mall		Fulton	NY	36	13069	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$85.00	$46.13	$36.81	$37.98
1760678809	Khaled	Mounir		M.D.	M	I	8944 Macomb St		Grosse Ile	MI	26	48138	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$95.00	$49.69	$36.53	$35.06
1760860720	Atkins	Jeffrey	H	MD	M	I	4507 Santa Rosa Dr		Midland	TX	48	79707	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$30.00	$29.93	$19.07	$33.77
1760937379	Taylor	Rachel		CRNP	F	I	1000 Crawford Pl Ste 1		Mount Laur	NJ	34	8054	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$58.54	$39.12	$31.19	$32.28
1760937650	Wright	Deanna		NP-C	F	I	300 Quaker Ln # C2-4		Warwick	RI	44	2886	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$75.00	$42.16	$25.81	$24.83
1770514515	Arakelian	Ronald	A	M.D.	M	I	920 Delbon Ave		Turlock	CA	6	95382	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$72.00	$48.70	$35.80	$35.06
1770516486	Sarang	Monica	D	M.D.	F	I	201 S Buen	Suite # 250	Burbank	CA	6	91505	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$65.00	$50.45	$37.01	$33.60
1770543993	Pacer	Robert	L	MD	M	I	4977 Skyview Ct		Traverse Ci	MI	26	49684	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$86.40	$45.63	$36.38	$37.98
1770582371	Vacik	Joshua		M.D.	M	I	1120 S Jack	Suite 300	Sheffield	AL	1	35660	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$60.00	$45.13	$23.09	$25.48
1770590168	Jacobson	Jerome	R	M.D.	M	I	6101 Crill Ave		Palatka	FL	12	32177	4	Micropolita	US	General Pra	Y	69210	Removal of N	O	13	13	13	$164.00	$51.06	$37.68	$35.06
1770662462	Julien	Paul	M	MD	M	I	189 Prouty Dr		Newport	VT	50	5855	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$169.62	$45.06	$22.94	$23.81
1770751174	Kubrican	Tomas		MD	M	I	2801 W Kk	Suite 175	Milwaukee	WI	55	53215	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$261.00	$53.25	$29.30	$26.29
1780269571	Hutchins	Brian		PA	M	I	2401 S 31st St		Temple	TX	48	76508	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$132.00	$39.80	$14.30	$15.23
1780630442	Ayers	Kathleen	D	MD	F	I	400 Highla	Suite 1	Salem	MA	25	1970	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$198.15	$49.44	$34.69	$33.42
1780646141	Safi	Elam		M.D.	M	I	83 South St	Suite 2	Ware	MA	25	1082	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$125.00	$49.40	$33.24	$32.14
1780662619	Perez	Arneyo		MD	M	I	20945 N Pir	Suite 110	Scottsdale	AZ	4	85255	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$122.92	$46.33	$34.09	$35.18
1780664219	Setliff	Don	P	M.D.	M	I	540 S 8th St		El Centro	CA	6	92243	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$65.00	$47.33	$33.27	$30.68
1780782078	Solt	Gary	R	M.D.	M	I	309 Vernon St		Lagrange	GA	13	30240	4	Micropolita	US	General Pra	Y	69210	Removal of N	O	13	13	13	$85.00	$44.78	$35.49	$37.74
1780819391	Jones	Julia	M	M.D.	F	I	1215 Pleas	Ste 206	Des Moines	IA	19	50309	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$140.00	$44.40	$32.79	$35.36
1790122638	Cheng	Jim			M	I	661 W 1st St	Ste G	Tustin	CA	6	92780	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$149.23	$44.31	$35.31	$32.28
1790140580	Engels-Arte	Caitlin	J		F	I	1405 E 12th	Suite 600	Mendota	IL	17	61342	7	Small town	US	Physician A	Y	69210	Removal of N	O	13	13	13	$245.15	$39.47	$27.07	$27.96
1790457984	Byrne	Adrienne	C	NP	F	I	5544 Promenade Pkwy		Castle Roc	CO	8	80108	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$99.00	$40.94	$32.63	$32.28
1790747269	Motakhave	Gholam	R	MD	M	I	147 Reynoi	Suite 204	Biloxi	MS	28	39530	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$143.85	$43.17	$31.77	$35.42
1790773679	Griffith	Stephen	R	M.D.	M	I	105 Valley '	Suite 100	West Des M	IA	19	50265	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$110.77	$42.25	$28.25	$31.29
1790957066	Rostin	Paige	M	FNP	F	I	9 Hawthorne Park Ct		Greenville	SC	45	29615	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$101.77	$38.00	$25.60	$27.74
1801199781	Hankins	Vicki	L	MSN, FNP-I	F	I	4262 Woodbine Rd		Pace	FL	12	32571	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$170.00	$39.54	$26.58	$26.09
1801259957	Pingree	Christian	S	M.D.	M	I	101 Bodin Cir		Fairfield	CA	6	94535	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$141.23	$48.29	$38.47	$35.06
1801275276	Shaaban	Muhamma	T	M.D.	M	I	777 Hemlo	Msc #143	Macon	GA	13	31201	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$74.00	$48.09	$32.47	$32.16
1801369434	Anderson	Kelly	A	APRN	F	I	4722 W Kellogg Dr		Wichita	KS	20	67209	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$99.00	$37.48	$27.58	$30.05
1801839253	Giep	Son	N	MD	M	I	6124 W Parker Rd Ste 3		Plano	TX	48	75093	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$120.00	$45.66	$30.78	$32.50
1801890165	Lobovits	Barry	J	MD	M	I	163 South St		Pittsfield	MA	25	1201	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$78.00	$47.58	$34.89	$33.60
1801917216	Fitzpatrick	Patrick		D.O.	M	I	580 St. Jonsbury Rd.		Littleton	NH	33	3561	7	Small town	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$123.69	$42.01	$30.70	$30.78
1811019045	Grider	David	F	D.O.	M	I	29980 Overseas Hwy		Big Pine Ke	FL	12	33043	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$65.00	$53.65	$38.71	$34.28
1811330806	Offutt	Cory	L	M.D.	M	I	600 Blues Lake Pkwy		Rolla	MO	29	65401	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$135.00	$42.58	$27.24	$29.99
1811976699	Mcintosh	David	K	M.D.	M	I	38 N Main St		Kent	CT	9	6757	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$182.38	$52.08	$41.72	$36.52
1821020009	Sheridan	Stephen	C	M.D.	M	I	105 Arbor Ln		Alpena	MI	26	49707	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$65.00	$45.88	$30.77	$32.30
1821045550	Elshaar	Abdulfatah		M.D.	M	I	95 Chapel S	Suite 2-D	Norwood	MA	25	2062	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$152.00	$51.49	$36.09	$31.92
1821071861	Blanchette	Brian	W	MD	M	I	312 Bedford St		Whitman	MA	25	2382	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$235.31	$49.43	$39.23	$37.79
1821083288	Weida	Jerry	M	MD	M	I	3005 Greenbush St		Lafayette	IN	18	47904	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$105.08	$41.76	$30.58	$35.37
1821198003	Charbonier	Del		MD	M	I	27101 Schoenherr Rd		Warren	MI	26	48088	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$75.00	$50.03	$33.78	$32.14
1821633231	Wynkoop	Jessica	A		F	I	5505 Phoenix Hill Ct		Louisville	KY	21	40207	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	13	13	$87.01	$37.91	$27.87	$30.01
1831135060	Mccue	John		ARNP	M	I	13300 S Cle	56 206	Fort Myers	FL	12	33907	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$97.00	$43.24	$23.84	$22.35
1831406461	Tripathi	Tejas	B	M.D.	M	I	2400 Edison St		Brush	CO	8	80723	7.2	Secondary	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$109.00	$46.52	$34.11	$33.60

1831730886	O'neill	Meaghan		PA-C	F	I	1250 Waters Pl	Bronx	NY	36	10461	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	13	13	13	$250.00	$33.91	$22.67	$18.07
1841202983	Dartey	Maxwell	A	M.D.	M	I	1360 W 6th Suite 165	San Pedro	CA	6	90732	1	Metropolita	US	Obstetrics	Y	69210	Removal of N	O	12	13	13	$145.00	$52.65	$38.80	$35.06
1841220209	Andrew	John	D	M.D.	M	I	599 Sir Fran Suite 208	Greenbrae	CA	6	94904	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	12	13	13	$91.00	$55.91	$41.13	$35.06
1841220423	Fagan	David	S	MD	M	I	101 Boulde Suite 1	Plymouth	NH	33	3264	7	Small town	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$120.00	$49.09	$21.14	$20.45
1841287026	Ogara	Thomas	D	MD	M	I	601 Ralston #100	Reno	NV	32	89503	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$85.00	$47.28	$31.62	$30.68
1841427564	Roca	Mel	F	M.D.	M	I	2201 W Brc Suite 9	Council Blu	IA	19	51501	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$100.00	$43.99	$35.11	$37.98
1841447364	Borg	Natalie	E	DO	F	I	5123 4th Avenue Cir E	Bradenton	FL	12	34208	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$70.35	$48.40	$35.75	$35.07
1841555281	Lillie	Kelly	L	RN, CNP	F	I	2440 Bridge Ave	Albert Lea	MN	27	56007	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$173.92	$26.32	$16.27	$17.75
1841719259	Rollyson	Catherine	D	FNP	F	I	3400 Griffin Ave.	Pekin	IL	17	61554	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$100.00	$37.35	$20.80	$23.93
1851405401	Hendrix	Timothy	W	M.D.	M	I	308 N Entrance Rd	Sanford	FL	12	32771	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$150.00	$47.94	$38.27	$37.98
1851475487	Bodrogi	Anita	M	DO	F	I	74 Margaret St	Plattsburgh	NY	36	12901	4	Micropolita	US	Osteopathi	Y	69210	Removal of N	O	13	13	13	$70.00	$46.33	$28.41	$29.64
1851754022	Goldfarb	Jared	M		M	I	3700 Route Suite 101	Neptune	NJ	34	7753	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$100.00	$51.68	$41.18	$37.98
1851829964	Williard	Kelsey	L	PA-C	F	I	1072 Market St	Sunbury	PA	42	17801	5	Micropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$104.62	$36.10	$26.34	$30.54
1851874069	Smithson	Susanne	L	APRN	F	I	10150 Hagen Ranch Rc	Boynton Be	FL	12	33437	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$105.00	$43.40	$20.17	$18.73
1861405425	Bingham	Brad	R	NP	M	I	2350 International Cir	Colorado S	CO	8	80910	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$75.00	$41.48	$22.94	$22.35
1861431819	Strickland	Donald	J	M.D.	M	I	9 Glenridge Dr	Augusta	ME	23	4330	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$83.00	$44.62	$20.34	$23.21
1861494247	Jetly	Rajiv		M.D.	M	I	3235 N Windsong Dr	Prescott Va	AZ	4	86314	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$65.00	$46.58	$34.34	$35.18
1861511495	Giraldez Ca	Laureano	J	M.D.	M	I	505 Ave Hostos	San Juan	PR	72	918	1	Metropolita	US	General Su	Y	69210	Removal of N	O	11	13	13	$44.91	$40.63	$32.40	$30.68
1861542854	Fulton	Kristen		M.D.	F	I	8248 S 96th St	La Vista	NE	31	68128	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$100.00	$43.36	$31.89	$33.95
1871503672	Pruett	Michael	R	M.D.	M	I	7550 Wolf I Suite 102	Germantov	TN	47	38138	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$140.00	$43.87	$29.57	$32.77
1871563817	Crabtree, Jr	Thomas	B	M.D.	M	I	40894 Highway 12	Avon	NC	37	27915	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$110.00	$44.61	$35.73	$36.52
1871572156	Foster	Athanasios	J	M.D.	M	I	380 Steven Suite 100	Solana Bea	CA	6	92075	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$195.70	$49.25	$39.27	$36.52
1871582304	Druckman	Scott	J	D.O.	M	I	27 S Cooks Suite 2-1	Jackson	NJ	34	8527	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$163.85	$52.71	$35.75	$32.14
1871598268	Lieb	Brian	E	DO	M	I	387 Theatre Rd	Carrolltow	PA	42	15722	7	Small town	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$70.00	$44.50	$24.06	$25.38
1871775585	Hollinger	Jessie	L	P.A.	F	I	26455 S Tamiami Trl	Bonita Spri	FL	12	34134	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$102.30	$43.08	$31.70	$29.80
1871782268	Shah	Chintan	B	MD	M	I	2215 Nebra Ste 2b	Fort Pierce	FL	12	34950	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$77.00	$50.61	$34.77	$32.64
1881207298	Baker	Claire	M	APRN, FNP	F	I	9977 Woods Dr Ste 10(	Skokie	IL	17	60077	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$98.69	$32.98	$24.44	$22.17
1881785046	Jacobs	John	M	MD	M	I	610 N Mich Suite 308	South Benc	IN	18	46601	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$110.00	$44.04	$21.64	$24.96
1881956001	Keesling	Adam	D	MD	M	I	510 W Radio Ln	Arkansas C	KS	20	67005	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$96.62	$44.04	$31.73	$34.71
1891090262	Antoon	Patrick	D	MD	M	I	218 Church St	Stamps	AR	5	71860	3	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$80.00	$42.71	$31.44	$35.46
1891176582	Aaron	Ksenia	A	M.D.	F	I	9500 Euclid Ave	Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	13	13	$262.85	$32.75	$26.14	$26.32
1891781951	Malcharek	Paul	G	MD	M	I	2401 S Center St	Maryville	IL	17	62062	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$172.00	$47.39	$29.65	$28.49
1891856340	Tsang	Aloyisus		M.D.	M	I	4323 W Riverside Dr	Burbank	CA	6	91505	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$228.00	$52.69	$38.85	$35.06
1891937884	Schwartz	Peter	H		M	I	1397 Medic Ste 420	Wellington	FL	12	33414	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$102.00	$50.68	$34.15	$32.14
1902009996	Alexander	Nathan	S	M.D.	M	I	200 Patewood Dr Ste B	Greenville	SC	45	29615	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$160.00	$43.08	$28.94	$31.22
1902070618	Yung	Brian			M	I	735 N Beers St Fl 2	Holmdel	NJ	34	7733	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$165.00	$47.77	$38.08	$38.71
1902829419	Carlson	Loren	S	DO	M	I	2415 Unive Suite 111	Sarasota	FL	12	34243	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$76.00	$47.80	$29.21	$29.24
1912208836	Brydon	Paul	D	D.O.	M	I	41840 Enterprise Cir N	Temecula	CA	6	92590	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$209.26	$51.38	$37.80	$33.60
1912219593	Lacroix	Colin		M.D.	M	I	10898 Bayr Suite 100	Jacksonvill	FL	12	32256	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$98.85	$48.61	$27.05	$26.33
1912349291	Arbo	Ma Ana	L	FNP	F	I	3349 G St Ste C	Merced	CA	6	95340	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$60.00	$41.56	$29.07	$28.31
1912364878	Schneider	Katelyn	M	FNP	F	I	411 W Tipton St	Seymour	IN	18	47274	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$100.00	$37.56	$30.02	$32.29
1912422452	Figg	Lynette	K	AGNP-C	F	I	3221 N Windsong Dr	Prescott Va	AZ	4	86314	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$81.38	$39.60	$19.62	$20.58
1912510389	Reagan	Alexis	N	APRN, FNP	F	I	3 E Golf Rd	Arlington H	IL	17	60005	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$120.46	$42.15	$26.89	$26.28
1912908484	Vitacco	Kim	A	NP	F	I	Kim A Vitac 2 Shelter H	Wading Riv	NY	36	11792	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$55.00	$50.60	$40.38	$32.28
1912936154	Port	John	E	M.D.	M	I	13700 St Fr Suite 510	Midlothian	VA	51	23114	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$87.00	$33.25	$22.52	$22.33
1912973314	Prince	Beverly	C	MD	F	I	1001 East Second Stre	Coudersort	PA	42	16915	10	Rural areas	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$100.00	$49.23	$39.22	$37.98
1922007343	Hallbauer	Gregg	M	DO	M	I	4015 Interstate 45 N	Conroe	TX	48	77304	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$123.08	$46.15	$34.10	$35.24
1932173598	Ling	Lanway	H	MD	M	I	3298 Summit Blvd Ste :	Pensacola	FL	12	32503	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$79.00	$47.74	$38.07	$36.52
1932179587	Ebersole	Donald	R	MD	M	I	2014 S Mai Suite B	Goshen	IN	18	46526	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$190.00	$42.23	$30.88	$33.81
1932184603	Koshy	Ajay		MD	M	I	160 S River Rd	Bedford	NH	33	3110	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$135.00	$49.02	$33.16	$32.14
1932523313	Hunsinger	Melinda	K		F	I	55475 Sant Telecare Cc	Yucca Valle	CA	6	92284	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	13	13	$80.00	$38.76	$27.25	$28.72
1932588381	Khraizat	Hussein	C	D.O.	M	I	32255 Northwestern H	Farmington	MI	26	48334	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$98.00	$49.66	$39.60	$37.98
1942202080	Joustra	Clarence	T	DO	M	I	805 Gulf St	Lamar	MO	29	64759	7	Small town	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$50.00	$42.18	$28.55	$31.58
1942205729	Pregler	Frank	C	D.O.	M	I	3710 Pine Ave	Erie	PA	42	16504	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$60.00	$44.34	$26.77	$28.17
1942267844	Mackay	John	T	MD	M	I	2412 W Plaza Dr	Tallahasse	FL	12	32308	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$75.00	$47.92	$26.10	$26.09
1942276159	Woods	Daniel		MD	M	I	2107 Chicago Ave	Savanna	IL	17	61074	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$131.92	$46.81	$34.54	$35.18
1942368238	Ebihara	John	H	MD	M	I	909 Davis S Suite 200	Evanston	IL	17	60201	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$90.85	$37.00	$22.81	$20.25
1942368816	Ottaviano	Joseph	A	M.D.	M	I	264 S Liberty St	Powell	OH	39	43065	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$148.00	$44.87	$27.29	$28.17
1942429279	Guillory	Marisa	N	MD	F	I	709 Hollybrook Dr Ste 5	Longview	TX	48	75605	1	Metropolita	US	Pediatric M	Y	69210	Removal of N	O	13	13	13	$94.00	$45.52	$36.31	$37.98
1942731369	Ladkani	Brenda	R	MSN, RN, A	F	I	701 E Davis St Ste A	Conroe	TX	48	77301	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$87.00	$38.57	$30.74	$32.28
1942855549	Robinson	Jessica	G		F	I	804 Runaway Bay Ln Ap	Mount Plea	SC	45	29464	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	13	13	13	$87.01	$37.86	$30.18	$32.28
1942893086	Yaple	Crystal	A	APRN	F	I	270 Dairy Rd Ste 239	Kahului	HI	15	96732	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$56.22	$43.17	$21.12	$19.86
1952341497	Miller	Randall		M.D.	M	I	351 Moosa Blvd	Eunice	LA	22	70535	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$120.00	$45.87	$29.54	$31.09
1952381923	Stachler	Richard	J	M.D.	M	I	1118 Gulf E Suite 100	Gulf Breeze	FL	12	32561	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$45.00	$34.14	$20.93	$20.25
1952652513	Zwicker	Margaret	L	ANP-BC	F	I	1250 E Mar Dept. Of Ot	Richmond	VA	51	23298	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	13	13	13	$221.00	$40.58	$29.91	$29.83
1952756298	Nguyen	Mai			F	I	1500 S Main St Fl 2	Fort Worth	TX	48	76104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	13	13	$64.96	$28.50	$21.34	$21.88
1952976904	Erwin	Hannah	R	CRNP	F	I	2140 Fisher Rd	Mechanics	PA	42	17055	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$191.46	$37.01	$27.56	$29.29
1962414011	Blazun	Judith	M	M.D.	F	I	2725 Capit Suite 404	Sacrament	CA	6	95816	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	13	13	$161.00	$49.86	$39.13	$37.25
1962424788	Bennett	Edward	S	MD	M	I	56-45 Main New York H	Flushing	NY	36	11355	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$75.00	$60.60	$41.55	$31.86
1962463844	Kaplan	Allison	K	MD	F	I	5656 S. Po Suite 126	Gilbert	AZ	4	85295	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$144.00	$46.45	$36.02	$36.94
1962842260	Shanley	Pebbles	D	M.D.	F	I	1201 E 36th Ave	Anchorage	AK	2	99508	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$243.46	$60.91	$41.31	$32.14
1972550424	Gazze-Mcil	Rebecca	L	D.O.	F	I	1001 S Bra Suite 4	Dover	DE	10	19904	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$75.00	$48.91	$33.13	$32.14
1972589042	Ade	David	T	MD	M	I	870 36th Ave	Moline	IL	17	61265	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$54.44	$46.34	$29.46	$30.68
1972785608	Kalansuriya	Dileema			F	I	22 Old Wat Suite 108	Southbury	CT	9	6488	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$184.46	$51.98	$35.41	$32.10
1982011706	Heyer	Bambi	A	ARNP	F	I	659 Ne Hwy 19 Unit 1	Crystal Riv	FL	12	34429	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	13	13	$75.00	$40.78	$27.50	$27.33
1982068235	Richter	Michael	D	MD	M	I	5350 Tallman Ave Nw S	Seattle	WA	53	98107	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$142.00	$50.62	$30.57	$27.76
1982136115	Kretsch	Leopold		M.D.	M	I	33 Old Kings Rd N Ste 3	Palm Coas	FL	12	32137	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$97.00	$48.72	$39.05	$37.98

1982660023	Pandolfi	Paul	J	M.D.	M	I	7552 Navai	Suite 10	Navarre	FL	12	32566	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$100.00	$46.02	$35.24	$35.06
1982763785	Bickel	Gregory	B	PA-C	M	I	3810 Kern Way	Ste B	Yakima	WA	53	98902	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	13	13	13	$110.00	$40.31	$27.13	$27.37
1982773594	Kesser	Bradley	W		M	I	415 Ray C	Hunt Dr Ste 2	Charlottesv	VA	51	22903	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$127.00	$33.31	$24.63	$24.32
1982808614	Fraioli	Rebecca	E	M.D.	F	I	3400 Bainb	Montefiore	Bronx	NY	36	10467	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	12	13	13	$250.00	$38.86	$31.12	$24.30
1982925517	Kemp	Scott	W	D.O.	M	I	4310 Watermelon Rd		Northport	AL	1	35473	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	13	13	$102.31	$45.24	$30.54	$32.58
1992096242	Barbee	Stephen	L	M.D.	M	I	1335 Phay Ave	Ste A	Canon City	CO	8	81212	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	13	13	13	$74.00	$46.00	$28.61	$30.10
1992191407	Aliyeva	Tatyana		MD	F	I	4800 Linton Blvd	Ste F1	Delray Bea	FL	12	33445	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	13	13	$110.36	$50.46	$40.23	$37.98
1992752448	Rose	Kelly	H	MD	F	I	211 Telford Pike		Telford	PA	42	18969	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$71.00	$51.13	$37.65	$35.06
1992763585	Northorn	Lawrence	L	D.O.	M	I	126 E Main St	Ste 1	East Islip	NY	36	11730	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	13	13	13	$95.00	$60.28	$35.43	$27.52
1992785562	Mullengad	Krithika		MD	F	I	66 Sunset S	Northwest	Succasunn	NJ	34	7876	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	13	13	$108.36	$53.65	$32.80	$29.22
1992795447	Sabato	David	M	MD	M	I	211 N Eddy St		South Bend	IN	18	46617	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	13	13	13	$128.77	$43.98	$26.96	$30.11
1992855381	Pena	Francisco		M.D.	M	I	10277 N 92	Suite 101	Scottsdale	AZ	4	85258	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	13	13	$94.00	$46.33	$34.09	$35.18
1003074345	Rabii	Cyrus	M	MD	M	I	600 Coffee Rd		Modesto	CA	6	95355	1	Metropolit	US	Emergency	Y	69210	Removal of N	O	12	12	12	$161.00	$49.27	$36.12	$34.82
1003115759	Angster	Kristen		MD	F	I	14500 Hall Rd		Sterling He	MI	26	48313	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	F	12	12	12	$112.50	$32.10	$25.59	$24.12
1003223371	Marr	Amanda	K	N.P.	F	I	35141 Atlantic Ave		Millville	DE	10	19967	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$79.08	$41.31	$24.70	$24.21
1003270562	Do	Phong	H	M.D.	M	I	4441 Atlanta Rd Se	Ste	Smyrna	GA	13	30080	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$275.00	$59.96	$44.89	$34.99
1003278847	Gibson	Nancy		NP	F	I	11842 Rock Landing	Dr	Newport Ne	VA	51	23606	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$98.00	$37.36	$29.88	$29.60
1003813965	Kobylarz	Dennis	J	M.D.	M	I	10 Granite Ave.		Canaan	CT	9	6018	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$70.00	$51.06	$37.25	$34.82
1003856204	Vesal	Omid		M.D.	M	I	2500 Alton	Suite 101	Irvine	CA	6	92606	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$137.90	$52.30	$41.71	$37.98
1003873662	Ransone	Sterling	N	MD	M	I	16681 Puller Highway		Deltaville	VA	51	23043	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$93.17	$48.12	$26.02	$25.76
1003873845	Rouse	Wildon	M		M	I	1253 N Von Minden	St	La Grange	TX	48	78945	7	Small town	US	Physician A	Y	69210	Removal of N	O	11	12	12	$100.00	$38.68	$28.24	$29.76
1013271485	Ahmad	Hamad		MD	M	I	4772 Navy	Suite A	Millington	TN	47	38053	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$135.48	$42.59	$28.06	$32.34
1013274034	Saleemi	Atif		M.D.	M	I	9 Mule Rd		Toms River	NJ	34	8755	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$93.27	$52.20	$38.34	$34.82
1013371632	Akrout	Eddie			M	I	23203 Columbus Rd	St	Columbus	NJ	34	8022	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$194.00	$51.89	$34.39	$31.65
1013954171	Hirsch	Michael	A	MD	M	I	1811 Bethl	A108	Flourtown	PA	42	19031	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$150.00	$51.37	$41.06	$37.98
1013978691	Jakubowsk	Krzysztof		MD	M	I	244 Main St		Meriden	CT	9	6451	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$90.00	$51.20	$37.39	$34.82
1023038411	Diaz	Ian		MD	M	I	200 W Arbor Dr		San Diego	CA	6	92103	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$161.00	$51.39	$35.16	$32.47
1023053105	Tanson	Gabriel	K	M.D.,	M	I	4873 West Ln		Stockton	CA	6	95210	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$100.00	$49.52	$33.08	$31.65
1023053329	Rozin	Spencer	I	MD FACP	M	I	721 Wellne	Suite 220	Lawrencevi	GA	13	30046	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$120.00	$47.52	$34.70	$34.84
1023079985	Stamp	Jeffrey	D	MD	M	I	2037 W Main St		Cabot	AR	5	72023	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$93.00	$42.94	$19.96	$24.35
1023081965	Goode	Vera		MD	F	I	1020 Indep	Suite 103	Virginia Be	VA	51	23455	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$90.00	$47.72	$30.89	$30.91
1023124922	Gibbons	Joseph	F	M.D.	M	I	8186 Lark E	Suite 201	Elkridge	MD	24	21075	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$107.56	$52.10	$28.64	$26.02
1023276896	Kubacz	Dean	B	MD	M	I	600 N Wheeler Ave		Prosperity	SC	45	29127	2	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$85.00	$44.70	$32.66	$35.08
1023329026	Pellow	Danielle	L	MD	F	I	1215 Duff Avenue		Ames	IA	19	50010	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$119.00	$44.51	$23.79	$26.64
1033119599	Ibelli	Vincent	M	MD	M	I	97 Route 303		Tappan	NY	36	10983	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$193.92	$59.32	$47.30	$37.98
1033127006	Adelson	Robert	T	MD	M	I	3400 Spruc	5 Silverstei	Philadelphi	PA	42	19104	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$108.33	$41.03	$26.66	$27.21
1033156286	Bortniker	David	L	M.D.	M	I	242 E Main St		Somerville	NJ	34	8876	1	Metropolit	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$83.33	$47.49	$30.78	$26.90
1033179817	Bentley	Shannon	K	M.D.	F	I	413 South I St	Elizabeth	Edgewood	KY	21	41017	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$60.00	$45.56	$29.33	$31.07
1033191226	Tawil	Laurence	A	M.D.	M	I	61 Emerald Pl		Rock Hill	NY	36	12775	9	Small town	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$145.00	$53.83	$43.12	$37.98
1033198288	Lam	Giang	N	M.D.	M	I	1541 Florid	Suite 200	Modesto	CA	6	95350	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$127.75	$49.20	$32.75	$31.65
1033285614	Stirling	Cory	J	M.D.	M	I	1300 E A St	Ste 104	Casper	WY	56	82601	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$50.37	$47.37	$37.78	$37.98
1033408885	Marasigan	Richelle	G	D.O.	F	I	77 W March Ln	Ste A	Stockton	CA	6	95207	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$65.00	$49.42	$39.55	$37.98
1033476791	Whatley	Carter	M	PA-C	F	I	699 Church St Ne	Ste 3	Marietta	GA	13	30060	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	11	12	12	$107.00	$41.08	$25.14	$24.69
1033522404	Pirayesh	Farnaz		D.O	F	I	5075 S Bradley Rd	Ste :	Santa Mari	CA	6	93455	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$100.74	$52.38	$31.57	$28.49
1033592415	Darling	Candace		FNP-C	F	I	18061 E Via Jardin		Gold Canyo	AZ	4	85118	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$140.00	$39.53	$20.96	$21.97
1033709449	Hennig	Kelly		APRN, FNP	F	I	27386 Carronade Dr		Perrysburg	OH	39	43551	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$99.00	$39.25	$26.03	$25.81
1043214976	Faulk	Randall	J	M.D.	M	I	802 N Monceaux Ave		Kaplan	LA	22	70548	7.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$85.00	$45.96	$27.44	$29.01
1043294747	Nordquist	Fred	A	M.D.	M	I	6294 Highway 41a		Pleasant Vi	TN	47	37146	2	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$72.00	$43.78	$29.03	$32.34
1043738222	Banks	Alyssa	N	CNP	F	I	3425 Executive Pkwy	St	Toledo	OH	39	43606	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$86.00	$39.25	$26.04	$27.14
1043798036	Arnold	Ellen	T	APRN, FNP	F	I	800 Devon Ave		Park Ridge	IL	17	60068	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$117.00	$44.58	$25.85	$23.33
1053303479	Dyck	David	M	MD	M	I	3301 County Road 6	E	Elkhart	IN	18	46514	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$223.50	$43.95	$23.25	$26.66
1053306589	Pearce	Thomas	S	M.D.	M	I	279 E Main St		Gloucester	MA	25	1930	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$100.00	$49.99	$26.66	$25.32
1053307694	Simon	Mark	T		M	I	2300 Wales Ave	Nw	Massillon	OH	39	44646	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$125.00	$46.54	$30.99	$31.95
1053316158	Ebright	Bradford	L	MD	M	I	9524 Belair Rd		Baltimore	MD	24	21236	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$88.75	$51.89	$34.44	$31.65
1053332593	Mitchell	Jennifer		MD	F	I	1501 Ne Medical	Cente	Bend	OR	41	97701	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$165.00	$45.82	$30.59	$32.10
1053403188	Straw	William		MD	M	I	370 Distel Cir		Los Altos	CA	6	94022	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$179.00	$57.73	$46.14	$37.98
1053449694	Pollich	Kristen	N	M.D.	F	I	1304 Military Rd		Benton	AR	5	72015	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$87.00	$43.20	$31.71	$35.25
1053474452	Cater	Robert	L	MD,AAFP	M	I	1425 Greenbrier Dear	F	Anniston	AL	1	36207	2	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$70.00	$45.19	$26.99	$29.21
1063449007	Vinson	John	W	M.D.	M	I	345 Us Highway 64		Adamsville	TN	47	38310	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$135.00	$44.13	$32.33	$35.16
1063473965	Bowles	Roger	E	MD	M	I	6169 S Bal	Suite 190	Littleton	CO	8	80123	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$79.00	$48.49	$35.45	$34.82
1063481273	Morriss	Jesse	E	MD	M	I	1901 Melba Dr		Dothan	AL	1	36301	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$75.00	$45.58	$33.45	$35.06
1063522514	Burkley	Matthew	D	M.D.	M	I	910 Rush Dr		Salida	CO	8	81201	7	Small town	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$75.00	$46.19	$33.56	$33.23
1063576130	Bolen	Joel	C	MD	M	I	1230 Carmichael Way		Montgomer	AL	1	36106	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$56.00	$45.10	$31.63	$33.75
1063804193	Le	Paul	M		M	I	800 Eaton Ave	Ste B	Bethlehem	PA	42	18018	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$121.00	$46.70	$31.16	$31.95
1073184396	Kolling	Crystal	M	APRN	F	I	Sc House C	111 Doctor	Columbia	SC	45	29203	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$54.18	$37.82	$27.58	$29.82
1073511200	Deshmukh	Pravin		M.D.	M	I	12320 W Broad St	Ste 2	Richmond	VA	51	23233	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$139.00	$47.93	$35.12	$34.85
1073531570	Dudek	Janusz		MD	M	I	5528 N Milwaukee	Ave	Chicago	IL	17	60630	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$166.00	$52.53	$38.54	$34.82
1073731501	Juknelis	Dainius		MD	M	I	67 Union St	Ste 407	Natick	MA	25	1760	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$150.00	$53.41	$39.03	$34.82
1073795530	Hartle	Danielle	B	PA-C	F	I	4550 E Bell Rd	Ste 170	Phoenix	AZ	4	85032	1	Metropolit	US	Physician A	Y	69210	Removal of N	O	12	12	12	$93.00	$39.63	$27.79	$27.16
1073947115	Anderson	Jason			M	I	750 N Freedom	Blvd	Provo	UT	49	84601	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$94.00	$46.26	$33.78	$34.95
1073967949	Smith	Samuel	H	M.D.	M	I	Universuty	920 Madisc	Memphis	TN	47	38163			US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$255.42	$43.46	$34.63	$34.82
1083096366	Tanner	Elizabeth	P	M.D.	F	I	950 E Swan Creek Rd		Fort Washi	MD	24	20744	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$134.00	$55.81	$37.07	$31.65
1083298160	Luma	Sharon	A	FNP	F	I	3501 N Scottsdale Rd	S	Scottsdale	AZ	4	85251	1	Metropolit	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$70.00	$39.16	$31.20	$32.28
1083605331	Cizek	Kathleen		M.D.	F	I	5034 Griffin Rd		Saint Louis	MO	29	63128	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$109.00	$45.56	$30.12	$30.22
1083630925	Hecker	Roger		MD	M	I	2701 Patriot Blvd		Glenview	IL	17	60026	1	Metropolit	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$126.00	$51.03	$40.70	$37.98
1083642417	Schneider	Eric	J	MD	M	I	1600 Woodbury Ave		Portsmouth	NH	33	3801	1	Metropolit	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$44.00	$32.50	$17.35	$17.91
1083652812	Ronco	Domenick	N	DO	M	I	137 Forest Hill Rd		Mifflinburg	PA	42	17844	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$127.50	$46.37	$22.99	$24.30

1083778765	Hopkins	Keith	A	M.D.	M	I	500 University Ave Ste	Sacrament	CA	6	95825	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$61.22	$49.76	$39.77	$37.98
1083808703	Curtis	Allison	M	NP	F	I	65 N Madis Suite 800	Pasadena	CA	6	91101	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$88.58	$44.58	$33.83	$30.57
1083875702	Alrais	Mark	B	M.D	M	I	21600 Harper Ave Ste 1	Saint Clair :	MI	26	48080	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$73.00	$49.84	$33.43	$31.88
1083888481	Skow	Manuel		P.A.	M	I	7711 Quart Suite A	Glen Burnie	MD	24	21061	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$160.00	$44.10	$32.24	$29.59
1093209744	Lidgett	Kristen	A		F	I	9908 Brimhall Rd Ste 1	Bakersfield	CA	6	93312	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$58.14	$42.07	$27.92	$26.90
1093726333	Cranfill	General	L	MD	M	I	615 E Mattl Ste C	Jonesboro	AR	5	72401	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$85.00	$42.66	$29.11	$33.23
1093773590	Gabriel	Joseph	N	MD	M	I	7182 Woodrow St Ste 2	Irmo	SC	45	29063	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$93.33	$44.91	$31.30	$33.55
1093821399	Meyer	Ted		MD	M	I	171 Ashley Ave	Charleston	SC	45	29425	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$140.58	$44.64	$32.60	$35.08
1093872947	Waterman	Eric	T	MD	M	I	12402 Se 38th St Ste 2(	Bellevue	WA	53	98006	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$106.43	$53.17	$17.42	$15.55
1104892249	Amin	Chetan	N	DO	M	I	1401 W Innes St Ste B	Salisbury	NC	37	28144	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$54.40	$45.10	$33.19	$35.20
1104894468	Vreeke	Stephen	J	MD	M	I	6098 Fm 311	Spring Brar	TX	48	78070	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$75.00	$46.28	$37.07	$37.98
1104902378	Poormehr	Shahrokh		DO	M	I	24953 Paseo De Valen	Laguna Hill	CA	6	92653	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$100.00	$52.44	$38.44	$34.65
1104919992	Javaid	Usman		MD	M	I	11477 Olde Cabin Rd S	Creve Coe	MO	29	63141	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$74.00	$46.52	$30.79	$31.80
1114148558	Jaskiewicz-	Agata		M.D.	F	I	22 Old Waterbury Rd	Southbury	CT	9	6488	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$184.75	$51.97	$38.16	$34.82
1114363306	Lock	Donald		DO	M	I	1024 First Colonial Rd	Virginia Be	VA	51	23454	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$75.00	$33.34	$24.63	$24.29
1114537966	Brooks	Charles	D	CRNP	M	I	29 Eastbrook Rd	Ronks	PA	42	17572	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$105.00	$39.16	$28.58	$29.72
1114930435	Austin	David	L	MD	M	I	2501 N Sepulveda Blvd	Manhattan	CA	6	90266	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$330.00	$52.91	$31.73	$28.49
1114947876	Michalsen	Thomas	L	D.O.	M	I	406 S 5th St	Kirkland	IL	17	60146	2	Metropolita	US	General Pra	Y	69210	Removal of N	O	11	12	12	$105.00	$46.50	$27.75	$28.87
1114999786	Jackson	Rebecca		MD	F	I	119 New Athol Rd Ste 2	Orange	MA	25	1364	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$170.00	$49.71	$19.72	$18.99
1124012927	Rosario-Ca	Efrain		MD	M	I	15260 Nw 147 Drive	Alachua	FL	12	32615	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$58.23	$41.86	$33.39	$37.98
1124091012	Soiferman	Erik	I	D.O., F.A.C	M	I	401 Horsha Suite 1	Horsham	PA	42	19044	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	11	12	12	$110.00	$51.20	$34.02	$31.65
1124098868	Beeraka	Prakash	S	MD	M	I	101 South I Suite 160	Florence	SC	45	29506	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$112.00	$45.24	$33.20	$35.08
1124330204	Hurt	Myers	R	MD	M	I	1128 Clarksville St Ste	Paris	TX	48	75460	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$100.00	$41.16	$24.26	$28.61
1124479282	Glicksman	Jordan		MD	M	I	104 Endicott St Ste 10(	Danvers	MA	25	1923	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	12	12	$133.50	$34.29	$24.99	$21.93
1134154131	Brockenbrc	John	M	MD	M	I	12303 Ne 130th Ln Ste	Kirkland	WA	53	98034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$117.00	$48.43	$35.13	$31.65
1134171218	Idrees	Irfan		MD	M	I	200 N Maple Ave	Purcellville	VA	51	20132	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$162.00	$47.56	$33.02	$33.14
1134239270	Smith	Joel	S	NP	M	I	6401 Moun Suite 101	Ooltewah	TN	47	37363	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$148.75	$37.35	$24.81	$27.49
1134291743	Green	Pamela	D	APRN	F	I	225 Medical Center Dr	Paducah	KY	21	42003	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$86.00	$37.57	$24.89	$27.42
1134611882	Gallardo	Jacqueline	M	MD	F	I	892 Aerovista Pl Ste 21	San Luis Ot	CA	6	93401	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$330.00	$49.55	$32.92	$31.65
1134693989	Langford	Russell	J	PA-C	M	I	1 Atwell Rd	Cooperstov	NY	36	13326	10	Rural areas	US	Physician A	Y	69210	Removal of N	F	11	12	12	$80.67	$25.30	$20.26	$20.52
1144200536	Harris	William	D	DO	M	I	823 Sw Mulvane St	Topeka	KS	20	66606	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$106.25	$39.13	$25.40	$27.55
1144230053	Grewal	Sajot	S	M.D.	M	I	770 Tamal Suite 203	Corte Made	CA	6	94925	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$261.00	$53.05	$39.89	$35.61
1144258641	Haar	Michael	S	M.D.	M	I	1083 Delaware Ave	Buffalo	NY	36	14209	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$80.00	$46.23	$30.05	$31.32
1144275348	Wesley	Robert	T	M.D.	M	I	1112 S Main St	Franklin	KY	21	42134	7	Small town	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$150.00	$41.05	$23.90	$26.23
1144298134	Rahman	Khawaja	A	MD	M	I	6015 Rex Hall Ln	Apollo Bea	FL	12	33572	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	12	12	12	$100.00	$47.98	$31.86	$31.67
1144299959	Aponte	Lourdes	S	MD	F	I	1302 Savannah Rd	Lewes	DE	10	19958	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$55.00	$48.71	$35.68	$33.23
1144518473	Britt	Christophe	J	MD	M	I	411 N. Washington Ave	Dallas	TX	48	75246	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$50.16	$45.85	$30.20	$30.12
1144529595	Merkley	Mark	A		M	I	181 E Medical Tower Dr	Murray	UT	49	84107	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$102.92	$45.65	$21.19	$23.21
1154316008	Nause	Charles	L	DO	M	I	110 E Market St	Greenwoo	MS	28	38930	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$125.00	$43.01	$32.29	$36.03
1154322907	Stoeckman	Kyle	J	MD	F	I	21300 N Jo Ste 123	Maricopa	AZ	4	85239			US	Internal Me	Y	69210	Removal of N	O	11	12	12	$146.08	$46.48	$24.63	$25.85
1154350684	Weiss	Michael	L	MD	M	I	4626 Sawmill Rd	Columbus	OH	39	43220	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$75.00	$46.35	$24.59	$25.91
1154385151	Wagner	Julie	C	D.O.	F	I	501 S Whit Suite 1	Mt Pleasan	IA	19	52641	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$114.00	$42.43	$33.92	$36.40
1154434975	Datla	Sailaja		MD	F	I	24800 Harper Ave Ste 1	Saint Clair :	MI	26	48080	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$141.67	$49.67	$36.26	$33.23
1154877025	Bringardne	Patrick	T	FNP-BC	M	I	1900 Woodland Dr	Coos Bay	OR	41	97420	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$128.92	$38.88	$19.82	$21.38
1164451837	Maronian	Nicole	C	MD	F	I	11100 Euclid Ave	Cleveland	OH	39	44106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$289.50	$23.30	$17.08	$17.49
1164474086	Fox	John	G	MD	M	I	1007 Jeffords St Ste 10	Clearwater	FL	12	33756	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$72.00	$47.85	$38.18	$37.98
1164818027	Mahmoud	Hisham	A	D.O.	M	I	100 Madison Ave	Morristown	NJ	34	7960	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$106.00	$51.82	$41.32	$37.98
1164886396	Safi	Chetan	Y	M.D.	M	I	985 Berkshire Blvd Ste	Wyomissin	PA	42	19610	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$150.00	$40.14	$31.98	$33.24
1164956736	Johnson	Nathan	R	M.D.	M	I	7550 Wolf River Blvd St	Germantov	TN	47	38138	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$140.00	$43.75	$31.95	$33.58
1174133714	Curran	Daniel	P	PA	M	I	2971 Diamond Spring L	Rockingha	VA	51	22801	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$93.00	$38.61	$28.07	$28.28
1174502082	Norris	Laura		MD	F	I	272 N Main Unit 101	Cambridge	VT	50	5444	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$90.00	$44.76	$24.73	$25.70
1184050577	Mosher	Margaret		ARNP	F	I	12289 Hood Landing R	Jacksonvill	FL	12	32258	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$97.48	$40.81	$29.85	$29.60
1184630824	Citti	John	G	M.D.	M	I	610 Wyoming Ave	Kingston	PA	42	18704	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$130.00	$46.63	$31.10	$31.95
1184684839	O'halloran	Gerard	L	MD	M	I	134 Southview St	Owatonna	MN	27	55060	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$143.00	$44.58	$32.51	$33.37
1184727273	Salm	David		MD	M	I	55 Nye Rd	Glastonbur	CT	9	6033	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$153.00	$51.62	$30.90	$28.49
1184730012	Perez-Lirio	Gracia	B	M.D.	F	I	464 Hillsid Suite 302	Needham	MA	25	2494	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$153.00	$53.23	$38.86	$34.82
1184774671	Samuelsoh	Beth	H	D.O.	F	I	150 N River Suite 150	Des Plaines	IL	17	60016	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$90.00	$52.08	$29.91	$27.33
1194398297	Braaten	Breanne	S		F	I	1762 E Common St	New Braun	TX	48	78130	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$90.94	$38.84	$28.39	$29.75
1194818419	Morgan	Maxine	P	MD	F	I	600 Portion Rd	Ronkonkon	NY	36	11779	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	12	12	12	$140.00	$59.85	$47.83	$37.98
1194820621	Stock	Renee	C	DO	F	I	12720 Hillcrest Rd Ste	Dallas	TX	48	75230	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$216.00	$48.11	$35.27	$34.84
1194839977	Mercurio	Gregory	J	MD	M	I	223 N Causeway	New Smyrn	FL	12	32169	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$85.00	$47.82	$37.20	$37.06
1194920140	Chadda	Darshana		DO	F	I	2901 S Lynnhaven Rd S	Virginia Be	VA	51	23452	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$67.00	$47.40	$37.80	$37.98
1205186756	Elkhalili	Walid		MD	M	I	6-20 Plaza Rd	Fair Lawn	NJ	34	7410	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$65.00	$54.31	$32.64	$28.49
1205272499	Krain	Alysa	B	MD	F	I	3615 Ches	Ralston Pe	Philadelphi	PA	42	19104	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	12	12	12	$95.00	$35.15	$28.06	$26.31
1205386604	Lee	Tessa	M	PA-C	F	I	10001 Lile Dr	Little Rock	AR	5	72205	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$88.00	$36.23	$26.47	$29.97
1205591948	Popp	Megan	L	FNP-C	F	I	1400 Northside Forsyth	Cumming	GA	13	30041	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$60.00	$40.54	$24.18	$24.28
1205819570	Mcgouran	Francis	J	M.D.	M	I	1334 N Harville Rd	Duncan	OK	40	73533	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$82.00	$43.19	$28.60	$30.65
1215020193	Hull	Christie	C	CFNP	F	I	305 Highway 51	Ridgeland	MS	28	39157	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$138.50	$37.10	$22.37	$25.25
1215293600	Henson	Andrew	D	DO	M	I	3754 Highway 90 Ste 2	Pace	FL	12	32571	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$91.08	$42.46	$19.89	$19.35
1215468483	Mathai	Abraham		M.D., PH.D	M	I	101 Riverstone Vis Ste :	Blue Ridge	GA	13	30513	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$128.00	$42.86	$34.19	$36.40
1215570536	Lagasca	Jon-Kerwin		FNP-BC	M	I	350 Engle St	Englewood	NJ	34	7631	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$206.25	$45.37	$33.09	$29.59
1215943337	O'neill	David		DO	M	I	1001 Mahoning St	Lehighton	PA	42	18235	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$121.00	$46.75	$30.54	$31.29
1215982152	Moody	Laurel	A	NP	F	I	275 The Cr A	Carmel	CA	6	93923	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$119.25	$44.04	$29.37	$26.90
1225140007	Umhoefer	Kimberly	S	DO	F	I	1729 Kinne Ste 201	Portsmout	OH	39	45662	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$146.00	$41.96	$33.54	$34.09
1225171531	Gentile	John	F	MD	M	I	1300 Aveni Suite 100	San Clemei	CA	6	92673	1.1	Secondary	US	Emergency	Y	69210	Removal of N	O	12	12	12	$272.00	$52.48	$34.83	$31.65
1225483696	Cox	Emily	J		F	I	1300 E Mullan Ave Ste :	Post Falls	ID	16	83854	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$64.00	$28.05	$18.36	$20.23
1225525520	Abrams	Claudia		AGPCNP	F	I	3245 Mount Moriah Ave	Owensbor	KY	21	42303	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$62.49	$37.65	$27.51	$29.85

1225556665	Ramanna	Annisce		PA-C	F	I	2424 Mill St	Aliquippa	PA	42	15001	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$140.75	$39.16	$31.23	$32.28
1235115270	Geiger	Charles	L	D.O.	M	I	1970 Tamarack Rd	Newark	OH	39	43055	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$85.00	$46.32	$27.66	$28.93
1235227778	Richards	James	M	M.D.	M	I	6222 W Ma Ste A	Los Angele	CA	6	90045	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$80.00	$52.41	$41.82	$37.98
1235585878	Elghouche	Alhasan	N	M.D.	M	I	12860 Univ Apt 1a	Carmel	IN	18	46032	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$109.00	$38.40	$27.68	$30.40
1235661745	Winger	Gregory	L	M.D.	M	I	736 S 900 E Ste 203	St George	UT	49	84790	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$107.00	$45.37	$36.20	$37.98
1235668104	Ramsey	Kayla		DO	F	I	1031 Avenida Pico Ste	San Cleme	CA	6	92673	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$158.00	$52.48	$38.36	$34.82
1235740689	Walters	Caroline	L	PA-C	F	I	621 Memorial Dr Ste 5(	South Benc	IN	18	46601	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	12	12	$223.50	$37.31	$27.26	$29.88
1245276096	Jagalur	Thumati	G	MD	M	I	910 Old Ca Building # 1	The Village	FL	12	32162	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$58.18	$48.04	$28.70	$28.52
1245449438	Fidelholtz	James	I	M.D.	M	I	6103 Hamilton Ave	Cincinnati	OH	39	45224	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$135.00	$46.37	$20.41	$21.83
1245761634	Blay	Charles		D.O.	M	I	4724 N Davis Hwy	Pensacola	FL	12	32503	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$106.00	$48.62	$38.95	$37.98
1245892595	Dickinson	Corey	M	NP	F	I	5900 Garners Ferry Rd	Columbia	SC	45	29209	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$118.00	$38.49	$20.58	$22.44
1255304531	Ehrlich	Martin	H	MD	M	I	2500 Nesc	Bldg 7d	Stony Brool	NY	36	11790	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$176.00	$60.50	$44.48	$33.23
1255333456	Usman	Amir		MD	M	I	1602 Verno	Ste 400	Lagrange	GA	13	30240	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$110.00	$45.23	$24.45	$26.63
1255336129	Malotte	Michael	J		M	I	895 Aerovis	103	San Luis Ot	CA	6	93401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$100.74	$50.25	$23.43	$20.28
1255371258	Lombardi	Susan		MD	F	I	399 State Route 10		East Hanov	NJ	34	7936	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	11	12	12	$140.00	$54.23	$39.77	$34.82
1255388922	Yalch	Peter	A	MD	M	I	10337 San Jose Blvd St		Jacksonvill	FL	12	32257	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$109.00	$48.31	$35.42	$34.83
1255394557	Kaatz	Matthew	S	M.D.	M	I	101 1st St Nw		Pulaski	VA	51	24301	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$112.17	$47.63	$25.22	$25.46
1255504163	Kilczewski	Christine		D.O.	F	I	1101 S Broad St		Lansdale	PA	42	19446	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$71.00	$51.15	$28.20	$26.20
1255539946	Dai	Anita	D	MD	F	I	10404 W C Ste 118		Sun City	AZ	4	85351	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$100.00	$44.46	$35.49	$36.40
1255608493	Schaeffer	Jennifer	M	ARNP	F	I	34121 Serene Dr		Punta Gord	FL	12	33982	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$102.30	$40.79	$28.80	$27.24
1255710331	Dail	Samuel	J	M.D.	M	I	1040 Medical Park Ave		New Bern	NC	37	28562	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$82.00	$43.83	$27.50	$29.14
1255721320	Vance	Lucas		PA	M	I	13332 Midlothian Tpke		Midlothian	VA	51	23113	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	12	12	$93.00	$40.40	$24.08	$24.31
1255844189	Christense	Keith		APN, FNP	M	I	1650 Midtown Rd		Peru	IL	17	61354	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$100.58	$28.39	$18.96	$18.69
1265419204	Blase	Lawrence	E	MD	M	I	30335 W 1	Ste 100	Farmington	MI	26	48334	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$220.00	$45.82	$32.38	$30.80
1265488076	Hickey	James	B	MD	M	I	One Hutchinson Dr		Danvers	MA	25	1923	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$197.17	$49.48	$29.49	$28.49
1265651137	Andrus	Jennifer	G	M.D.	F	I	801 N 29th St		Billings	MT	30	59101	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	11	12	12	$102.17	$33.19	$22.02	$21.95
1265741946	Ross	Kelley	A	N.P.	F	I	127 Crestview Park Dr		Dickson	TN	47	37055	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$143.00	$37.59	$25.06	$27.49
1265796197	Embry	Katherine	A	MD	F	I	105 E Hugh St		North Augu	SC	45	29841	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$150.00	$41.06	$30.35	$32.43
1265847495	Wright	Krystal	T	APRN	F	I	8211w State Route 66 A		Newburgh	IN	18	47630	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$62.20	$37.70	$17.42	$20.12
1275514614	Neel	William	T	FNP	M	I	510 Balsam Rd		Henderson	NC	37	28792	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$75.00	$38.75	$30.91	$32.29
1275528333	Sobel	Larry	R	M.D., M.P.H	M	I	4550 E. Bel #114		Phoenix	AZ	4	85032	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$75.00	$46.57	$22.72	$23.89
1275537060	Flynn	William	J	M.D.,P.A.	M	I	2211 Harrison Ave		Panama Ci	FL	12	32405	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$75.00	$47.82	$34.92	$34.83
1275601478	Dominguez	Gilbert	R	M.D.	M	I	9850 Gene	Suite 810	La Jolla	CA	6	92037	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	12	12	12	$110.00	$50.96	$40.70	$37.98
1275739922	Given	Jason	T	M.D.	M	I	1393 Celanese Rd		Rock Hill	SC	45	29732	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$120.00	$44.64	$35.61	$37.98
1275854507	Pham	Manh	D	M.D.	M	I	7551 Madison Ave		Citrus Heig	CA	6	95610	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$197.75	$49.85	$36.52	$34.82
1275882706	Hill	Lily	B	CFNP	F	I	122 Pinnell St		Ripley	WV	54	25271	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$52.49	$38.38	$27.57	$29.33
1275991945	Day	Diane		M.D.	F	I	6900 Nw 9th Blvd		Gainesville	FL	12	32605	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$170.00	$48.43	$20.77	$20.36
1285029116	Gray	Mingyang	L	MD, MPH	F	I	600 N Wolf Jhoc 6		Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$225.00	$55.01	$36.24	$28.49
1285608398	Del Rio	Carlos	A	M.D.	M	I	505 Nashu	Suite 1	Dracut	MA	25	1826	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$125.00	$53.34	$35.37	$31.65
1285628180	Oswald	Niccole	M	MD	F	I	164 Main St		Silverdale	PA	42	18962	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$85.00	$48.91	$39.03	$36.40
1285639617	Patterson	Paul	M	D.N.P.	M	I	115a La Gr	Suite 101	La Plata	MD	24	20646	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$181.44	$41.85	$30.56	$29.59
1285693739	Yacoub	Hany	N	MD	M	I	9055 Springbrook Dr N		Coon Rapic	MN	27	55433	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$204.40	$46.77	$23.38	$24.33
1285840793	Sunderlanc	Jennifer	L	PA-C	F	I	96 Kish Rd		Reedsville	PA	42	17084	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$183.58	$39.54	$26.33	$27.15
1295708410	Mahajan	Monica		MD	F	I	800 Biesterfield Rd Ste		Elk Grove V	IL	17	60007	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$133.00	$51.97	$34.49	$31.65
1295730539	Page	Curtis	P	MD	M	I	5030 S Mill Ste D12		Tempe	AZ	4	85282	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$108.33	$46.75	$31.14	$31.92
1295770915	Lohrey	Charlotte	J	M.D.	F	I	345 23rd A	Suite 306	Nashville	TN	47	37203	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$80.00	$43.90	$29.15	$32.34
1295797462	Wiedeman	Beth	T	MD.	F	I	4000 Medic	Suite 104	Fayettevill	NY	36	13066	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$92.92	$46.12	$30.59	$31.95
1295921302	Sbarra	Sarah	E	NP	F	I	711 Veterans Memorial		Saint Charl	MO	29	63303	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$37.00	$27.77	$18.42	$18.72
1306040712	Ehsani	Shaun		MD	M	I	5333 Hollister Ave Ste		Santa Barb	CA	6	93111	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$60.00	$51.85	$30.93	$28.49
1306383591	Kunkel	Elizabeth	T	PA-C	F	I	200 1st St Sw		Rochester	MN	27	55905	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	12	12	$181.50	$36.34	$29.05	$28.25
1306817804	Diaz	Jorge	A	MD	M	I	2710 Hosp	Suite 306	Victoria	TX	48	77901	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$69.00	$45.54	$33.26	$35.01
1306820741	Bryant	Jill	G	MD	F	I	711 Knight Ave		Waycross	GA	13	31501	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$92.00	$44.80	$29.74	$32.18
1306823547	Rice	William	Y	MD	M	I	4614 Country Club Rd		Winston Sa	NC	37	27104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$220.00	$44.51	$30.33	$33.20
1306843818	Hicks	Jamie	L	CNP	F	I	1004 21st St Unit 2		Milford	IA	19	51351	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$133.00	$37.34	$24.53	$27.24
1306847348	Glorioso	Robert	C	MD	M	I	924 Colonial Ave Ste M		York	PA	42	17403	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$141.67	$44.82	$32.78	$33.38
1306848726	Freeman	Olga		MD	F	I	13641 Metropolis Ave S		Fort Myers	FL	12	33912	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$75.00	$50.73	$31.00	$28.93
1306878178	Tinsley	Bria	M	MD	F	I	407 Third Ave		Jessup	PA	42	18434	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$174.58	$43.47	$31.82	$35.76
1316223019	Taylor	Misty	L	FNP	F	I	2704 N Galloway Ave S		Mesquite	TX	48	75150	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$141.00	$40.72	$22.79	$22.75
1316236466	Aragona	Erika		DO	F	I	6357 N Fox Run Way		Meridian	ID	16	83646	1	Metropolita	US	Osteopathi	Y	69210	Removal of N	O	11	12	12	$45.00	$30.40	$18.16	$20.47
1316280142	Malik	Shilpa	S	M.D.	F	I	1503 E March Ln Ste A		Stockton	CA	6	95210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$110.33	$42.48	$30.78	$31.79
1316327018	Gasbarro	Christina		M.D.	F	I	Mercy Pers	7602 Belair	Baltimore	MD	24	21236	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$122.50	$51.89	$31.01	$28.49
1316478662	Dale	Timothy			M	I	1136 E Grande Blvd		Tyler	TX	48	75703	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$90.00	$45.32	$36.11	$37.98
1316613276	Ricketts	Carolyn	M	MSN, CNP,	F	I	2211 Timber Trl		Bellefontai	OH	39	43311	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$102.00	$46.07	$33.63	$34.96
1316939143	Galvin	Jeffrey	O	M.D.	M	I	2500 Metrohealth Dr		Cleveland	OH	39	44109	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$126.00	$32.81	$19.59	$19.87
1316940802	Dreffer	Douglas	R	M.D.	M	I	6 Tsienneto Rd Ste 100		Derry	NH	33	3038	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$135.00	$49.11	$36.02	$34.82
1316943137	Teodori	Kristine		DO	F	I	300 N Main St Ste D		Crown Poin	IN	18	46307	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$70.76	$44.63	$32.80	$35.15
1316988397	Ghani	Ehtesham	J	MD	M	I	9223 Ogden Avenue		Brookfield	IL	17	60513	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$140.00	$49.76	$38.46	$35.17
1316990278	Tramp	Allan	W	MD	M	I	1423 Stone St		Falls City	NE	31	68355	7	Small town	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$87.67	$43.82	$32.13	$35.19
1316998024	Barias	Emmanuel		MD	M	I	350 Ne 12th St		Guymon	OK	40	73942	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$49.00	$44.38	$32.41	$35.11
1326010760	Kado	Hadeel	N	M.D.	F	I	1380 Cooli	Suite 200	Troy	MI	26	48084	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$80.00	$50.45	$37.04	$34.82
1326045543	Kona	Suguna	R	M.D.	F	I	4502 Cortez Rd W Ste 2		Bradenton	FL	12	34210	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$97.00	$43.84	$31.75	$31.66
1326059254	Miller	Denver	J	MD, MPH, (	M	I	5265 Vista Blvd Bldg B		Sparks	NV	32	89436	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	11	12	12	$94.00	$48.93	$39.00	$37.98
1326150251	Still	Margaret	M	M.D.	F	I	1380 Upper Hembree F		Roswell	GA	13	30076	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$153.00	$47.76	$37.33	$37.19
1326369380	Brook	Christophe	D	M.D.	M	I	330 Brookline Ave # Sc		Boston	MA	25	2215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	12	12	$109.00	$32.67	$23.67	$21.94
1326463050	Wilson	Megan	L	PA-C	F	I	615 W 39th St		Kearney	NE	31	68845	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	11	12	12	$125.00	$24.38	$17.72	$19.80
1326711391	Szczepanik	Julie	A	ARNP, FNP	F	I	21 Ne Romance Hill Rd		Belfair	WA	53	98528	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$111.92	$37.91	$21.62	$24.34
1336222157	Taylor	Francis	M	M.D.	M	I	111 E Main St		Conway	NC	37	27820	9	Small town	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$127.83	$45.74	$29.07	$30.77

1336272871	Nguyen	Thomas	T	MD	M	I	901 Oak Park Blvd Ste	Pismo Bea	CA	6	93449	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$126.83	$49.79	$26.50	$25.32
1336564566	Brown	Kyle	A	PA-C	M	I	830 Pine St	Sidney	NE	31	69162	7	Small town	US	Physician A	Y	69210	Removal of N	O	12	12	12	$122.00	$35.50	$19.67	$22.65
1336571447	Brown	Richard	A	NP-C	M	I	2669 Scenic Dr	Alamogord	NM	35	88310	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$106.00	$39.49	$21.06	$22.08
1336668078	Teegarden	Morgan	A	PA-C	F	I	2550 E Broadway St	Helena	MT	30	59601	4	Micropolita	US	Physician A	Y	69210	Removal of N	F	11	12	12	$81.09	$28.35	$13.15	$13.07
1346853587	Burns	Sheila	M	FNP-BC	F	I	4301 W 95th St Ste 1	Oak Lawn	IL	17	60453	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$150.00	$44.32	$23.51	$21.52
1356313456	Fujikawa	Kevin	D	M.D.	M	I	4944 Sunrise Blvd Ste I	Fair Oaks	CA	6	95628	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$96.00	$49.43	$36.11	$34.82
1356878540	Deboer	Nikki	L	CRNP	F	I	1051 E Main St	Waynesbor	PA	42	17268	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$89.00	$39.24	$26.02	$27.15
1356886584	Storm	Meredith			F	I	2701 N Rockwell Ave	Bethany	OK	40	73008	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	12	12	$128.00	$36.63	$16.09	$18.23
1356939870	Kennedy-M	Stephanie	R	MSN, APN,	F	I	9977 Woods Dr # 100	Skokie	IL	17	60077	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$91.92	$32.05	$23.46	$21.33
1366415788	Vogt	Robert	P	M.D.	M	I	6005 Delm	Ste 150	Colorado S	CO	8	80919	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$80.00	$48.82	$29.26	$28.49
1366481384	Ferrera	Peter		M.D.	M	I	1045 Atlan	Suite 505	Long Beach	CA	6	90813	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$100.00	$53.02	$31.84	$28.49
1366488215	Armour	Richard		D.O	M	I	1113 Alta A	Suite 102	Upland	CA	6	91786	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$75.00	$47.94	$23.14	$22.16
1366861726	D'aguillo	Christine		MD	F	I	1120 Nw 14	5th Floor	Miami	FL	12	33136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$132.00	$34.42	$25.06	$23.03
1376081745	Charron	Marie-Pierre		MD	F	I	715 E Broadway Ave	Bismarck	ND	38	58501	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	11	12	12	$41.00	$29.15	$14.84	$15.93
1376564898	Cates	Robert	C	MD	M	I	1904 1st Center Ave	Brodhead	WI	55	53520	7	Small town	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$154.00	$27.13	$14.29	$15.89
1376593525	Penera	Norman		MD	M	I	1 Cedar Crest Village D	Pompton P	NJ	34	7444	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$54.18	$54.04	$35.97	$31.65
1376754036	Woodson	Erika	A	MD	F	I	A71 9500 Euclid Ave	Cleveland	OH	39	44195	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	12	12	$318.25	$32.92	$24.11	$24.17
1376884833	Lee	Ben		D.O	M	I	10415 Grand River Rd	S Brighton	MI	26	48116	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$70.00	$43.75	$33.34	$34.91
1386059624	Avila	Carlos	M	M.D.	M	I	520 N 4th St	Springfield	IL	17	62702	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$111.00	$45.47	$24.98	$27.20
1386072965	Pushcar	Cheryl			F	I	800 E 20th Street Ste 3	Cheyenne	WY	56	82001	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$137.43	$40.86	$21.84	$21.66
1386076859	Huston	Erin	R	DO	F	I	101 E W T Harris Blvd	Charlotte	NC	37	28262	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	11	12	12	$180.00	$46.28	$33.97	$35.00
1386096980	Sommer	Colleen	M	PA-C	F	I	3901 Rainbow Blvd Lev	Kansas Cit	KS	20	66160	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	12	12	12	$84.83	$25.37	$16.80	$18.07
1386303295	Youkhana	Miriana			F	I	6201 W Touhy Ave	Chicago	IL	17	60646	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$103.00	$49.04	$39.07	$37.98
1386611176	Sauris	Edward	V	MD	M	I	1613 Harris	#200	Sunrise	FL	12	33323	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	11	12	12	$120.00	$53.27	$36.41	$32.25
1386672392	Musick	Scott	R	DO	M	I	1102 Nw Lc	Suite 2	Bentonville	AR	5	72712	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$127.00	$43.15	$34.53	$37.98
1386692960	Travis	Heather	S	RN, CRNP	F	I	2001 Medical Pkwy	Annapolis	MD	24	21401	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$140.00	$44.19	$29.36	$26.90
1396247524	Li	Hsin	D	DO	M	I	580 Sunrise Hwy	West Babyl	NY	36	11704	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$441.67	$52.64	$41.97	$37.98
1396793543	Weinstein	Bruce Mathew		M.D.	M	I	1 Compass Suite 200	East Bridge	MA	25	2333	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$112.67	$49.68	$29.69	$28.49
1407076052	Nickell-Oln	Sharon	A	M.D.	F	I	2000 Prevatt St	Eustis	FL	12	32726	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$60.37	$47.75	$36.63	$36.57
1407819683	Patel	Alpa	M	M.D.	F	I	7751 Baymeadows Rd	Jacksonvill	FL	12	32256	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$102.30	$41.78	$30.09	$34.04
1407841000	Martin	Brenda		NPC	F	I	586 Moorestown Dr	Bath	PA	42	18014	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$100.00	$39.89	$23.20	$23.74
1407863285	Wiles	Mary	B	MD	F	I	374a Pat Haralson Dr	Blairsville	GA	13	30512	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$90.00	$45.26	$33.21	$35.08
1417423625	Kurtz	Jessica	J		F	I	12301 Snow Rd	Parma	OH	39	44130	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	11	12	12	$147.00	$26.60	$21.22	$21.44
1417924127	Gambino	John	P	MD	M	I	4692 Brownsboro Rd	Winston Sa	NC	37	27106	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$83.67	$45.74	$33.43	$35.00
1417976945	Dean	Royal		M.D.	M	I	1687 Erringer Rd Ste 21	Simi Valley	CA	6	93065	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	12	12	12	$84.83	$52.46	$34.96	$31.65
1427030188	Oesch	Seth	D	MD	M	I	8573 E Prin Ste 219	Scottsdale	AZ	4	85255	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$128.67	$46.29	$27.56	$28.89
1427046887	Steiner	Joshua	Z	DO	M	I	4410 Sheri	Suite A	Hollywood	FL	12	33021	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$100.00	$50.74	$30.28	$28.49
1427129071	Tan	Karen	L	MD	F	I	5010 State	Suite 204	Amsterdam	NY	36	12010	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$125.00	$46.09	$29.89	$31.26
1427470996	Pheasant	Joanna	A	ARNP	F	I	14 Williams St		Williamsbu	MA	25	1096	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$145.42	$40.43	$19.54	$18.83
1427628809	Adams	Sarah		NP	F	I	300 E Main St. Ste 200	Charlottes	VA	51	22902	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$82.09	$40.51	$31.99	$31.94
1437108610	Omura	Akiko		MD	F	I	4692 Brownsboro Rd	Winston Sa	NC	37	27106	1	Metropolita	US	Physical Me	Y	69210	Removal of N	O	12	12	12	$62.33	$45.68	$33.37	$35.00
1437131109	Ricche	David	A	M.D.	M	I	100 Vermont Ave	Oak Ridge	TN	47	37830	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$142.00	$42.52	$27.56	$30.19
1437143336	Price	Kelly	A	MD	F	I	1973 Washington Valle	Martinsville	NJ	34	8836	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$257.83	$53.71	$28.42	$25.32
1437164944	Cai	Jane	Z	M.D.	F	I	13953 Ne 8	Suite 100	Lady Lake	FL	12	32159	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$64.00	$48.02	$38.35	$37.98
1437175171	Patterson	Robert	L	D.O.	M	I	3961 E Lohman Ave	Las Cruces	NM	35	88011	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	12	12	12	$81.24	$44.31	$25.73	$28.98
1437228657	Fontenot	Eric	P	MD	M	I	1219 Coolidge Blvd	Lafayette	LA	22	70503	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$69.00	$45.90	$33.55	$34.99
1437298742	Williams	Teresa	D	APRN BC	F	I	105 Willowbrook Way	S Calhoun	GA	13	30701	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$130.00	$39.10	$28.45	$29.62
1437328895	Lal	Anuj		MD	M	I	4905 Old O Lowr Level	Skokie	IL	17	60077	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$164.75	$52.54	$28.06	$23.74
1437347218	Trexler	Ashley	P	M.D.	F	I	1025 Verdae Blvd Ste A	Greenville	SC	45	29607	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$118.00	$44.64	$32.68	$35.11
1437368511	Salem	Nahla	H	M.D.	F	I	8101 Newn	Suite B	Huntington	CA	6	92647	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$72.00	$51.79	$34.45	$31.65
1437401494	Butler	Colby		APRN, NP-C	F	I	1458 W 5th St		Sheridan	WY	56	82801	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$155.00	$38.67	$25.42	$25.63
1437463056	Vazquez	Alejandro		MD	M	I	3520 Post Rd		Warwick	RI	44	2886	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$120.00	$37.07	$29.57	$28.49
1437563533	Williams	Leslie	D	M.D.	M	I	1688 W Granada Blvd	S Ormond Be	FL	12	32174	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$97.42	$47.75	$38.08	$37.98
1447201918	Allen	Bradley	A	MD	M	I	130 Corporate Dr		Beaver Dan	WI	55	53916	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$240.00	$44.86	$26.23	$28.69
1447205869	Flershem	Diane		M.D.	F	I	3405 N Arlington Heigh	Arlington H	IL	17	60004	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$76.00	$52.70	$36.72	$32.87
1447225404	Stewart	Fermin	V	M.D.	M	I	4045 Johns	Suite C	Suwanee	GA	13	30024	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$109.42	$48.07	$38.45	$37.98
1447226212	Vaidyanath	Rama		MD	F	I	2514 S 102 Ste. 160		West Allis	WI	55	53227	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$75.00	$44.43	$26.49	$29.37
1447358981	Galfaian	Anait		MD	F	I	445 W Broadway		Glendale	CA	6	91204	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$100.00	$52.52	$34.87	$31.65
1447603139	Trost	Jennifer		PA-C, MPH	F	I	7206 N Mill	Suite 105	Fresno	CA	6	93722	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$129.00	$29.87	$12.90	$11.98
1447629902	Niepokoj- D	Stephanie		MSN, FNP-I	F	I	1515 N 9th	Suite A	Phoenix	AZ	4	85006	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$80.00	$38.09	$25.16	$25.78
1447636840	Singh	Kumari	S	M.D	F	I	1225 E Coolspring Ave	Michigan C	IN	18	46360	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$95.00	$40.88	$32.74	$34.82
1447772470	Czapiewski	Dustin	J	NP-C	M	I	4000 28th Ave S		Moorhead	MN	27	56560	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$41.00	$25.60	$16.85	$17.98
1457353963	Blatchly	Stephen	W	M.D.	M	I	823 Michigan St Bldg B		Sidney	OH	39	45365	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$145.73	$46.49	$24.73	$25.91
1457397663	Upton	David	C	M.D.	M	I	1 S Park St		Madison	WI	55	53715	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$198.00	$40.78	$25.09	$27.64
1457553422	Pirkey	Trey	W	NP	M	I	310 E Hoskins St		New Bostor	TX	48	75570	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$112.00	$38.91	$25.86	$27.23
1457966806	Cuellar	Eliana	D		F	I	1030 President Ave Ste	Fall River	MA	25	2720	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$159.38	$42.08	$22.89	$21.98
1467002675	Schmitz	Jillian	A	PA	F	I	200 Bowman Dr Ste D2	Voorhees	NJ	34	8043	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	12	12	$154.00	$42.47	$27.96	$25.56
1467403733	Adams	William	D	DO	M	I	711 Rigby L	Suite 115	Rigby	ID	16	83442	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$47.87	$43.21	$25.75	$29.66
1467421560	Reive	Carol		NP	F	I	1309 N Flagler Dr		West Palm	FL	12	33401	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$163.00	$43.01	$31.42	$29.59
1467426023	Harper	Lina	H	M.D.	F	I	303 Darling Ave		Waycross	GA	13	31501	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$97.50	$43.42	$25.72	$27.70
1467428680	Powers	Richard	R	MD	M	I	1605 Nash	Suite 200	Columbia	TN	47	38401	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$65.00	$43.98	$23.33	$26.69
1467442384	Kim	John	Y	M.D.	M	I	103 Old Ma	Suite 211	Medford	NJ	34	8055	1	Metropolita	US	Allergy/ Im	Y	69210	Removal of N	O	11	12	12	$154.00	$52.00	$37.99	$34.82
1467612739	Lee	Jennifer	Y	MD	F	I	801 Welch	2nd Floor	Palo Alto	CA	6	94304	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	11	12	12	$97.00	$37.29	$24.84	$21.93
1467634196	Cuniff	Andrea	C	M.D.	F	I	24 Magothy Beach Rd	S Pasadena	MD	24	21122	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$160.00	$51.95	$27.76	$25.32
1467791558	Matheny	Tiffany	N	A.R.N.P.	F	I	1201 Penn Ave		Des Moines	IA	19	50316	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$111.00	$37.39	$27.32	$29.87
1467867283	Bowdoin	Jillian	W	ARNP	F	I	1600 Sw Archer Rd		Gainesville	FL	12	32610	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$56.00	$40.53	$32.31	$32.28
1467890574	Chan	Ingrid		M.D.	F	I	800 Medical Center Dr		Fairmont	MN	27	56031	7	Small town	US	Family Prac	Y	69210	Removal of N	F	12	12	12	$49.50	$28.97	$21.05	$22.09

1467983841	Weber	Michael			M	I	11100 Eucl	University H	Cleveland	OH	39	44106	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$220.50	$31.17	$24.83	$25.22
1477028884	Makura	Zvorufura		MD	M	I	885 Union Street, Ste 1		Bangor	ME	23	4401	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$216.33	$30.02	$17.67	$19.14
1477056976	Collins	Cheryl	A	ARNP - BC	F	I	10820 Marvin Jones Bl		Live Oak	FL	12	32060	10.3	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$56.00	$41.03	$27.34	$26.92
1477516516	Tam	Jennifer	L	M.D.	F	I	300 Linden Ponds Way		Hingham	MA	25	2043	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	12	12	12	$49.98	$49.80	$39.80	$37.98
1477540532	Bates	Ronald	J	DO	M	I	409 Virginia Drive		Batesville	AR	5	72501	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$96.00	$40.53	$26.48	$32.35
1477711760	Loftis	Jordan	L	MD	M	I	2400 N Courtenay Pkw		Merritt Isla	FL	12	32953	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$65.49	$48.11	$19.11	$19.05
1477817377	Burnett	Timothy	R	D.O.	M	I	1530 E Republic Rd		Springfield	MO	29	65804	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$144.00	$44.08	$29.30	$32.32
1487603700	Brown	Mark	S	MD	M	I	4600 Lake I	Suite 100	Raleigh	NC	37	27607	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$103.00	$41.86	$24.18	$25.89
1487678991	Flader	William	F	M.D.	M	I	50 Route 25a		Smithtown	NY	36	11787	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	12	12	12	$140.00	$59.98	$39.95	$31.65
1487736294	Perry, Jr.	David		PA-C	M	I	1500 Alps Rd		Wayne	NJ	34	7470	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$106.00	$44.26	$22.91	$21.01
1497119523	Klimczak	Jaclyn	A	MD	F	I	1601 Clint Moore Rd St		Boca Rator	FL	12	33487	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$105.00	$46.14	$36.76	$34.82
1497347314	Roy	Jason	D	FNP-C	M	I	510 Carolina Bay Dr St		Wilmington	NC	37	28403	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$120.00	$38.85	$25.78	$27.23
1497711428	Reis	Maria	C	N.P.	F	I	851 Middle Suite 3400		Fall River	MA	25	2721	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$231.17	$42.03	$27.86	$25.56
1497721492	Garcia	Lyndon	O	MD	M	I	8425 North Suite 110		Spring Hill	FL	12	34606	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$96.00	$48.13	$35.24	$34.83
1497748768	Skvaril	Jacqueline	R	M.D.	F	I	3536 Mend Ste 300		Santa Rosa	CA	6	95403	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$129.00	$52.41	$41.92	$37.98
1497826283	Arias-Vera	Jose	R		M	I	2211 East St		Concord	CA	6	94520	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$100.00	$56.51	$45.24	$37.98
1497869903	Greene	Kenneth	M	M.D.	M	I	6701 N Charles St Ste 4		Baltimore	MD	24	21204	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$125.00	$51.75	$30.81	$28.49
1497934657	Abraham	Joseph	M	M.D.	M	I	3320 N. Hwy 81		Anderson	SC	45	29621	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	12	12	12	$123.00	$42.75	$29.90	$32.76
1508033929	Edgerson-C	Deon			F	I	1630 Main :	Suite 209	Chester	MD	24	21619	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$95.00	$49.31	$32.33	$31.28
1508382375	Kuta	Peter			M	I	561 N Howard Ave		Elmhurst	IL	17	60126	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$152.00	$43.49	$34.70	$32.28
1508406810	Dien	Annie		NP	F	I	15004 Innovation Dr #	S	San Diego	CA	6	92128	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$181.49	$43.78	$26.12	$24.21
1508805532	Dupree	Eric	C	M.D.	M	I	639 W Lafayette St		Winnfield	LA	22	71483	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$80.00	$45.93	$32.63	$34.06
1508836636	Gassen	Gavin	M	M.D.	M	I	3004 Oran	Suite 2	St. Croix	VI	78	820	99	Unknown	US	Otolaryngo	Y	69210	Removal of N	F	11	12	12	$110.50	$33.34	$22.12	$20.83
1508855198	Sharp	Clinton	H	M.D.	M	I	1051 Gaus	Suite 380	Slidell	LA	22	70458	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$359.00	$45.90	$27.38	$29.01
1508887506	Ermine	Pamela	M	D.O.	F	I	10151 Enterprise Ctr St		Boynton Be	FL	12	33437	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$102.00	$50.67	$40.44	$37.98
1518222108	Sperling	Michael	J	M.D.	M	I	182 S New York Rd		Galloway	NJ	34	8205	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$100.00	$52.44	$27.93	$25.32
1518622703	Peterson	Nathan	D	PA-C	M	I	5565 Blaine Ave Ste 22		Inver Grove	MN	27	55076	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$152.00	$39.10	$31.15	$32.28
1528024122	Chow	Christophe	G	MD	M	I	18433 Ros	#208	Northridge	CA	6	91325	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$66.25	$52.96	$38.84	$33.23
1528078433	Gombosi	Russell	L	MD	M	I	3155 Lycoming Creek F		Williamspo	PA	42	17701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$95.00	$46.09	$36.77	$37.98
1528130374	Abela	Philip	P	MD	M	I	3581 Palm	Suite 602	Cameron P	CA	6	95682	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$92.00	$34.04	$22.76	$21.93
1528152618	Kulka	Matthew	R	D.O	M	I	1703 Langhorne Newto		Langhorne	PA	42	19047	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$75.00	$48.85	$37.74	$35.20
1528388238	Helen	Sherlyana		M.D.	F	I	140 Curry Hollow Rd		Pittsburgh	PA	42	15236	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$78.00	$46.83	$25.08	$25.92
1528572575	Hayden	Emilee	B	CNP	F	I	8240 Northcreek Dr Ste		Cincinnati	OH	39	45236	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$102.00	$39.74	$31.81	$32.28
1528619525	Casselman	Megan		NP	F	I	2402 W Wall St		Midland	TX	48	79701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$270.75	$39.03	$15.54	$17.14
1538120373	Elizalde	Maria Teresa		CRNP	F	I	9 Saint Paul St Ste 3		Boonsboro	MD	24	21713	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$70.00	$40.09	$29.15	$28.25
1538227251	Cher	Natalie		DO	F	I	19 East Main Street		Bayshore	NY	36	11706	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$176.00	$60.27	$44.68	$34.82
1538591888	Koenen	Deanna		ARNP	F	I	401 W North Blvd		Leesburg	FL	12	34748	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$73.00	$39.23	$21.77	$18.86
1538646880	Wilson	Margaret	B	FNP-C	F	I	116 Defense Hwy Ste 4		Annapolis	MD	24	21401	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$140.00	$44.10	$26.31	$24.21
1538699947	Morriss	Christophe	A	MD	M	I	2450 S Telshor Blvd		Las Cruces	NM	35	88011	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$135.64	$44.52	$24.77	$25.89
1548295884	Gould	Sanford	M	MD	M	I	74-10 35th	Apt W107	Jackson He	NY	36	11372	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$90.83	$59.60	$42.68	$34.00
1548334295	Willner	Ayal		MD	M	I	433 E Wardlow Rd		Long Beach	CA	6	90807	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$200.00	$47.20	$36.91	$37.76
1548471865	Bowen	Rebecca	C	M.D.	F	I	5055 A St Ste 300		Lincoln	NE	31	68510	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$95.00	$43.62	$30.68	$33.97
1548529902	Gannon	Roan	S	M.D.	M	I	5104 Us Highway 431		Albertville	AL	1	35950	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$87.50	$45.37	$26.23	$28.24
1548574445	Kilby	Holly	A	CRNP-ADU	F	I	1380 Progr	Suite 102	Eldersburg	MD	24	21784	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$68.00	$44.28	$26.48	$22.87
1558320523	Smith	William	T	M.D.	M	I	3333 Brook	Ste 207	Winston Sa	NC	37	27103	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$199.38	$45.65	$27.19	$29.05
1558374017	Giese	Todd	S	MD	M	I	781 Mchenry Ave		Crystal Lak	IL	17	60014	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$96.50	$46.41	$24.53	$25.83
1558455733	Wilder	Brian	C	M.D.	M	I	1322 Elton	Suite H	Jennings	LA	22	70546	7	Small town	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$226.67	$46.12	$33.77	$34.99
1568439362	Rai	Kuljeet	S	M.D.	M	I	15000 Los Gatos Blvd	S	Los Gatos	CA	6	95032	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$110.00	$57.27	$41.82	$34.82
1568440717	Waters	Kurtis	A	M.D.	M	I	13359 Isle I	Suite 1	Baxter	MN	27	56425	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$172.52	$44.37	$29.17	$30.34
1568549202	Farmer	Steven	A	MD	M	I	3631 N Morrison Rd		Muncie	IN	18	47304	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$94.00	$40.74	$32.46	$36.40
1568701498	Marshall	John	B		M	I	6135 Barfield Rd Ste 2		Atlanta	GA	13	30328	1	Metropolita	US	Hospitalist	Y	69210	Removal of N	O	12	12	12	$85.00	$48.01	$35.19	$34.84
1568993509	Rayle	Christopher		MD	M	I	1225 S Grand Blvd		Saint Louis	MO	29	63104	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	11	12	12	$177.00	$35.45	$28.24	$26.31
1578513313	Joud	Mohamma	A	M.D.	M	I	12900 Cort Suite 202		Brooksville	FL	12	34613	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$80.00	$48.53	$35.64	$34.83
1578536504	Pellegrino	Yvette-Marie		MD	F	I	Beaufort M	117 Sea Isl	Beaufort	SC	45	29907	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$152.83	$44.75	$32.71	$35.08
1578559449	Harju	Aaron	C	MD	M	I	450 N Hyat	202	Tipp City	OH	39	45371	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$108.00	$46.69	$24.51	$25.50
1578573846	Mixdorf	Tracy	M	DO	F	I	1410 6th Ave S		Clear Lake	IA	19	50428	7.2	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$152.50	$30.64	$18.66	$20.72
1578589214	Decrona	Gary		M.D.	M	I	1369 S Dora St		Ukiah	CA	6	95482	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$60.00	$49.11	$16.22	$15.83
1578662003	Huffard	Richard	L	M.D.	M	I	319 N Milpas St		Santa Barb	CA	6	93103	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$64.78	$51.67	$34.24	$31.65
1588003735	Mccormick	Julie	E	CRNP	F	I	3007 Mem	Suite B	Huntsville	AL	1	35801	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$70.00	$38.44	$25.55	$27.32
1588711048	Concepcio	Lehualani	K	M.D.	F	I	602 Kailua Rd Ste 200		Kailua	HI	15	96734	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$76.33	$32.20	$19.13	$20.29
1588757058	Karatoprak	Ohan		M.D.	M	I	420 Deerwood Road		Fort Lee	NJ	34	7024	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$160.00	$53.60	$35.54	$31.65
1588765945	Batniji	Akram		M.D.	M	I	60 Memorial Medical P		Palm Coast	FL	12	32164	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$43.00	$42.66	$25.46	$29.82
1588992440	Stroh	John	M	PA-C	M	I	13755 N Litchfield Rd		Surprise	AZ	4	85379	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$89.68	$39.53	$20.96	$21.97
1598020463	Evans	Joanna	L	DO	F	I	7105 N La Cholla Blvd		Tucson	AZ	4	85741	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$97.00	$46.61	$27.88	$28.89
1598705980	Schloemer	George	L	MD	M	I	1036 Ace Dr		Berea	KY	21	40403	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$51.73	$44.26	$25.79	$28.83
1598798183	Banks Lind	Karen	R	DO	F	I	45-47 Hale Street		Norwich	NY	36	13815	7	Small town	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$73.00	$42.24	$27.48	$32.75
1609037027	Catania	Charles	P	M.D.	M	I	1240 Wrights Ln		West Ches	PA	42	19380	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$93.00	$51.10	$30.48	$28.49
1609122175	Devine	Elizabeth	A	APRN	F	I	843 E 4th St Ste A		Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	99203	New patien	N	O	12	12	12	$196.30	$88.48	$29.25	$36.16
1609181999	Laughlin	Amanda		PA-C	F	I	520 S Mustang Rd		Yukon	OK	40	73099	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$128.00	$38.23	$22.97	$24.96
1609219252	Krage	Benjamin	P	D.O.	M	I	9055 Springbrook Dr N		Coon Rapid	MN	27	55433	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$204.40	$46.89	$30.74	$31.37
1609238195	Chimalako	Niharika		MD	F	I	450 S Kitsap Blvd Ste 2		Port Orcha	WA	53	98366	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$191.67	$47.68	$26.91	$27.06
1609844356	Martin	William	P	MD	M	I	1339 East St		Graham	TX	48	76450	7	Small town	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$140.00	$45.69	$36.48	$37.98
1609868314	Pathak	Lisa		M.D.	F	I	1592 Route 739		Dingmans F	PA	42	18328	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$132.00	$47.03	$34.24	$34.61
1609878255	Naviwala	Saleem	I	M.D.	M	I	1600 6th Ave Ste 105		York	PA	42	17403	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$228.50	$44.58	$32.42	$33.27
1619250552	Greene	Carly		RN, MSN, F	F	I	10168 Parkglenn Way		Parker	CO	8	80138	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$98.17	$41.30	$24.68	$24.21
1619569738	Antonis	Michael	A	PA	M	I	8701 N Us Highway 1		Sebastian	FL	12	32958	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$110.00	$43.10	$26.32	$24.67
1619576121	Hoffman	Alexander	I		M	I	54 Southbourne Rd		Jamaica Pl	MA	25	2130	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$132.00	$45.27	$26.95	$24.22

1619911070	Widdows	Joanna		DO	F	I	13660 Jog F	Suite B5	Delray Bea	FL	12	33446	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$79.00	$51.20	$34.15	$31.65
1619922960	Wheeler	James	H	M.D.	M	I	993 Johnso	Suite 210	Atlanta	GA	13	30342	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$48.10	$46.41	$27.57	$26.99
1619936093	Rosenstein	Gregorio	G	MD	M	I	5635 S Pulaski Road		Chicago	IL	17	60629	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$75.00	$52.08	$35.55	$32.33
1619970647	Lott	Jayme	F	PA-C	M	I	736 S 900 E	Ste 203	St George	UT	49	84790	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$150.00	$38.46	$29.55	$31.19
1619988227	Moulton	Karen	A	FNP MASTE	F	I	1 Harpst St		Arcata	CA	6	95521	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$119.00	$41.53	$26.06	$25.39
1629039359	Lee	Delna	E	MD	F	I	4545 Sergeant Rd		Sioux City	IA	19	51106	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$130.00	$42.06	$33.55	$36.40
1629095328	Mclellan	Matthew	B	MD	M	I	2521 Alma Hwy		Van Buren	AR	5	72956	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$109.58	$42.82	$25.59	$29.80
1629097399	Hooper	Timothy	D		M	I	13951 Mon Ste A		Sonora	CA	6	95370	4	Micropolita	US	General Pra	Y	69210	Removal of N	O	12	12	12	$124.00	$48.98	$35.82	$34.82
1629099387	Alessi	John	R	DO	M	I	474 N State Route 89		Chino Valle	AZ	4	86323	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$88.00	$44.56	$24.93	$26.04
1629150586	Bahethi	Bhawna		M.D.	F	I	1600 Crain	Suite 501	Glen Burnie	MD	24	21061	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$162.50	$51.78	$34.33	$31.65
1629179288	Zarian	David		MD	M	I	16661 Vent	#310	Encino	CA	6	91436	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$100.00	$52.27	$41.68	$37.98
1629330071	Gatwood	Isaac		M.D.	M	I	26020 State Road 145		Bristow	IN	18	47515	9	Small town	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$67.00	$44.40	$32.57	$35.15
1629472832	Batson	Elisabeth		FNP-BC	F	I	801 Hill St		Springfield	TN	47	37172	4.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$44.45	$37.76	$25.23	$27.49
1629691597	Bazen	Kimberly	M	FNP-C	F	I	16203 County Road 42		Napoleon	OH	39	43545	7	Small town	US	Nurse Prac	Y	69210	Removal of N	F	12	12	12	$53.00	$27.70	$20.20	$20.54
1639313265	Hudson	Scott	K	M.D.	M	I	9001 S 101	Suite 280	Tulsa	OK	40	74133	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$103.00	$41.19	$29.96	$31.94
1639384175	Kihm	John	T		M	I	3811 N Rox	Suite B	Durham	NC	37	27704	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$47.53	$41.88	$30.34	$31.84
1639568330	Stewart	Leah	A	FNP	F	I	2017 Pleasure House F		Virginia Bea	VA	51	23455	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$75.00	$27.15	$17.98	$17.77
1649265752	Chack	Benjamin	S	D.O.	M	I	3 Cornerstc	Suite 703	Langhorne	PA	42	19047	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$100.00	$51.54	$30.92	$28.49
1649445875	Evans	Leah	B	PA-C	F	I	3509 N Broad St		Philadelphi	PA	42	19140	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	12	12	$160.00	$43.83	$26.31	$24.22
1649608845	Bonaroti	Carrie	N	M.D.	F	I	943 S Beneva Rd Ste 2(		Sarasota	FL	12	34232	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$107.00	$47.94	$38.27	$37.98
1649730292	Roach	Mahealani		FNP	F	I	2891 Anderson Hwy		Powhatan	VA	51	23139	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$190.08	$40.55	$21.28	$21.42
1649791450	Mccabe	Elena		FNP	F	I	4730 E Grant Rd		Tucson	AZ	4	85712	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$149.00	$39.48	$27.71	$28.57
1649885856	Smith	Christy		CRNP	F	I	2570 Haym	Hospital As	Monroeville	PA	42	15146	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$138.00	$37.82	$19.66	$20.68
1659480515	Yoo Bowne	Helen	J	M.D.	F	I	170 W 12th	Otolaryngo	New York	NY	36	10011	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$110.00	$40.85	$32.69	$30.07
1659491660	Goodyear	Daniel	M	M.D.	M	I	30 West Main Street		Richmond	VT	50	5477	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$90.46	$46.69	$32.96	$33.79
1659663052	Weber	Jennifer	J	MD	F	I	442 W High St	Ste 3	Bryan	OH	39	43506	7	Small town	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$146.00	$46.53	$32.80	$33.70
1659761898	Long	Kourtny		PA-C	F	I	270 Main St N	Ste 300	Stillwater	MN	27	55082	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$60.79	$39.50	$26.25	$27.14
1659919884	Avanzato	Angela		NP	F	I	20 Elm St		Pittsfield	MA	25	1201	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$68.00	$42.06	$27.89	$26.90
1669026407	Johnson	Sandy		FNP-C	F	I	46 Newman Springs Rc		Red Bank	NJ	34	7701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$110.00	$44.25	$30.44	$27.72
1669430286	Shrum	Steven	M	MD	M	I	825 N Main St		Harrison	AR	5	72601	5	Micropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$89.00	$42.95	$29.10	$32.94
1669449971	Garza	Juan	C	MD	M	I	4318 Moonlight Way		San Antonio	TX	48	78230	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$81.25	$43.52	$34.70	$36.40
1669543682	Yu	Hong		MD	F	I	161 Riversi	Suite 306	Binghamto	NY	36	13905	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	11	12	12	$85.00	$32.44	$25.96	$26.31
1669552485	Kolli	Hemchand		M.D	M	I	1278 E Latham Ave		Hemet	CA	6	92543	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$120.00	$49.84	$36.39	$34.82
1669830592	Cottey	Angela		NP-C	F	I	8607 E Us Highway 36		Avon	IN	18	46123	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$83.00	$37.46	$19.86	$22.66
1679543110	Sebastiane	Kenneth	J	MD	M	I	532 Main S	Suite 1	Moosic	PA	42	18507	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$194.54	$46.28	$27.63	$28.93
1679550750	Heldt	Cynthia		MD	F	I	3301 Lanca	Suite 9	Wilmington	DE	10	19805	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$53.38	$45.93	$33.55	$33.40
1679674964	Zuckerman	Josie	M	PA-C	F	I	1225 Graham Rd Ste C		Florissant	MO	29	63031	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$109.00	$40.38	$32.30	$32.28
1679885412	Cheatham	Jennifer		M.D.	F	I	1700-1 East Quarter Rc		Siloam Spri	AR	5	72761	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$111.00	$43.10	$24.54	$28.50
1689620791	Shefelbine	Sarah	E	M.D.	F	I	1020 Bandana Blvd W		Saint Paul	MN	27	55108	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$204.40	$42.86	$31.17	$31.79
1689655565	Pope	Thomas	C	MD	M	I	201 Gumwood Dr		Smithfield	VA	51	23430	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$83.00	$47.89	$25.56	$25.53
1689657165	Marsh	Jonathan	F	MD	M	I	9240 N Meridian St	Ste	Indianapoli	IN	18	46260	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$172.50	$44.42	$35.55	$37.98
1689754632	Matocha	John	C	M.D.	M	I	123 N Post	Suite 420	Houston	TX	48	77024	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$148.00	$48.98	$34.57	$33.63
1689762445	Patel	Sadan	K	MD	M	I	8404 E. She	Ste 100-A	Scottsdale	AZ	4	85260	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$50.00	$46.32	$36.96	$37.98
1689801136	Allison	Rocio	D	M.D	F	I	23920 Katy Fwy		Katy	TX	48	77494	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$108.33	$49.55	$22.70	$21.73
1689876823	Paulsen	Michelle	M	D.O.	F	I	516 Innova	Suite 103	Chesapeak	VA	51	23320	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$122.00	$48.17	$32.17	$31.72
1699201244	Thorwarth	Ryan			M	I	8105 State Road 54 Ste		New Port Ri	FL	12	34655	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$105.00	$47.56	$37.89	$37.98
1699716233	Emery	Mark	B	MD	M	I	34612 6th Ave S		Federal Wa	WA	53	98003	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$134.00	$45.38	$36.18	$36.40
1699753442	Parameswa	Mahesh	S	MD	M	I	19490 Sandridge Way S		Leesburg	VA	51	20176	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$189.00	$43.82	$35.02	$34.82
1699754671	Haider	Syed	T	MD	M	I	3737 West	#102	Salem	VA	51	24153	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$94.92	$48.01	$32.00	$31.72
1699755934	Wang	Grant		MD	M	I	2500 Milvia St		Berkeley	CA	6	94704	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$179.00	$56.40	$34.58	$28.68
1699774000	Cunningha	Calhoun	D	M.D.	M	I	3100 Dural	Suite 300	Raleigh	NC	37	27612	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$119.00	$45.62	$33.31	$35.00
1700154275	Majors	Jacob	S	M.D.	M	I	875 S Vanguard Way St		Meridian	ID	16	83642	1.1	Secondary	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$109.13	$42.95	$34.22	$37.98
1700222379	Mcvay	Shane	M	FNP	M	I	4707 Quitman Highway		Hodge	LA	22	71247	8	Small town	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$96.00	$39.45	$28.95	$29.75
1700318789	Overturf	Charles	L	D.O.	M	I	1750 Se 28th Loop		Ocala	FL	12	34471	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$81.67	$48.04	$25.48	$25.36
1700802717	Wilson	George	W	M.D.	M	I	72780 Cou	Bldg B 205-	Rancho Mir	CA	6	92270	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$46.01	$34.71	$27.25	$25.79
1700820966	Frandsen	Brad	R	MD	M	I	463 Tremor	Suite 200	Port Orcha	WA	53	98366	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$111.00	$47.87	$28.67	$28.60
1700854676	Ellis	Tanya	S	MD	F	I	6320 W Union Hills Dr	S	Glendale	AZ	4	85308	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$114.00	$42.80	$33.44	$37.98
1710022116	Luna	Donald	P	MD	M	I	230 W High St		Piqua	OH	39	45356	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$100.00	$43.92	$35.06	$37.98
1710030275	Hutchison	Sandra	K	M.D.	F	I	403 Ogletree Dr Ste 10!		Livingston	TX	48	77351	3	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$190.60	$45.60	$33.32	$35.01
1710053327	Hanissian	Gina	R	MD	F	I	574 Greent	Suite 101	Collierville	TN	47	38017	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$150.00	$44.01	$21.62	$24.98
1710117122	Vandomele	Kristin	M	M.D.	F	I	2160 Ne Williamson Ct		Bend	OR	41	97701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$136.00	$45.26	$36.12	$37.98
1710144639	Cirello	Joseph		MD	M	I	111 E Cath	Suite 250	Milford	PA	42	18337	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$212.33	$46.22	$25.64	$27.04
1710151725	Patel	Falguni	C	DO	F	I	3456 Bethlehem Pike		Souderton	PA	42	18964	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$93.00	$50.91	$36.16	$33.83
1710182654	Patel	Kalpeshkur	R	M.D.	M	I	2800 Route	Suite 102, I	Cinnamins	NJ	34	8077	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$65.00	$51.96	$37.96	$34.82
1710272430	Kalua	Erin	A	M.D.	F	I	409 Kilauea Ave		Hilo	HI	15	96720	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$125.17	$50.56	$30.12	$28.49
1710481411	Vandruff	James	E	DO	M	I	111 W Cedar Ln Ste A		Payson	AZ	4	85541	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$121.00	$46.35	$33.87	$34.95
1710943659	Sheets	Kim	R	APN	F	I	12 E Applet	Ste 101	Fayettevill	AR	5	72703	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$111.00	$36.73	$22.08	$25.33
1720030315	Wackym	Phillip	A	MD	M	I	10 Plum St	Departmen	New Bruns	NJ	34	8901	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$316.00	$53.75	$42.91	$37.98
1720048424	Mathur	Anupam		MD	M	I	157 Washington St		Hudson	MA	25	1749	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$150.00	$53.55	$35.58	$31.65
1720053838	Kim	Miah		DO	F	I	80 Scenic D	Suite 6	Freehold	NJ	34	7728	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$126.25	$52.53	$36.29	$32.62
1720134406	Sheikh	Jamshid		MD	M	I	20528 Bola Richard N K		Germantov	MD	24	20876	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$135.00	$55.78	$37.53	$31.62
1720521917	Thacker	Sara	B	APRN	F	I	14866 Ocean Hwy		Pawleys Isl	SC	45	29585	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$130.41	$38.03	$27.24	$29.28
1720646045	Toldness	George Gabriel		APRN	M	I	3186 S Maryland Pkwy		Las Vegas	NV	32	89109	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$50.00	$41.83	$30.58	$29.59
1730102856	Odland	Rick	M	MD	M	I	701 Park Av	P7	Minneapoli	MN	27	55415	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	12	12	$98.00	$31.71	$23.27	$24.28
1730172255	Wright	Colleen	K	MD	F	I	44084 Rive	Suite 300	Leesburg	VA	51	20176	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$162.00	$47.89	$21.23	$21.30
1730182882	Verzosa	Samuel	T	MD	M	I	2851 Stage Center Dr		Bartlett	TN	47	38134	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$90.00	$43.84	$34.99	$37.98
1730496563	Crowe	Julie	A	APRN	F	I	8211 W Sta	Suite A	Newburgh	IN	18	47630	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$63.57	$37.36	$24.79	$26.13

1730572637	Milligan	Delilah		MSN, CRNF	F	I	7711 Quarterfield Rd S	Glen Burnie	MD	24	21061	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$160.00	$44.02	$29.18	$26.90
1730692914	Hawkins	Kenneth	W	MSN, FNP	M	I	4364 Highway 51 S	Senatobia	MS	28	38668	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$145.67	$36.94	$18.79	$22.04
1740233162	Russell	David	L	MD	M	I	7 Deye Ln	Eastsound	WA	53	98245	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$70.00	$45.78	$31.66	$31.59
1740388701	Naidu	Rahul	K	MD	M	I	100 Excela Health Dr S	Latrobe	PA	42	15650	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$87.00	$36.47	$25.99	$27.06
1740482520	Rosa-Algar	Rafael	A	M.D.	M	I	1750 Se 28th Loop	Ocala	FL	12	34471	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$79.00	$47.72	$34.83	$34.83
1750364550	Kizy	Michael	G	MD	M	I	32255 Northwestern H	Farmington	MI	26	48334	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$121.33	$49.97	$36.56	$34.82
1750445854	Rachek	Theresa		APRN	F	I	687 W Main St	Hyannis	MA	25	2601	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$94.00	$41.99	$29.79	$28.74
1750551206	Durrence	Hugh	D	M.D.	M	I	418 Folly R	Suite A	Charleston	SC	45	29412	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$166.00	$44.89	$25.47	$27.90
1750614582	Mccoy	Meghan	E	PA	F	I	716 South	Purple Buil	Minneapoli	MN	27	55415	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	12	12	12	$98.00	$27.05	$19.74	$20.51
1760012835	Escobar	Angela	M	MSN, FNP-I	F	I	537 Westwind Dr	Davenport	FL	12	33896	2.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$70.00	$40.36	$29.48	$28.28
1760015580	Mccarver	Kelly		FNP	F	I	364 Richland West Cir	Waco	TX	48	76712	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$155.38	$38.81	$23.61	$25.12
1760021042	Nickel	Maria	E	FNP-C	F	I	1075 E Fort Lowell Rd	Tucson	AZ	4	85719	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$38.63	$36.73	$26.74	$28.45
1760870778	Sealey	Mandissa			F	I	732 Elizaville Ave	Flemingsbu	KY	21	41041	7	Small town	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$109.00	$44.14	$35.19	$37.98
1760956312	Kreger	Stacy	R	AGNP	F	I	503 Railroad St	Brookings	OR	41	97415	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$92.50	$38.60	$17.88	$18.44
1760997563	Verdolini	Tara	L	CRNP	F	I	1456 Ferry	Suite 600	Fountainvil	PA	42	18923	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$165.00	$43.34	$28.74	$26.91
1770024630	Patel	Niki	A	DO	M	I	395 N Silverbell Rd	Ste	Tucson	AZ	4	85745	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$94.00	$44.15	$35.18	$36.40
1770534240	Reilly	Michael	T	M.D.	M	I	1201 5th A	Suite 401	St Petersbu	FL	12	33705	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$45.11	$44.72	$26.68	$29.30
1770574014	Wein	Richard	J	MD	M	I	3625 Park F	Ste 100	Mishawaka	IN	18	46545	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$51.00	$44.01	$26.26	$29.49
1770660219	Walsh	Seamus	J	DO	M	I	29257 Center Ridge Rd		Westlake	OH	39	44145	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$190.00	$46.82	$37.49	$37.98
1780098541	Singh	Kawarjeet			M	I	925 Sullivan Ave	Ste 1	South Winc	CT	9	6074	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$155.00	$51.24	$33.97	$31.65
1780234690	Flournoy	Candace	M	NP-C	F	I	3201 W Gore Blvd	Ste 1	Lawton	OK	40	73505	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	11	12	12	$108.33	$26.98	$14.38	$15.42
1780679746	Ray	Derris	W	M.D.	M	I	309 Walnut	Ste D	Amite	LA	22	70422	7	Small town	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$100.00	$46.05	$23.90	$25.48
1780687301	Kerstan	Peter	D	MD	M	I	205 S Northwest Hwy	S	Park Ridge	IL	17	60068	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$133.00	$51.90	$37.91	$34.82
1780791939	Vicente	Joan		M.D.	F	I	200 S Wells	Suite 200	Ventura	CA	6	93004	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$75.00	$52.70	$35.20	$31.65
1780856252	Suri	Arvind			M	I	91 Schraffts Dr	Ste 8	Waterbury	CT	9	6705	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$155.00	$51.31	$34.04	$31.65
1790039998	Nelson	Deann	L	RN, FNP	F	I	1901 Red Rock Dr		Gallup	NM	35	87301	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$100.00	$37.73	$22.26	$23.28
1790137776	Porter	Molly		AU.D.	F	I	4700 Point	Suite 212	Gig Harbor	WA	53	98335	1	Metropolita	US	Audiologist	Y	69210	Removal of N	O	12	12	12	$70.67	$47.48	$34.68	$34.85
1790719201	Richards	David	G	MD	M	I	3860 Monroe Rd		De Pere	WI	55	54115	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$171.50	$44.78	$26.84	$29.37
1790733681	Burke	Stephen	M	M.D.	M	I	213 Montauk Hwy		West Sayvi	NY	36	11796	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$176.00	$60.27	$40.24	$31.65
1790752483	Butler	Leslie	D	ARNP	F	I	1019 N Co	Suite 1	Blanchard	OK	40	73010	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$74.00	$38.04	$27.86	$29.85
1790777506	Fallon	Julie	C	M.D.	F	I	295 Posad	Suite D	Templeton	CA	6	93465	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$54.53	$47.31	$18.86	$19.50
1790786838	Burk	Paul	E	D.O.	M	I	226 S Woods Mill Rd	St	Chesterfiel	MO	29	63017	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$110.00	$46.98	$37.48	$37.98
1790830628	Shah	Jatin	K	M.D.	M	I	2829 S Grand Ave		Los Angele	CA	6	90007	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$214.00	$52.55	$38.43	$34.82
1790982478	Cummings	Walter	D	D.O.	M	I	119 Holland Circle Dr		Amsterdam	NY	36	12010	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$100.00	$46.12	$33.70	$34.97
1790987220	Romain	Sharon			F	I	72 Hamburg Tpke		Riverdale	NJ	34	7457	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$161.50	$54.27	$36.20	$31.65
1801308531	Repp	Quinn	M	PA-C	F	I	880 Mull Ave	Ste 100	Akron	OH	39	44313	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	12	12	$71.00	$39.30	$24.79	$25.88
1801861547	Bisharat	Katherine	B	MD	F	I	6815 Fair Oaks Blvd		Carmichae	CA	6	95608	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$80.00	$49.72	$36.40	$34.82
1801900816	Elener	Valerie	A	M.D.	F	I	2500 Grubl	Suite 212	Wilmingtor	DE	10	19810	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$77.00	$48.99	$39.22	$37.98
1811073364	Ridgway	Eric	M	MD	M	I	1620 Riverview Road		Riverton	WY	56	82501	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$98.00	$47.62	$16.34	$16.78
1811263643	Broadway	Lauren	M	M.D.	F	I	417 Commercial Ct	Ste	Venice	FL	12	34292	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$108.90	$48.33	$35.44	$34.83
1811285174	Lekovic	Mirsen		MD	M	I	5831 Bee Ridge Rd	Ste	Sarasota	FL	12	34233	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$97.00	$47.88	$38.21	$37.98
1811384860	Pinion	Lindsay	H	PA-C	F	I	1515 River Pl	Ste 100	Braselton	GA	13	30517	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$120.00	$38.03	$22.67	$24.90
1811920333	Riad	Mamdouh	M	M.D.	M	I	700 Attucks Ln		Hyannis	MA	25	2601	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$75.00	$50.03	$36.69	$34.82
1811970759	Despines	George	M	MD	M	I	312 Bedford St		Whitman	MA	25	2382	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$241.50	$47.26	$36.02	$36.73
1811996697	Hubanks	John	R	MD	M	I	1370 Footh #100		La Canada	CA	6	91011	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$158.33	$53.13	$31.34	$27.88
1821251323	Stahl Balat	Celeste		D.O.	F	I	21 N Main St		Middleport	NY	36	14105	7	Small town	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$65.00	$46.22	$18.26	$19.90
1821285784	Uppu	Ambika		M.D.	F	I	7111 S. Virg	Reno Famil	Reno	NV	32	89511	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$65.00	$49.02	$35.78	$34.82
1821299926	Perez	Artemio	A	D.O.	M	I	3300 Webster St	Ste 1(	Oakland	CA	6	94609	1	Metropolita	US	Osteopathi	Y	69210	Removal of N	O	11	12	12	$141.80	$55.80	$37.01	$31.65
1821330242	Baron	Kyle	T	MD	M	I	345 Nh Rou	New Hamp	New Hamp	NH	33	3256	6	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$109.33	$33.05	$24.10	$24.00
1821444951	Ianniello	Michael	C	D.O.	M	I	27160 Bay Landing Dr	S	Bonita Spri	FL	12	34135	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$122.18	$50.67	$33.62	$31.65
1821484015	Kaithamatt	Sheela		NP	F	I	9 Forest St		North Read	MA	25	1864	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$180.83	$42.14	$22.31	$21.52
1821578121	Sabiston-R	Elizabeth	A	FNP-C	F	I	416 Mccrae St		Grifton	NC	37	28530	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$159.00	$38.72	$28.27	$29.76
1821615337	Weedman	Nicole		PA	F	I	2206 Longo Dr		Bellevue	NE	31	68005	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$100.00	$36.90	$24.12	$27.13
1821665803	Biow	Abigail	K	PA-C	F	I	3800 Reser 1st Floor G		Washingtor	DC	11	20007	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$123.00	$47.09	$34.35	$29.59
1831126648	Humphrey	Mark	A	D.O.	M	I	110 W Utica St		Oswego	NY	36	13126	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$75.00	$46.28	$18.32	$19.90
1831138528	Pride	James		M.D.	M	I	3405 N Arlington Heigh		Arlington H	IL	17	60004	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$76.00	$52.52	$35.03	$31.65
1831173095	Sweeney	Nina	K	MD	F	I	3239 Electr	Suite A	Roanoke	VA	51	24018	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$93.00	$45.34	$36.14	$36.40
1831792720	Morris	Adina	T	FNP-C	F	I	5301 E Grant Rd		Tucson	AZ	4	85712	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$99.00	$39.77	$21.20	$21.97
1841784428	Balls	Matthew		DO	M	I	117 E Main St	Ste A100	Payson	AZ	4	85541	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$123.00	$46.38	$30.78	$31.92
1841958782	Washabau	Carly	A	CRNP	F	I	46 Walnut Bottom Rd		Shippensbu	PA	42	17257	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$130.00	$39.00	$31.07	$32.28
1851032908	Merar	Emily		DNP	F	I	5220 W University Dr	S	Mckinney	TX	48	75071	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$137.00	$38.52	$30.69	$32.28
1851371314	Edwards	Raymond	W	M.D.	M	I	10001 Lile Dr		Little Rock	AR	5	72205	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$88.00	$42.74	$19.76	$24.35
1851378533	Wonnell	David	L	PA-C	M	I	105 Valley	Suite 100	West Des M	IA	19	50265	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$111.00	$34.27	$24.83	$27.18
1851388391	Koepke	Keith	R	MD	M	I	1440 Rockside Rd	Ste 2	Parma	OH	39	44134	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$126.00	$46.14	$32.59	$33.87
1851782627	Wilson	Lynne	E	CNP	F	I	2300 Wales Ave	Nw	Massillon	OH	39	44646	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$153.33	$39.17	$28.59	$29.72
1851786388	Desmet	Cassandra	P		F	I	200 Grand Ave		Englewood	NJ	34	7631	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$160.00	$45.62	$27.20	$24.21
1861499618	Kabakjian	Robert		P.A.-C	M	I	15 Exchange Dr		Lugoff	SC	45	29078	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$87.01	$38.37	$28.13	$29.82
1861504169	Benoff	Miriam	M	N.P.	F	I	321 Summit Ave		Hackensac	NJ	34	7601	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$160.00	$45.46	$36.25	$32.28
1861630089	Kennard	Leigh	A		F	I	11606 Cha	Ste 2	Seymour	TN	47	37865	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	12	12	$115.00	$37.67	$25.13	$27.49
1861788028	Morgan	Joseph	W	D.O.	M	I	1304 Military Rd		Benton	AR	5	72015	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$87.00	$43.21	$28.84	$32.53
1871134502	Ramirez	Anita	R		F	I	1705 E 19th St	Ste 302	Tulsa	OK	40	74104	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$90.00	$37.70	$29.99	$32.21
1871503649	Norwood	Paul	C	M.D., F.A.C	M	I	550 E Hern	Ste 101	Fresno	CA	6	93720	1	Metropolita	US	Endocrinol	Y	69210	Removal of N	O	11	12	12	$64.58	$49.21	$32.76	$31.65
1871590570	Roberson	Matthew	B	MD	M	I	1151 S Nevada Highwa		Pahrump	NV	32	89048	4.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$132.33	$49.35	$35.53	$34.20
1871605790	Legan	James	B	MD	M	I	401 15th Ave S	Ste 201	Great Falls	MT	30	59405	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$48.00	$47.46	$34.66	$34.85
1871781476	Key	Allison	K	M.D.	F	I	Po Box 728	222 Gordor	Bremen	GA	13	30110	5.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$115.00	$44.92	$29.86	$32.18
1871800409	Baugher	Vicky	T	CRNP	F	I	104 N Main St		Union Brid	MD	24	21791	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$75.00	$40.79	$26.33	$25.56
1881297778	Dinoff	Julia	A	PA	F	I	1832 Kensal Green Dr		Virginia Be	VA	51	23456	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$96.00	$40.21	$29.33	$29.63

1881629723	Ali	Nasir		M.D.	M	I	1021 Karl Greimel Dr S	Brighton	MI	26	48116	2	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$101.33	$47.85	$33.05	$33.07
1881636256	Maccarthy	Justin	D	MD	M	I	807 Turnpik Suite 230	Clearfield	PA	42	16830	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$79.00	$46.81	$36.90	$37.40
1881740561	Lane	Johan	O	MD	M	I	1435 Waukegan Rd	Glenview	IL	17	60025	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$91.83	$36.99	$17.30	$15.35
1881856565	Anderson	Todd	A	MD	M	I	3800 Park Nicollet Blvc	St Louis Pa	MN	27	55416	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$191.00	$44.32	$26.01	$27.32
1891037248	Fitzgerald	James	S	D.O.	M	I	2144 E Pari #200	Grand Rapi	MI	26	49546	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$74.00	$31.06	$20.45	$20.98
1891710307	Greenblatt	Louis		DO	M	I	533 Route 111	Hauppauge	NY	36	11788	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$70.83	$58.02	$34.31	$28.49
1891720082	Coquia	Michael	A	MD	M	I	5150 Journal Center Bl	Albuquerq	NM	35	87109	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$104.00	$46.19	$33.80	$34.98
1891832242	Lake	Byron	F	M.D.	M	I	300 Sierra College Dr S	Grass Valle	CA	6	95945	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$80.17	$46.97	$28.23	$28.87
1891938759	Ward	Bryan	K	M.D.	M	I	601 N Caro 6210 Jhoc	Baltimore	MD	24	21287	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	12	12	12	$177.00	$36.00	$19.19	$17.54
1902827801	Chadwell	Sidney	B	D.O.	M	I	4201 S Loop 256	Palestine	TX	48	75801	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$101.35	$46.08	$25.21	$26.67
1902829385	Krull	James	C	MD	M	I	250 W Lanc Suite 120	Paoli	PA	42	19301	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$64.00	$51.13	$30.51	$28.49
1902891518	Emry	Geoffrey	T	MD	M	I	920 W Ironwood Dr Ste	Coeur D Al	ID	16	83814	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$90.83	$43.72	$30.62	$33.78
1902998685	Heifler	Gregory	D	MD	M	I	103 Park St Building B	Montclair	NJ	34	7042	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$55.00	$53.71	$28.42	$25.32
1912010471	Powers	Jill	M	DO	F	I	1515 Delhi Suite 100	Dubuque	IA	19	52001	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$122.00	$44.04	$23.74	$26.99
1912093964	Smith	Paul	R	MD	M	I	5542 Longley Ln	Reno	NV	32	89511	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$110.00	$49.15	$26.42	$25.67
1912339516	Brock	Abigail	L	CRNP	F	I	8489 Madison Blvd	Madison	AL	1	35758	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$70.00	$37.21	$27.09	$29.80
1912950858	Ratsenberg	Dmitriy		MD	M	I	2925 W 5th Suite 52	Brooklyn	NY	36	11224	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$100.00	$56.54	$45.12	$37.98
1912980814	Polackal	Ninan	S	M.D.	M	I	1 West Boy 3rd Floor	Worcester	MA	25	1605	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$221.00	$50.04	$26.71	$25.32
1922004969	Wanner	Elizabeth	J		F	I	1101 Alma Ste 102	Tomball	TX	48	77375	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$390.88	$48.80	$38.90	$37.98
1922042639	Shay	William	B	M.D.	M	I	2710 Hosp Ste 102	Victoria	TX	48	77901	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$60.42	$45.63	$36.42	$37.98
1922080811	Sutton-Sur	Audrey	L	DO	F	I	1013 Porte Suite 100	Wilmington	NC	37	28411	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$100.00	$46.40	$31.02	$32.03
1922116326	Marella	Gregg	G	M.D.	M	I	19 E Main St	Mendham	NJ	34	7945	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$59.23	$50.99	$38.64	$35.96
1922175660	Selenke	James	A	M.D.	M	I	101 Eddystone Dr	Hudson	IA	19	50643	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$111.00	$44.04	$23.32	$26.64
1922696400	Groesch	Stephanie			F	I	9500 Euclid Ave	Cleveland	OH	39	44195	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$251.25	$25.43	$18.92	$19.18
1932159126	Bryjak	Stanislaw		M.D.	M	I	5215 N Cal Suite 603	Chicago	IL	17	60625	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$94.00	$52.45	$31.46	$28.49
1932173879	Leyda	George	W	MD	M	I	2651 Hillcrest Drive	Hudson	WI	55	54016	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$234.24	$42.79	$23.72	$26.35
1932176252	Littlejohn	Mark	C	MD	M	I	8380 Warren Pkwy Ste	Frisco	TX	48	75034	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$88.75	$41.94	$20.42	$23.88
1932191558	Bagnick	Joseph	F	MD	M	I	65 E Butler Suite 201	New Britair	PA	42	18901	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$85.00	$50.96	$33.78	$31.65
1932208899	Veronneau	Mark	J	DO	M	I	5322 Ky Ro Suite 2	Prestonsbu	KY	21	41653	7	Small town	US	Otolaryngo	Y	69210	Removal of N	F	11	12	12	$104.50	$26.67	$21.37	$24.68
1932307840	Chu	Sofia		M.D.	F	I	223 Chief Justice Cush	Cohasset	MA	25	2025	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$214.67	$53.41	$35.44	$31.65
1942201793	Park	Maryann		M.D	F	I	111 Maltese Dr	Middletown	NY	36	10940	1	Metropolita	US	Pulmonary	Y	69210	Removal of N	O	11	12	12	$58.03	$53.58	$42.87	$37.98
1942219829	Martinez Rc	Palmira	R	M.D.	F	I	Carimed Pl Santa Cruz	Bayamon	PR	72	961	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	12	12	12	$48.60	$48.11	$28.67	$28.49
1942221957	Risi	Mark	G	D.O.	M	I	1 Washingt Suite A	Robbinsvill	NJ	34	8691	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$260.00	$52.65	$31.26	$28.11
1942272059	Sedwick	Jack	D	M.D.	M	I	4001 Dale S #201	Anchorage	AK	2	99508	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	12	12	$443.33	$60.17	$31.87	$25.32
1942288295	Ellis	Kathryn	R	M.D.	F	I	730 Main S 1a	Millis	MA	25	2054	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$150.00	$53.34	$38.96	$34.82
1942383138	Kulcsar	Stephen		DO	M	I	302 Washington St	Gloucester	MA	25	1930	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$103.50	$49.48	$39.48	$37.98
1942644281	Sakellaride	Gabrielle	D	D.O.	F	I	1929 Mason Dixon Hwy	Maidsville	WV	54	26541	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$98.57	$44.04	$32.10	$35.05
1952415853	Oneal	Russell	G	MD	M	I	330 Hospit Ste 304	Macon	GA	13	31217	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$112.00	$44.86	$32.81	$35.08
1952565368	Acherkan	Dmitriy		MD	M	I	2104 Ceda Suite 102	Muscatine	IA	19	52761	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$165.67	$44.29	$26.53	$29.48
1952580821	Udochi	Njide		MD	F	I	8900 Colur Suite G	Columbia	MD	24	21045	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$92.08	$51.99	$31.05	$28.49
1952741761	Zhang	Daina		MD	F	I	12345 W Bend Dr Ste 3	Saint Louis	MO	29	63128	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$109.00	$47.61	$28.60	$28.71
1952768194	Posvar	Jackie		PA-C	F	I	1800 N Sandhills Blvd	Aberdeen	NC	37	28315	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	12	12	12	$117.75	$38.70	$28.24	$29.76
1962408013	Morano	Adele	R	MD	F	I	360 Peak O Ste. 260	Frisco	CO	8	80443	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$172.00	$48.46	$25.64	$25.32
1962421859	Jarrett	Thomas	L	M.D.	M	I	1365 Clifton Rd Ne	Atlanta	GA	13	30322	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$192.00	$46.96	$21.55	$22.30
1962427344	Gieselman	Morris		MD	M	I	4771 S Cleveland Ave	Fort Myers	FL	12	33907	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	12	12	12	$51.15	$50.98	$31.71	$29.47
1962463091	Tedder	Michael		M.D.	M	I	3003 Apache Dr	Jonesboro	AR	5	72401	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$91.00	$42.82	$28.46	$32.53
1962488601	Carlberg	Jeffrey	H	MD	M	I	783 Franklin St	Skaneatele	NY	36	13152	7.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$85.00	$46.86	$31.33	$31.95
1962497537	Adelekun	Temidayo	A	MD	M	I	502 W King LL#20	Kings Mour	NC	37	28086	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$57.00	$45.65	$35.12	$36.71
1962582676	Rafaelmeh	Parviz		M.D.	M	I	9712 63rd I Suite 1b	Rego Park	NY	36	11374	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$120.00	$60.39	$48.34	$37.98
1962606558	Wyatt	Donna	L	MD	F	I	1701 Jimmi Ste 200	Bossier Cit	LA	22	71112	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$165.83	$46.08	$25.08	$26.58
1962883827	Warden	Brett		D.O.	M	I	615 S New Ballas Rd	Saint Louis	MO	29	63141	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$94.00	$46.36	$29.61	$30.79
1972009900	Pazon	Leo	J	MD	M	I	1555 Barrington Rd Ste	Hoffman Es	IL	17	60169	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$166.00	$51.83	$34.35	$31.65
1972189991	Keegan	Meghan	E		F	I	1021 Bandana Blvd E S	Saint Paul	MN	27	55108	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	12	12	$204.40	$39.15	$28.55	$29.71
1972508984	Oge	Brian	T	M.D.	M	I	410 N Main Ste 2	Nashville	AR	5	71852	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$90.00	$43.03	$24.83	$28.86
1972542488	Fulton	Roger	L	MD	M	I	1212 Broadway	Highland	IL	17	62249	4.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$80.00	$48.90	$25.99	$25.32
1972549301	Duralia	David	R	M.D	M	I	2874 Nc Hwy 127 S	Hickory	NC	37	28602	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$85.00	$46.19	$33.89	$35.00
1972575389	Diaz	Ivan		MD	M	I	10200 Yale Ave	Weeki Wac	FL	12	34613	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$102.00	$47.32	$31.31	$31.67
1972583094	Dickinson	Larry	J	D.O.	M	I	100 E Johnson St	Gallatin	MO	29	64640	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$50.00	$43.95	$23.42	$26.76
1972628600	Clarke	Susan	W	FNP	F	I	221a Professional Cir	Morehead (	NC	37	28557	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$75.00	$39.50	$23.91	$24.75
1972694792	Padilla	William		M.D.	M	I	263 Church Ave	Chula Vista	CA	6	91910	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$97.00	$51.47	$30.71	$28.49
1972862092	Holzer	Laura	E	M.D.	F	I	29798 Hau Ste 108	Menifee	CA	6	92586	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$71.00	$49.98	$29.80	$28.49
1972898476	Thomae	Patrick	M	D.O.	M	I	9300 Dewitt Loop	Fort Belvoir	VA	51	22060	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$115.00	$44.71	$26.63	$29.28
1982098828	Holt	Stephanie		MD	F	I	5145 S College Rd	Wilmington	NC	37	28412	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$128.50	$46.31	$30.93	$32.03
1982141511	Kaur	Navpreet		DNP	F	I	612 W Duarte Rd Ste 8(	Arcadia	CA	6	91007	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$80.00	$44.34	$35.34	$32.28
1982293676	See	Lindsey	A	APRN MSN	F	I	448 State Highway 248	Branson	MO	29	65616	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	12	12	12	$127.00	$37.43	$17.33	$20.26
1982647038	Bacus	Saleem		MD	M	I	Robert Wo 865 Stone S	Rahway	NJ	34	7065	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	11	12	12	$140.00	$52.03	$31.03	$28.49
1982678314	Anglemeye	Walter	D	D.O.	M	I	1953 Wate Suite A	Nappanee	IN	18	46550	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$130.00	$43.95	$29.16	$32.32
1982690129	Andrews	James	K	M. D.	M	I	147 Asheland Avenue	Asheville	NC	37	28801	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$46.16	$43.70	$32.01	$35.19
1982691994	Keiser	Paul	W	D.O.	M	I	14416 W M Bldg C	Sun City W	AZ	4	85375	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$123.00	$46.38	$30.78	$31.92
1992740294	Pomposini	Daniel	L	M.D.	M	I	125 Watson St	Danville	VA	51	24541	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$112.17	$47.56	$29.98	$30.17
1992741227	Desai	Sudhir	L	MD	M	I	126 Colleg Ste A	Battle Cree	MI	26	49037	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	12	12	$115.00	$43.90	$25.79	$27.45
1992760474	Kissinger	Mark		DO	M	I	107 Main St	Wintersvill	OH	39	43953	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$144.00	$46.48	$31.46	$32.43
1992762611	Mccraw	Andrew	S	MD	M	I	404 Se Main St	Simpsonvil	SC	45	29681	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	12	12	$111.00	$44.70	$35.67	$37.98
1992775092	Tiwari	Anandita		M.D.	F	I	115 S Pine St	Canyonvill	OR	41	97417	10	Rural areas	US	Internal Me	Y	69210	Removal of N	O	12	12	12	$56.06	$45.26	$36.12	$37.98
1992963169	Araujo	Martin	A	M.D	M	I	270 Broadway	Long Branc	NJ	34	7740	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	12	12	12	$110.00	$52.57	$38.57	$34.82
1003016809	Baumgardr	Zachary	T	MD	M	I	601 Ralstor Suite 100	Reno	NV	32	89503	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$85.00	$49.11	$35.57	$34.53
1003227919	Sypal	Joshua		M.D.	M	I	336 S 9th St	David City	NE	31	68632	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$106.21	$41.40	$29.84	$33.21

1003806241	Geiger	Mara	L	MD	F	I	1701 South	Ste 290	Rochester H	MI	26	48307	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$70.00	$49.91	$25.55	$24.37
1003899303	Hashey	Terry	D	D.O.	M	I	9191 Rg Skinner Parkw		Jacksonvill	FL	12	32256	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$69.24	$48.22	$31.52	$31.10
1013118660	Gregg	John	A	D.O.	M	I	510 Hambu	Wayne Con	Wayne	NJ	34	7470	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$140.00	$54.10	$36.25	$31.52
1013120104	Warren	John			M	I	1100 Ruby Tyler Pkwy		Tuscaloosa	AL	1	35404	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$79.00	$45.69	$23.35	$25.22
1013182112	Craddock	Michelle	M	ANP	F	I	625 Belle Te	Suite 119 P	Port Jeffers	NY	36	11777	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$248.00	$51.03	$40.81	$32.28
1013250331	Bechtold	Brian	J	MD	M	I	22180 Olympic College		Poulsbo	WA	53	98370	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$135.45	$47.61	$33.34	$33.42
1013257005	Bernard	Brent	A	PA-C	M	I	4405 North Holland Syl		Toledo	OH	39	43623	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$100.00	$39.21	$28.40	$28.02
1013914308	Mancini	Jean	M	M.D.	F	I	1 Medical F	Ste 450w	Bristol	TN	47	37620	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$176.73	$44.25	$29.94	$32.70
1013952530	Hoffmeier	Harold	J	P.A.	M	I	104 S Porter St		Watkins Gl	NY	36	14891	7	Small town	US	Physician A	Y	69210	Removal of N	O	11	11	11	$48.00	$27.49	$19.99	$19.42
1013968239	Sia	Imelda	A	MD	F	I	113 W Lake St		Bloomingdi	IL	17	60108	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$118.00	$51.62	$33.78	$31.07
1013971191	Mahaffey	Robert	M	MD	M	I	7912 E 31s	Suite 200	Tulsa	OK	40	74145	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$81.00	$38.50	$24.57	$26.84
1023030475	Alois	Ronald	M	PA-C	M	I	285 Sills Rd	Building 18	East Patch	NY	36	11772	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$140.00	$50.90	$40.68	$32.28
1023074341	Zhang	Douglas	D	M.D.	M	I	13851 E 14th St		San Leandr	CA	6	94578	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	11	11	11	$80.00	$55.71	$40.34	$34.53
1023117447	Dufromont	Charles	E	PA-C	M	I	14 Prospect St		Milford	MA	25	1757	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$120.00	$42.41	$27.43	$26.41
1023226958	Piazza	Fabio	A	M.D.	M	I	288 Boulevard Ste 2		Hasbrouck	NJ	34	7604	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$143.18	$52.33	$29.67	$27.62
1023459294	Newell	Kathy	A	RN NP-C	F	I	1320 W Valley Pkwy		Escondido	CA	6	92029	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$91.27	$43.52	$34.69	$32.28
1023769452	Citak	Steffani		APRN	F	I	800 Goodlette Rd Ste 3		Naples	FL	12	34102	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$102.30	$42.97	$34.27	$32.28
1023774411	Nasta	Marielle		APN	F	I	140 Franklin Tpke Ste 6		Waldwick	NJ	34	7463	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$170.73	$45.58	$33.02	$29.35
1033174362	Dietrich	Aaron	L	DO	M	I	27 Grand St		Kingston	NY	36	12401	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$194.00	$53.94	$39.33	$34.53
1033759477	Mcgann	Megan	A		F	I	96 Daniel Webster Hwy		Belmont	NH	33	3220	5	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$112.00	$38.34	$27.71	$30.08
1043201486	Woods	Alexis	A	MD	F	I	4530 E Mui	105	Phoenix	AZ	4	85048	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$65.00	$46.28	$33.51	$34.67
1043212525	Voytko	Diane		MD	F	I	50 Buck Cr	Suite 200	Avon	CO	8	81620	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$139.09	$48.53	$28.08	$27.62
1043432669	Harms	Monica	M	M.D.	F	I	23331 El Tc	102	Lake Forest	CA	6	92630	1.1	Secondary	US	General Pra	Y	69210	Removal of N	O	11	11	11	$141.09	$50.85	$36.99	$34.77
1043702673	Claunch	April	N	FNP-C	F	I	2100 Hedgcoxe Rd Ste		Plano	TX	48	75025	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$172.36	$38.55	$30.72	$32.28
1043821424	King	Megan		FNP-BC	F	I	35 Gilbert St		Cambridge	NY	36	12816	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$72.00	$39.43	$28.63	$29.49
1053780387	Rullan Oliv	Bianca	E	M.D.	F	I	735 Ave Ponce De Leon		San Juan	PR	72	917	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$48.60	$30.61	$24.42	$24.18
1053939215	Walsh	Katie	R	FNP	F	I	7744 Conner Rd		Powell	TN	47	37849	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$102.00	$37.17	$24.18	$25.59
1063016723	Handley	Robert	R	FNP-BC	M	I	110 A Ave		Limon	CO	8	80828	10	Rural areas	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$99.00	$41.09	$28.77	$28.38
1063527976	Meka	Ajay	G	M.D.	M	I	2740 S Bris	Suite 208	Santa Ana	CA	6	92704	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$75.00	$53.18	$34.89	$29.35
1063916385	Leadbetter	Elizabeth	A	ARNP	F	I	3195 Old Murphy Rd		Franklin	NC	37	28734	8	Small town	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$125.00	$38.85	$25.30	$26.77
1073198081	Barker	Katherine		FNP-C	F	I	255 Quartermaster Ct		Jeffersonvil	IN	18	47130	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$98.09	$37.90	$14.54	$17.12
1073520110	Hadpawat	Reda		MD	F	I	560 Merrick Rd		Rockville C	NY	36	11570	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	11	11	11	$140.00	$54.38	$39.08	$35.39
1073633780	Wolfe-Sidb	Nancy	A	M.S., M.D.	F	I	5046 Thoroughbred Ln		Brentwood	TN	47	37027	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$120.14	$44.06	$11.21	$14.92
1073675427	Ajrouche	Hussein	H	MD	M	I	5245 Scha	Suite D	Dearborn	MI	26	48126	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$65.00	$50.46	$40.40	$37.98
1073722435	Jeghers	Karen		PA	F	I	55 Fogg Rd		Weymouth	MA	25	2190	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$120.00	$41.92	$27.25	$26.41
1073970091	Walton	Scott		M.D.	M	I	300 E Hospital Rd		Ft. Gordon	GA	13	30905	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$144.00	$41.74	$33.27	$36.25
1083077515	Murphy	Richard	D	D.O.	M	I	15750 New Hampshire		Fort Myers	FL	12	33908	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$98.60	$51.43	$36.86	$33.92
1083265516	Jean-Marc	Yva		NP-C	F	I	22707 S Ellsworth Rd S		Queen Cre	AZ	4	85142	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$100.00	$39.58	$27.39	$28.16
1083651533	Beverley	Tracey	D	MD	F	I	321 Tellico Street		Madisonvil	TN	47	37354	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$172.73	$37.85	$23.85	$28.41
1083671150	Turner	Robert	T	M.D.	M	I	7605 Fores	Suite 100	Richmond	VA	51	23229	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$75.00	$47.45	$30.87	$31.15
1093192007	Lum	Yvonne		MD	F	I	377 Keahole St		Honolulu	HI	15	96825	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$128.00	$51.14	$38.00	$35.13
1093293318	Smith	Brandi	L	FNP-C	F	I	1305 S 14th St		Kingsville	TX	48	78363	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$60.00	$36.87	$29.04	$32.28
1093758310	Bruza	John	M	MD	M	I	3615 Chest	Ralston - Pe	Philadelphi	PA	42	19104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$101.91	$36.45	$24.69	$23.21
1093797995	Hartig	David		M.D.	M	I	10155 York Ste 200		Cockeysvil	MD	24	21030	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$105.00	$51.88	$33.80	$31.07
1104241686	Raines	Carmen	R	FNP-C	F	I	1265 Cliff Gookin Blvd		Tupelo	MS	28	38801	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$101.82	$37.06	$18.86	$22.02
1104269240	Speakman	Kyle	R	MD	M	I	1391 N Baldwin Avenu		Marion	IN	18	46952	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$78.55	$44.03	$28.71	$31.80
1104803691	Agsten	Sarah	L	DO	F	I	2508 Nw Medical Park		Roseburg	OR	41	97471	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$114.00	$45.22	$29.43	$31.56
1104822634	Hagaman	Michael	S	MD	M	I	250 Drillers Rd		Mountain H	AR	5	72653	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$43.08	$42.61	$27.73	$32.03
1104975002	Keating	William	J	M.D.	M	I	1080 Lump Suite 300		Dawsonvill	GA	13	30534	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$109.09	$42.65	$30.73	$33.09
1114593134	Tharp	Lauren	C	NP	F	I	1978 Pineywoods Rd		Leighton	AL	1	35646	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$70.00	$38.34	$21.33	$23.33
1114969656	Finch	Marcus	D		M	I	805 Hall St		Wiggins	MS	28	39577	7	Small town	US	Physician A	Y	69210	Removal of N	O	11	11	11	$238.55	$37.09	$20.92	$23.92
1124098710	Anderson	Kipton	L	MD	M	I	4214 38th St		Columbus	NE	31	68601	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$111.00	$43.41	$27.20	$30.86
1124280474	Koepke	Morgan		MD	F	I	1440 Rockside Rd Ste 2		Parma	OH	39	44134	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$126.00	$43.93	$28.24	$29.67
1124298831	Thorhallsd	Margret		M.D.	F	I	6573 A1a S		Saint Augu	FL	12	32080	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$65.00	$48.08	$20.84	$20.77
1124334750	Blymyer	Laurel	A	FNP-C	F	I	46440 Benedict Drive,		Sterling	VA	51	20164	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$162.00	$40.45	$26.35	$26.48
1124391941	Abdin	Elisabeth			F	I	2030 Sutte	Suite 1000	Davis	CA	6	95616	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$161.00	$49.87	$32.61	$31.07
1124526496	Troka	Jordan		PA-C	F	I	7851 S Elati St	Ste 102	Littleton	CO	8	80120	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$119.33	$39.23	$31.68	$33.01
1124556725	Gallagher	Mary		FNP	F	I	433 W Main St		Hyannis	MA	25	2601	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$127.40	$42.48	$9.27	$8.80
1134395973	Davenport	Peter		M.D.	M	I	706 Ave G		Marble Fall	TX	48	78654	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$245.00	$48.49	$31.60	$31.07
1144463431	English	Jonathan	T	MD	M	I	407 Stonewall St		Memphis	TN	47	38112	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$64.00	$44.36	$32.29	$34.90
1144533795	Shekari	Seena		D.O.	M	I	40 Washington Ave		Dumont	NJ	34	7628	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$128.55	$54.28	$27.68	$22.44
1154300457	Ziomek	Nick	B	P.A.	M	I	45280 Seeley Dr		La Quinta	CA	6	92253	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$69.91	$29.52	$18.67	$17.57
1154316909	Jamiolkows	Maria	S	DO	F	I	945 Bethes	Suite 110	Zanesville	OH	39	43701	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$92.00	$46.66	$25.74	$26.72
1164439980	Whitford	Michael		MD	M	I	901 W Walnut Street		Metamora	IL	17	61548	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$111.00	$46.43	$33.65	$34.67
1164483483	Godwin	Patrick	L	MD	M	I	609 Professional Dr		Roxboro	NC	37	27573	7	Small town	US	Pediatric M	Y	69210	Removal of N	O	11	11	11	$75.00	$45.57	$29.63	$31.49
1174025019	Rohrbacker	Matthew	J	CRNP	M	I	1061 N Front St	Ste 2	Philipsburg	PA	42	16866	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$165.27	$39.50	$25.80	$26.69
1174581458	Tarantino	Salvatore		M.D.	M	I	8881 Fletch	Ste 370	La Mesa	CA	6	91942	1	Metropolita	US	General Pra	Y	69210	Removal of N	O	11	11	11	$108.00	$51.50	$32.66	$30.19
1174588628	Lee	Thomas	S	M.D.	M	I	1890 Silver	Suite 370	New Lenox	IL	17	60451	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$185.83	$51.39	$41.06	$37.98
1174596803	Humphreys	Kristin	E	MD	F	I	4061 Indian Creek Pkw		Overland P	KS	20	66207	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$125.00	$44.01	$31.86	$34.88
1174669246	Cabrera	Jorge	L	M.D.	M	I	25098 Olyr	Suite 400	Punta Gord	FL	12	33950	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$102.30	$47.87	$31.17	$29.37
1184600728	Olson	Kevin	L	M.D.	M	I	4197c Winchester Rd		Marshall	VA	51	20115	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$78.64	$46.04	$29.89	$29.43
1184657231	Barigian	Jeffrey	J	MD	M	I	40232 Junction Drive		Oakhurst	CA	6	93644	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$64.35	$51.73	$33.66	$31.07
1184712606	Prince	Mark	E	MD	M	I	1500 E Medical Center		Ann Arbor	MI	26	48109	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$81.00	$33.79	$17.98	$16.74
1194311498	Barnes	Vanessa	N	APRN	F	I	3108 N West Ave		El Dorado	AR	5	71730	5	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$108.00	$36.19	$26.12	$29.68
1194797936	Ball	William	F	MD	M	I	3390 Colonial Ave		Roanoke	VA	51	24018	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$80.00	$47.91	$28.17	$28.06
1205035029	Oshita	Masaru		M.D.	M	I	4150 V St	Pssb 2100	Sacrament	CA	6	95817	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	11	11	11	$104.06	$50.00	$36.37	$34.53
1205387388	Brenner	Rebecca		NP	F	I	1330 Boilin	Suite 2500	Spartanbur	SC	45	29303	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$183.00	$38.16	$27.82	$29.68

1205471265	Lo	Mung		FNP-C	F	I	4 Hartford Dr	Tinton Falls	NJ	34	7701	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$52.55	$44.31	$28.89	$26.41
1205488970	Baumgartn	Gregory			M	I	122 Ronkonkoma Blvd	Centereach	NY	36	11720	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$140.00	$51.11	$38.32	$29.76
1205806213	Sillers	Michael	J	MD	M	I	7191 Caha Suite 301	Birminghan	AL	1	35242	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$75.00	$44.89	$32.49	$34.79
1205914348	Park	Christina	H	M.D.	F	I	560 Northe Suite 203	Great Neck	NY	36	11021	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$248.00	$59.99	$43.59	$34.53
1205951522	Petreas	Alexander	N	PA	M	I	3420 Fruitville Road	Sarasota	FL	12	34237	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$41.82	$39.66	$25.82	$26.62
1215003264	Morrow	Beth	E	PA-C	F	I	1321 Ring Rd Ste 105	Elizabethto	KY	21	42701	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$75.00	$38.05	$26.56	$28.53
1215306352	Yeager-Hal	Carli		PA	F	I	1 Guthrie Sq	Sayre	PA	42	18840	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$189.00	$39.88	$26.18	$26.69
1215377932	Thompson	Arthur	R	D.O	M	I	1272 Garrison Dr	Murfreesbo	TN	47	37129	1.1	Secondary	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$95.00	$44.44	$25.93	$28.74
1215389481	Massey	Stephanie	Z	PA-C	F	I	625 6th Ave S Ste 385	St Petersbu	FL	12	33701	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$149.00	$41.02	$32.80	$32.28
1215433842	Clarke	Linsey		DO	M	I	6415 Peters Creek Rd	Roanoke	VA	51	24019	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$105.00	$45.41	$36.25	$36.25
1215597364	Juricek	Amber	C	DNP, FNP-(	F	I	680 E Fremont Medical	Fremont	NE	31	68025	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$175.91	$36.99	$24.12	$27.12
1215921978	Rose	Kenneth	E	M.D.	M	I	2400 Avalon Ave Ste B	Muscle Sho	AL	1	35661	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$65.00	$45.16	$26.13	$28.41
1215935903	Land	Susan	H	M.D.	F	I	505 Mount Pleasant Rd	Thomson	GA	13	30824	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$95.00	$44.83	$25.93	$28.49
1215978747	Smith	Paul	G	D.O.	M	I	2121 N Oc Suite 101	Cleveland	TN	47	37311	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$89.00	$44.42	$35.57	$37.98
1225008469	Gay	Charles		MD	M	I	235 West P Suite 102	Bellville	TX	48	77418	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$115.00	$44.09	$28.60	$29.77
1225031164	Enriquez	Minnie	S	M.D.	F	I	303 S Nappanee St	Elkhart	IN	18	46514	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$145.00	$44.10	$26.92	$29.98
1225123938	Badi	Arunkumar	N	MD, PHD	M	I	7777 Forest Ln Ste C60	Dallas	TX	48	75230	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$125.00	$47.59	$34.46	$34.55
1225285133	Khabatyuk	Ruslan		PA-C	M	I	3427 Robin Suite 100	Cameron P	CA	6	95682	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$178.00	$42.45	$27.78	$26.42
1235119033	Batey	James	T	MD	M	I	702 Sherrill Suitge B	Union City	TN	47	38261	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$63.00	$43.86	$28.58	$31.82
1235213307	Boyers	Michael	J	MD	M	I	401 Bicentennial Way	Santa Rosa	CA	6	95403	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$129.00	$52.57	$42.08	$37.98
1235231606	Hankins	Randy		MD	M	I	213 Caldwell Dr	Hazlehurst	MS	28	39083	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$110.00	$43.66	$25.42	$28.92
1235471244	Debettenc	Nicole	M	DNP	F	I	2002 Medical Pkwy Ste	Annapolis	MD	24	21401	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$95.00	$44.10	$31.96	$29.35
1235492182	Garcia	Mark	D	D.O.	M	I	205 10th St Ne Ste 200	Auburn	WA	53	98002	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$135.73	$52.59	$34.57	$29.37
1245209741	Waters	Scott	C	DO	M	I	4712 E Dynamite Blvd	Cave Creek	AZ	4	85331	1	Metropolita	US	Osteopathi	Y	69210	Removal of N	O	11	11	11	$94.00	$47.17	$37.81	$37.98
1245210244	Petryk	Thomas		MD	M	I	1930 Tamarack Rd	Newark	OH	39	43055	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$70.00	$46.19	$30.08	$31.40
1245226950	Nicholas	Donald	G	M.D.	M	I	104 Plaza Dr	Red Oak	TX	48	75154	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$82.50	$48.37	$25.16	$22.97
1245265834	Hubner	Michael	L	MD	M	I	2000 S Wh Suite 1100	Tulsa	OK	40	74104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$64.00	$44.30	$32.06	$34.84
1245272459	Fox	Laura	J	MD	F	I	6 Tsiennetc Suite 300	Derry	NH	33	3038	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$146.36	$48.93	$32.42	$31.47
1245295013	Berens	Gregory	W	MD	M	I	1600 N Gra Suite 310	Pueblo	CO	8	81003	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$48.83	$48.40	$38.63	$37.98
1245671908	Smith	Joshua	S	M.D.	M	I	8800 Se 15th St	Midwest Ci	OK	40	73110	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$91.00	$42.62	$34.05	$36.25
1255328126	Augustine	Joseph	P	MD	M	I	4939 Britto Suite 101	East Syrac	NY	36	13057	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$136.36	$46.08	$29.98	$31.41
1255404786	Ruggles	Seth	M	DO	M	I	348 Milan A Suite 2	Norwalk	OH	39	44857	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$96.00	$46.19	$30.08	$31.40
1255628996	Phelps	Nathan		MD	M	I	4650 Harrison Blvd	Ogden	UT	49	84403	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$80.00	$45.30	$32.79	$34.76
1255787537	Gorstein	Jay	I	DO	M	I	2007 Palm Beach Lake	West Palm	FL	12	33409	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$163.00	$50.58	$35.25	$33.18
1265171433	Cline	Tanner	J	PA-C	M	I	435 N 5th St	Phoenix	AZ	4	85004	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$110.33	$39.16	$31.20	$32.28
1265427157	Deaton	Mark	A	MD	M	I	2001 Hayes St	Nashville	TN	47	37203	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$106.64	$40.99	$24.60	$30.82
1265531875	Angerosa Jr	John		M.D.	M	I	1545 Union St	Schenecta	NY	36	12309	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$145.00	$46.67	$13.63	$14.97
1265722771	Anderson	Jacqueline	A	M.D.	F	I	9300 Dewit Sunrise Pa	Fort Belvoir	VA	51	22060	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	11	11	11	$43.00	$31.75	$20.76	$21.85
1265825434	Austin	Terrence			M	I	5549 Us Highway 93 N	Florence	MT	30	59833	2	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$127.00	$38.92	$23.60	$23.50
1275011132	Milojevic	Holly	M	APRN	F	I	9933 Woods Dr	Skokie	IL	17	60077	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$89.18	$31.04	$13.42	$12.21
1275142325	Greer	Thomas	G	FNP-C	M	I	2900 Westfork Dr Ste 4	Baton Roug	LA	22	70827	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$121.00	$39.05	$31.18	$32.29
1275569402	Cannon	Daniel	F	M.D.	M	I	6 Brooklet St	Asheville	NC	37	28801	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$156.00	$44.08	$34.40	$35.40
1275591273	Simplot	Timothy	C	MD	M	I	105 Valley ' Ste 100	West Des M	IA	19	50265	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$108.00	$37.92	$27.03	$29.71
1275877474	Rutherford	Amanda	D	APN	F	I	85 Chestnut Ridge Rd	Montvale	NJ	34	7645	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$144.36	$46.22	$30.31	$26.41
1285695866	Farmer	John	J	M. D.	M	I	444 S Main St	Madisonvil	KY	21	42431	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$143.00	$44.87	$24.58	$27.07
1285941310	Furness	Todd	W	D.O.	M	I	74 E Kimballs Ln Ste 26	Draper	UT	49	84020	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$147.00	$45.36	$32.82	$34.73
1295075794	Mcmahon	Christophe	M	PA	M	I	311 E Warv Suite A	Alma	MI	26	48801	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$75.00	$38.80	$26.70	$28.16
1295263002	Adamson	Tyler	E	DO	M	I	15004 Innovation Dr	San Diego	CA	6	92128	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$120.00	$51.28	$40.90	$37.98
1295279958	Kooistra	Millie			F	I	110 Crawford St	Terre Haute	IN	18	47807	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$83.00	$37.44	$27.15	$29.66
1295715704	Beres	Mary-Emma		M.D.	F	I	600 Chatham Medical	Elkin	NC	37	28621	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$132.00	$47.89	$31.31	$31.15
1295833739	Heck	Richard	A	M.D.	M	I	2508 Crestwood Rd	North Little	AR	5	72116	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$116.64	$40.77	$20.50	$24.74
1295920163	Malone	James	B	D.O.	M	I	1215 S Cou Suite 100	Amarillo	TX	48	79106	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$48.69	$42.82	$34.45	$38.84
1306027362	Burke	Michael	S	M.D.	M	I	2623 S Seacrest Blvd S	Boynton Be	FL	12	33435	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$102.30	$51.26	$41.03	$37.98
1306100185	Fedorova	Victoria		M.D.	F	I	1160 Varnu Depaul 021	Washingto	DC	11	20017	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	11	11	11	$176.00	$55.40	$40.07	$34.53
1306283577	Chaney	Lisa	W	FNP-BC	F	I	33650 Highway 43	Thomasvill	AL	1	36784	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$70.00	$37.67	$20.82	$23.49
1306368501	Duggar	Jessica	L	APRN	F	I	107 N 9th St	Ozark	AR	5	72949	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$90.00	$36.62	$28.95	$31.95
1306487400	Black	Tiffany	M	PA-C	F	I	356 E Midway Rd	Fort Pierce	FL	12	34982	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$163.00	$43.16	$20.20	$18.96
1316101181	Abraham	Alin	K	M.D.	F	I	1019 School St	Lisle	IL	17	60532	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$149.00	$51.75	$33.90	$31.07
1316116890	Georgies	Rami		M.D.	M	I	8001 Lorraine Ave	Stockton	CA	6	95210	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$133.91	$49.02	$35.56	$34.53
1316354590	Tupper	Ashley		ARPN	F	I	719 Washington Blvd	Newcastle	WY	56	82701	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$136.18	$38.66	$23.99	$24.08
1316472905	Ruckersfel	Frederick	L	MD	M	I	714 N Michigan St	South Benc	IN	18	46601	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$100.00	$43.93	$24.90	$28.16
1326083551	Gonsalves	Tara	L	NP	F	I	1 Del Pond Dr	Canton	MA	25	2021	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	11	11	11	$77.00	$30.23	$21.89	$20.35
1326148511	Schmidt	Daryn	R	MD	M	I	901 Sw Garfield Ave	Topeka	KS	20	66606	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$106.25	$44.74	$32.59	$34.88
1326367970	Davis	Alfred	H	PA-C	M	I	2049 E 100th St	Cleveland	OH	39	44106	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$86.00	$39.32	$28.02	$29.00
1336111996	Raley	Stephen	P	MD	M	I	1001 Hewitt Dr	Waco	TX	48	76712	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$93.45	$45.49	$29.58	$31.50
1336360742	Fritz	Douglas	S	M.D.	M	I	6 Kimball L Lahey Lynn	Lynnfield	MA	25	1940	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$200.00	$53.78	$35.16	$31.07
1336589902	Kurtz	Andra	L	NP-C	F	I	1019 Pierce St	Sandusky	OH	39	44870	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$96.00	$39.82	$29.01	$29.48
1346426749	Dave	Nirali	D	MD	F	I	500 Old Yo Suite 203	Jenkintown	PA	42	19046	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$112.27	$50.91	$40.60	$37.98
1346628971	Navarro	Ricardo	J	D.O.	M	I	1137 Druid Cir	Lake Wales	FL	12	33853	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$95.36	$47.91	$27.92	$27.88
1356328660	Brogan	Terri-Ann	K	DO	F	I	1395 N Co Suite 107	Merritt Isla	FL	12	32953	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$121.00	$47.87	$31.17	$31.10
1356458061	Aldrich	William	C	MD	M	I	1036 Professional Ct	Manning	SC	45	29102	7.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$136.95	$42.60	$30.90	$35.02
1356511216	Crowder	Sakeitha	L	MD	F	I	4937 Old Country Club	Winston Sa	NC	37	27104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$92.45	$37.20	$22.39	$24.77
1356701593	Dearstine	Ashley			F	I	41680 Miss Suite 301	Leonardtov	MD	24	20650	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$123.00	$41.94	$26.81	$25.92
1356945091	Norton	Mallory	K		F	I	808 Rickert Dr Ste 103	Naperville	IL	17	60540	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$74.26	$44.01	$31.85	$29.35
1366485583	Aichele	Robert	K	DO	M	I	2605 Willow Street Pik	Willow Stre	PA	42	17584	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$105.00	$46.75	$27.26	$28.11
1366507154	Robinson	Robert	D	M.D.	M	I	225 S Main St	Barre	VT	50	5641	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$48.78	$31.90	$18.42	$19.49
1366781080	Barlage	Jennifer	A	NP	F	I	1400 E 2nd St	Defiance	OH	39	43512	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	11	11	11	$53.00	$27.83	$20.16	$20.38

1366831828	Holland	Lorrie	A	APRN	F	I	10977 Grar	Suite 105	Leawood	KS	20	66211	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$115.00	$37.24	$29.67	$32.28
1366918294	Veleva	Ani		APN	F	I	4051 N Lincoln Ave		Chicago	IL	17	60618	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$110.00	$44.35	$25.68	$23.48
1366994667	Ciccariello	Jill		NP	F	I	360 Merrimack St		Lawrence	MA	25	1843	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$118.96	$42.17	$33.67	$32.28
1376183467	Lehn	Michelle	R	FNP-BC, FF	F	I	390 E Congress Pkwy	S	Crystal Lak	IL	17	60014	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$81.91	$27.90	$22.24	$22.38
1376509877	Volk	Barbara	H		F	I	4810 Munson St Nw		Canton	OH	39	44718	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$65.00	$46.27	$29.22	$30.48
1376534297	Bickford	Elmer	D	M.D.	M	I	117 Medica	Suite 1	Victoria	TX	48	77904	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$163.00	$45.52	$32.96	$34.74
1376555417	Erlebacher	Mark	S	M.D.	M	I	4500 Pewter Ln	Bldg 1	Manlius	NY	36	13104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$111.09	$46.84	$37.52	$37.98
1376566281	Lin	John		M.D.	M	I	101 Wauke	Suite 1200	Lake Bluff	IL	17	60044	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$91.73	$35.83	$26.05	$23.92
1386057255	Fernandez-	Camilo	D	M.D	M	I	133 Benmore Dr	Ste 10	Winter Park	FL	12	32792	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	11	11	11	$43.00	$31.38	$22.71	$24.08
1386085702	Kersey	Erin	R	FNP	F	I	6237 Carol	Suite 101	Indian Lanc	SC	45	29707	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$120.00	$38.57	$19.73	$21.54
1396239547	Wiggins	Travis	L	FNP-C	M	I	2704 Thomas Dr		Panama Ci	FL	12	32408	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$50.00	$40.84	$23.66	$23.50
1396483764	Allen	Jenelle			F	I	201 Nw 82nd Ave	Ste 4	Plantation	FL	12	33324	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$105.00	$42.78	$34.08	$32.28
1396738761	Heinkel	Don	E	M.D.	M	I	2400 Avalon Ave		Muscle Shc	AL	1	35661	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$65.00	$45.19	$26.17	$28.41
1396760419	Hisel	Christophe	G	MD	M	I	706 E Felt St		Brownfield	TX	48	79316	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$125.00	$45.69	$26.43	$28.26
1407244247	Offenberg	Nicole		MCMSC, PA	F	I	400 Sw 1st	Apt. 407	Fort Lauder	FL	12	33301	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$163.00	$43.09	$28.56	$26.72
1407819493	Lewis	Vincent	J	D.O.	M	I	2560 River	Ste 330	Fort Worth	TX	48	76116	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$148.40	$46.68	$37.23	$37.98
1407834740	Perrin	Luke	R	M.D.	M	I	210 4th Ave		Grinnell	IA	19	50112	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$125.00	$44.04	$31.93	$34.89
1417098500	Pham	Bao	T	MD	M	I	12545 Briar Forest Dr	S	Houston	TX	48	77077	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$150.00	$49.00	$33.92	$32.91
1417391764	Elizondo	Carlos	R	M.D.	M	I	230 S Gulf St		Alice	TX	48	78332	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$120.00	$46.14	$35.66	$36.73
1417545823	Meservier	Rebecca	J	PA	F	I	243 Charles St		Boston	MA	25	2114	1	Metropolita	US	Physician A	Y	69210	Removal of N	F	11	11	11	$133.91	$30.19	$21.84	$20.35
1427012939	Obeid	Leila	A	M.D.	F	I	306 E Lancaster Ave	St	Wynnewoo	PA	42	19096	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$125.00	$51.09	$37.03	$34.53
1427037159	Mehdi	Ahmad	M	MD	M	I	100 Sykes St		Groton	NY	36	13073	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$70.00	$46.41	$25.64	$26.86
1427093236	Lekht	Zinovy	N	M.D	M	I	9375 San Fernando Rd		Sun Valley	CA	6	91352	1	Metropolita	US	Neurosurge	Y	69210	Removal of N	O	11	11	11	$60.00	$52.15	$41.56	$37.98
1427295427	Jones	Courtney	A	D.O.	M	I	465 Smithtown Blvd		Nesconset	NY	36	11767	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$215.00	$54.23	$39.39	$34.53
1427382761	St Pierre	Diane		ARNP	F	I	695 Taron E	Unit #2	Sanibel	FL	12	33957	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$102.30	$43.07	$34.37	$32.28
1427390756	Zhao	Peter	Y	M.D.	M	I	1495 Hancock St		Quincy	MA	25	2169	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$252.00	$52.10	$37.90	$34.53
1427499532	Venugopal	Biji		CNP	F	I	8350 Arbor Square	Dr	Mason	OH	39	45040	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$99.00	$39.32	$31.39	$32.28
1437118387	Twardowsk	Mark	A	DO	M	I	743 Horizo	Suite 100	Grand Junc	CO	8	81506	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$106.36	$48.63	$28.19	$27.62
1437134301	Mills	John	E	M.D.	M	I	1005 Mar V	Immediate	Fort Walton	FL	12	32547	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$113.64	$48.08	$32.48	$32.16
1437172384	Filippone	Louis		MD	M	I	270 Park Ave		Huntington	NY	36	11743	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	11	11	11	$140.00	$59.96	$47.94	$37.98
1437179967	Bynum	Patrick		MD	M	I	498 Highway 80 E		Clinton	MS	28	39056	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$114.00	$43.81	$25.58	$28.92
1437230612	Hogue	Caisson	T	M.D.	M	I	809 N Cedar St		Summervill	SC	45	29483	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$130.41	$44.63	$35.60	$36.25
1437252459	Hodgson	Robert	A	M.D.	M	I	5445 Bass	Suite 650	Fort Worth	TX	48	76137	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$101.00	$46.68	$30.36	$31.29
1437441953	Daniels	Brian	P	D.O.	M	I	5425 N Mayo Trl	Ste 20	Pikeville	KY	21	41501	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$56.00	$44.87	$27.62	$28.25
1437598588	Rivera	Jessica	G	DNP, FNP-I	F	I	101 Chapman Hill	Rd	Clemson	SC	45	29631	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$118.00	$38.02	$25.78	$27.86
1437694445	Kinyon	Sarah			F	I	2810 Quebec St		Denver	CO	8	80207	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$99.00	$38.11	$14.29	$17.21
1447218649	Bernat	Richard	A	MD	M	I	100 Delafie	Suite 207	Pittsburgh	PA	42	15215	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$61.00	$46.64	$18.87	$20.07
1447220371	Ishaque	Asif		MD	M	I	9244 Lapeer Road		Davison	MI	26	48423	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$100.00	$46.28	$30.31	$31.47
1447396601	Chen	Henry	H	MD, MBA	M	I	8635 W 3rd	Suite 590w	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$193.27	$49.62	$40.00	$38.84
1457364333	Teitelbaum	Benjamin	J	MD	M	I	1351 E Spruce Ave		Fresno	CA	6	93720	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$120.00	$46.56	$29.96	$29.35
1457708687	Heck	Amelia	R	M.D.	F	I	1251 E Main St		Annville	PA	42	17003	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$214.36	$46.53	$33.82	$34.69
1457877177	Skibba	Carrie			F	I	5409 Avenue O		Fort Madisc	IA	19	52627	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	F	11	11	11	$95.91	$26.12	$15.13	$16.88
1457970097	Ronald	Rebecca		NP	F	I	1891 State Highway 7		Erie	CO	8	80516	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$99.00	$41.16	$26.81	$26.41
1467454082	Haley	James	A	MD	M	I	1751 Erickson Ave		Harrisonbu	VA	51	22801	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$96.00	$48.17	$24.28	$24.00
1467458083	Forwith	Keith	D	MD	M	I	4004 Dupo	Suite 220	Louisville	KY	21	40207	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$91.00	$42.76	$30.96	$33.13
1467471177	Ngo	Linh	K	MD	M	I	9450 Ming Ave		Bakersfield	CA	6	93311	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$70.00	$49.42	$35.80	$34.53
1467555474	Rosenbaun	Lawrence		M.D.	M	I	1595 Soqu	Ste 400	Santa Cruz	CA	6	95065	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$182.00	$53.14	$31.18	$27.62
1467568766	Coppola	Anthony	M	DO	M	I	1830 State Highway 9		Decorah	IA	19	52101	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$341.45	$42.41	$19.40	$22.34
1477528990	Miller	Christophe	L	M.D.	M	I	1118 Ross	Suite 303	Dothan	AL	1	36301	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$69.00	$45.30	$27.09	$29.16
1487001442	Borrowmar	Ryan	T	NP-C	M	I	1664 S Dixi	Ste D102	St George	UT	49	84770	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$81.82	$38.42	$30.62	$32.28
1487097267	Kamcza	Laura	K	MD	F	I	1400 E 2nd St		Defiance	OH	39	43512	4	Micropolita	US	Family Prac	Y	69210	Removal of N	F	11	11	11	$53.00	$32.83	$12.22	$12.64
1487868154	Jezierski	Melinda		M.D.	F	I	915 E Stow	Suite B	Santa Mari	CA	6	93454	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$106.00	$52.54	$42.08	$37.98
1497096812	Vo	Tai		D.O.	M	I	2007 Palm Beach Lake		West Palm	FL	12	33409	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$163.00	$50.85	$36.90	$34.53
1497200869	Rodriguez	Yuri	A	N.P.	F	I	1500 Duarte Rd		Duarte	CA	6	91010	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	11	11	11	$52.00	$25.79	$20.59	$19.32
1497720221	Brownfield	Shannon	H	M.D.	M	I	715 W Sher	Suite G	Harrison	AR	5	72601	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$111.00	$41.23	$28.30	$31.79
1497732564	Ewald	Edward	M	MD	M	I	13 Church Rd		East Granb	CT	9	6026	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$65.00	$48.83	$35.18	$32.80
1497743058	Shehata	Hazem		MD	M	I	1881 W 24t	Ste A	Yuma	AZ	4	85364	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$75.00	$46.27	$30.10	$31.37
1497775936	Aleksandro	Yulia		MD	F	I	255 Front St		Hellertown	PA	42	18055	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$120.82	$46.78	$28.27	$29.03
1497780761	Fischer	John	S	MD	M	I	83745 Highway 9	Ste B	Ashland	AL	1	36251	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$100.00	$41.62	$30.07	$34.99
1497837744	Raguso-Fai	Michael	J	M.D.	M	I	1301 Route	Suite 240	Manahawk	NJ	34	8050	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$106.00	$52.06	$30.10	$27.62
1508095399	Hausrath	Carla	K	R.N., N.P.	F	I	210 Cornel	Suite 202	Plattsburgh	NY	36	12901	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$92.00	$39.75	$28.95	$29.49
1508111402	Sheff	David	R	MD	M	I	1401 Crees St		West Libert	IA	19	52776	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$209.64	$42.39	$20.99	$23.89
1518075357	Lasek-Ness	Suzanne		MD	F	I	1701 Sunset Blvd		Houston	TX	48	77005	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$49.52	$49.22	$23.57	$22.86
1518905207	Chanmuga	Jay	C	DO	M	I	1133 Saxon Blvd		Orange Cit	FL	12	32763	1.1	Secondary	US	General Pra	Y	69210	Removal of N	O	11	11	11	$48.79	$47.43	$23.70	$24.21
1518936855	Townsend	Oren		M.D.	M	I	904 7th Ave		Seattle	WA	53	98104	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$154.82	$48.33	$25.12	$20.72
1518945484	Unger	Michael	J	MD	M	I	650 W Lake Cook Rd		Buffalo Gro	IL	17	60089	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$68.00	$52.57	$34.45	$31.07
1518999218	Ajir	Mahyar		D.O.	M	I	2801 Jefferson St		Carlsbad	CA	6	92008	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$75.00	$51.50	$22.25	$20.72
1528004710	Brinsfield	Martha	L	MD	F	I	402 Mcfarlan	Road	Kennett Sq	PA	42	19348	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$147.27	$51.02	$37.81	$35.14
1528220829	Breish	Charles		M.D.	M	I	100 E Lanc	Suite 467	Wynnewoo	PA	42	19096	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$125.00	$51.13	$37.07	$34.53
1528354255	Metyk	Tetyana		MD	F	I	3191 Harbor Blvd		Port Charlo	FL	12	33952	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$100.00	$48.61	$34.40	$33.53
1528449097	Mondino	Kristen	M	M.D.	F	I	221 Westwood Plaza		Los Angele	CA	6	90095	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$77.28	$34.86	$22.31	$20.95
1528467354	Owens	Jessica	L	PA	F	I	1000 N Village Ave		Rockville C	NY	36	11570	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$111.82	$51.02	$37.08	$29.35
1538122262	Grafals	Ingrid		MD	F	I	35 Nod Rd	Suite 201a	Avon	CT	9	6001	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$142.82	$51.30	$37.17	$34.53
1538169230	Jakubowicz	David	M	M.D.	M	I	3132 E Tremont Ave	Ste	Bronx	NY	36	10461	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$79.00	$57.64	$46.17	$36.25
1538272539	Kamens	Edward	E	M.D.	M	I	50 Memori	Suite 111	Leominster	MA	25	1453	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$152.73	$50.11	$36.47	$34.53
1538303086	Jayne	Timothy	D	PA-C	M	I	242 Green St		Gardner	MA	25	1440	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$255.00	$45.35	$31.52	$28.05
1538677687	Schroeder	Kelby	R		F	I	20 Ne Saint Lukes Blvd		Lees Sumn	MO	29	64086	2	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$125.00	$39.62	$22.91	$23.81

1548200686	Lam	Jim	W	M.D.	M	I	27231 La P	Suite A	Laguna Nig	CA	6	92677	1.1	Secondary	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$129.00	$53.10	$34.81	$29.35
1548210172	Stinnett	Scott	G	M.D.	M	I	451 S Holly St		Siloam Spri	AR	5	72761	5	Micropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$106.91	$43.25	$25.24	$29.06
1548292832	Gadula	Mariusz	W	MD	M	I	4609 W 103rd St		Oak Lawn	IL	17	60453	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$93.00	$52.00	$33.88	$31.07
1548351893	Blomstedt	Jason	J	DO	M	I	1401 E H St		Mc Cook	NE	31	69001	7	Small town	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$86.31	$41.31	$32.94	$36.25
1548426158	Michalsen	Brian	T	D.O.	M	I	102 Landmark Dr		Winnegago	IL	17	61088	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$34.98	$33.27	$16.91	$16.84
1548571052	Jackson	Alicia	P	D.O.	F	I	254 Ren Mar Dr		Pleasant Vi	TN	47	37146	2	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$62.12	$43.77	$31.70	$34.90
1558661702	Russom	Briana		PA-C	F	I	2473 Mcfarland Rd		Rockford	IL	17	61107	1	Metropolita	US	Physician A	Y	69210	Removal of N		O	11	11	11	$137.00	$39.83	$11.57	$12.57
1568428415	Yates	Laurel	B	MD MPH	F	I	1620 Trem	Division Of	Boston	MA	25	2120	1	Metropolita	US	Internal Me	Y	69210	Removal of N		F	11	11	11	$330.00	$35.41	$23.16	$21.53
1568433498	Kim	David	N	M.D	M	I	3903 S Cob	Suite 200	Smyrna	GA	13	30080	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$45.00	$45.12	$29.57	$31.69
1568455772	Ditto	Steven	W	MD	M	I	4801 Se 15th St	Ste 30(	Del City	OK	40	73115	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$93.00	$44.97	$29.46	$31.71
1568469922	Brown	Darrel	J	FNPC	M	I	500 Main St		Rio Vista	CA	6	94571	7	Small town	US	Nurse Prac	Y	69210	Removal of N		O	11	11	11	$211.55	$40.69	$27.16	$24.57
1568476802	Cave	Terah	E	PA-C	F	I	203 S Candy Ln	# 13ab	Cottonwoo	AZ	4	86326	4	Micropolita	US	Physician A	Y	69210	Removal of N		O	11	11	11	$91.00	$39.54	$22.89	$23.84
1568623700	Neft	Evan	E	M.D.	M	I	1700 Horiz	Suite 203	Chalfont	PA	42	18914	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$113.18	$48.81	$38.96	$36.25
1568787141	Bunn	Bryan	C	MD	M	I	113 Virginia Rd		Edenton	NC	37	27932	7	Small town	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$120.00	$44.20	$32.03	$33.01
1578008769	Berg	Randi	L		F	I	5 E Cumberland Rd		Altamont	IL	17	62411	10.2	Secondary	US	Nurse Prac	Y	69210	Removal of N		O	11	11	11	$83.18	$39.53	$25.76	$26.65
1578049458	Jelveh	Ida		PA-C, MSP/	F	I	28096 Edelweiss Ct		Laguna Nig	CA	6	92677	1.1	Secondary	US	Physician A	Y	69210	Removal of N		O	11	11	11	$65.00	$44.48	$35.48	$32.28
1578097275	Yen	Andrew	T	DO	M	I	2480 Sonoma St		Redding	CA	6	96001	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$110.00	$51.58	$28.36	$26.56
1578569091	Neil	Matthew	L	MD	M	I	301 N 4th Ave		Eldridge	IA	19	52748	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$164.14	$42.11	$17.06	$20.31
1578749123	Anderson	Wade	M	PA-C	M	I	85 N. 100 E	Suite A	Gunnison	UT	49	84634	7	Small town	US	Physician A	Y	69210	Removal of N		O	11	11	11	$121.71	$38.50	$27.87	$29.54
1578785218	Baars	Jennifer	L	MD	F	I	855 Manhattan Beach I		Manhattan	CA	6	90266	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$78.00	$52.48	$34.19	$31.07
1588217749	Tamang	Pema	L	FNP	F	I	3917 West Rd	Ste A	Los Alamos	NM	35	87544	7	Small town	US	Nurse Prac	Y	69210	Removal of N		O	11	11	11	$108.90	$38.99	$31.09	$32.28
1588611024	Comfort	Kevin	P	M.D.	M	I	8715 Villag	Suite 510	San Antoni	TX	48	78217	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$73.00	$43.44	$28.33	$31.91
1588665012	Leibowitz	Jonathan		M.D.	M	I	1343 55th St		Brooklyn	NY	36	11219	1	Metropolita	US	Nephrolog	Y	69210	Removal of N		O	11	11	11	$145.41	$60.23	$43.83	$34.53
1588753123	Striegel	Peter	G		M	I	96 Graham Ste B		Cuyahoga F	OH	39	44223	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$80.00	$46.75	$34.03	$34.69
1598077372	Regnaert	Jessica		M.D.	F	I	2927 N 7th	St. Joseph's	Phoenix	AZ	4	85013	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$123.00	$46.50	$20.92	$22.21
1598147886	Rognan	Tara		D.O.	F	I	400 Medical Plz	Ste 20(	Lake St Lou	MO	29	63367	1	Metropolita	US	Family Prac	Y	69210	Removal of N		F	11	11	11	$37.00	$31.28	$17.78	$18.10
1598292963	Snover	Charles	M	PA-C	M	I	1216 E Hunting Park Av		Philadelphi	PA	42	19124	1	Metropolita	US	Physician A	Y	69210	Removal of N		O	11	11	11	$163.00	$43.63	$28.60	$26.41
1598747941	Ortwine	Kelly	Z	MD	F	I	1701 South	Ste 240	Rochester I	MI	26	48307	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$70.00	$49.69	$39.63	$37.98
1609095918	Suurna	Maria	V	MD	F	I	1400 Nw 12th Ave		Miami	FL	12	33136	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		F	11	11	11	$132.00	$38.24	$30.47	$26.32
1609122175	Devine	Elizabeth	A	APRN	F	I	843 E 4th St	Ste A	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	90662	Influenza vi		O	11	11	11	$53.44	$52.47	$52.47	$52.37
1609122175	Devine	Elizabeth	A	APRN	F	I	843 E 4th St	Ste A	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	93000	Routine ele		O	11	11	11	$29.63	$11.17	$7.27	$8.11
1609122175	Devine	Elizabeth	A	APRN	F	I	843 E 4th St	Ste A	Ainsworth	NE	31	69210	10	Rural areas	US	Nurse Prac	Y	G0008	Administra		O	11	11	11	$48.75	$27.32	$27.32	$14.13
1609301761	Snieder	Hylke		M.D.	M	I	3600 Nw Samaritan Dr		Corvallis	OR	41	97330	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$121.73	$45.22	$36.08	$37.98
1619083508	Kolodrubet	Richard	J	MD	M	I	9501 Old A	Suite 308	Ellicott City	MD	24	21042	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$123.00	$51.88	$37.61	$32.80
1619234770	Romack	Rebecca		M.D.	F	I	14856 Preston Rd	Ste 1	Dallas	TX	48	75254	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$115.00	$47.98	$23.22	$23.21
1619382462	Ohanian	Tony		M.D.	M	I	801 Ostrum St		Bethlehem	PA	42	18015	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$120.45	$46.84	$37.52	$37.98
1619945938	Wright	Darin	L	MD	M	I	91-2135 Fort Weaver R		Ewa Beach	HI	15	96706	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		F	11	11	11	$83.00	$33.88	$22.10	$21.53
1619965142	Thornton	Foxhall	P	M.D.	M	I	8901 W 74t	Suite 121	Shawnee M	KS	20	66204	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	11	11	11	$91.00	$38.23	$20.01	$22.66
1629003876	Hupp	Bradley	F	MD	M	I	333 Miami Ave W		Venice	FL	12	34285	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$102.30	$41.75	$21.83	$19.75
1629018304	Rashid	Mohamma	K	M.D.	M	I	17336 Pickwick Dr		Purcellville	VA	51	20132	2	Metropolita	US	General Pra	Y	69210	Removal of N		O	11	11	11	$100.00	$49.73	$32.78	$31.22
1629174578	Vicari-Gree	Tammy	J	PA-C	F	I	2776 Cleveland Ave		Fort Myers	FL	12	33901	1	Metropolita	US	Physician A	Y	69210	Removal of N		O	11	11	11	$75.00	$40.76	$25.23	$25.11
1629418215	Ryan	Kathryn	A	D.O.	F	I	9500 Independence Dr		Anchorage	AK	2	99507	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$234.55	$57.44	$37.04	$29.35
1629565064	Lee	Guang Yu		DO	M	I	444 Lakeville Rd		New Hyde I	NY	36	11042	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	11	11	11	$357.00	$59.16	$47.14	$37.98
1629699509	Macca	Sunnye	D		F	I	36763 Eiland Blvd	Ste 1	Zephyrhills	FL	12	33542	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N		O	11	11	11	$120.00	$40.78	$23.75	$23.65
1639198526	Shute	Matthew	S	PA	M	I	4000 Medical Center D		Fayettevill	NY	36	13066	1	Metropolita	US	Physician A	Y	69210	Removal of N		O	11	11	11	$93.00	$39.14	$31.22	$32.28
1649288002	Zand	Alex	V	MD	M	I	1010 W La	Ste 610	Orange	CA	6	92868	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$100.00	$49.56	$39.50	$37.98
1649438052	Cutshall	Christophe	M	M.D.	M	I	1330 Boilin	Suite 2500	Spartanbur	SC	45	29303	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$183.82	$44.76	$34.02	$36.31
1649580630	Salcedo	Relyndo	M	NURSE PR/	M	I	6742 Tokay Ave		Fontana	CA	6	92336	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	11	11	11	$130.00	$43.15	$34.57	$32.28
1649646605	Cebula	Miranda	L	PA	F	I	1454 28th Ave		Columbus	NE	31	68601	4	Micropolita	US	Physician A	Y	69210	Removal of N		O	11	11	11	$105.91	$37.39	$21.81	$24.53
1649718602	Cernosek	Amanda	G	CFNP	F	I	1253 N Von Minden St		La Grange	TX	48	78945	7	Small town	US	Nurse Prac	Y	69210	Removal of N		O	11	11	11	$100.00	$38.66	$30.83	$32.28
1659043891	Banks	Matthew	D	PA-C	M	I	479 Washington St		Quincy	MA	25	2169	1	Metropolita	US	Physician A	Y	69210	Removal of N		O	11	11	11	$111.61	$42.90	$28.91	$27.17
1659373033	Noe	Cherie		MD	F	I	300 Mount	Ste 517	Cambridge	MA	25	2138	1	Metropolita	US	Geriatric M	Y	69210	Removal of N		O	11	11	11	$100.00	$53.36	$38.66	$34.53
1659484566	Arakel	Artoon		M.D	M	I	1030 S Glendale Ave	St	Glendale	CA	6	91205	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$90.00	$26.56	$19.51	$17.28
1659663441	Flandry	Andrew	C	MD	M	I	180 Wingo	Suite 207	Mt Pleasan	SC	45	29464	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$154.00	$45.38	$33.06	$33.10
1659854925	Ruble	Ann	M	FNP	F	I	7132 Hamilton Ave		Cincinnati	OH	39	45231	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	11	11	11	$99.00	$39.32	$19.86	$21.09
1669419412	Massel	Bruce	J	MD	M	I	9669 Kenton Ave	Ste 6(	Skokie	IL	17	60076	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$89.18	$36.62	$18.77	$16.77
1669458782	Bailey	James	M	M.D.	M	I	2971 Graham Rd		Stow	OH	39	44224	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$84.00	$46.22	$26.72	$28.11
1669479283	Constantin	Angelo		MD MPH	M	I	121 Freeport Rd	Ste 20	Blawnox	PA	42	15238	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$50.00	$44.55	$28.88	$29.67
1669518957	Patricoski	Christophe	T	M.D.	M	I	12350 Industry Way		Anchorage	AK	2	99515	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$71.00	$33.95	$24.58	$23.93
1669638979	Paz-Averbu	Beatrisa		MD	F	I	4860 W. Oakton Str.		Skokie	IL	17	60077	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$70.00	$52.12	$39.99	$36.38
1669757258	Tidwell	Laura	M	APNP	F	I	5315 Wall St	Ste 260	Madison	WI	55	53718	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	11	11	11	$75.00	$38.05	$28.59	$30.49
1669766333	Swenson	Wade	G	MD	M	I	560 S Maple St	Ste 40	Waconia	MN	27	55387	2	Metropolita	US	Otolaryngo	Y	69210	Removal of N		O	11	11	11	$103.00	$29.84	$21.49	$22.90
1669833927	Cieslik	Emily		D.O	F	I	43421 Garfield Rd	Ste :	Clinton Twp	MI	26	48038	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$76.00	$49.78	$31.71	$30.26
1679168561	Link	Margaret	A	APRN	F	I	1 Old Kings Rd		Palm Coas	FL	12	32137	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	11	11	11	$99.00	$37.73	$26.13	$28.43
1679632129	Podoksik	Inna		MD	F	I	225 N Milwaukee Ave		Vernon Hill	IL	17	60061	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$87.91	$35.88	$26.10	$23.92
1679651582	Trinh	Dzung		MD	M	I	347 E Barst	Ste 102	Fresno	CA	6	93710	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$57.25	$48.73	$38.86	$37.98
1679770267	Bodla	Adeel	A	MD	M	I	400 Sun Temple Dr		Madison	AL	1	35758	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$79.85	$45.65	$28.64	$30.28
1679977276	Beale	Eileen		NP	F	I	7505 Osler Dr	Ste 402	Towson	MD	24	21204	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N		O	11	11	11	$165.18	$41.36	$26.80	$27.15
1689610750	Sharma	Meenu		MD	F	I	11797 South Fwy	Ste 2(	Burleson	TX	48	76028	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$119.05	$46.95	$30.59	$31.24
1689617789	Frey	Richard	P	DO	M	I	2605 Willow Street Pik		Willow Stre	PA	42	17584	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$105.00	$46.82	$27.33	$28.11
1689650673	Crane	Douglas	G	M.D.	M	I	209 N Central Blvd		Coquille	OR	41	97423	7.2	Secondary	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$127.20	$45.29	$26.17	$28.35
1689754426	Golzari	Iraj		MD	M	I	1869 S Tamiami Tr		Venice	FL	12	34293	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$95.00	$48.08	$26.84	$26.65
1689869968	Babilah	Rexford	A	M.D.	M	I	9470 Annap	Suite 306	Lanham	MD	24	20706	1	Metropolita	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$140.00	$55.81	$40.48	$34.53
1699193268	Ethezaz	Mahveen		M.D.	F	I	908 N Elm St	Ste 103	Hinsdale	IL	17	60521	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$116.00	$52.46	$41.97	$37.98
1699736538	Anders	Kerry	L	MD	M	I	3400 Medic	Ste A	Monroe	LA	22	71203	1	Metropolita	US	Family Prac	Y	69210	Removal of N		O	11	11	11	$106.64	$45.80	$33.09	$34.64
1699792176	Hall	Matt		RN,PA-C	M	I	901 Kimole	A-4	Adrian	MI	26	49221	4	Micropolita	US	Physician A	Y	69210	Removal of N		O	11	11	11	$96.00	$39.38	$20.09	$21.21
1699883447	Christenso	Mark	D	MD	M	I	910 Nw 16th St	Ste 102	Fruitland	ID	16	83619	4	Micropolita	US	Internal Me	Y	69210	Removal of N		O	11	11	11	$66.00	$30.29	$15.27	$17.81

1699967463	Dennison	Tonya	L	FNP	F	I	1491 Valle Vista Blvd	Pekin	IL	17	61554	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$100.00	$37.29	$22.07	$25.22
1699972000	Schleiffarth	Jack	R	M.D.	M	I	4940 5th St Ste 2b	Rapid City	SD	46	57701	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	11	11	11	$53.46	$28.83	$20.79	$23.01
1700066685	Frisque	Lisa	M	NP-C	F	I	1910 Alabama St	Sturgeon Bi	WI	55	54235	7	Small town	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$300.00	$38.15	$22.22	$24.30
1700823846	Upadhyay	Shital-Hite	J	MD	M	I	640 Tyrone Blvd N	St Petersbu	FL	12	33710	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	11	11	11	$125.00	$47.98	$31.28	$31.10
1700835790	Tenley	Clifford	L	M.D.	M	I	300 E Jeffer Ste 300	Boise	ID	16	83712	1	Metropolita	US	Internal Me	Y	69210	Removal of N	F	11	11	11	$66.00	$30.40	$18.16	$20.43
1700866266	Wilson	Jean	E	D.O.	F	I	880 W Liberty St	Hubbard	OH	39	44425	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$175.64	$46.36	$20.07	$21.53
1700970332	Zeller	Matthew	A	D.O.	M	I	25982 Pala Suite 180	Mission Vie	CA	6	92691	1.1	Secondary	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$61.90	$52.40	$37.96	$34.53
1700977592	Wilson	Daniel	W	M.D.	M	I	109 Mount Wood Rd	Wheeling	WV	54	26003	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$110.00	$45.12	$27.59	$29.85
1710102124	Grinnen	Kathryn		DO	F	I	16295 Willow Creek Rd	Lewes	DE	10	19958	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$100.00	$49.17	$32.29	$31.07
1710273891	Nwude	Ezinne	C	M.D.	F	I	701 N. West Avenue	El Dorado	AR	5	71730	5	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$109.09	$43.15	$28.26	$32.03
1710556030	Kautza	Analissa	M	ARNP	F	I	1215 Duff Ave	Ames	IA	19	50010	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$113.59	$35.67	$28.46	$30.81
1710937537	Hayes	William	A	D.O.	M	I	1708 Cape Unit 1	Cape Coral	FL	12	33914	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$102.30	$50.59	$36.64	$34.53
1710940705	Lau	Linda	L	MD	F	I	5656 S Pow Ste 126	Gilbert	AZ	4	85295	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$144.00	$46.45	$30.28	$31.37
1710949813	Katneni	Jitendra	P	MD	M	I	1170 Chart Suite A	Flint	MI	26	48532	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$75.00	$46.30	$20.24	$21.70
1710952577	Rivera	Richard		MD	M	I	1080 Chinook Ln	Pueblo	CO	8	81001	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$48.88	$43.98	$31.73	$32.98
1710999347	Asao-Ragos	Kiyoko		M.D.	F	I	3025 Berkn Suite 1	Charlottesv	VA	51	22901	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$93.00	$47.59	$27.52	$27.74
1720060932	Gopalan	Mini		M.D.	F	I	2402 W Wall St	Midland	TX	48	79701	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$233.18	$45.84	$22.99	$24.78
1720062334	Mindell	Seth	M	M.D.	M	I	5821 W Ma Suite 190	West Bloom	MI	26	48322	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$110.00	$49.80	$32.42	$31.07
1720088859	Gedeon	Michael	R	MD	M	I	150 Springside Dr Ste 3	Fairlawn	OH	39	44333	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$125.00	$46.12	$35.58	$36.80
1720347123	Propert	Kimberly	A	MSN, FNP-I	F	I	75 Sockan Suite 100	Cranston	RI	44	2920	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$98.18	$41.97	$33.47	$32.28
1720412935	Willems	Kelli	N	PA-C	F	I	2080 Woodwinds Dr St	Woodbury	MN	27	55125	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$152.00	$39.19	$28.35	$29.47
1720573637	Smith	Kristin	M		F	I	107 Main St	Plains	GA	13	31780	5	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$122.00	$37.91	$30.23	$32.29
1730104076	Mourad	Maher		M.D.	M	I	3400 E Racine St	Janesville	WI	55	53546	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$142.09	$51.02	$37.26	$34.62
1730108358	Mellen	Philip	B	MD	M	I	1101 S 28th Ave Ste B	Hattiesburg	MS	28	39402	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$268.36	$43.73	$29.88	$33.04
1730182601	Keinarth	Paul	D	M.D.	M	I	5222 Burne Ste 200	Austin	TX	48	78756	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$55.45	$48.52	$35.31	$34.53
1730266420	Otto	Richard	E	MD	M	I	908 Rockmoor Dr	Georgetow	TX	48	78628	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$82.00	$45.69	$29.78	$31.50
1730596362	Fitzgerald	Jennifer	D	NP-C	F	I	17215 Red Oak Dr Ste 2	Houston	TX	48	77090	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$152.00	$38.98	$31.15	$32.28
1740235829	Blake	Richard	W	PA-C	M	I	3600 E Wickersham W	Wasilla	AK	2	99654	4.1	Secondary	US	Physician A	Y	69210	Removal of N	O	11	11	11	$212.73	$51.11	$40.80	$32.29
1740376177	Sabol	Daniel	J	DO	M	I	2130 Farmington Ave S	Farmington	NM	35	87401	1	Metropolita	US	Osteopathi	Y	69210	Removal of N	O	11	11	11	$95.00	$45.98	$26.55	$28.16
1740557677	Ricker	Amy		CRNP	F	I	116 Defens Suite 400	Annapolis	MD	24	21401	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$95.00	$42.07	$23.77	$21.92
1740955137	Martin	Lauren	N	FNP-BC	F	I	1909 W Franklin St	Evansville	IN	18	47712	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$89.00	$37.38	$27.10	$29.66
1750052668	Newton	Emily		NP-C	F	I	1069 Broadway	Saugus	MA	25	1906	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$198.55	$41.95	$33.45	$32.28
1750359550	Burke	Joann		DO	F	I	5848 Old B Suite 101	Center Vall	PA	42	18034	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$120.45	$46.84	$32.38	$32.97
1750361630	Fusco	Frank	R	M.D	M	I	1800 Se 17 Building 10	Ocala	FL	12	34471	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$170.00	$46.16	$22.87	$22.49
1750397899	Heine	David	W	MD	M	I	3025 Shrin Suite 290	Brunswick	GA	13	31520	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$205.00	$45.14	$27.03	$29.21
1750602660	Seibert	Jared	R	M.D.	M	I	50 Buck Creek Rd Ste 2	Avon	CO	8	81620	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$133.00	$43.94	$35.05	$32.80
1750713616	Bayless	Michael	R	M.D.	M	I	295 N Franklin Tpke	Ramsey	NJ	34	7446	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$140.00	$54.33	$39.55	$34.53
1760009633	Tobicash	Ashley			F	I	630 E River St	Elyria	OH	39	44035	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$97.00	$39.47	$26.46	$27.34
1760422885	Smith	Richard	H	M.D.	M	I	15012 Lemoyne Blvd	Biloxi	MS	28	39532	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$115.00	$43.25	$34.53	$37.98
1760625727	Blaber	John-Paul		M.D.	M	I	75 N Country Rd	Port Jeffers	NY	36	11777	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	11	11	11	$140.00	$59.75	$43.36	$34.53
1760854541	Lipsky	Jennifer	M	MSN, FNP-I	F	I	2002 S Glenburnie Rd	New Bern	NC	37	28562	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$97.22	$38.94	$19.68	$21.25
1760898555	Kim	Peter	S	MD	M	I	2000 Newark Granville	Granville	OH	39	43023	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$90.55	$46.22	$26.72	$28.11
1770164105	Johnson	Chelsea		PA-C	F	I	4309 Medical Park Dr	Durham	NC	37	27704	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$85.00	$38.82	$22.42	$24.01
1770552663	Kelleher	James		MD	M	I	601 Fall Creek Hwy	Granbury	TX	48	76049	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$163.09	$45.92	$26.66	$28.26
1770593923	Moss Grizz	Kathleen	M	MD	F	I	4108 Henderson Blvd	Tampa	FL	12	33629	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$75.00	$48.60	$28.38	$27.65
1770694200	Hampston	Ewa	V	M.D.	F	I	12130 S Ha Suite B	Palos Heig	IL	17	60463	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$50.00	$49.38	$32.31	$31.07
1780094425	Clay	John	F	DO	M	I	2585 E Wilcox Dr Ste C	Sierra Vista	AZ	4	85635	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$81.00	$46.38	$26.80	$28.06
1780125955	Patel	Palak		M.D.	F	I	940 Hesters Crossing F	Round Rock	TX	48	78681	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$96.00	$47.70	$36.14	$36.15
1780697482	Rose	David		M.D.	M	I	1600 Crain Ste 207	Glen Burnie	MD	24	21061	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$75.00	$51.84	$37.57	$34.53
1790710903	Griffith	David	L	MD	M	I	6475 Camc Suite 105	San Jose	CA	6	95120	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$185.00	$57.31	$35.61	$29.42
1790713436	Calusic	Adam	P	DO	M	I	215 Washington St	Grafton	WI	55	53024	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$300.00	$42.58	$20.97	$23.73
1790775518	Martin	James	W	MD	M	I	1995 Highv Suite 101	Covington	TN	47	38019	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$98.00	$43.97	$22.17	$25.51
1790776078	Mirarchi	Dominic		DO	M	I	108 Lowthe Internists C	Lemoyne	PA	42	17043	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$65.00	$46.12	$32.07	$33.38
1790827525	Worth	Jillian	E	MD	F	I	1344 Wintergreen Ln N	Bainbridge	WA	53	98110	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$132.36	$48.13	$24.57	$22.61
1790920981	Rybka	Edward	J	D.O.	M	I	4301 W 95th St	Oak Lawn	IL	17	60453	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$150.00	$51.93	$34.98	$31.94
1801184759	Marella	Lakshmi	L	MD	F	I	6710 Oxon Hill Rd Ste 2	Oxon Hill	MD	24	20745	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$134.00	$55.69	$40.36	$34.53
1801983523	Kinbrook	Michelle		M.D.	F	I	1230 S Cedar Crest Blv	Allentown	PA	42	18103	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$100.00	$44.66	$32.37	$32.96
1811002587	Andreasen	Hans	C	M.D.	M	I	1739 N 4th St	Terre Haute	IN	18	47804	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$126.00	$43.91	$28.59	$31.80
1811978158	Sutton	Sidney	M	MD	M	I	1141 N Road St Ste G	Elizabeth C	NC	37	27909	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$96.00	$46.05	$26.75	$28.24
1821513607	Adesanya	Evelyn	M	FNP-C	F	I	80 Jesse Hill Jr Dr Se	Atlanta	GA	13	30303	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	11	11	11	$106.00	$27.07	$21.68	$21.36
1831145242	Skale	Christina	B	M.D.	F	I	226 S Woo Suite 56w	Chesterfiel	MO	29	63017	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$48.23	$44.52	$35.49	$37.98
1831298231	Brooks	Courtney	C	M.D.	M	I	600 Profes Suite 170	Lawrencevi	GA	13	30045	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$78.00	$47.65	$27.53	$27.71
1831443530	Klingensmi	Margo	R	P.A.	F	I	1025 Mains #211	Naples	FL	12	34114	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$102.30	$43.16	$31.30	$29.35
1831459361	Hansen	Randall	T	DO	M	I	475 W 940 N	Provo	UT	49	84604	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$103.64	$41.32	$24.65	$26.47
1831742659	Rainey	Rachel	M	MSN, APRN	F	I	1598 W Meyer Rd	Wentzville	MO	29	63385	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	F	11	11	11	$37.00	$27.74	$22.13	$22.37
1841248168	Devaul	Chanson	A	D.O.	M	I	1725 Tarboro St Sw	Wilson	NC	37	27893	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$97.00	$44.04	$26.65	$30.06
1841255221	Foye	Michelle	R	MD	F	I	2 Elizabeth St	Bethel	CT	9	6801	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$153.00	$51.71	$30.05	$27.62
1841263860	Falcigno	Pamela	M	M.D.	F	I	975 Imperi #78	Naples	FL	12	34110	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	11	11	11	$150.00	$50.59	$40.36	$37.98
1841353026	Laskowski	William		MD	M	I	400 8th St N	Naples	FL	12	34102	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$102.31	$47.58	$15.00	$17.00
1841405008	Pantano	Maria	V	DO	F	I	245 Valley Blvd	Wood Ridge	NJ	34	7075	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$60.00	$52.06	$37.77	$32.80
1841494028	Obokhare	Joy		M.D.	F	I	3501 S Soncy Rd Ste 10	Amarillo	TX	48	79119	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$94.00	$46.31	$33.75	$34.74
1841674405	Mcmeekin	David		PA-C	M	I	3075 N Reserve St Ste (	Missoula	MT	30	59808	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$127.00	$40.99	$29.78	$29.36
1851332860	Bowles	Randy	E	M.D.	M	I	1002 Mc In Suite 1	Joplin	MO	29	64804	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$95.00	$44.61	$26.07	$28.72
1851334205	Trammell	Chad	D	MD	M	I	1128 Clark Ste 100	Paris	TX	48	75460	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$100.00	$45.70	$31.76	$33.39
1851382196	Cvetkovic	Aleksandar		M.D.	M	I	2888 E. Lor Suite 105	Troy	MI	26	48085	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$65.00	$49.61	$39.55	$37.98
1851406037	Armbrust	Steven	M	MD	M	I	2001 N Gar Suite 210	Wheaton	IL	17	60187	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$132.00	$47.15	$32.26	$29.36
1851595532	Ehlers	Jennifer		DO	F	I	4724 Nesconset Hwy	Port Jeffers	NY	36	11776	1	Metropolita	US	Emergency	Y	69210	Removal of N	O	11	11	11	$140.00	$60.01	$47.99	$37.98

1861404824	Henry	Bruce	B	M.D.	M	I	7777 Fores A222	Dallas	TX	48	75230	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$100.60	$45.21	$29.41	$31.56
1861454530	Layton	Brent	J	MD	M	I	5884 S Hos Suite #1	Globe	AZ	4	85501	4	Micropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$99.00	$44.27	$31.93	$32.95
1861840803	Baza	Jonathan		DO	M	I	300 W 27th St	Lumberton	NC	37	28358	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$86.00	$45.59	$29.75	$31.54
1861846263	Kahane	Ian	M	M.D.	M	I	3303 Manatee Ave W	Bradenton	FL	12	34205	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$135.33	$43.57	$31.26	$31.09
1871582379	Baltz	Alexander	J	MD	M	I	2901 Medical Center D	Pocahonta	AR	5	72455	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$100.00	$43.09	$31.34	$35.01
1871594465	Weber	Scott	A	DO	M	I	1104 W 8th St	Yankton	SD	46	57078	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$137.00	$43.70	$31.46	$32.98
1871599449	Rodriguez	Ana	I	MD	F	I	9969 Fredericksburg R	San Antoni	TX	48	78240	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$71.00	$45.52	$29.61	$31.50
1881220226	Clark	Amanda	S	FNP	F	I	2750 Laurel St	Columbia	SC	45	29204	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$143.64	$37.85	$30.17	$32.28
1881622751	Parish	Kyle	D	MD	M	I	1532 Lone	Ste. 305	Paducah	KY	21	42003	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$82.00	$44.35	$28.89	$31.73
1881657328	Branovan	Zhanna		MD	F	I	1680 Route 23 Ste 310	Wayne	NJ	34	7470	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$100.00	$53.83	$38.25	$33.74
1891157343	Baker	Andrew	B	M.D.	M	I	10330 Se 32nd Ave Ste	Milwaukie	OR	41	97222	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$229.55	$48.56	$35.20	$34.53
1891214300	Elson	Michael	S	PA-C	M	I	3535 Southern Blvd	Kettering	OH	39	45429	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$123.00	$39.87	$31.91	$32.28
1891302584	Hoffman	Samantha		FNP-BC	F	I	1479 N River Rd	Fremont	OH	39	43420	4	Micropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$190.00	$39.47	$17.12	$18.29
1891738712	Bradford	Ako	D	MD	M	I	1301 S Cou	Suite 405	Amarillo	TX	48	79106	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$80.00	$41.54	$29.81	$35.60
1891797940	Speach	Albert		M.D.	M	I	225 Medical Center Dr	Paducah	KY	21	42003	4	Micropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$86.00	$44.74	$16.27	$19.24
1891840237	Raza	Hashim	S	M.D.	M	I	675 Old Ba Suite 101	Saint Louis	MO	29	63141	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$160.00	$47.04	$30.62	$31.24
1891882254	Chew	Jason	M	D.O.	M	I	1213 West Ave	Ocean City	NJ	34	8226	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$106.00	$52.14	$31.49	$28.61
1891884300	Musser	Jason	M	PA-C	M	I	4830 Londonderry Rd	Harrisburg	PA	42	17109	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$146.82	$39.17	$31.24	$32.28
1902409824	Blitzer	Lauren	F	NP	F	I	4530 E Muirwood Dr	Phoenix	AZ	4	85048	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$65.00	$39.42	$25.67	$26.66
1902806284	Richman	Craig	A	M.D.	M	I	1474 Valley Glen Way	Dunwoody	GA	13	30338	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$137.00	$47.93	$38.31	$37.98
1902855661	Cunningha	Amy	R	DO	F	I	2600 Ottaw	Ste101	Neodesha	KS	20	66757	7	Small town	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$103.64	$44.21	$22.34	$25.57
1902958986	Ackerman	Jennifer	A	D.O.	F	I	555 Hospital Dr	Warrenton	VA	51	20186	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$252.00	$47.56	$30.98	$31.15
1902968597	Besser	Susan	L	MD	F	I	7602 Belair Road	Baltimore	MD	24	21236	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$114.55	$51.81	$37.53	$34.53
1912119322	Bement	Debra	K	DO	F	I	326 Santa Fe Dr	Encinitas	CA	6	92024	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$181.60	$44.44	$30.63	$28.30
1912358029	Vigue-Adai	Stacy		PA	F	I	1287 Us Highway 41 By	Venice	FL	12	34285	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$102.30	$39.45	$31.60	$30.81
1912482282	Costa	Celina		PA-C	F	I	2337 S University Dr	Davie	FL	12	33324	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$103.65	$42.91	$34.21	$32.28
1912926700	Harris	Gene	A	D.O.	M	I	1689 Eagle Harbor Pkw	Fleming Isl	FL	12	32003	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$191.36	$47.66	$37.99	$37.98
1912978644	Bechara	Christophe	I	M.D.	M	I	136 High Street Ext	Lancaster	MA	25	1523	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$104.55	$50.36	$40.12	$37.75
1922007962	Grendon	Michael	T	M.D.	M	I	2800 N She	Suite 400	Chicago	IL	17	60657	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$75.00	$51.93	$37.62	$34.53
1922469402	Costello	Kristine	M	ANP	F	I	5520 Godfrey Rd Ste B	Godfrey	IL	17	62035	1.1	Secondary	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$156.00	$41.34	$20.85	$20.54
1922489285	Guram	Mandev		M.D.	M	I	7182 Woodrow St Ste 2	Irmo	SC	45	29063	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$80.00	$44.93	$35.90	$37.98
1922528538	Zackey	Diana	C	MD	F	I	1 Cooper Plz	Camden	NJ	34	8103	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$84.00	$50.79	$36.74	$34.53
1932109733	Hodgson	R	S	MD	M	I	2222 Nw Lovejoy St Ste	Portland	OR	41	97210	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	O	11	11	11	$147.00	$48.61	$38.71	$37.88
1932115052	Casey	Nina	Z	M.D.	F	I	239 S Main St	Romeo	MI	26	48065	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$60.00	$49.83	$36.11	$34.53
1932182524	Laurie	Susan	M	MD	F	I	2955 Ivy Rc Suite 205	Charlottes	VA	51	22908	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$121.00	$47.87	$34.78	$34.57
1932876711	Huelsman	Kailin			F	I	1213 Mayes Rd	Toccoa	GA	13	30577	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$153.84	$40.45	$32.27	$32.28
1942202288	Gray	Dennis	S	M.D.	M	I	1169 Easte Ste 1111	Louisville	KY	21	40217	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$75.00	$44.35	$25.64	$28.61
1942391982	Smith	Steven	J	M.D.	M	I	635 Anders Suite 10	Davis	CA	6	95616	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$175.64	$47.60	$34.31	$32.68
1952301939	Binamira	Andrew	S	MD	M	I	800 Main St Ste 120	Hilton Hea	SC	45	29926	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$79.00	$42.72	$34.14	$37.98
1952343824	Paxton	Donald	E	MD	M	I	202 E Earll	Suite 450	Phoenix	AZ	4	85012	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$68.20	$46.45	$30.28	$31.37
1952382830	Capraro	Frances		MD	F	I	1231 S Patrick Dr	Satellite Be	FL	12	32937	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$93.00	$48.00	$31.30	$31.10
1952399313	Grebennikc	Vladimir	A	M.D.	M	I	870 N Coit	Suite 2660	Richardson	TX	48	75080	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$80.00	$43.46	$20.69	$20.82
1952555229	Waldron	Tamara	K	PA-C	F	I	6242 E Arb	Suite #111	Mesa	AZ	4	85206	1	Metropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$122.91	$39.36	$28.51	$29.47
1952626418	Kazemizad	Mohammad	Abraham	M.D.	M	I	200 E 33rd St Ste 631	Baltimore	MD	24	21218	1	Metropolita	US	Otolaryngo	Y	69210	Removal of N	F	11	11	11	$114.55	$26.10	$18.24	$16.75
1952887861	Edwards	Erica		APRN	F	I	10515 W Central Ave	Wichita	KS	20	67212	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$99.00	$37.52	$22.46	$25.06
1962499137	Ampiaw	Eunice	A	MD	F	I	860 Brookstone Centre	Columbus	GA	13	31904	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$104.40	$32.18	$22.02	$22.68
1962563569	Striblen	Justin		MD	M	I	500 E Wind Ste 125	Las Vegas	NV	32	89123	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$100.00	$49.33	$35.78	$34.53
1962915967	Pangborn	Nicole	R	PA-C	F	I	95 Soldiers Pass Rd St	Sedona	AZ	4	86336	7	Small town	US	Physician A	Y	69210	Removal of N	O	11	11	11	$75.55	$39.65	$28.80	$29.47
1972544815	Makar	Gamil	L	M.D	M	I	1700 Route 3 West	Clifton	NJ	34	7013	1	Metropolita	US	Geriatric M	Y	69210	Removal of N	O	11	11	11	$95.00	$53.59	$34.87	$31.07
1972563583	Towers	Joseph		DO	M	I	7409 Woodridge Dr	Woodridge	IL	17	60517	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$116.00	$51.37	$19.46	$17.98
1972567758	Pace	Daniel	K	MD	M	I	2900 Hawkins Dr	Searcy	AR	5	72143	4	Micropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$31.00	$28.85	$17.54	$19.85
1972589026	Shellhorn	Douglas	B	M.D.	M	I	611 Mocksville Ave	Salisbury	NC	37	28144	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$92.00	$46.50	$30.40	$31.33
1972615920	Bowen	Jeremy	S	P.A.	M	I	8 Cusumano Professio	Mount Vern	IL	17	62864	4	Micropolita	US	Physician A	Y	69210	Removal of N	O	11	11	11	$135.00	$39.89	$26.12	$26.65
1972840585	Buckley	Christen	H	NP-C	F	I	2500 N State St	Jackson	MS	28	39216	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$151.64	$36.87	$18.68	$22.02
1972985224	Wenger	Christophe	J	M.D.	M	I	1220 Montgomery St	Custer	SD	46	57730	10	Rural areas	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$118.00	$44.24	$31.94	$32.98
1982200705	Miner	Kim		APRN	F	I	1 Se Ocean Blvd	Stuart	FL	12	34994	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$163.00	$42.91	$34.21	$32.28
1982629390	Albright	Kim		MD	M	I	9715 Prairie Rdg	Richmond	IL	17	60071	2	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$77.37	$47.19	$29.49	$29.85
1982762720	Davis	Sandra	L	APN	F	I	1331 W 75th St Ste 201	Naperville	IL	17	60540	1	Metropolita	US	Nurse Prac	Y	69210	Removal of N	O	11	11	11	$149.00	$43.98	$28.82	$26.41
1982997953	Ferguson	Adrianne		M.D.	F	I	1675 Hanc	Suite 300	Clermont	FL	12	34711	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$99.00	$47.94	$31.24	$31.10
1992786487	Gonzalez	George		M.D.	M	I	275 W Herndon Ave	Clovis	CA	6	93612	1	Metropolita	US	Family Prac	Y	69210	Removal of N	O	11	11	11	$148.00	$49.18	$39.31	$37.98
1992869986	Wade	Becky		M.D.	F	I	3901 Las Posas Rd Ste	Camarillo	CA	6	93010	1	Metropolita	US	Internal Me	Y	69210	Removal of N	O	11	11	11	$86.55	$51.74	$41.24	$37.98

Rndrng_NP	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	HCPCS_Cc	HCPCS_De	HCPCS_Dr	Place_Of_S	Tot_Benes	Tot_Srvcs	Tot_Srvcs_I	Tot_Bene_[	Avg_Sbmtd	Avg_Mdcr_/	Avg_Mdcr_I	Avg_Mdcr_Stdzd_Amt
1.23E+09	Paley	Harvey	D	M.D.	I	9301 Wilshire Blvd Ste	Beverly Hill	CA	6	90210	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	24,754	31,375	82%	31,375	$513.00	$168.48	$129.71	$121.53
1.23E+09	Paley	Harvey	D	M.D.	I	9301 Wilshire Blvd Ste	Beverly Hill	CA	6	90210	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	55	58	0.20%	58	$513.00	$290.84	$230.13	$198.49
1.42E+09	Duarte	Jose	L	PA-C	I	9301 Wilshire Blvd Ste	Beverly Hill	CA	6	90210	1	Metropolita	US	Physician A	Y	31525	Diagnostic	N	F	135	135	0.40%	135	$513.00	$143.91	$113.86	$105.86
1.13E+09	Welsh	Anna	L	PA-C	I	9301 Wilshire Blvd Ste	Beverly Hill	CA	6	90210	1	Metropolita	US	Physician A	Y	31525	Diagnostic	N	F	43	43	0.10%	43	$513.00	$141.17	$112.48	$107.05
1.34E+09	Thapa	Namuna		NP	I	9301 Wilshire Blvd Ste	Beverly Hill	CA	6	90210	1	Metropolita	US	Nurse Prac	Y	31525	Diagnostic	N	F	42	42	0.10%	42	$513.00	$153.15	$122.02	$107.04
1.83E+09	Guillory	Erick		P. A.	I	9301 Wilsh Suite 404	Beverly Hill	CA	6	90210	1	Metropolita	US	Physician A	Y	31525	Diagnostic	N	F	2,042	2,431	6%	2,431	$513.00	$143.89	$110.16	$102.76
1.49E+09	Cottrill	Elizabeth	E	MD	I	925 Chestr 6th Floor	Philadelhia	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	32	32	0.10%	32	$695.00	$84.56	$67.66	$62.97
1.11E+09	Cognetti	David		MD	I	925 Chestr 6th Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	14	18	0.00%	18	$695.00	$113.88	$91.35	$89.20
1.81E+09	Luginbuhl	Adam		M.D.	I	925 Chestr 6th Floor	Philadelphi	PA	42	19107	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	13	14	0.00%	14	$695.00	$96.64	$77.32	$71.96
1.41E+09	Kohlert	Scott	F	MD	I	910 E Houston St Ste 5	Tyler	TX	48	75702	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	111	113	0.30%	113	$858.00	$95.10	$76.21	$77.59
1.05E+09	Yampolsky	Andrew		DDS, MD	I	909 Walnut Suite 300	Philadelphi	PA	42	19107	1	Metropolita	US	Oral Surger	Y	31525	Diagnostic	N	F	12	12	0.00%	12	$695.00	$90.10	$71.79	$68.22
1.33E+09	Nielsen	Tyson		MD	I	900 N Liberty St Ste 40	Boise	ID	16	83704	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	13	13	0.00%	13	$698.00	$94.76	$75.49	$77.50
1.7E+09	Stern	Scott	J	MD	I	8901 Carti Way	Little Rock	AR	5	72205	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	11	15	0.00%	15	$696.00	$128.94	$102.73	$109.14
1.12E+09	Roscoe	Gregory	J	DMD, MD	I	871 Beaver Dr	Du Bois	PA	42	15801	4	Micropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	11	11	0.00%	11	$605.00	$90.46	$71.55	$73.90
1.87E+09	Newman	Anita	N	MD	I	8631 W 3rc Suite 440 E	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	82	102	0.30%	102	$450.00	$281.44	$222.65	$195.62
1.34E+09	Hopp	Martin	L	MD PHD	I	8631 W 3rc Suite 440e	Los Angele	CA	6	90048	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	49	55	0.10%	55	$450.00	$284.23	$220.10	$192.90
1.99E+09	Northwest	Florida Surgery Center			O	767 Airport Rd	Panama Ci	FL	12	32405	1	Metropolita	US	Ambulatory	Y	31525	Diagnostic	N	F	13	13	0.00%	13	########	$421.86	$336.12	$359.76
1.5E+09	Rathfoot	Christophe	J	M.D.	I	7557a Dan Suite 210	Powell	TN	47	37849	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	18	21	0.10%	21	$475.00	$139.29	$111.03	$119.93
1.07E+09	Gonzalez Y	Omar	A		I	735 Ave. Pc Torre Medic	San Juan	PR	72	917	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	116	132	0.30%	132	$254.14	$253.93	$196.34	$193.45
1.01E+09	Vila Ramire	Raul	G	MD	I	735 Ave Po Suite 407	San Juan	PR	72	917	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	12	12	0.00%	12	$500.00	$252.28	$192.05	$191.25
1.68E+09	Tran	Quang	T	M.D.	I	724 W 19th St	Panama Ci	FL	12	32405	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	11	11	0.00%	11	$497.00	$88.98	$71.23	$68.69
1.6E+09	Simonian	Simon	K	MD	I	7080 Hollywood Blvd S	Los Angele	CA	6	90028	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	328	486	1%	486	$285.00	$277.54	$207.66	$185.18
1.14E+09	Reid	Vincent	J	M.D.	I	701 10th St Se	Cedar Rapi	IA	19	52403	1	Metropolita	US	General Su	Y	31525	Diagnostic	N	F	33	33	0.10%	33	$595.64	$148.50	$113.11	$120.39
1.14E+09	Reid	Vincent	J	M.D.	I	701 10th St Se	Cedar Rapi	IA	19	52403	1	Metropolita	US	General Su	Y	31525	Diagnostic	N	O	29	30	0.10%	30	$596.10	$230.57	$185.26	$201.73
1.25E+09	Tennant	Paul	A	M.D.	I	676 S Floyd St	Louisville	KY	21	40202	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	19	19	0.00%	19	$470.68	$91.44	$73.10	$76.23
1.95E+09	Maghen	Yousef		MD	I	6200 Wilsh #1711	Los Angele	CA	6	90048	1	Metropolita	US	Family Prac	Y	31525	Diagnostic	N	O	37	51	0.10%	51	$350.00	$279.62	$220.42	$197.73
1.45E+09	Stevens	Matthew	S	M.D.	I	618 Pegram Dr.	Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	69	92	0.20%	92	$899.22	$227.61	$173.65	$191.95
1.6E+09	Mcauley	James	R	M.D.	I	618 Pegram Dr	Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	58	61	0.20%	61	$899.22	$228.67	$172.38	$189.62
1.82E+09	Nelson	Kurt	L	MD	I	618 Pegram Dr	Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	26	28	0.10%	28	$899.22	$228.65	$166.01	$183.39
1.68E+09	Berry	James	M	M.D.	I	618 Pegram Dr	Tupelo	MS	28	38801	4	Micropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	18	19	0.00%	19	$899.22	$228.68	$175.42	$192.58
1.6E+09	Kim	Beomjune	B	DMD, MD, I	I	600 Celebrate Life Pkw	Newnan	GA	13	30265	1	Metropolita	US	Maxillofaci	Y	31525	Diagnostic	N	F	14	14	0.00%	14	########	$81.08	$64.60	$62.97
1.26E+09	Holbrook	Emma	R		I	5555 Grossmont Cente	La Mesa	CA	6	91942	1	Metropolita	US	Physician A	Y	31525	Diagnostic	N	F	463	463	1%	463	$513.00	$141.19	$112.49	$107.05
1.04E+09	Feinstein	Aaron	J	M.D., M.H.S	I	5525 Etiwanda Ave Ste	Tarzana	CA	6	91356	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	28	29	0.10%	29	$418.76	$284.78	$223.28	$195.47
1.7E+09	Lasalle Lop	Miguel	A	MD	I	55 E De Die Cpr Profes	Mayaguez	PR	72	680	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	18	19	0.00%	19	$255.87	$251.39	$193.26	$193.13
1.45E+09	Almodovar	Gustavo	J	M.D.	I	55 Calle De Diego E St	Mayaguez	PR	72	680	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	17	18	0.00%	18	$255.42	$251.63	$176.56	$176.52
1.12E+09	Jackson	Keith	A	MD	I	5405 Oberlin Dr Fl 2	San Diego	CA	6	92121	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	23	25	0.10%	25	$300.00	$275.71	$208.55	$189.11
1.08E+09	May	Bruce	C	M.D.	I	5333 Hollis Suite #208	Santa Barb	CA	6	93111	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	37	47	0.10%	47	$280.15	$275.05	$219.15	$200.06
1.48E+09	Hunter	Robert	G	MD	I	5169 So Cottonwood S	Murray	UT	49	84107	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	35	44	0.10%	44	$512.31	$238.41	$181.78	$192.01
1.33E+09	Proliance Surgeons Inc Ps				O	515 Minor Ave Ste 130	Seattle	WA	53	98104	1	Metropolita	US	Ambulatory	Y	31525	Diagnostic	N	F	23	23	0.10%	23	########	$407.31	$324.53	$299.03
1.7E+09	Pennington	James	H	M.D.	I	5147 N 9th Suite 325a	Pensacola	FL	12	32504	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	11	12	0.00%	12	$442.10	$95.16	$76.17	$73.46
1.7E+09	Old	Matthew		MD	I	460 W 10th Ave Fl 5	Columbus	OH	39	43210	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	13	18	0.00%	18	$555.00	$95.70	$76.60	$76.96
1.08E+09	Agrawal	Amit		M.D.	I	460 W 10th Ave Fl 5	Columbus	OH	39	43210	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	15	17	0.00%	17	$555.00	$101.33	$81.11	$77.78
1.69E+09	Ozer	Enver		MD	I	460 W 10th Ave Fl 5	Columbus	OH	39	43210	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	11	11	0.00%	11	$555.00	$78.30	$62.68	$62.97
1.93E+09	Sugumaran	Manikandan		M.D.	I	4530 E Shea Blvd Ste 1	Phoenix	AZ	4	85028	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	18	36	0.10%	36	$497.00	$203.38	$147.59	$194.17
1.79E+09	Annino	Donald	J	MD DMD	I	45 Francis Brigham Ar	Boston	MA	25	2115	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	14	15	0.00%	15	$806.60	$108.92	$86.78	$79.76
1.39E+09	South Austin Surgery Center Ltd				O	4307 James Casey St	Austin	TX	48	78745	1	Metropolita	US	Ambulatory	Y	31525	Diagnostic	N	F	12	12	0.00%	12	########	$392.92	$313.06	$320.96
1.1E+09	Moe	Justine	S	MD, DDS	I	4201 Okemos Rd	Okemos	MI	26	48864	1	Metropolita	US	Maxillofaci	Y	31525	Diagnostic	N	F	11	12	0.00%	12	$570.00	$82.93	$66.07	$62.96
1.91E+09	Oxford	Lance	E	MD	I	411 N. Washington Ave	Dallas	TX	48	75246	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	20	21	0.10%	21	$249.80	$85.96	$68.49	$65.97
1.89E+09	Carlson	David	N	D.O.	I	3627 Unive Suite 700	Jacksonvill	FL	12	32216	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	16	17	0.00%	17	$571.00	$81.56	$65.29	$62.97
1.88E+09	Weisman	Randy	S	M.D	I	3370 N. Ha #123-407	Scottsdale	AZ	4	85251	1	Metropolita	US	Critical Cai	Y	31525	Diagnostic	N	F	22	22	0.10%	22	$250.00	$154.12	$122.79	$123.07
1.24E+09	Nasri-Cher	Sina		MD	I	3150 N Tenaya Way St	Las Vegas	NV	32	89128	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	477	822	2%	822	$550.00	$248.10	$184.30	$187.79
1.74E+09	Yang	See Young	C	M.D.	I	311 S 72nd Ave	Yakima	WA	53	98908	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	24	25	0.10%	25	$735.00	$288.70	$206.25	$175.73
1.58E+09	Brady	Bridget	M	M.D.	I	3107 Oak Creek Dr Ste	Austin	TX	48	78727	1	Metropolita	US	General Su	Y	31525	Diagnostic	N	F	30	30	0.10%	30	$497.19	$78.89	$62.86	$62.97
1.6E+09	Vadapalli	Satish	R	MD	I	27879 Smyth Dr	Valencia	CA	6	91355	2	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	15	15	0.00%	15	$835.78	$150.51	$119.91	$113.34
1.95E+09	Suarez Loz	Francisco	R	M.D.	I	27 Calle Ne Edificio Do	Mayaguez	PR	72	680	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	13	13	0.00%	13	$255.51	$251.47	$185.16	$185.10
1.86E+09	Cirbo	Brett		PA	I	26466 Montecito Ln	Mission Vie	CA	6	92691	1.1	Secondary	US	Physician A	Y	31525	Diagnostic	N	F	30	30	0.10%	30	$513.00	$140.16	$111.67	$107.05
1.07E+09	Mojaddidi	Mohamma	D		I	2575 Yorba Linda Blvd	Fullerton	CA	6	92831	1	Metropolita	US	Physician A	Y	31525	Diagnostic	N	F	12	12	0.00%	12	$513.00	$155.71	$124.06	$107.04
1.14E+09	Hughes	Melissa	A	NP-C	I	2361 Skansen St	Kingsburg	CA	6	93631	4.1	Secondary	US	Nurse Prac	Y	31525	Diagnostic	N	F	331	331	0.90%	331	$513.00	$135.41	$107.55	$106.72
1.14E+09	Hughes	Melissa	A	NP-C	I	2361 Skansen St	Kingsburg	CA	6	93631	4.1	Secondary	US	Nurse Prac	Y	31525	Diagnostic	N	O	30	30	0.10%	30	$513.00	$220.72	$175.86	$170.04
1.25E+09	Brown	Eugene	G	M.D.	I	2295 Henry Tecklenbu	Charleston	SC	45	29414	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	11	24	0.10%	24	$613.00	$136.61	$107.50	$111.00
1.14E+09	Parker	John	T	MD	I	21616 76th Suite 112	Edmonds	WA	53	98026	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	23	23	0.10%	23	$510.00	$93.05	$74.14	$68.44
1.65E+09	Olsen	Marcus		PA-C	I	2039 Forest Ave Ste 20	San Jose	CA	6	95128	1	Metropolita	US	Physician A	Y	31525	Diagnostic	N	F	13	13	0.00%	13	$513.00	$153.15	$122.02	$107.04
1.93E+09	Lee	Derek	S	MD	I	201 S Livin Suite 2g	Livingston	NJ	34	7039	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	11	12	0.00%	12	$958.33	$86.86	$69.21	$62.97
1.06E+09	Grafmiller	Kevin	T		I	200 Ucla Medical Plz S	Los Angele	CA	6	90095	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	12	12	0.00%	12	$853.42	$260.00	$207.15	$200.05
1.02E+09	St John	Maie	A	MD	I	200 Medica #550	Los Angele	CA	6	90095	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	59	67	0.20%	67	########	$284.75	$214.44	$183.85
1.17E+09	Berke	Gerald	S		I	200 Medica #550	Los Angele	CA	6	90095	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	28	43	0.10%	43	########	$284.69	$194.23	$167.09
1.92E+09	Wang	Marilene	B	MD	I	200 Medica #550	Los Angele	CA	6	90095	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	11	14	0.00%	14	########	$284.70	$198.11	$170.89
1.65E+09	Morlandt	Anthony	B	M.D., D.D.S	I	1919 7th A Rm 419	Birminghar	AL	1	35233	1	Metropolita	US	Maxillofaci	Y	31525	Diagnostic	N	F	17	17	0.00%	17	########	$73.94	$58.91	$62.97
1.12E+09	Charleston Ent Associates, Llc				O	1849 Savage Rd	Charleston	SC	45	29407	1	Metropolita	US	Ambulatory	Y	31525	Diagnostic	N	F	14	25	0.10%	25	########	$582.85	$464.39	$484.19
1.33E+09	Pettit	Charles	R	M.D.	I	181 Andrieux St Ste 10	Sonoma	CA	6	95476	4	Micropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	18	20	0.10%	20	$385.00	$272.82	$215.50	$198.22
1.67E+09	Shaikh	Faisal		MD	I	161 Fort Washington A	New York	NY	36	10032	1	Metropolita	US	Pulmonary	Y	31525	Diagnostic	N	F	20	20	0.10%	20	########	$110.69	$88.19	$75.56
1.37E+09	Rothman	Glenn	B	M.D.	I	1520 S. Do Suite 305	Mesa	AZ	4	85202	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	12	13	0.00%	13	$497.00	$107.36	$84.89	$92.48
1.03E+09	Yip	Helena	T	MD	I	1501 Trous 3rd Floor	Burlingame	CA	6	94010	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	15	21	0.10%	21	$326.00	$150.14	$120.30	$131.84
1.52E+09	Shukairy	Khaled	M	M.D.	I	1501 S Cer Bldg B	Burton	MI	26	48509	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	16	17	0.00%	17	$250.00	$149.40	$114.43	$117.70
1.05E+09	Echegi	Okwudiri			I	1444 Carly Creek Dr	Patterson	CA	6	95363	4	Micropolita	US	Physician A	Y	31525	Diagnostic	N	F	45	45	0.10%	45	$513.00	$135.67	$94.46	$93.70
1.74E+09	Klem	Christopher		M.D.	I	1380 Lusit Physicians	Honolulu	HI	15	96813	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	20	20	0.10%	20	$406.00	$82.55	$66.08	$66.91
1.09E+09	Anfuso	Anthony	J		I	13691 Metro Pkwy Ste	Fort Myers	FL	12	33912	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	17	17	0.00%	17	$391.03	$98.86	$78.76	$74.08
1.95E+09	Butler	David	M	M.D.	I	1301 20th St Ste 300	Santa Moni	CA	6	90404	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	39	44	0.10%	44	########	$284.78	$225.67	$197.81
1.83E+09	Downs	Daniel	H	MD	I	1300 N Rim Suite B	Flagstaff	AZ	4	86001	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	53	53	0.10%	53	$497.87	$243.83	$188.11	$193.99
1.83E+09	Dang	Hoc		PA	I	12901 Bruc Mdc 73	Tampa	FL	12	33612	1	Metropolita	US	Physician A	Y	31525	Diagnostic	N	F	12	14	0.00%	14	$494.00	$138.60	$95.13	$91.75
1.97E+09	Neff	Alicia	M	FNP	I	12605 E 16th Ave	Aurora	CO	8	80045	1	Metropolita	US	Nurse Prac	Y	31525	Diagnostic	N	O	41	42	0.10%	42	$557.50	$222.15	$172.92	$165.24
1.66E+09	Lavertu	Pierre		MD	I	11100 Euclid Ave	Cleveland	OH	39	44106	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	F	16	28	0.10%	28	$678.00	$125.55	$95.98	$94.60
1.05E+09	Ashford	Clinton	A	M.D.	I	1000 Hawthorne Ave S	Athens	GA	13	30606	1	Metropolita	US	Otolaryngo	Y	31525	Diagnostic	N	O	23	24	0.10%	24	$400.00	$233.44	$179.11	$193.28
																					38,288							

Specialty Society(ies): _____AAO-HNS_____

Action Plan for Review of Potentially Misvalued Services
September 2025

CPT Code	Descriptor	Global Period	work RVU
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	000	2.63

Include codes from family (please list all relevant family codes regardless of your recommended action below):
31515 Laryngoscopy direct, with or without tracheoscopy; for aspiration

31520 diagnostic, newborn

31525 diagnostic, except newborn

31526 diagnostic, with operating microscope or telescope

31527 with insertion of obturator

31528 with dilation, initial

31529 with dilation, subsequent

Screen:
In April 2025, the Relativity Assessment Workgroup identified CPT code 31525 via the Harvard valued with 2023 Medicare utilization over 30,000 screen. **The specialty societies should submit action plans for review at the September 2025 RAW meeting on how to address these services.**

In April 2025, the Relativity Assessment Workgroup identified these services via the high volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100% from 2018 through 2023. **The specialty societies should submit action plans for review at the September 2025 RAW meeting.**

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)
❑ **Survey**
❑ **Refer to CPT Editorial Panel**
❑ **Refer to CPT Assistant (specify article *or* Q&A)**
☒ **Maintain**
❑ **Other Action (please describe):**

Rationale for Recommended Action:

As was indicated in our September 2024 action plan related to this code being billed consistently with other codes such as 31231 and 69210, we obtained the publicly available CMS data regarding providers billing these code combinations. That 2022 data indicated that for 31525**,** 23,572 claims were being reported by only six providers, one of which reported 19,314 claims alone. That would require the practice to have reported this code just under 64 times per day if the practice worked 365 days per year to produce the volume in the data set. The next most common practitioner not affiliated with this practice performed this service 548 times.

Based on the lack of clinical justification to report these services together frequently, the Academy recommended to the RAW that they maintain these codes as they are because there was no clinical justification for combining these codes, and it seemed the billed together data was being driven by one practice in the country. We separately notified CMS of our findings regarding the combinations of these codes, educated the provider about our concerns that they may be mis-reporting these code combinations, and provided the RAW with a copy of the letter sent to CMS for their records.

At this time, we do not know if CMS chose to act upon the information we reported to them. However, this same code, 31525, is now appearing on the high-volume growth screen and the Harvard valued over 30k screen. Again, based on the updated 2023 CMS publicly available data file, it appears the majority of claims for this code are being driven by that same practice. Specifically, 31525 was reported a total of 38,288 times in 2023, and 34,804 of those claims came from the identified practice location. This reflects that this practice alone makes up 91% of 2023 Medicare claims. Thus, it seems punitive to require our specialty to survey this family of codes based on the inappropriate use by one practice which we have reported to all necessary entities in good faith. In fact, if this practice's volume was removed from 2023 claims, the code would only have been reported 3,484 times and would not have been captured in either of these RAW screens.

Timeline (please list expected CPT/RUC meetings as applicable):

Rndrng_NP	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	HCPCS_Cc	HCPCS_De	HCPCS_Dr	Place_Of_S	Tot_Benes	Tot_Srvcs	Tot_Bene_[	Avg_Sbmtd	Avg_Mdcr_/	Avg_Mdcr_I	Avg_Mdcr_Stdzd_Amt
1.01E+09	Ghobrial	Mohib	N	MD	I	109c	Wimb	NA	Chesapeak	VA	51	23320	1	Metropolita	US	General Su	Y	43763	Replaceme	N	O	105	438	438	$439.02	$359.49	$284.80	$285.01
1.32E+09	Alvarez	Yuri	O	ARNP	I	15830	Sw 2	NA	Homestead	FL	12	33031	1	Metropolita	US	Nurse Prac	Y	43763	Replaceme	N	F	18	18	18	$879.00	$85.25	$68.03	$57.65
1.32E+09	Alvarez	Yuri	O	ARNP	I	15830	Sw 2	NA	Homestead	FL	12	33031	1	Metropolita	US	Nurse Prac	Y	43763	Replaceme	N	O	391	798	798	$879.00	$325.97	$259.19	$243.06
1.95E+09	Crum	Mandy	NA	NA	I	200	Lothro	Digestive D	Pittsburgh	PA	42	15213	1	Metropolita	US	Physician A	Y	43763	Replaceme	N	F	23	28	28	$349.00	$67.37	$50.08	$53.70

Rndrng_NPI	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	HCPCS_Cd	HCPCS_De	HCPCS_Dr	Place_Of_S	Tot_Benes	Tot_Srvcs	Tot_Bene_D	Avg_Sbmtd_	Avg_Mdcr_A	Avg_Mdcr_I	Avg_Mdcr_Stdzd_Amt
1013960814	Ghobrial	Mohib	N	MD	I	109c Wimbledon Squa	Chesapeak	VA	51	23320	1	Metropolita	US	General Su	Y	43763	Replaceme	N	O	102	399	399	$440.24	$334.56	$266.15	$269.49
1316104326	Alvarez	Yuri	O	ARNP	I	15830 Sw 252nd St	Homestead	FL	12	33031	1	Metropolita	US	Nurse Prac	Y	43763	Replaceme	N	F	45	48	48	$879.00	$86.02	$68.54	$56.05
1316104326	Alvarez	Yuri	O	ARNP	I	15830 Sw 252nd St	Homestead	FL	12	33031	1	Metropolita	US	Nurse Prac	Y	43763	Replaceme	N	O	345	796	796	$879.00	$305.57	$241.27	$227.27
1487692711	Alberti Flor	Juan	J	MD	I	351 Nw 42nd Ave Ste 3	Miami	FL	12	33126	1	Metropolita	US	Internal Me	Y	43763	Replaceme	N	F	14	19	19	$1,478.95	$96.15	$76.61	$68.81

Specialty Society(ies):

Action Plan for Review of Potentially Misvalued Services
September 2025

CPT	DESCRIPTOR	GLOBAL	wRVU
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	000	0.75
43763	requiring revision of gastrostomy tract	000	1.41

Include codes from family (please list all relevant family codes regardless of your recommended action below):

CPT	DESCRIPTOR	GLOBAL	wRVU
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	000	0.75
43763	requiring revision of gastrostomy tract	000	1.41

Screen: CPT Assistant Analysis

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)
❑ **Survey**
❑ **Refer to CPT Editorial Panel**
❑ **Refer to CPT Assistant (specify article *or* Q&A)**
☒ **Maintain**
❑ **Other Action (please describe):**

Rationale for Recommended Action:

A CPT Assistant article (attached) was published in 2022 to clarify the correct use of code 43763. Despite the guidance in the article, code 43763 continues to be misreported in the office. According to data from the 2023 Medicare Physician & Other Practitioners file, two providers account for 1,195 (91%) of the 1,315 office claims for this code. These are the same two providers responsible for a majority of office claims from 2019 when the code was new to 2022. We recommend that the RUC forward this information to CMS for review and action by their program integrity unit.

Timeline (please list expected CPT/RUC meetings as applicable):

Mark screen complete at September 2025 meeting.

cpt® Assistant Online

June 2022 page 6

Gastrostomy Tube Replacement With or Without Revision of the Gastrostomy Tract

In the Current Procedural Terminology (CPT®) 2019 code set, code 43760, *Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance*, was deleted, and two new gastrostomy tube (G-tube) replacement codes (***43762***, 43763) were added. Code 43763 is typically provided by surgeons. Other specialties, such as emergency room physicians, family practice physicians, physician assistants, or nurse practitioners, would not be expected to typically perform code 43763. This article clarifies the requirements for correct reporting of code 43763 and contrasts this procedure with code ***43762*** and other CPT codes for reporting the replacement of a G-tube.

Esophagus

Endoscopy

Esophagogastroduodenoscopy

43235 Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

43246with directed placement of percutaneous gastrostomy tube

(For percutaneous insertion of gastrostomy tube under fluoroscopic guidance, use 49440)

(For percutaneous replacement of gastrostomy tube without imaging or endoscopy, see ***43762***, 43763)

Stomach

Introduction

43762Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract

43763requiring revision of gastrostomy tract

(For percutaneous replacement of gastrostomy tube under fluoroscopic guidance, use 49450)

(For endoscopically directed placement of gastrostomy tube, use 43246)

Abdomen, Peritoneum, and Omentum

Introduction, Revision, Removal

Replacement

49450 Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

(For percutaneous replacement of gastrostomy tube with removal when performed without imaging or endoscopy, see ***43762***, 43763)

The article, "Gastrostomy Tube Replacement Without Imaging or Endoscopic Guidance" in the February 2019 issue of *CPT® Assistant* (p 5) provided the following instruction on when to report code ***43762*** vs code 43763:

Gastrostomy tubes (G-tubes) may be inadvertently removed if traction is placed on the tube. Inadvertent G-tube removal is a common complication, usually occurring in combative or confused patients who pull on the tube. If the gastrostomy tract has had time to mature (eg, at least four-weeks old), and the G-tube has not been removed for more than four to six hours, a replacement tube may be placed through the same gastrostomy tract. Removal and replacement may also be scheduled for a clogged tube. These procedures are straightforward and would be reported with code ***43762***. For some patients, however, replacing a G-tube is more complicated, such as when a gastrostomy tract has not matured or when the G-tube has been out for many hours. In such situations, the tract may be difficult to access and require dilation and guidewires to place a new tube. Another example is when gastric contents have leaked and there is maceration, ulceration, or necrosis of the surrounding skin that requires debridement and management of a larger-than-normal gastrostomy tract for tube replacement. Pressure necrosis of the underlying skin also complicates G-tube replacement. These procedures are more complicated and require more physician work than the straightforward procedures described by code ***43762***. These more complicated procedures would be reported with code 43763.

This guidance indicates that complicated G-tube replacements may appropriately be reported with code 43763. However, a G-tube replacement that only requires debridement or treatment of surrounding skin complications is reported with code ***43762*** not with code 43763. To be clear, tract revision must be performed in order to report code 43763. The following clinical examples and procedural descriptions reflect typical clinical scenarios for which each procedure would be appropriately reported.

Clinical Example (*43762*)

A 76-year-old female suffering from significant malnutrition previously required placement of a percutaneous gastrostomy tube. The gastrostomy catheter has become clogged; attempts to establish luminal patency have been unsuccessful. The physician is requested to remove the obstructed gastrostomy catheter and replace it.

Description of Procedure (*43762*)

Examine existing tube site. Deflate balloon as appropriate. Remove existing gastrostomy tube by traction. Test, insert, and fill a new balloon tube to specification. Pull back the tube, and secure and check for patency.

Clinical Example (43763)

A patient with severe neurological deficit and high risk for aspiration required placement of a gastrostomy tube. The patient inadvertently dislodged the tube, but this was not recognized until the next day. The gastrostomy tube replacement requires revision of the gastrostomy tract.

Description of Procedure (43763)

Under anesthesia, as required, examine existing tube site and cleanse and debride skin at the abdominal wall as necessary. First probe the insertion site with a hemostat and/or a guidewire to assure that the stomach can be accessed. Open the strictured insertion tract using a scalpel followed by sequential dilators through the strictured tract to provide an adequate lumen to allow replacement

of a new gastrostomy tube into the stomach through the original abdominal wall and gastric site openings. Once the new tube is inserted, aspiration is performed through the tube for gastric contents to confirm appropriate position in the stomach. Next, the tube balloon is inflated and pulled back to the appropriate position and secured to the abdominal wall. Final wound closure of the debrided abdominal wall is then performed as necessary. When indicated, water-soluble contrast is injected through the tube and a plain film of the abdomen is obtained and reviewed to confirm proper placement of the tube into the stomach and that no leakage into the abdominal cavity occurs.

Additional G-Tube Replacement Codes

Two additional codes may be reported for G-tube replacement. Endoscopic G-tube replacement is reported with code 43246. This code does not specify whether the procedure is an initial G-tube placement or the replacement of a G-tube—the same code is reported in both scenarios. Note that endoscopic G-tube replacement described by code 43246 includes the removal of a G-tube when performed, which may not be separately reported. The percutaneous replacement of a G-tube under fluoroscopic guidance is reported with code 49450. Imaging guidance is not separately reported.

In summary, four codes may be reported for the replacement of a G-tube. Table 1 outlines the criteria that apply to each code.

Table 1. G-Tube Replacement Codes

CPT Code	Approach	Tract Revision?	Imaging Separately Reportable?
43246	Endoscopy	Does not apply	No
43762	Percutaneous	No	Does not apply
43763	Percutaneous	Yes	Does not apply
49450	Percutaneous	Does not apply	No

CPT 2027 HCPAC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	HCPAC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0362T	YYY	D	Sep 2025	56	Adaptive Behavior Service Revisions		Jan 2026	HCPAC					☐		☐
0373T	YYY	D	Sep 2025	56	Adaptive Behavior Service Revisions		Jan 2026	HCPAC					☐		☐
0598T	YYY	D	Sep 2025	57	Real-time Fluorescence Wound Imaging		Jan 2026	HCPAC					☐		☐
0599T	YYY	D	Sep 2025	57	Real-time Fluorescence Wound Imaging		Jan 2026	HCPAC					☐		☐
90901	000	R	Sep 2025	48	Biofeedback Training*	DD1	Jan 2026	HCPAC	ANA, APA(psych), APTA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
90X03	ZZZ	N	Sep 2025	48	Biofeedback Training*	DD2	Jan 2026	HCPAC	ANA, APA(psych), APTA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
92507	XXX	D	Sep 2025	52	Speech-Language Pathology Services*		Jan 2026	HCPAC					☑		☐
92508	XXX	F	Sep 2025	52	Speech-Language Pathology Services*	FF11	Jan 2026	HCPAC	ASHA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
92X0X	XXX	N	Sep 2025	52	Speech-Language Pathology Services*	FF1	Jan 2026	HCPAC	ASHA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
92X1X	ZZZ	N	Sep 2025	52	Speech-Language Pathology Services*	FF2	Jan 2026	HCPAC	ASHA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
92X2X	XXX	N	Sep 2025	52	Speech-Language Pathology Services*	FF3	Jan 2026	HCPAC	ASHA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	HCPAC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
92X3X	ZZZ	N	Sep 2025	52	Speech-Language Pathology Services*	FF4	Jan 2026	HCPAC	ASHA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
92X4X	XXX	N	Sep 2025	52	Speech-Language Pathology Services*	FF5	Jan 2026	HCPAC	ASHA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
92X5X	ZZZ	N	Sep 2025	52	Speech-Language Pathology Services*	FF6	Jan 2026	HCPAC	ASHA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
92X6X	XXX	N	Sep 2025	52	Speech-Language Pathology Services*	FF7	Jan 2026	HCPAC	ASHA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
92X7X	ZZZ	N	Sep 2025	52	Speech-Language Pathology Services*	FF8	Jan 2026	HCPAC	ASHA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
92X8X	XXX	N	Sep 2025	52	Speech-Language Pathology Services*	FF9	Jan 2026	HCPAC	ASHA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
92X9X	ZZZ	N	Sep 2025	52	Speech-Language Pathology Services*	FF10	Jan 2026	HCPAC	ASHA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97151	XXX	R	Sep 2025	56	Adaptive Behavior Service Revisions	GG1	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97152	XXX	R	Sep 2025	56	Adaptive Behavior Service Revisions	GG2	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97153	XXX	R	Sep 2025	56	Adaptive Behavior Service Revisions	GG6	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97154	XXX	R	Sep 2025	56	Adaptive Behavior Service Revisions	GG7	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐

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97155	XXX	R	Sep 2025	56	Adaptive Behavior Service Revisions	GG10	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97156	XXX	R	Sep 2025	56	Adaptive Behavior Service Revisions	GG12	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97157	XXX	R	Sep 2025	56	Adaptive Behavior Service Revisions	GG13	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97158	XXX	R	Sep 2025	56	Adaptive Behavior Service Revisions	GG14	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
976XX	XXX	N	Sep 2025	57	Real-time Fluorescence Wound Imaging	HH1	Jan 2026	HCPAC	ANA				☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97X1X	XXX	N	Sep 2025	56	Adaptive Behavior Service Revisions	GG3	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97X2X	ZZZ	N	Sep 2025	56	Adaptive Behavior Service Revisions	GG4	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97X3X	XXX	N	Sep 2025	56	Adaptive Behavior Service Revisions	GG5	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97X4X	XXX	N	Sep 2025	56	Adaptive Behavior Service Revisions	GG8	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97X5X	ZZZ	N	Sep 2025	56	Adaptive Behavior Service Revisions	GG9	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐
97X6X	XXX	N	Sep 2025	56	Adaptive Behavior Service Revisions	GG11	Jan 2026	HCPAC					☑	To be surveyed for the January 2026 RUC HCPAC Meeting	☐

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